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**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD**

**DATE OF TRUST BOARD MEETING: 6 OCTOBER 2011**

**COMMITTEE: Workforce and Organisational Development Committee**

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

**DATE OF COMMITTEE MEETING: 19 September 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:**

- **Becoming an Employer of Choice – Update (Minute 17/11/4);**
- **Annual Work Programme (Minute 26/11);**
- **Sickness Absence Levels (Minute 27/11/1);**
- **Staff Appraisal (Minute 28/11/3), and**
- **Medical Staff Engagement Update (Minute 28/11/4).**

**DATE OF NEXT COMMITTEE MEETING:**

**19 December 2011**

Ms J Wilson – Non-Executive Director  
30 September 2011

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF THE MEETING OF THE WORKFORCE AND ORGANISATIONAL  
DEVELOPMENT COMMITTEE HELD ON MONDAY 19 SEPTEMBER 2011 AT 10:00AM 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  
Mrs S Hinchliffe – Chief Operating Officer / Chief Nurse  
Mr R Kilner – Non-Executive Director  
Mr A Locke – Patient Adviser (non-voting member)  
Mr M Lowe-Lauri – Chief Executive  
Mr D Morgan – UHL Staff Side Chair (non-voting member)  
Mr P Panchal – Non-Executive Director (from Minute 27/11/1 (part) onwards)  
Mrs C Ribbins – Director of Nursing (up to and including Minute 28/11/3)  
Mr D Tracy – Non-Executive Director

**In attendance:**

Dr S Agrawal – Assistant Medical Director (for Minute 28/11/4)  
Mrs G Belton – Trust Administrator  
Mr S Birks – Workforce Development Manager (for Minutes 28/11/2 – 33/11 inclusive)  
Ms B Kotecha – Senior Training and Development Manager  
Ms T Rees – HR Shared Services Manager (from Minute 23/11 to 25/11/2 inclusive)  
Ms E Stevens – Deputy Director of Human Resources

**RESOLVED ITEMS**

**ACTION**

**23/11 APOLOGIES AND WELCOME**

Apologies for absence were received from Dr D Skehan, Divisional Director, Acute Care and Mr M Wightman, Director of Communications and External Relations.

**24/11 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 4 July 2011 (papers A and A1 refer) be confirmed as a correct record.

**25/11 MATTERS ARISING FROM THE MINUTES**

Members reviewed the contents of the report (paper B refers) detailing the Matters Arising from the last meeting held on 4 July 2011 (and from previous meetings held on 23 March 2011 and 27 September 2010), the outcome of which was as follows:

- Minute 15/11/1 (a verbal update on which was provided – please see Minute 25/11/1 below) was now to be removed from the formal agenda and progressed outwith the meeting;
- Minute 15/11/3 (relating to discussion on the implications (opportunities and barriers) of FT in terms of the workforce to be scheduled on the agenda at a future Workforce and Organisational Development Committee meeting) – the Chief Executive and Director of Human Resources undertook to advise the Chair and

**DCER/  
TA**

Trust Administrator accordingly when they would be in a position to report on this matter. It was not expected that they would be in a position to report further on this item for at least six months;

CE/  
DHR

- 16/11/3 – the Director of Human Resources confirmed to members that she had now looked into the reasons for the significant number of HR forms (relating to changes of circumstance) and, having received a detailed breakdown, was satisfied that the number of forms was appropriate given the size of the organisation;
- 18/11 – the Director of Human Resources confirmed that the Workforce Development Manager had undertaken the planned look-back exercise on the number of WTEs recruited between November 2009 and February 2010 compared with the figures for the period November 2010 to February 2011 and would report on this later in the meeting (Minute 32/11/1 below also refers), and
- 8/11/1 of 23 March 2011 (relating to arrangements for monitoring headcount reductions to be agreed between the Workforce and Organisational Development Committee and the Finance and Performance Committee) – the Director of Human Resources confirmed that this information was monitored on a periodic basis through the Finance and Performance Committee. She further noted that she would be providing information relating to the Voluntary Severance Scheme (VSS) to the Finance and Performance Committee on a monthly basis.

