

**Paper M**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**  
**REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD**

**DATE OF TRUST BOARD MEETING: 4 AUGUST 2011**

**COMMITTEE: Workforce and Organisational Development Committee**

**CHAIRMAN: Ms J Wilson, Non-Executive Director**

**DATE OF COMMITTEE MEETING: 4 July 2011.**

**RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY  
THE TRUST BOARD:**

**None.**

**OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR PUBLIC  
CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:**

- **work on-going in respect of the workforce plan (Minute 16/11/2 refers).**

**DATE OF NEXT COMMITTEE MEETING:**

**19 September 2011**

Ms J Wilson – Non-Executive Director  
28 July 2011

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF THE MEETING OF THE WORKFORCE AND ORGANISATIONAL  
DEVELOPMENT COMMITTEE HELD ON MONDAY 4 JULY 2011 AT 9:00AM IN THE BOARD  
ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY**

**Present:**

Ms J Wilson – Non-Executive Director and Committee Chair  
Ms K Bradley – Director of Human Resources  
Dr K Harris – Medical Director  
Mr R Kilner – Non-Executive Director  
Mr A Locke – Patient Adviser (non-voting member)  
Mr M Lowe-Lauri – Chief Executive (from part of Minute 16/11/1 to part Minute 17/11/2)  
Mr D Morgan – UHL Staff Side Chair (non-voting member)  
Mr P Panchal – Non-Executive Director  
Mrs C Ribbins – Director of Nursing  
Mr M Wightman – Director of Communications and External Relations

In attendance:

Mr S Birks – Workforce Development Manager  
Ms S Collington – Service Manager, Occupational Health (until and including Minute 16/11/1)  
Ms B Kotecha – Senior Training and Development Manager  
Mrs H Majeed – Trust Administrator  
Ms T Rees – HR Shared Services Manager (from Minute 17/11/2)  
Mr P Rogers – Senior Project Manager, Payroll  
Ms E Stevens – Deputy Director of Human Resources

**ACTION**

**RESOLVED ITEMS**

**13/11 APOLOGIES AND WELCOME**

Apologies for absence were received from Mrs S Hinchliffe, Chief Operating Officer/Chief Nurse, Dr D Skehan, Divisional Director, Acute Care and Mr D Tracy, Non-Executive Director.

**14/11 MINUTES AND ACTION NOTES FROM THE PREVIOUS MEETING**

**Resolved** – that the Minutes and action sheet of the Workforce and Organisational Development Committee meeting held on 23 March 2011 be confirmed as a correct record.

**15/11 MATTERS ARISING FROM THE MINUTES**

Members reviewed the schedule of matters arising from previous Workforce and Organisational Development Committee meetings (paper B refers). In respect of Divisional Director attendance at these meetings, the Director of Human Resources agreed to ensure that one Divisional Director was invited to attend Workforce and Organisational Development Committee meetings on an annual rotational basis.

**DHR**

**Resolved** – that the Director of Human Resources be requested to invite one Divisional Director to attend Workforce and Organisational Development Committee

**DHR**

15/11/1 **meetings on an annual rotational basis.**  
Partnership Working – Learning and Development Plans in relation to People with Learning Disabilities (Minute 4/11/2 of 23 March 2011)

In discussion on this item, Members were advised that little progress had been made in developing proposals for partnership working to support UHL's learning and development plans in respect of people with learning disabilities. The Director of Communications and External Relations agreed to contact Voluntary Action Leicester directly in this respect. However, the Committee Chairman requested that this item be removed from the formal agenda.

DCER

**Resolved – that the Director of Communications and External Relations be requested to contact Voluntary Action Leicester, outside the meeting, to develop proposals for partnership working to support UHL's learning and development plans in respect of people with learning disabilities.**

DCER

15/11/2 Anti Bullying and Harassment Training (Minute 5/11/1 of 23 March 2011)

The Assistant Director of Training and Development presented paper C, an update on work undertaken to monitor and minimise incidents of bullying, harassment and victimisation across the Trust. A number of interventions had been introduced and the report provided an update on primary findings from the analysis of data. The Trust's Equality and Diversity Board would monitor progress against agreed actions. A confidential and anonymous feedback and monitoring form (accessible through INsite) had been initiated and a total of 109 monitoring forms had so far been completed and submitted by staff.

Responding to a query, the Director of Human Resources advised that UHL did not have any significant bullying and harassment issues and noted that specific indicators within the staff survey were used to monitor the position against violence, bullying and harassment.

