

# SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

## Workforce Development Committee (WDC)

Tuesday 19 April 2011 at 10:00 hours in the Carney Suite, Banstead

### Minutes

#### Members present:

Isobel Simpson (IS) Non-Executive Director, and Chair  
Tim Howe (TH) Non-Executive Director  
John Jackson (JJ) Non-Executive Director  
Kath Start (KS) Director of Workforce Development

#### In attendance:

Sandie Gibson (SG) Head of HR Strategy  
Pam Fricker (PF) Head of Learning & Development  
Anna Williams (AW) Head of Corporate Services  
Janine Compton (JC) Senior Communications Manager  
Barbara Lawrence (BL) Workforce Planning & ESR Development Manager  
Roger Laxton (RL) Staff Side Representative

#### Invited attendees / representatives:

Mike Harris (MH) Chairman  
Jo Byers (JB) Operational Business Development Lead

#### Minute taker:

Leane Stephens (LS) Corporate Services Coordinator

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### 1. Chairman's Introduction

1.1. IS welcomed all new members and attendees to the meeting. She then welcomed LS back from maternity leave and thanked Karen Ramnauth (KR) for the administrative cover and professional service that she had provided in the absence of LS.

1.2. IS advised that items for close scrutiny would be challenged because targeted improvements had not been met and therefore colleagues would have to consider new approaches.

### 2. Apologies for Absence

2.1. Apologies for absence were received from:

- i. Christine Barwell (CB) Non-Executive Director
- ii. Andy Newton (AN) Director of Clinical Operations; represented by JB
- iii. Geraint Davies (GD) Director of Commercial Services; no representative
- iv. Liz Langridge (LL) Head of HR Service Delivery

### 3. Declarations of Interest

3.1. There were no declarations of interest.

#### 4. Minutes of the Meeting held 10.02.11

4.1. 15.1 KS suggested alternative text, as follows:

"An update paper has been submitted by the E&D Lead for consideration by the WDC. The paper has been withdrawn at this stage as the impression given by the paper appears to contradict assurances given during an E&D presentation which had been given to the Executive Team on 8 December 2010 by Alexandra Ankrah (E&D Lead) and Angela Rayner (PPI Manager E&D). The tone of this presentation was very upbeat with positive messages being delivered on the progress made to date with the implementation of the Equality and Human Rights Action Plan 2009/12. The Executive Team sought clear assurance at that time that the Trust was compliant with the new legislation and CQC requirements and the E&D Lead confirmed this to be the case and said she had produced a gap analysis to identify issues which needed to be addressed with the new action plan post June 2012. No instances of current non-compliance were identified at that stage. In the light of this inconsistency, and in order to enable the reason for the inconsistency to be clearly identified, further analysis will be undertaken in this regard and advice sought as necessary."

4.1.1. Subject to this amendment the minutes were **approved** as an accurate record.

#### 4.2. Matters Arising

4.2.1. 4.2.7 Action incomplete. AW reported the return rate for Declaration of Interest (DoI) forms to be 35.32%. Alternative processes for capturing this data were discussed. NED members emphasised that the original request should be followed up urgently. JB will raise the matter of outstanding returns at the Clinical Operations Management Meeting, which was scheduled for 20 April.

<b>ACTION:</b> KS to raise matter of outstanding DoI returns with ET and decide on further action for 2010/11 process
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<b>DATE OF COMPLETION:</b> Tuesday 10 May 2011
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<b>ACTION:</b> JB to raise issue of outstanding DoI returns at Clinical Ops management meeting
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<b>DATE OF COMPLETION:</b> Wednesday 20 April 2011
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4.2.2. 4.2.17 Action complete. A summary paper regarding the issuing of employment contracts would be presented under agenda item 10/11.

4.2.3. 4.2.15 Action complete. JC confirmed that a new expenses form had been issued and publicised via the bulletin.

4.2.4. 5.4 Action complete. BL had added a twelve month rolling report to appendix F to display sickness absence trends.

4.2.5. 5.5 Action complete. BL would cover the analysis work completed with RB to identify pockets of sickness absence under item 5/11 of the agenda.