DHR

**Resolved – that (A) the Trust Administrator be requested to remove item 15/11/1 (relating to the development of partnership working to support UHL’s learning and development plans in respect of people with learning disabilities) from the formal Workforce and Organisational Development Committee agenda at future meetings,**

TA

**(B) the Chief Executive and Director of Human Resources be requested to advise the Chair and Trust Administrator accordingly when they would be in a position to report further at the Workforce and Organisational Development Committee in respect of Minute 15/11/3 (relating to discussions on the implications of FT in terms of workforce), and**

CE/  
DHR

**(C) the Director of Human Resources be requested to provide information to the Finance and Performance Committee on an on-going basis regarding headcount reductions achieved through the Voluntary Severance Scheme (VSS).**

DHR

25/11/1 Partnership Working Update (Minute 15/11/1)

The Assistant Director of Learning and Organisational Development reported verbally in respect of the development of partnership working to support the Trust’s learning and development plans in respect of people with learning disabilities. The Trust now had a Service User Group with members comprised of both service users and carers. A relevant schedule of work was in place and training would be incorporated into the schedule.

The Chair requested that the Assistant Director of Learning and Organisational Development informed Mr Panchal, Non-Executive Director (who was not then present at the meeting) of the contents of the verbal update she had provided to members in relation to this item. She further noted the intention that this item would not be scheduled for discussion on the formal agenda of the Workforce and Organisational Development Committee but would be progressed outwith the meeting.

ADLOD

**Resolved – that (A) the contents of this verbal report be noted,**

**(B) the Assistant Director of Learning and Organisational Development be requested**

**to inform Mr Panchal, Non-Executive Director, of the contents of the verbal update she had provided to members in relation to this item, and**

**ADLOD**

**(C) it be agreed that this item would not be scheduled for discussion on the formal agenda of the Workforce and Organisational Development Committee but would be progressed outwith the meeting (Minute 25/11 above also refers).**

**DCER/  
TA**

25/11/2 Becoming an Employer of Choice – Update (Minute 17/11/4)

Ms T Rees, HR Shared Services Manager, attended to present paper 'C', the purpose of which was to inform the Committee of the progress and subsequent actions taken in relation to work streams identified to support the Trust in becoming an Employer of Choice. The paper focused on key points raised at the previous meeting, specifically in relation to those new starters who indicated that they had a negative experience of working for UHL and subsequent actions taken by the Trust in response to the feedback received. Furthermore it outlined the future scheduled actions that would inform the basis of phase two of the project (regarding analysis and brand development). The Workforce and Organisational Development Committee were requested to receive and note the contents of the report and comment on the proposed actions and recommendations.

In discussion on this item, members:

- (i) noted that information regarding initial feedback received from the recently launched voluntary Exit Interviews would be provided at the December 2011 Workforce and Organisational Development Committee meeting (as would the outcome and findings of the stage two work undertaken by that time). Particular discussion took place regarding the need for the Trust to be more assertive in seeking the views of staff leaving the Trust, and it was noted that the exit interview data was collected centrally by Human Resources staff, and could be anonymous or not (dependent on the wish of the staff member completing the form);
- (ii) noted that data relating to staff (in terms of expected establishment and absence rates) was collated as part of the weekly metrics, which could be shared with staff;
- (iii) noted a potential issue whereby Junior Doctors due to rotate might not attend for work during the last weekend of their placement, and of the actions available to both the Trust and the Deanery to both discourage and deal with any occurrences of such practice (although note was made that a review of ESR had revealed that most staff shortages were caused by Locum Doctors not attending for work);
- (iv) noted that there were 35 Junior Doctor gaps on the rotation this year, and the action undertaken to 'brand' UHL would be imperative in terms of addressing such important issues;
- (v) raised the importance of ensuring that all IM&T issues (in terms of new staff having immediate access to and passwords for relevant IT systems to enable them to undertake their roles) were addressed, and it was noted that significant work was being undertaken in relation to this particular work stream, and of the need to undertake a process review with IM&T for this purpose, and
- (vi) queried whether there would be any on-going follow-up for the new starters – it was confirmed that such follow-up would be built into the process. As part of this work, it was agreed that the Director of Human Resources would invite one or two Junior Doctors to attend a future Trust Board meeting to brief the Trust Board of their experiences of UHL as an employer two months into their

**HRSSM  
/TA**

**DHR**

placements, and then again, one year later.

**Resolved** – that (A) the contents of this report be received and noted,

(B) the HR Shared Services Manager be requested to provide a further update on progress at the December 2011 Workforce and Organisational Development Committee meeting (to include information on the outcome of the Exit Interviews being undertaken, as well as progress with phase two of the project), and

HRSSM

(C) the Director of Human Resources be requested to undertake the action outlined under point (vi) above.