The Staff Side Chairman commented that in most cases, staff wanted to be 'listened to' rather than taking any formal action – the Director of Human Resources advised that there were a number of options for staff to use, particularly noting that Anti Bullying and Harassment Advisers were in place to provide confidential advice and support to all UHL staff.

The Service Manager, Occupational Health highlighted that there were a number of self-referrals to Occupational Health in respect of staff experiencing bullying and harassment. However, she noted that some staff equated performance management as bullying. It was noted that necessary actions were taken as soon as true cases of bullying had been identified.

In response to a query, the Deputy Director of Human Resources re-iterated that the Trust had a robust template plan to follow for management of changes with a checklist which included stress assessment and signposted staff to AMICA and Occupational Health, as appropriate.

The Committee Chairman noted that the current interventions and actions to minimise bullying, harassment and victimisation were satisfactory and requested that this item be removed from the formal agenda. She suggested that a report be presented to the Committee, only if there were any serious concerns.

**Resolved – that the contents and discussion of paper C be received and noted.**

15/11/3 Workforce and Organisational Development Action Plan (Minute 3/10 of 27 September 2010)

The Director of Human Resources presented paper D, a draft annual work programme for the Workforce and Organisational Development Committee and requested members' comments. The Committee Chairman noted that the 'Leadership and Talent Management Strategy' and the 'Reward and Recognition Strategy' would need to be scheduled for the September 2011 meeting of the Committee. It was suggested that 'Workforce Planning' and 'Staff Engagement' needed to be focussed on and should be scheduled as standing items on the agenda over the next 6-9 months. Mr P Panchal, Non-Executive Director suggested that a discussion at a future meeting regarding implications of FT in terms of the workforce would be useful.

DHR

CC/  
DHR

**Resolved – that (A) the contents of paper D be received and noted;**

**(B) a discussion on implications (opportunities and barriers) of FT in terms of the workforce be scheduled on the agenda for a future meeting of the Workforce and Organisational Development Committee, and**

DHR

**(C) the Committee Chair and the Director of Human Resources be requested to present an updated version of the Workforce and Organisational Development Committee annual work programme at the Workforce and Organisational Development Committee in September 2011.**

CC/  
DHR/  
TA

16/11 **PEOPLE STRATEGY**

16/11/1 Management of Sickness Absence Levels

The Deputy Director of Human Resources presented paper E, a progress report in terms of sickness absence reduction and further work needed to maximise attendance at UHL. Section 2.3 of the paper listed the actions that had been achieved since the sickness absence project 'At Work for Patients (@W4P)' had been established in 2006. The reasons for absences were multi-factorial and complex. However, given the consistent approach taken across the Trust with respect to supporting @W4P initiatives, evidence seemed to suggest that consistent and proactive management of absence had brought about excellent reductions in some areas. The Facilities Directorate and the Planned Care Division were specifically highlighted as areas that had progressed significant sickness absence reduction.

Section 12 of the paper listed the actions that would need to be taken to further reduce sickness absence highlighting some proposed changes to the sickness absence policy. The top 20 trigger cost centres would be reviewed on a quarterly basis and a formal performance meeting and case review would be arranged. Occupational Health (OH) Service had recently moved to telephone consultation appointments for staff in order to reduce waiting time and 'did not attend' rates. The OH Service had a target to flu vaccinate 25% of staff in Autumn 2011 in order to reduce the high staff absence due to flu in the winter months. The Deputy Director of Human Resources advised that a £5000 grant had been sanctioned to take forward a project regarding healthy lifestyles for patients (in a particular area within the Planned Care Division) and noted that this might have a positive impact on healthy lifestyles for staff. In response to a query, it was highlighted that there was an error in the report and the SMART absence reporting tool would be rolled out Trust-wide by September 2011, not September 2012 as stated.

One of the reasons discussed for the higher sickness absence rates in the public sector compared to private sector organisations related to the more generous sick pay allowance in the public sector. The current agenda for change terms and conditions permitted inclusion of average enhancements in sick pay. Mr R Kilner, Non-Executive Director queried the timescales when these terms and conditions could be reviewed, in response – the Staff Side Chairman noted that these were national T&Cs and expressed concern that UHL would review the pay elements when it became an FT. The Director of Human Resources re-iterated that a number of current FTs had done very little to change national terms and conditions. HR Directors across the East Midlands would be discussing a number of pay elements on 14 July 2011 and this would include the current AfC agreement to include average enhancements in sick pay. The Staff Side Chairman noted the need for staff sickness to be managed appropriately in order to reduce sickness absence.

The Committee Chairman recognised that progress had been made in respect of sickness absence reduction but requested that deadlines were included for the actions and an update on progress be presented in September 2011.

