

West Suffolk Joint Staff Consultative Panel

Title:	Agenda		
Date:	Monday 25 July 2016		
Time:	3.00 pm		
Venue:	GFR13 West Suffolk House Western Way Bury St Edmunds		
Full Members:	<u>St Edmundsbury Borough Council</u> (3) (Employers' Side) Bob Cockle Clive Springett Patricia Warby	<u>Forest Heath District Council</u> (3) (Employers' Side) Ruth Bowman Rona Burt Stephen Edwards	<u>Staff Representatives</u> (6) (Employees' Side) Lizzi Cocker Mark Johnson Claire McKenna Jane Orton Julie Roberts Vacancy
Substitutes:	Carol Bull Beccy Hopfensperger	Brian Harvey Carol Lynch	Dawn Goss Vacancy
The membership of this Panel needs not to be politically balanced.			
This meeting will be preceded at 2.30pm by the usual pre-briefings for the Employers' Side (GFR13) and the Employees' Side (Mayor's Parlour)			
Interests – Declaration and Restriction on Participation:	Members are reminded of their responsibility to declare any disclosable pecuniary interest not entered in the Authority's register or local non pecuniary interest which they have in any item of business on the agenda (subject to the exception for sensitive information) and to leave the meeting prior to discussion and voting on an item in which they have a disclosable pecuniary interest.		
Quorum:	Three Members; comprising a minimum of one SEBC Councillor, one FHDC Councillor and one Staff Representative		
Committee administrator:	Helen Hardinge Democratic Services Advisor Tel: 01638 719363 Email: helen.hardinge@westsuffolk.gov.uk		

Procedural Matters

WHILST THESE AGENDA PAPERS ARE NOT COVERED BY THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985, IN RESPECT OF THOSE ITEMS WHICH ARE LISTED AS CONTAINING EXEMPT/CONFIDENTIAL, MEMBERS OF THE PANEL ARE REQUESTED TO TREAT THEM AS SUCH

Part 1

1. Election of Chairman for 2016/2017

*To be appointed from the **Employees' Side***

(Extract from the Panel's Terms of Reference:

"2.7 The Panel shall elect a Chairman and Vice-Chairman from its members. When the Chairman is a member of one side of the Panel, the Vice-Chairman shall be a member of the other side. The Chairman of the Panel shall be rotated on an annual basis between the Employees' and Employers' side. The Chairman of the meeting shall not have a casting vote.")

The Chairman and Vice Chairman for 2015/2016 were:

Councillor Patricia Warby – Chairman (Employers' Side)

Mark Johnson – Vice Chairman (Employees' Side)

2. Election of Vice Chairman for 2016/2017

*To be appointed from the **Employer's Side***

3. Apologies for Absence

4. Substitutes

5. Minutes

1 - 4

To confirm the minutes of the meeting held on 18 January 2016 (copy attached).

6. Human Resources Policies

5 - 48

Report No: **JSP/JT/16/003**

7. Workforce Data

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Report No: **JSP/JT/16/004**

West Suffolk Joint Staff Consultative Panel



Minutes of a meeting of the **West Suffolk Joint Staff Consultative Panel** held on **Monday 18 January 2016** at **3.00 pm** in the **Council Chamber, District Offices**, College Heath Road, Mildenhall, IP28 7EY

Present:	<u>St Edmundsbury Borough Council</u> (Employers' Side)	<u>Forest Heath District Council</u> (Employers' Side)	<u>Staff Representatives</u> (Employees' Side)
	Cllr Carol Bull Cllr Bob Cockle Cllr Patricia Warby	Cllr Ruth Bowman Cllr Stephen Edwards	Lizzi Cocker Mark Johnson Jane Orton

16. **Election of Chairman for 2015/2016**

With the vote being unanimous, it was

RESOLVED:

That Councillor Patricia Warby be elected Chairman for 2015/2016.

17. **Election of Vice-Chairman for 2015/2016**

With the vote being unanimous, it was

RESOLVED:

That Mark Johnson be elected Vice-Chairman for 2015/2016.

18. **Apologies for Absence**

Apologies for absence were received from Councillor Rona Burt (Forest Heath District Council - Employers' Side), Councillor Clive Springett (St Edmundsbury Borough Council - Employers' Side) as well as Claire McKenna and Julie Roberts (Staff Representatives - Employees' Side).