4.2.6. 5.5 Action incomplete. KS reported the original timescale for this action as ambitious and advised that work was on-going regarding sickness absence analysis work

**ACTION: KS and PF to incorporate analysis of sickness absence in to the wider Organisation Development (OD) plan**

**DATE OF COMPLETION: Friday 10 June 2011**

4.2.7. 5.5 Action on-going. It was reported that LL was leading on the work to implement strategies to reduce sickness absence based on the analysis work that was underway.

4.2.8. 5.5 Action complete. KS advised of changes with the referral process with ATOS for one to three day sickness absence and noted that this was discussed at the recent HR Working Group. KS offered to share these minutes with the WDC.

**ACTION: KS to share minutes of last HRWG with WDC re: ATOS referral process**

**DATE OF COMPLETION: Friday 22 April 2011**

4.2.9. 5.8 Action complete. SG would update the WDC regarding employee relations.

4.2.10. 5.10 Action complete. The revised Sickness Absence Report would be presented under agenda item 5/11.

4.2.11. 6.6 Action ongoing. JC reported that quantitative questions relating to the staff appraisal process were part of the broader staff engagement work.

4.2.12. 6.6 Action complete. RL confirmed that he had worked with Amy Day (AD) and JC to request suggestions for improvements to staff morale; feedback identified main causes as communication with staff, lack of time with managers, no suitable outside resting points for EDC staff for breaks. JC and RL would review these issues further to assist plans to improve morale. Further information relating to the revised appraisal process would be covered on the agenda.

**ACTION: JC and RL to review causes for, and suggestions to overcome, low morale amongst staff**

**DATE OF COMPLETION: Friday 10 June 2011**

4.2.13. 19.3 Action complete. IS and AW had discussed timeframes for the submission of Committee papers.

## 5. Sickness Absence

5.1. BL reported that pockets of long-term sickness absence had been highlighted in Appendix I. In a proactive step to reduce these rates it had been agreed that ATOS would meet every member of staff on long-term sickness absence face-to-face; they would also be issued with monthly reports from the Trust that identified employees who had exceeded twenty-eight days absence.

5.2. BL directed members to Appendix F, which was linked to the graphs in Appendix G and highlighted that total absence in 2010/11 had reduced over the year. However, the annual target for sickness absence in 2010/11 was 5% (with the monthly run rate by end year 4.5%) but twelve month rolling average at end of February was 5.78%.

5.3.

- Appendix B : addendum sickness absence for March 2011 was reported to be 5.01%
- Appendix C: KS provided assurance that the -241.93 variance reflected changes under MARS and the workforce review and raised no cause for concern
- Appendix J : despite a number of staff returning from long-term sickness absence on a monthly basis, the underlying rate was not improving indicating that a new group of staff were hitting the trigger point each month . 5.1 highlighted resultant corrective action.

5.4. It was noted that sickness absence costs the Trust approximately £4.5m per year; this equated to half of the overall CIP for 2010/11, and was equal to the total saving from the back office review emphasising the need for further focus and improvement.

5.5. Management of sickness absence is an Executive responsibility; however the Committee and Trust Board required assurance that there was a robust plan in place for reducing sickness absence. Sickness absence was discussed at length and the outcome was that new fundamental plans were required urgently to achieve significant improvement; the Executive team was tasked with setting a revised target for the immediate term and medium term and producing the action plan of how to reach it.

**ACTION: Executive team to set sickness absence target for 2011/12 and produce action plan to achieve this; KS to present draft plan at extraordinary WDC meeting in May**

**DATE OF COMPLETION: Friday 20 May 2011**

5.6. JB and LL were also tasked with presenting the draft sickness absence plan to the clinical operations management group.

**ACTION: KS, JB, LL to assist with development of draft sickness absence plan for 2010/11 (Inc. targets) and present to clinical operations management group to identify the impact of the plan; the plan will also be circulated to WDC members for comment**

**DATE OF COMPLETION: Tuesday 10 May 2011**

5.7. KS highlighted that constraints defined by the NHS employment T&Cs would have to be taken in to account when developing the new plan.

5.8. RL suggested that ideas to reduce long-term sickness absence were required, aside from ATOS, and suggested that some managers may need to make more contact with their staff that were on sick leave to discover the reason for absence and to offer support. JJ supported the notion of enlisting line managers to assist progress

## 6. Staff Appraisals

6.1. PF reported that a new condensed IPDR form had been developed with feedback from the HR team. The new Performance Appraisal and Development Review (PADR) form would be available online.