DDHR

In response to a query on whether staff were complimented for not taking any sickness absence, it was noted that Divisional Managers were provided with an annual list of staff who had not taken any sickness absence. The Trust was also considering a staff award for recognising staff in this category.

**Resolved – that (A) the contents of paper E be received and noted, and**

**(B) the Deputy Director of Human Resources be requested to include deadlines for the actions to reduce sickness absence and present an update on progress at the Workforce and Organisational Development Committee in September 2011.**

DDHR/  
TA

16/11/2 Workforce Plan 2011-12 – 2014-15

Paper F provided an update on the development of a Foundation Trust workforce programme and plan. The Workforce Development Manager advised that it had been agreed that the Trust needed £38.3m recurrent cost savings to be achieved in 2011-12 and an additional £139.8m over the following 5 years. This equated to efficiency savings of around 5% per annum. This would be achieved through a combination of reduced Whole-Time Equivalents and other reduced staff costs such as bank usage, sickness level reductions and skill-mix changes. The Trust had informed the Strategic Health Authority that it intended to reduce its pay bill by 25% over the next five financial years.

The following HR specific work streams would generate significant savings – reduction in bank and agency usage and sickness absence, standardising local agreement for on-calls and salary sacrifice schemes. Meetings had been arranged with members of the Senior Nursing Team to explore development of Assistant Practitioner roles within nursing areas. The Trust had identified 40 posts for apprentices. However, the Director of Human Resources expressed disappointment that apprentices had not been appointed onto jobs at the Trust. A review of the numbers and roles of Specialist Nurses was being undertaken. The review of banding arrangements had commenced but needed to be done as a matter of urgency.

In 2010-11, the Trust delivered 437 WTE savings which represented £18.6m savings in the 2010-11 pay bill. Mr R Kilner, Non-Executive Director noted the need for job planning work to be finalised prior to the workforce plan being implemented. The Chief Executive

acknowledged this and suggested the need to initially draw a distinction between both these work streams and then these schemes would need to be co-ordinated with one another.

Mr R Kilner, Non-Executive Director suggested that the skill mix in some areas would require monitoring. The Director of Nursing advised that nurse staff reviews would be undertaken to ensure the correct number of nurses were available in each area but case mix and demand acuity would also be considered. The Director of Human Resources responded to a query from the Patient Adviser confirming that references to outsourcing referred to services/processes and not roles. She also noted comments about staff morale and on-going process for post reductions.

The Committee Chairman advised that the report illustrated the size of transformation that the Trust would need to undergo in the coming years. She suggested that an update on progress against the 2011-12 plan and the status of the 2012-14 workforce plans be presented at the Workforce and Organisational Development Committee in September 2011.

**WDM**

**Resolved – that (A) the contents of paper F be received and noted, and**

**(B) the Workforce Development Manager be requested to provide an update on progress against the 2011-12 workforce plan and the status of the plans for 2012-14 at the Workforce and Organisational Development Committee in September 2011.**

**WDM/  
TA**

16/11/3 Maximising Technology

The Senior Payroll Project Manager presented paper G, an overview of HR Systems and Payroll Operations and Projects. The four key products and service brands used were:-

- (a) payroll service (outsourced to McKesson) and UHL Payroll Assistance;
- (b) Electronic Staff Record (ESR) Administration;
- (c) SMART Absence, and
- (d) UHL Childcare Vouchers.

Since February 2009, the payroll contract had been awarded to McKesson and they were providing a good service with high level of accuracy. The migration exercise from weekly to monthly pay (except for bank staff) had been implemented. Moving to more electronic forms and systems integration was part of the strategy. Consistent improvements in internal quality of completing electronic termination forms had been noticed. The Trust's intranet had separate pages which provided all information relating to the payroll service and was widely used.

In line with the strategy, the Electronic Staff Record must move to a single source of employee data and work was already underway. Responding to a query from the Patient Adviser, it was noted that the access rights to the ESR were tightly controlled. The Senior Project Manager highlighted the number of HR forms – the Director of Human Resources requested that clarity be provided on the reasons for this. The Nursing team had previously implemented E-Rostering and the Director of Nursing advised that a re-tender of the E-Rostering system was due in 2011 noting that there was an opportunity to upgrade the system.

**SPPM**

**Resolved – that (A) the contents of paper G be received and noted, and**

**(B) the Senior Payroll Project Manager be requested to clarify to the Director of Human Resources, outside the meeting, the reasons for the number of HR forms.**

16/11/4 Role of Staff Governors

The Director of Communications and External Relations provided a verbal update advising that staff governors would represent members in the following staff groups:-

- (a) Administrative and Support staff;
- (b) Medical and Dental;
- (c) Nurses and Midwives, and
- (d) Other Clinical staff.