19. **Substitutes**

Councillor Carole Bull attended the meeting as substitute for Councillor Clive Springett (St Edmundsbury Borough Council - Employers' Side).

20. **Minutes**

The minutes of the meeting held on 20 July 2015 were received and noted.

21. **Workforce Data (Report No JST/JT/16/001)**

The Service Manager (Human Resources and Organisational Development) presented this report which set out the West Suffolk workforce data for the twelve month period up to 31 December 2015. The report also provided a comparison between the data as it stood now and with that reported to the previous meeting of the Panel; which was for the twelve month period up to 30 June 2015.

The West Suffolk average sickness level of 6.75 days was still far below the national average of 7.9 days, this was particularly pleasing bearing in mind that a large proportion of the workforce undertook manual operations, for example the waste operations staff.

At the last meeting of the Panel a question had been asked as to how West Suffolk compared to other neighbouring authorities. The Officer had undertaken comparisons regionally and was pleased to report that West Suffolk continually fell below in both long and short term sickness absence.

With the vote being unanimous, it was

RESOLVED:

That the contents of the workforce data, attached as Appendix A to Report No JSP/JT/16/001, be noted and supported.

22. **Fit for Work Service (Report No JSP/JT/16/002)**

The Service Manager (Human Resources and Organisational Development) presented this report which outlined the new Fit for Work Service which came into effect on 8 September 2015.

This was a Government-funded service which provided Occupational Health assessments on referral from the employee's GP or employer, where an employee is absent from work for at least four weeks.

Whilst the Officer welcomed the service it was noted that the West Suffolk Councils already used an existing occupational health service (WorkFit) with a wider range of benefits and the new scheme was not intended to replace this. Any advice from Fit for Work would be taken into account as part of the process.

With the vote being unanimous, it was

RESOLVED:

That the Fit for Work Service, as set out in Report No JSP/JT/16/002, be noted and supported.

23. **Legal and Case Law Changes (Verbal)**

The HR Business Partner provided the Panel with a verbal update on a number of recent legal and case law changes which had come into effect over the past few months.

Looking forward to April 2016 changes were also to be made in respect of the National Living Wage. The Head of HR, Legal and Democratic Services added that this would, in due course, trigger a wholesale review of the Local Government pay scales.

The Panel was also advised that the Local Government Employers' two-year NJC pay offer of 1% was now being balloted on.

With the vote being unanimous, it was

RESOLVED:

That the verbal update be noted.

24. **Organisational Development Plans - Update (Verbal)**

The Service Manager (Human Resources and Organisational Development) provided the Panel with a presentation of the ongoing work across the West Suffolk Councils on the Organisational Development Plans.

Members were advised that a lot of work had been undertaken with Leadership Team and Service Managers, and in due course the plans would involve the wider workforce. The Panel would continue to be updated on progress at future meetings.

A question was asked to how progress on the Plans would be formally monitored and a suggestion was made for this to be undertaken via the joint meetings of the Performance and Audit Scrutiny Committees. The Head of HR, Legal and Democratic Services agreed that consideration needed to be given on the most appropriate method for progress to be reported.

With the vote being unanimous, it was

RESOLVED:

That the verbal update be noted.

25. **Trade Union Bill Update (Verbal)**

Mark Johnson advised the Panel that the Government had published consultation on the Trade Union Bill which brought about changes which he feared could affect relations between unions and employers.

He praised the good relationship that existed between the West Suffolk Councils and Unison and raised concern that the Bill could have an adverse affect on this.

With the vote being unanimous, it was

RESOLVED:

That the verbal update be noted.

26. **Date of Next Meeting**

The Head of HR, Legal and Democratic Services advised the Panel that she was looking to schedule in the next meeting during June/July 2016 and all members would be advised once scheduled.