DHR

26/11 **ANNUAL WORK PROGRAMME**

The Director of Human Resources presented paper 'D', which detailed a draft annual work programme for the Workforce and Organisational Development Committee (from the December 2011 meeting until the September 2012 meeting) and had been developed following a meeting between the Director of Human Resources and the Chair of the Workforce and Organisational Development Committee. The annual work programme detailed key agenda items over the next four meetings, as well as standing priority items for consideration at each meeting. Note was also made of the importance of the Committee receiving an update regarding Divisional progress against the identified priority areas, potentially through inviting one Divisional Director to attend meetings of the Workforce and Organisational Development Committee on a rotational basis.

In discussion on this item, members:

- (i) considered that the impact of the transformational programmes and the issue of appraisals should both be included in the list of standing priority items;
- (ii) agreed with the suggestion made to invite Mr G Price, Head of Service, AMICA, to attend the December 2011 Workforce and Organisational Development Committee meeting to report on emotional resilience (in relation to the Health and Well Being Agenda), and
- (iii) debated the most appropriate means by which to gain Divisional feedback on these key themes – in light of potential overlap with the work of the Finance and Performance Committee, it was agreed that the Director of Human Resources, the Chief Operating Officer / Chief Nurse, Ms Wilson (Chair of the Workforce and Organisational Development Committee) and Mr Reid (Chair of the Finance and Performance Committee) would discuss and agree, outwith the meeting, an appropriate process by which to receive meaningful feedback from the Divisions and / or CBUs regarding issues relating to workforce.

DHR

DDHR

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COO/  
JW/IR

**Resolved** – that (A) the contents of this report be received and noted,

(B) the Director of Human Resources be requested to include the impact of transformational programmes and appraisals within the list of standing priority items for the Committee,

DHR

(C) the Deputy Director of Human Resources be requested to undertake the action outlined in point (ii) above for the December 2011 Workforce and Organisational Development Committee meeting, and

DDHR

(D) the Director of Human Resources, the Chief Operating Officer / Chief Nurse, Ms

**Wilson (Chair of the Workforce and Organisational Development Committee), and Mr Reid (Chair of the Finance and Performance Committee) be requested to discuss and agree, outwith the meeting, an appropriate process by which to receive meaningful feedback from the Divisions and / or CBUs regarding issues relating to workforce.**

**DHR/  
COO/  
JW/IR**

## **27/11 HEALTH AND WELL BEING AGENDA**

### **27/11/1 Management of Sickness Absence Levels**

The Deputy Director of Human Resources presented paper 'E', which outlined the progress made since the report presented at the previous meeting in terms of sickness absence reduction and the further work required to maximise attendance at the Trust.

Although the Trust had a low percentage of absence comparatively with other local Trusts, sickness remained high in terms of lost working time and cost to the organisation. In addition, the Trust had experienced a rise in sickness absence in June and July following the achievement of the Trust's lowest ever percentage of 3.0% in May 2011 since ESR records commenced. The report also outlined the work undertaken to date and further actions required to maximise attendance further specifically around performance management (holding managers to account), changes to the sickness absence policy and benchmarking. The Workforce and Organisational Development Committee was asked to review the progress made and actions for further reduction and support these as a way forward.

In discussion on this item, members:

- (i) noted that the data in appendix 1 had changed slightly since the production of the report, and a revised appendix was circulated. This demonstrated that the sickness absence rate had reduced by 0.4% (which had been identified when the sickness absence report had been re-run, and was a usual trend observed once all sickness absence had been 'closed down'). Particular discussion took place regarding the timing of the circulation of the reports. Ultimately it was agreed that, to avoid delay in circulating the figures, and to ensure that the Committee continued to receive the report with data showing only one month in arrears, the report would continue to be produced as currently but would include a prediction of any data adjustments expected;
- (ii) noted that the data available thus far indicated that the Trust was not always being consistent in its application of the sickness absence policy (and the point at which sanctions were applied);
- (iii) noted that the absence policy was currently being reviewed, and the HR Directorate were in consultation with Staff Side regarding this matter. Particular discussion took place regarding the determination of appropriate trigger rates and identification of the point at which sanctions were implemented. Also discussed was the fact that some staff tended to consider the number of sickness absence days taken prior to 'triggering' almost as an 'allowance' and of the need to move away from such thinking. The Staff Side Chairman noted that Staff Side were currently in consultation with Management Side regarding the proposed changes to the sickness absence policy, and of their view that the policy should be applied consistently and each case treated individually;
- (iv) queried whether there was any evidence of staff taking a day off sick before they commenced planned annual leave – this was reviewed, but had not been identified as a particular issue;
- (v) queried how quickly the Committee could see benchmarking of its own sickness