The Council of Governors would meet four times a year. A further two formal meetings with the Board would take place annually. The job description for the staff governors was being developed.

**Resolved – that the verbal update be received and noted.**

17/11 **STAFF ENGAGEMENT STRATEGY**

17/11/1 Medical Engagement Strategy

The Medical Director presented paper H, a report on developing medical engagement. An action plan arising from the discussion of the medical engagement strategy by the Executive Team on 14 June 2011 was tabled. He highlighted the need to improve medical engagement across UHL noting that the disengagement of the medical workforce decreased the performance of the Trust.

In comparison to 30 Acute Trusts, the overall level of medical engagement in UHL was 'low'. The Medical Director summarised that the common themes for disengagement were:-

- not being listened to;
- unable to participate in decision making process, and
- lack of managerial support to take ideas forward.

Appendix 1 of the paper provided an overall summary of UHL's medical engagement scale.

With the evolution of the new management structure it had become clear that CBU leads played an important role. The CBU leads connected higher management with the 'shop floor' and had a pivotal role in implementing change. One of the actions in the action plan was to review CBU Lead job plans and identify any skills/training requirements.

In discussion, it was noted that Cambridge University Hospitals FT and University Hospitals Birmingham FT were the consistently top performing Trusts in respect of the staff survey. Appendix 2 of the paper listed the characteristics of the best performing Trusts.

The Committee Chairman suggested that a cluster of early performance indicators for assessing the impact of the medical engagement action plan be considered and an update be presented to the Committee in September 2011.

**MD**

**Resolved – that (A) the contents of paper H be received and noted, and**

**(B) the Medical Director be requested to consider a cluster of early performance indicators for assessing the impact of the medical engagement action plan and an update be presented to the Workforce and Organisational Development Committee in September 2011.**

MD/TA

17/11/2 Let's Keep Talking

The Deputy Director of Human Resources presented paper I, an update on the staff polling results and the subsequent actions taken with both the national and local staff surveys. Since the launch of the UHL local quarterly staff polling in January 2011, all areas of the Trust had completed one polling round by the end of June 2011. The quarter 2 response rate was 10% higher than quarter 1, however quarter 2 results appeared to mirror those of quarter 1 in areas of concern to staff. The results would be shared with the Divisional Board and CBU Leads meetings. The Divisions/CBUs would need to ensure that the actions were undertaken and this would be monitored on a continual basis.

Mr R Kilner, Non-Executive Director noted the need for a robust way of cascading information noting that at a recent Executive walkabout to a ward area, three of the deputy sisters were not aware of the 'Good to Great' presentation. In addition to publishing details on INsite, there was a need to ensure that a cascading mechanism was in place. The Director of Communications and External Relations advised that Team Talk was a monthly edition of key messages for all staff from the Chief Executive and Managers were required to brief their teams within 4 weeks of issue of each edition.

In response to a query from the Chief Executive, it was noted that the actions from the Women's and Children's Division had now been received. It was suggested that an update on the Divisional progress with the 8 point action plan be presented to the Committee in September 2011. The Committee Chairman noted the need to improve response rates and suggested the inclusion of an additional question ('Have you been briefed on the results of the previous survey) in the next survey questionnaire.

DDHR

**Resolved – that (A) the contents of paper I be received and noted, and**

**(B) an update on Divisional progress with the 8 point action plan be presented to the Workforce and Organisational Development Committee in September 2011.**

DDHR/  
TA

17/11/3 Staff Appraisal

The Assistant Director of Training and Development provided a verbal update noting that despite considerable efforts, the Trust had not achieved an appraisal rate beyond 93.2% which was well short of the Trust's 100% target. The appraisal rates now stood at 88.8% which was the lowest monthly rate since October 2010.

The key area of concern was the Acute Care Division, however assurance had been received that appraisal improvements were being focussed on. Mr R Kilner, Non-Executive Director requested that a list of the three worst performing cost centres within the Acute Care Division be emailed to him.

ADTD

**Resolved – that (A) the verbal update be received and noted, and**

**(B) the Assistant Director of Training and Development be requested to email Mr R Kilner, Non-Executive Director with a list of the three worst performing cost centres**

ADTD



**in respect of appraisal rates within the Acute Care Division.**

17/11/4 Becoming an Employer of Choice Update

The HR Shared Services Manager attended the meeting to present paper J, an update on progress and subsequent actions taken in relation to the work streams identified to support UHL becoming an Employer of Choice. Phase 1 of the project concentrated on obtaining information to help the HR team understand the perceptions and actual experience of the local Higher Education Institute professional students, applicants to UHL and Trust staff who chose to leave employment. Brief questionnaires with both forced and free text answer options had been emailed/made available to these groups and followed up with telephone calls, where appropriate. Section 3.1 detailed the summary of responses received.