The meeting concluded at 3.52 pm

Signed by:

Chairman

West Suffolk Joint Staff Consultative Panel



Title of Report:	Human Resources Policies	
Report No:	JSP/JT/16/003	
Report to and date/s:	West Suffolk Joint Staff Consultative Panel	25 July 2016
Portfolio holder:	Councillor Stephen Edwards Portfolio Holder for Resources and Performance Tel: 07904389982 Email: stephen.edwards@forest-heath.gov.uk	Councillor Ian Houlder Portfolio Holder for Resources and Performance Tel: 07597961069 Email: ian.houlder@stedsbcc.gov.uk
Lead officer:	Karen Points Head of HR, Legal & Democratic Services Tel: 01284 757015 Email: karen.points@westsuffolk.gov.uk	
Purpose of report:	The Panel are asked to recommend approval of the attached HR policies to both Authorities' Cabinets.	
Recommendation	The West Suffolk Joint Staff Consultative Panel, RECOMMEND to Cabinet to approve: <ul style="list-style-type: none"> • the Workplace Wellbeing Strategy; • the Mental Health At Work Policy; • the Mentoring Policy; and • the Mediation Policy. 	
Key Decision:	<i>Is this a Key Decision and, if so, under which definition?</i> No, it is not a Key Decision - <input checked="" type="checkbox"/>	
Consultation:	<ul style="list-style-type: none"> • Leadership Team, Unison, Joint Staff Consultative Panel 	
Alternative option(s):	<ul style="list-style-type: none"> • N/A 	
Implications:		
<i>Are there any financial implications? If yes, please give details</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<i>Are there any staffing implications? If yes, please give details</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Are there any ICT implications? If yes, please give details		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Are there any legal and/or policy implications? If yes, please give details		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> • Policies require adoption by the West Suffolk Authorities 	
Are there any equality implications? If yes, please give details		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Risk/opportunity assessment:		<i>(potential hazards or opportunities affecting corporate, service or project objectives)</i>	
Risk area	Inherent level of risk (before controls)	Controls	Residual risk (after controls)
Lack of written policy to support consistent welfare of staff leading to disputes and formal procedures	Medium	Approval of Policy	Low
Ward(s) affected:		None directly	
Background papers: <i>(all background papers are to be published on the website and a link included)</i>		N/A	
Documents attached:		Appendix 1: Workplace Wellbeing Strategy Appendix 2: Mental Health at Work Policy Appendix 3: Mediation Policy Appendix 4: Mentoring Policy	

1. Key issues and reasons for recommendation(s)

- 1.1 The Human Resources Service has been working on new policies and strategies for West Suffolk, in accordance with the current employment legislation and good practice. Policies and procedures are also written with ACAS best practice in mind.
- 1.2 The Leadership Team and Unison have had involvement in the development of these policies. Consultation continues at the West Suffolk Joint Staff Consultation Panel, with Portfolio Holders and finally with Cabinets, who will be asked to approve the final versions subject to recommendation from the Panel. Where minor statutory changes are made subsequently, in consultation with Unison, policies will be amended.
- 1.3 The Workplace Wellbeing Strategy is the overarching strategy which encompasses our commitment to the health and wellbeing of our staff through a range of initiatives. The Mental Health At Work, Mentoring and Mediation policies underpin our commitment and strengthen the approach to the wellbeing of our staff and are stand alone documents specific to their content.

Workplace Wellbeing Strategy 2016-2019

June 2016

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Workplace Wellbeing Strategy

1. Introduction

- 1.1 The West Suffolk councils have a shared set of priorities, including the commitment to developing resilient families and communities that are healthy and active. Further, it is recognised that the workplace plays a key role in promoting the nation's health and well-being¹.
- 1.2 The Councils' Workforce Strategy, also, contains key objectives in regard to employee well-being:
- 'We will actively promote and manage wellbeing including effective and active employee engagement, and to
 - Build resilience and energy among our staff and partners to enable change and deliver our priorities.
- 1.3 West Suffolk councils recognise that the wellbeing of our employees is a key driver for success. This strategy sets out the councils' objectives for employee wellbeing, the structures in place to support the strategy now and for the future and how the councils will measure the outcomes.

