

## Meeting of the Workforce and Education Committee of 24 July 2014

### Chairman's Report

#### Workforce KPIs

The Committee reviewed the proposed 14/15 targets and RAG thresholds with a view to ensuring that these are:

- Stretching
- Achievable
- In line with the performance of comparable trust. For the purposes of this 'comparable trusts' were confirmed to be the London Teaching Hospitals as these share the same labour pool as StG.

The Committee judged that the recommended targets and ranges are appropriate in the current market with the exception of:

- The threshold for Red in the case of sickness which was recommended to be brought down to 4.5%
- The agency and bank targets and thresholds which were deemed to be too low compared to the competition (thereby triggering a red rating at what appeared to be an unrealistically low threshold). As the % age of agency costs has material financial implications, it was recommended that the appropriate targets and thresholds be re-set in consultation with Finance colleagues.

A discussion ensued as to the fact that staff across London find it more 'profitable' to do agency work for neighbouring trusts than sign up to the bank of their employing trust. Part of the attractiveness of agency work was that it entailed less responsibility and risk. It was concluded that competing through price (by raising the bank rates) was not the answer as it set off a ratcheting up spiral. The underlying issue was one of limited supply of labour which needed to be addressed over time, together with better information to staff that agency work was non-pensionable, etc.

#### Staff Support Service Annual Report for 2013

Heather Beeston who heads up the Staff Support Service presented key highlights from the Service's annual report. The unit provides a confidential service ( funded by the trust but provided at an arm's length from the HR function) which includes a confidential counselling and support service, a bullying and harassment telephone line, tailor made support for individuals and groups on topics such as stress management, managing conflict, managing change, etc.

The Service dealt with 326 new cases in 2013 (mostly self or manager referred) – a similar number to last year. The majority of these cases are nurses (registered and non-registered) and admin and clerical staff. There is however a small but rising number of medical staff who have been using the Service.

The single biggest source of stress reported was of a personal nature (life events, money, depression, etc). The next largest set of stressors had to do with work (demands of, poor support by managers, little control over own work and priorities) interpersonal conflict and bullying. Interestingly it

appears that it is mostly how people are being managed that is the source of work related stress than the volume of work as such. This suggests that improving the competence of line management could have a material impact on reducing stress levels (and consequently sickness, absence, turnover and disaffection).

Heather mentioned that the increase in the volume of trauma is impacting on the type of work that comes their way and is planning to work with ED/ITUs in a preventative way so as to better prepare staff and make them more resilient to what they witness.

The demand for the Service is rising as staff and managers appreciate the fact that it is safe to be open with the counsellors given their independence.

It was therefore agreed that whilst valuable information could be distilled from the Service's casework on the profile of the people who use it, this would need to be done in a way that it does not put the independence of the Service at risk.

The unit operates with a total of 2.1 WTE- a level of resource that needs to be kept under review given the valued contribution that this unit has been making to the trust and its people.

### **First FFT Survey for Staff**

(Also to be reported in the CEO's report to the Board). The Committee discussed the likely reason for the poor take up (10%) and the disappointing net promoter score (-20). No comparable data exist as yet for other trusts although anecdotal evidence suggests that they have also experienced negative scores in this first round. The Committee debated ways of increasing the take-up rate. A strong view was expressed that this was a line management responsibility.

### **Capital People Report on Culture**

The Committee reviewed and discussed a report produced by a consulting organisation based on a limited number of interviews with trust staff. Despite its limited scope, it was agreed that the report did capture the key aspects of culture at St G. It confirmed that values are deeply ingrained and lived in most parts of the trust. Areas where this is not the case therefore 'stick out'. The report's strong steer was not to invest in more culture change initiatives but to focus instead on tackling directly the individuals, groups or areas of the organisation which are seen to be problematic.

Their recommendations also reinforce key findings from the governance review, namely that the focus of attention now needs to shift to organisational and leadership development that is **bespoke** to the needs of individual leaders (enhancing opportunities for high fliers, addressing developmental needs that hold back others). This is a very different approach to the supply of programmes for groups of individuals.

### **Clinical Excellence Awards**

The Committee reviewed a paper setting out different options for awarding local points to the Trust's Consultant body. In their discussion, the Committee considered changes to the national system, intelligence from the consultant contract re-negotiation and the likely motivational impact of altering the system of awards in the course of a performance year. Following that discussion, the Committee endorsed EMT's recommendation of reducing the number of available points by lowering the value per WTE.

Stella Pantelides 24/7/2014