The early analysis of the responses from new appointments indicated that job security was a key factor of individuals applying to UHL. However, they had indicated that the timescales associated with pre employment checks was too long. The HR Shared Services Manager agreed to review the reasons where new employees felt that they had a negative experience of working for UHL and take actions to rectify the issues on an individual basis, as appropriate.

**HRSSM**

In discussion on candidates who withdrew their application, it was suggested that a survey of this group was undertaken on a continual basis to understand the reasons for withdrawal from the recruitment process.

**HRSSM**

UHL had a reasonable low turnover rate of 7% when compared to other NHS Trusts. A UHL exit questionnaire had been developed and would be rolled out from 1 August 2011. Mr R Kilner, Non-Executive Director acknowledged that exit interviews were an important way to provide valuable information as to how to improve recruitment and induction of new employees.

The Committee Chairman requested an update in respect of building and developing UHL's brand be presented to the Committee in September 2011.

**HRSSM**

**Resolved – that (A) the contents of paper J be received and noted;**

**(B) the HR Shared Services Manager be requested to provide a further report in respect of building and developing UHL's brand to the Workforce and Organisational Development Committee in September 2011;**

**HRSSM/  
TA**

**(C) the HR Shared Services Manager be requested to ensure that a survey of candidates who withdrew their application be undertaken on a continual basis in order to find out the reasons for withdrawal from the recruitment process, and**

**HRSSM**

**(D) the HR Shared Services Manager be requested to review the reasons where new employees felt that they had a negative experience of working for UHL and take actions to rectify the issues on an individual basis, as appropriate.**

**HRSSM**

18/11 **WORKFORCE DATA**

Members received the Workforce Absence report for the period 1 June 2010 to 31 May 2011 for information (paper K refers). A report on the Whole-Time Equivalents (WTEs) recruited each month by Divisions and Staff Group was tabled at the meeting. The Workforce Development Manager advised that no specific themes had been identified in

respect of the recruitments and confirmed that all these posts had been approved by a panel. In response to a query from the Medical Director, it was noted that the increase in the number of Allied Health Professionals recruited in April 2011 referred to the Trust's take over of the dietetics service as part of the Transforming Community Services.

In discussion on the tabled paper, the Director of Communications and External Relations requested that a look-back exercise on the number of WTEs recruited between November 2009- February 2010 in comparison with figures in November 2010-February 2011 be undertaken.

**WDM**

**Resolved – that (A) the contents of paper K be received and noted for information, and**

**(B) the Workforce Development Manager be requested to undertake a look-back exercise on the number of Whole-Time Equivalents (WTEs) recruited between November 2009-February 2010 in comparison with figures in November 2010-February 2011.**

**WDM**

**19/11 PENSIONS UPDATE**

The Director of Human Resources briefed members on the Independent Public Services Pensions Commission final report (the Hutton report) noting that a report on this matter was due to be presented to a regional HR Directors meeting on 6 July 2011. She advised that the impact of any changes would be effective in 2014 and agreed to present a written report to the Committee in September 2011.

**DHR**

**Resolved – that (A) the verbal update be received and noted, and**

**(B) the Director of Human Resources be requested to provide a report on developments in respect of any potential implications of the Hutton report in respect of NHS pensions to the Workforce and Organisational Development Committee in September 2011.**

**DHR/TA**

**20/11 IDENTIFICATION OF KEY ISSUES THAT THE COMMITTEE WISHES TO DRAW TO THE ATTENTION OF THE TRUST BOARD**

**Resolved – that the following item be brought to the attention of the Trust Board:**

- work on-going in respect of the workforce plan (Minute 16/11/2 above refers).

**21/11 ANY OTHER BUSINESS**

**21/11/1 External Strike Action – 30 June 2011**

The Director of Human Resources advised that no operational difficulties had been identified in respect of the planned day of strike action by a number of public sector unions on Thursday, 30 June 2011.

**Resolved – that the position be noted.**

22/11      **DATE OF NEXT MEETING**

**Resolved** – that the next meeting of the Workforce and Organisational Committee be held on Monday, 19 September 2011 from 10am in the Board Room, Victoria Building, Leicester Royal Infirmary.

**The meeting closed at 12:05pm**

Hina Majeed  
**Trust Administrator**