2. What is Wellbeing

- 2.1 CIPD report that wellbeing in the workplace can be defined as 'creating an environment to promote a state of contentment, which allows an employee to flourish and achieve their full potential for the benefit of themselves and their organisation'. Research shows that highly engaged individuals, with high levels of well-being, are the most productive and happiest employees².
- 2.2 We, as an employer, and as an organisation, focus on delivery for our community in the widest sense and have a responsibility to promote and support the wellbeing of our employees. 70% of our employees live in the West Suffolk area, and are key to our links with our communities. The wellbeing of our employees should be at the heart of what we do to champion better work and working lives, which will benefit individuals, businesses, economies and society.
- 2.3 Wellbeing is far wider than dealing with and supporting sickness – it represents a culture which places physical, mental and social health high on the organisation's agenda. Well employees are both physically and mentally able and willing to contribute in the workplace and are more likely to be better engaged and informed. Improving the wellbeing of staff will, in turn, improve the wellbeing of their families and the wider communities we serve and more broadly the country as a whole. It is a fact, that well people require less support and resources from the health services and benefits agencies.
- 2.4 It is, also, clear that when our staff feel well and have job satisfaction and job enrichment, the experience of our customers will be affected. The areas of health and

¹ Dame Carol Black 'Working for a healthier tomorrow'

² Towers Watson

wellbeing are strongly interlinked and we need to promote a culture which is shared by our staff.

- 2.5 Health and wellbeing is not just about one-off initiatives. It is about aspiring to position employee wellbeing as a continuous thread within what we do as an organisation. Dame Carole Black's review of Britain's working age population "Working for a healthier tomorrow" firmly positions the workplace as playing a key role in promoting the nation's health and wellbeing and supports a holistic approach to health and wellbeing at work.
- 2.6 We are participating in the framework of the Suffolk Workplace Wellbeing Charter to enable us to evaluate what we currently do and what we need to consider, in order to be proactive and engage in enhancing the health and wellbeing of our staff. This can be achieved through wider wellbeing initiatives, joint working with our staff and managers and working with local partners, in order to identify and address areas for improvement.
- 2.7 We already have a number of key policies³ in place, which underpin this Strategy in supporting health and wellbeing.
- 2.8 We are continually providing training, guidance and support to managers to ensure they develop the skills set they need in order to support their employees in improving their health and wellbeing. We provide information to raise awareness and promote the correlation between positive emotional and mental health wellbeing and exercise.
- 2.9 The population of West Suffolk in 2014 was 174,885 with an ageing population; 20% being over 65. 83.6% of Forest Heath residents and 83% of St Edmundsbury residents consider themselves to be in good or very good health compared with 81.2% for England as a whole.

3. Aims of the Strategy

- To create a safe and healthy working environment.
- Improve general wellbeing and make workplace wellbeing everyone's responsibility, in turn improving wellbeing within our communities.
- Encourage and support employees to develop and maintain a healthy lifestyle.
- Provide education and information and promote wellbeing awareness to managers and staff.
- Achieve and maintain the Suffolk Workplace Wellbeing Charter.
- Be an employer of choice adding value to recruitment and retention.

4. What does a healthy workforce look like?

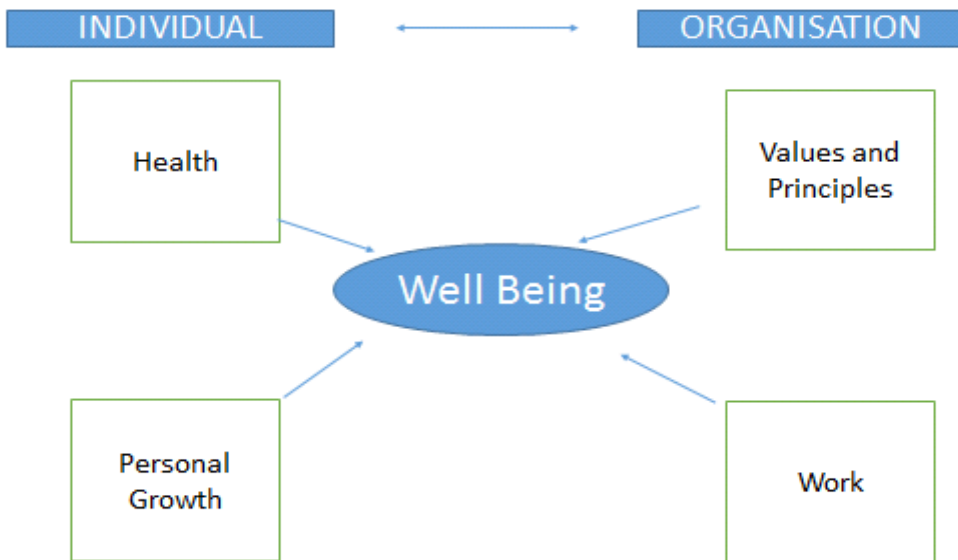
- 4.1 The list is endless but a healthy workforce would be a healthier, happier workforce; motivated staff with increased morale and engagement; employee retention and reduction in turnover; reduction in absenteeism; good employee relations and informed managers and staff.