**DDHR**

absence data against that of others (both NHS, private healthcare and private companies) – the Deputy Director of Human Resources noted that she would be discussing this issue with Deloitte, along with issues such as additional action that the Trust could be implementing in its management of sickness absence, particularly in performance managing the managers. Ideally, it was hoped that the Trust could achieve a sickness absence rate of 3.0% over the next 3 – 6 months, with particular work undertaken with the top five areas (in terms of those with the highest sickness absence rates);

- (vi) noted the two distributions of sickness absence (both for those in patient-facing and non-patient-facing roles) and of the need not to miss any learning around interventions. It was agreed that the Deputy Director of Human Resources and the Medical Director would discuss this issue further outwith the meeting;
- (vii) raised a particular query in respect of the sickness absence rate as it applied to the CSD Divisional Management Team – it was noted that this represented a very small group of staff, hence the apparent significant variations between months, and
- (viii) noted that the health and well-being agenda was being promoted via signposting in any sanction letters issued, as well as through general communications, and through the link to occupational health.

**DDHR/  
MD**

**Resolved – that (A) the contents of this report be received and noted,**

**(B) the Deputy Director of Human Resources be requested to undertake the action outlined under point (i) in future reports, and**

**DDHR**

**(C) the Deputy Director of Human Resources and the Medical Director be requested to undertake the action outlined under point (vi) above.**

**DDHR/  
MD**

## **28/11 STAFF ENGAGEMENT STRATEGY**

### **28/11/1 Staff Awards**

The Assistant Director of Learning and Organisational Development presented paper 'F', which reported on the new 'Caring at its Best' Awards (which would be launched on 21 September 2011 and would reward staff on a quarterly basis with an annual ceremony in September 2012) and the trust-wide approach to be adopted in recognising and rewarding excellence. The Workforce and Organisational Development Committee were requested to comment on the new Caring at its Best Awards and support awards activity.

In discussion on this item members debated the potential for providing any staff members successful in achieving an award with financial remuneration of some description (potentially through private sector sponsorship or another such appropriate means). Note was also made of a potential complicating factor to such where staff were awarded as teams rather than on an individual basis. It was agreed that this issue would be given further urgent consideration by the Assistant Director of Learning and Organisational Development in conjunction with relevant colleagues (e.g. the Awards Team and the Head of Fundraising etc).

**ADLOD**

Members expressed their thanks to the Assistant Director of Learning and Organisational Development and her team for the significant work that had been undertaken in relation to this item.

**Resolved – that (A) the contents of this report be received and supported, and**

**(B) the Assistant Director of Learning and Organisational Development be requested to give further consideration, in conjunction with relevant colleagues, to the suggestion made of potentially providing any staff members successful in achieving a reward with financial remuneration of some description.**

**ADLOD**

28/11/2 Let's Keep Talking – Staff Polling Action Plan Update

The Deputy Director of Human Resources presented paper 'G', which provided an update in local staff polling with the aim of identifying areas of good practice and highlighting areas requiring more focused work. The report provided an up-to-date picture of local staff polling and its progress throughout the Trust, after completion of quarter 1 and 2. The organisation had been surveyed in totality once, and the Trust was currently in quarter 3. The report highlighted divisional and corporate progress with the 8 point action plan.

In discussion on this item, members:

- (i) queried whether managers were regularly talking to their teams (and the extent to which their responsibilities around such communication would be reflected in their job descriptions) – it was considered that, whilst communication was an aspect considered through appraisal, currently there was mixed picture in terms of managers' communication with their staff, and more work was required in this area. Note was made that the Chief Operating Officer / Chief Nurse was currently leading a review of objectives and how these were constructed for the management community. It was agreed that the Chief Executive and Chief Operating Officer would give consideration as to how best to monitor and seek assurances that managers were regularly communicating with their staff as part of their roles;
- (ii) queried whether those leading meetings received training - it was noted that the HR Directorate was currently piloting a Managing Meeting programme which they would potentially be rolling out across the organisation. It was agreed that the Director of Human Resources would provide a further update on this matter at the next meeting of the Workforce and Organisational Development Committee, and
- (iii) made note of the disappointing response rate to the Staff Survey, and queried whether staff had seen the results from the first survey undertaken and received a follow-up to this – it was agreed that the Director of Human Resources would provide specific feedback to the Committee regarding the follow-up undertaken to the previous Staff Survey when this data was available.