6.2. The key purposes of the revised PADR were discussed. 'Competencies required' were too generic and did not lead to discussion about career progression; they did not reflect specific job descriptions so it was not possible to view how the employee was performing. PF noted that the PADR was based on the NHS Knowledge and Skills competency framework (KSF).

6.3. The form and supporting documentation was deemed too lengthy and it was suggested that fewer areas should be covered to focus the form on performance, development and individual contributions to strategic objectives.

6.4. PF was tasked with re-designing the PADR document to include the feedback received; she was asked to test market the revised design and use the version presented as a management training / support tool.

**ACTION: PF to redesign PADR document, acknowledging WDC comments**

**DATE OF COMPLETION: Friday 20 May 2011**

6.5. A CTL level issue was the time available with staff to conduct appraisal meetings. Operations were asked to reinforce and support duties of CTLs and COMs.

**ACTION: JB to re-address management function of CTL/COM roles to deliver appraisals, and address time issues to conduct these meetings**

**DATE OF COMPLETION: Friday 20 May 2011**

## 7. Staff Morale

7.1. JJ asked why a briefing regarding steps to improve staff morale had been issued, as the Board was to discuss initially next steps. JC advised that a communication was issued to give timely feedback from the staff morale feedback session held on 31 March, and acknowledge areas raised. Recommendations would be discussed with PS and KS prior to presentation of this item to the BBM on Wednesday 27 April. MH emphasised the importance of prompt communication of the outcomes of this session.

**ACTION: JC, PS, KS to consider recommendations from staff feedback session prior to discussion re: implementation of plans at the BBM**

**DATE OF COMPLETION: Wednesday 27 April 2011**

7.2. JC was asked to present a paper on staff morale, including plans from the staff feedback session, to the extraordinary meeting of the WDC in May.

**ACTION: JC to present paper re: staff morale (Inc. plans from the staff feedback session) to Ext. WDC in May**

**DATE OF COMPLETION: Friday 20 May 2011**

*At this point of the meeting item 9 of the agenda was brought forward*

## 9. Approval of Annual Clinical Education and Training Plan

9.1. KS reported that confirmation of funding had not yet been received from the SHA. It was anticipated that the plan would be available for approval in June.

**ACTION: Approval of Annual Clinical Education and Training Plan, and workforce plan to be presented to WDC in June (on receipt of confirmation of SHA funding)**

**DATE OF COMPLETION: Friday 10 June 2011**

*The agenda reverted to item 8*

## **8. Equality and Diversity**

8.1. KS reported that a contract was now in place with Brachers to review all Trust policies and documents, and to offer guidance regarding the Trust's E&D plan. With regards to the allegation about non-compliance with the CQC KS advised that this could have resulted from a misinterpretation of the requirements. KS then requested a change to minute 15.1 of the previous meeting to reflect this development. (Refer to 14.1 of these minutes).

8.2. KS reported that the designated E&D role had been removed from the new structure but that a transitional role would take the system forward to deliver the E&D plan to retain compliance, and that going forward E&D duties are now embedded into the job descriptions of band 8c roles.

8.3. RL asked for a copy of the full EIA for the workforce review.

**ACTION: SG to send RL the EIA re: workforce review**

**DATE OF COMPLETION: Friday 10 June 2011**

8.4. With regards to assurance, it was noted that the Trust was required to consider E&D from external as well as internal perspectives, giving particular consideration to the impact on patients. KS assured the Committee that she was confident of a more robust system moving forward.

8.5. Further to Brachers' recommendation it was agreed that the WDC would gain sight of an annual submission of the breakdown of the Trust's workforce by pay band, race, age and gender.

**ACTION: Annual report re: breakdown of workforce by pay, race, age and gender to be added to AgF for WDC**

**DATE OF COMPLETION: Friday 20 May 2011**

8.6. KS confirmed that GD was the E&D Lead Director for assurance issues, and KS was the lead on E&D employment issues; a working group was being created to replace the former E&D Steering Group to focus on the E&D plan.

8.7. Discussion was then held about the interview process of the workforce review and KS offered assurance that it was a completely neutral process that showed no prejudice or bias.

**ACTION: KS to review interview process with RL re: assurance of neutral stance**

**DATE OF COMPLETION: Friday 10 June 2011**

## 10. Contracts Summary Report

10.1. The WDC felt that the paper offered sufficient assurance that new contracts had been or were being issued to all staff. JJ would contact KS for specific figures. The HRWG notes confirmed the completion date of this project as three months from February 2011.