³ Workforce Strategy, Managing Absence and Ill-health, Working with Cancer and Critical Illness, Health and Safety, Double Tick, Mindful Employer etc

5. What does a healthy workplace look like?

- 5.1 Being an employer and partner of choice: an environment where health risks are identified and managed; a place where work is designed taking into account peoples’ needs; an environment which actively supports health and wellbeing; a culture that creates conditions for innovation, creativity and appropriate attitude to risk, an organisation which trains managers to play a key role in supporting and taking responsibility for the wellbeing of their staff.
- 5.2 Health and wellbeing are not just medical issues. The nature and type of jobs that employees do are vitally important in terms of job satisfaction, and in relation to personal motivation, reward and control. The role and skill set of the manager is key. Good line management can have a very positive effect on health, wellbeing and improved performance. It is recognised that a positive attitude and well-being enhances productivity through the enabling of potential talent. Managers have a role in identifying and supporting people with health conditions to help them to carry on with their responsibilities or consider opportunities and adjustments where possible. It is generally accepted that keeping people in work has a positive effect generally on their well-being.

6. Key areas of Wellbeing



Key Area	Elements	Wellbeing Activities
HEALTH	Physical Health	Health promotion, health checks, physician support, occupational health support, subsidised sports centre membership, supporting rehabilitation, cycle to work scheme, physiotherapy, drug and alcohol screening and support programme, effective absence management, phased return to work, adaptations and

Physical Safety	adjustments to work environment, smoking cessation initiatives. Safe working practices, safe equipment, health and safety policy and practices, personal safety training, personal security, on line health and safety training, safe driving.
Mental Health	Stress management, risk assessments, counselling, Cognitive Behaviour Therapy, mediation, training managers to have difficult conversations, mental health policy, Mindful Employer commitment, occupational health support; Mental Health at Work Policy.

WORK

Work Environment	Ergonomically designed working areas, open and light, break out areas, café facilities, IT systems; easy access to outdoors; focus on culture and Organisational Development.
Line Management	Effective people management policies, training for line managers, sickness absence management.
Work Demands	Clear job roles and design, workload, working hours, flexible working, home working, work life balance, job satisfaction, job enrichment, appropriate work, output not hours culture.
Pay and Reward	Fair pay and benefits, PDR, employee benefits scheme, subsidised gym membership, non financial recognition linked with performance = talent management.

VALUES & PRINCIPLES

Leadership	Clear corporate priorities, Core Values BERT, OD plan, LT & SMT, trust culture, communication strategy, Workplace Wellbeing Charter.
Ethical Standards	Social commitment, social responsibility, dignity at work, equality and diversity, community investment, volunteering opportunities, Double Tick employer "positive about employing people with disabilities".

PERSONAL GROWTH

Career Development	Mentoring, coaching, performance management, performance development plans, career
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Lifelong Learning

development, training opportunities, succession planning, secondments, placements and outplacement support. Resilience, corporate training programme, flexible training programmes that meet current trends and changes, management training, access to training, career opportunities, working in the Suffolk system, challenging and rewarding work.

7. Who is responsible for Wellbeing?

7.1 Organisation

7.2 We need to implement a holistic approach to health and wellbeing that is preventative and proactive, as well as reactive, with a strong focus on rehabilitation and keeping people in work. We need to promote good physical health and good mental health and balance the needs of the workforce with the work that we, as an organisation, deliver on.

7.3 Line Management

7.4 Line managers are key in shaping employees' experience of work and bringing people management policies to life. They play a vital role in every day management and must make it a priority to understand their staff, use emotional intelligence to identify issues and have the confidence and interpersonal skills to implement policies fairly and consistently and manage difficult conversations, when appropriate.