**CE/  
COO**

**DHR/  
TA**

**DHR**

**Resolved – that (A) the contents of this report be received and noted,**

**(B) the Chief Executive and Chief Operating Officer be requested to undertake the action identified under point (i) above, and**

**CE/  
COO**

**(C) the Director of Human Resources be requested to:**

- (1) provide a further update on the matter outlined under point (ii) above at the next meeting of the Workforce and Organisational Development Committee, and**
- (2) provide specific feedback to the Committee regarding the follow-up undertaken to the previous Staff Survey when this data was available.**

**DHR**



The Assistant Director of Learning and Organisational Development presented paper 'H', which provided an update on appraisal performance against the Trust's 100% appraisal target and planned recovery action.

The appraisal rate had fallen for five consecutive months to the current rate of 85.9% (July 2011). Upon investigation, some areas with apparently low appraisal rates had undertaken the appraisals but not yet sent through the information for input on ESR. To address this, a series of meetings had commenced to review the recording process and 'check by name' appraisal completion. Appraisal trajectories had been set by all areas to increase appraisal performance to over 95% by the end of October 2011. The appraisal process had been refined by introducing simplified KSF documentation, the provision of appraiser and appraisee preparation training and bespoke interventions to support staff implementing the appraisal process. An appraisal toolkit had also been designed.

In discussion on this item, members:

- (i) expressed the view that it was the responsibility of Divisional Management Team to ensure that all of their staff had an appraisal at the appropriate time – it was noted that the HR Directorate were communicating their expectations to Divisions and supporting the appraisal process;
- (ii) queried the equality of appraisals, whether coaching took place in conducting appraisals or whether Directors were involved in sampling appraisals – it was noted that at a local NHS Trust there was an agreement that the Organisational Development Manager would sit in on a certain number of appraisals and consideration was being given to adopting a similar practice at UHL. Members also suggested the possible piloting of a coaching role;
- (iii) suggested issuing a monthly target (of appraisals to be undertaken) per directorate;
- (iv) queried whether medical staff appraisals ought to be included within the general appraisal figures – whilst it was noted that medical staff had a separate appraisal system, it was considered that it would be possible to undertake individual calculations for appraisals for both medical staff and non-medical staff and then aggregate these together to determine the overall picture;
- (v) agreed that it would be helpful for the Director of Human Resources to provide an analysis of appraisals by Division to the Director of Finance and Procurement and the Chief Operating Officer / Chief Nurse in order that this could be explored further at the monthly Confirm and Challenge meetings;
- (vi) noted the frustration experienced by staff due to the fact that the system did not allow them to 'get ahead' in terms of their appraisal target;
- (vii) agreed that the Director of Human Resources, Chief Operating Officer / Chief Nurse and Medical Director would give consideration as to the most appropriate means by which to present information to Divisions regarding appraisals in order that they could assimilate this, and find it a useful tool, and
- (viii) agreed that the Director of Human Resources would present further information on this issue to the Workforce and Organisational Development Committee meeting in March 2012 (noting its on-going review through the Trust Board).

DHR

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DHR

**Resolved – that (A) the contents of this report be received and noted,**

**(B) the Director of Human Resources be requested to undertake the action outlined under point (v) above,**

DHR

**(C) the Director of Human Resources, the Chief Operating Officer / Chief Nurse and the Medical Director be requested to undertake the action outlined under point (vii) above and**

**DHR/  
COO/  
MD**

**(D) the Director of Human Resources be requested to report further on this item at the March 2012 meeting of the Workforce and Organisational Development Committee.**

**DHR**

28/11/4 Medical Staff Engagement Update

Dr Agrawal, Assistant Medical Director, attended to present papers 'I' and 'I1'. Paper I built upon the medical development paper and associated action plan that was presented at the previous Committee meeting in July 2011. The action plan comprised further detail relating to key responsibilities, timescales and measurement (appendix 1 to the paper I refers). Numerous strands of work were underway and the Trust was continuing its partnership with Warwick University and colleagues for some elements. The initial feedback from Warwick University was attached as paper I1.