10.2. RL reported that he had received comments from colleagues asking why they had been issued with a new contract; JC was asked to issue a communication to all staff to advise that this was due to a process of standardisation. KS and RL were also tasked with addressing further questions raised by the issuing of new contracts.

**ACTION: JC to issue note to staff that new contracts are result of standardisation**

**KS, RL to address questions raised by issue of new contracts**

**DATE OF COMPLETION: Friday 10 June 2011**

## 11. Driving and Vehicle Standards Policy

11.1. The Policy was **declined** by the Committee because the document had not been reviewed by the Joint Partnership Forum (JPF).

11.2. JB was asked to circulate the Policy to JPF members by email for comment. The document would then be re-presented at the extraordinary meeting of the WDC in May.

**ACTION: JB to circulate Driving and Vehicle Standards Policy to JPF members for comment, then re-present document to ext. WDC in May**

**DATE OF COMPLETION: Thursday 12 May 2011**

## 12. Summary Report from L&D Working Group

12.1. The Committee received the summary report.

## 13. Summary Report from E&D Steering Group

13.1. This item was **withdrawn** from the agenda.

## 14. Summary Report from HR Working Group

14.1. The Committee received the summary report.

## 15. Any Other Business

15.1. Discussion was held regarding the HR Appendices not covered in item 5:

- i. Appendix N TH addressed the six disciplinary incidents that resulted from ‘failure to assess and treat seriously ill patient’; more detail would be provided at June’s WDC

**ACTION: BL to provide detail on six disciplinary incidents resulting from ‘failure to assess and treat a seriously ill patient’**

**DATE OF COMPLETION: Friday 10 June 2011**

- ii. Appendix N it was confirmed that the sixteen grievances related to ‘terms and conditions’ were primarily linked to unsocial hours and the new operational rotas
- iii. Appendix O Duration of some disciplinary processes was discussed. KS noted that some delays could result from police involvement; SG gave assurance that these were being actively progressed. . The WDC requested a six monthly update on these cases.

**ACTION: SG to provide six monthly update to WDC re: disciplinaries awaiting hearing**

**DATE OF COMPLETION: TBC**

- iv. SG added that if staff convert to being on sick leave they are removed from the suspension statistics. KS queried the number of staff on sick leave as a result of stress, possibly relating to a disciplinary; SG would investigate and report back to the next WDC.

**ACTION: SG to present figures of staff converting from suspension to sick leave, and identify those off sick due to stress**

**DATE OF COMPLETION: Friday 10 June 2011**

15.2. It was requested that JJ, GD and AN be added to the distribution list for the WDC, and that AD be removed.

**ACTION: LS to add JJ, GD and AN to distribution list for WDC / remove AD**

**DATE OF COMPLETION: Friday 20 May 2011**

15.3. RL requested an update on the colleague who took MARS then came back to work for the Trust; KS acknowledged receipt of a letter from the union and confirmed that work was underway to resolve the matter.

15.4. JC reported a number of national media enquiries had been received following an announcement by LAS to reduce its frontline workforce; the press had been advised that SECamb were making back office reductions only. JC also confirmed that the LAS situation was understood throughout the Trust and that, maybe as a result of this, the level of interest from student paramedics to join SECamb had increased. KS added that two clinical advisors from LAS had recently been appointed to SECamb.

## 16. Review of Meeting Effectiveness

16.1. The meeting had finished on time and it was felt all members contributed well.

16.2. AW advised that she would review the AgF and re-circulate to the Committee to ensure all members were aware of the papers they were expected to produce for upcoming meetings.



**ACTION:** AW to review AgF and circulate to members

**DATE OF COMPLETION:** Friday 10 June 2011

**17. Date of Next Meeting**

17.1. There will be an extraordinary meeting of the WDC on **Friday 20 May 2011** at 10:00 hours in the Boardroom at Banstead. Please submit papers to Leane Stephens by close of play on Thursday 12 May 2011.

17.2. The next full meeting of the Committee will be held on **Friday 10 June 2011** at 10:00 hours in the Brooker Suite, Banstead. Please submit papers to Leane Stephens by close of play on Wednesday 1 June 2011.

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**Signed (Chair)**

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**Date**