7.5 Health & Safety and HR

7.6 Health & Safety and HR have a pivotal role in ensuring that people management policies are relayed to managers in a way that they can be interpreted fairly and consistently. They should support the delivery in those policies to ensure they steer the health and wellbeing agenda and making sure it is an integral part of the organisations day to day activities. Development of people policies need to ensure they have a clear link to workplace wellbeing and to the organisations priorities.

7.7 Employees

7.8 Employees have a personal responsibility for their own wellbeing and for that of others. They have a responsibility to stay healthy and to be well informed about health and exercise issues. They need to acknowledge the initiatives the organisation offers and benefit from those initiatives where relevant to their needs.

7.9 They, also, can recognise early signs of problems amongst their colleagues and should have confidence and knowledge in order to intervene, if appropriate, in a constructive and supportive way.

8. How will we measure the outcomes?

8.1 The obvious measures

8.2 There are a number of ways of measuring the outcomes of this Strategy.

8.3 There are the obvious organisation metrics that can be used to measure outcomes such as:-

- Reduced absence especially in relation to work related stress.
- Reduced accidents.
- Low turnover/retention of talent.
- Higher performance through the PR process.
- Reduced performance and people management issues.
- Higher levels of customer satisfaction and feedback.

8.4 These are all supported by data and facts and can be attributed to wellbeing. However, it is important to appreciate that these metrics can, also, be affected by many other initiatives and motivational matters outside of the wellbeing agenda. Wellbeing may be just a part of a bigger picture, contributing to improving productivity.

9. The subtle measures

9.1 There are a far greater number of subtle measurements such as increased and proactive staff engagement, greater participation in health and wellbeing initiatives offered, and improved management skill sets. Effective managers need to know their staff and recognise how to build relationships contributing to an identity of partner and 'employer of choice'. Good organisations have proactive responses to issues, third parties offering to work with them on wellbeing issues, lead the way in wellbeing, and are a role model to other bodies.

9.2 It is important to understand that just because a wellbeing initiative is offered, not every member of staff will want to take up that offer. One size does not fit all and it is important that wellbeing opportunities meet the needs of a diverse and wide range of staff and are delivered through the same wide range of delivery models. Not every employee will benefit from a "class room" style approach. The delivery models may be very subtle – ranging from education to notification, activities to signposting, for example. It is important to recognise the key areas of this strategy in Health; Personal Growth; Values and Principles and Work and be clear that delivery of initiatives are linked to these areas in order to enhance and strengthen what the Councils already offer.

10. Conclusion

10.1 A wellbeing strategy is not a set of initiatives that are rolled out over a set period of time in order to tick a box and reap the benefits. A wellbeing strategy is a commitment and culture which recognises challenges and change and is a continuum of initiatives which support the wellbeing of our employees. Our employees are ambassadors of the organisation and influencers of our communities. This strategy sits at the heart of the organisation not just within its OD plan but its day to day business.

- 10.2 A key factor in the wellbeing of the organisation is the skill of managers. Our managers need to be more than just commissioners of work. They need to ensure that they develop strong emotional intelligence skills in order to identify what their staff need in terms of wellbeing in order for those staff to perform at their optimum level. As highlighted throughout this strategy it is important to remember that there is no one size fits all and different staff will have different needs and it is those collective needs which need to be reflected in the offer we have within our wellbeing strategy.
- 10.3 The content of the strategy and the initiatives and policies that link with it will be regularly reviewed, updated and improved to ensure that wellbeing really is central to the success of our workforce, our organisation and our communities.

Revisions

Date of review or revision	Reason	Author
May 2016	Created	Wendy Canham

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Mental Health at Work Policy

March 2016

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Mental Health at Work Policy

1. Introduction

- 1.1 We are committed to protecting employees' health and safety and welfare. We are, also, committed to the "Mindful Employers" charter, which requires organisations to place greater emphasis on mental health. Mindful Employer, developed by employers in Exeter and launched in 2004, is an NHS initiative run by Workways, a service of Devon Partnership NHS Trust. Workways supports people with a mental health condition to find or remain in employment.
- 1.2 Mental health illness can occur to any person at any level and any time. It can impact on relationships, jobs, physical health and many more. NHS predicts that one in four of us will suffer from some form of mental health issue at some time in our lives. Mind reports that one in six people are dealing with mental health problems such as anxiety, depression or stress.
- 1.3 Mind, also, estimates that the cost to employers of mental health problems within their workforce is close to £26 billion per year, equating to £1,035 for every employee in the UK workforce. The annual cost of mental health related presenteeism (people coming to work and under performing due to health) is estimated to be in the region of £15.1 billion - £605 per employee in the UK workforce.