In discussion of these items, members:

- (i) noted the verbal update provided by the Assistant Medical Director in respect of the items outlined in appendix 1;
- (ii) debated means by which to enhance consultant engagement (e.g. through having standing committee roles / positions for consultant staff to book their place on for each corporate committee within the Trust, through increased interaction with the Executive Team etc);
- (iii) requested that the Assistant Medical Director updated the action plan in light of feedback from paper I1;
- (iv) noted the intention to provide support for those medics in management positions below that of CBU Lead (e.g. Heads of Service etc). Also discussed was the need to clarify CBU Leads' responsibilities, authority and accountabilities;
- (v) noted that achieving effective teamwork within CBU Management Teams would be dependent upon the managerial review being undertaken currently;
- (vi) requested that the Assistant Medical Director build appropriate milestones into the action plan, particularly in terms of section 5 in order to progress the specialty specific agenda;
- (vii) requested that the Assistant Medical Director also provide clarification of the relevant lead for the various work streams (particularly where more than one name was listed against an action);
- (viii) queried whether the Assistant Medical Director had all the support he required in order to progress this area of work – he confirmed that he did, but requested recognition that this was a long-term project which would be dependent upon other work on-going within the organisation. It was agreed that the Assistant Medical Director would link, as appropriate, with the Chief Operating Officer / Chief Nurse, who was undertaking the managerial review, and
- (ix) requested that the Assistant Medical Director provided the Committee with a further update on progress in March 2012 (or earlier in the event of any specific barriers to progress requiring the Committee's attention).

**AMD**

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**AMD**

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**AMD**

**Resolved – that the contents of papers I and I1 be received and noted, and**

**(B) the Assistant Medical Director be requested to undertake the actions outlined under points (iv), (vi), (vii) and (viii), returning to the Committee with an update on**

**progress in March 2012 (or earlier in the event of any specific barriers to progress requiring the Committee's attention).**

**AMD/  
TA**

**29/11 WORKFORCE PLAN**

The Workforce Development Manager presented paper 'J', which updated the Committee on the development of the Workforce Development and Planning Programme, and summarised a number of key points for the Committee to note.

Particular discussion took place around the following:

- (i) the Voluntary Severance Scheme (VSS) the Trust was currently running, which would close on 2 October 2011, and the level of enquiries and applications received in respect of the scheme thus far. It was noted that the scheme would be reviewed through both the Finance and Performance Committee and the Trust Board;
- (ii) a request that the Workforce Development Manager presented the forecast data in terms of headcount in future iterations of the report in order to provide enhanced clarity for members, particularly in order that members could identify any potential trends (i.e. determining whether any reductions in headcount were being off-set by an increase in use of bank or agency staff). It was also noted that it would be useful for members to see a data bridge, and
- (iii) winter planning, in terms of identifying alternatives to opening additional wards (and relating to this, the importance of communicating messages to staff so that they were aware of the reasons behind actions taken by managers) and the need to adapt to flexing capacity both upwards and downwards as required.

**WDM**

**Resolved – that (A) the contents of this report be received and noted, and**

**(B) the Workforce Development Manager be requested to present the data as requested under point (ii) above in future submissions of this report to the Committee.**

**WDM**

**30/11 PENSIONS**

The Workforce and Development Manager presented paper 'K', which informed the Committee of the Consultation on Pensions, specifically the Government's intention to save £2.8 billion by 2014 – 15 by increasing public service employee pension contributions, details of the proposal for changes in 2012/13 and implications for the Trust to form part of the response to the consultation exercise which ended on 21 October 2011.

Members noted the work being undertaken currently by the Deputy Director of Human Resources relating to reminding staff of the benefits of working in the NHS and it was noted that the Deputy Director of Human Resources would provide further feedback at the December 2011 meeting of the Workforce and Organisational Development Committee following an initial analysis.

**DDHR**

**Resolved – that (A) the contents of this report be received and noted, and**

**(B) the Deputy Director of Human Resources be requested to provide feedback at the next meeting of the Workforce and Organisational Development Committee following initial analysis.**

**DDHR**

**31/11 WORKFORCE DATA**

**Resolved** – that the contents of papers L and L1 (detailing absence and appraisal data) be received and noted.

**32/11 ANY OTHER BUSINESS**

**32/11/1 Whole Time Equivalent Starters Comparison**

The Workforce Development Manager tabled a report which detailed a comparison of (wte) starters by professional group between November 2009 and August 2011.

**Resolved** – that the contents of this report be received and noted.

**33/11 DATE OF NEXT MEETING**

**Resolved** – that the next meeting of the Workforce and Organisational Development Committee be held on Monday 19 December 2011 at 9am in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 1.02pm.

Gill Belton  
**Trust Administrator**