2. Policy Aims

- 2.1 This policy aims to:-
 - Increase awareness of mental health issues throughout the Councils
 - Initiate actions to prevent and manage issues of mental health within the Councils
 - Advise managers how to deal with disclosures regarding mental ill health
 - Provide a list of contacts and organisation details for further guidance and help.

3. Definition of Mental Health

- 3.1 Mental health, like physical health, can fluctuate on a range from good to poor. Mental health problems can affect any one irrespective of age, personality or background. It can appear as a result of experiences in personal or working lives, or both and can just happen. Employees may be affected directly or indirectly if partners or dependents or family members have mental health problems which in turn impact on their own lives and health.
- 3.2 It can affect the way people think, feel or behave. In some cases this can seriously limit a person's ability to cope with day to day life, impact on relationships, work quality and life in general. It can influence the ability for an individual to cope with change, transition and life events. However, many people manage their own mental health problems alongside the demands of their job and their lives, sometimes with treatment and support. It is important to remember that everyone's experience of mental health will be unique and no two people, with the same condition, may deal with it in the same way.

3.3 If an employee has a mental impairment that has a substantial and long term adverse effect on their ability to perform normal day to day activities, they have a disability and their disability will fall within the definition in the Equality Act 2010. This means that employers have a duty not to discriminate because of the disability and to make reasonable adjustments in the workplace to support the individual.

4. Impact of Mental Health within the Organisation

4.1 Mental health can impact on an organisation's performance and productivity. In 2011 the CIPD (Chartered Institute of Personnel & Development) surveyed 2000 employees regarding mental health and how it impacts at work. More than a quarter of those employees reported to have experienced mental health at some time in their working life.

4.2 The key issues which were raised were:-

- 80% found it difficult to concentrate
- 62% found it took them longer to do tasks
- 60% had difficulty in making decisions
- 57% found it difficult to juggle a number of tasks
- 50% felt they were less patient with clients and customers
- 42% were put off of doing challenging work

4.3 In the survey employees of large companies reported that 38% would feel confident in disclosing mental health problems to their manager.

5. Forms of Mental Health

5.1 Although not an exhaustive list, below are some of the more commonly diagnosed forms of mental health problems and examples of their symptoms. When supporting staff it is important not to label people by focusing on a diagnosis. It is more important to talk to them and understand how it impacts on their work.

5.2 **Depression** - very low moods; feeling hopeless, worthless, unmotivated or exhausted; loss of appetite; irritability; more prone to physical illness. Depression often goes hand in hand with anxiety. For men in particular, feeling low or anxious can lead to anger and using recreational drugs or alcohol as coping strategies.

5.3 **Anxiety** – constant and unrealistic worry about any aspect of daily life leading to restlessness; sleeping problems; increased heartbeat; stomach upset; muscle tension; trembling. Severe anxiety can be linked to panic attacks, phobias or obsessive compulsive disorder.

5.4 **Panic attacks** – sudden, unexpected bouts of intense terror leading to difficulty breathing; rapid, pounding heartbeat; choking sensations; chest pain, trembling; feeling faint. The memory of a panic attack can provoke fear and trigger another.

5.5 **Obsessive-compulsive disorder** – lack of control over certain thoughts or ideas that seem to force themselves into consciousness but lead to unbearable anxiety, which can only be relieved by performing a particular ritual to neutralise them, such as repeatedly opening and closing a door, washing hands or counting.

- 5.6 **Phobias** – an unreasonable fear of a particular situation or object which can cause major disruption to life because it imposes such restrictions on the way people live, for example agoraphobia can cause such paralysing fear that a person may remain isolated in their own home, afraid to go outside.
- 5.7 **Bipolar disorder (manic depression)** – a mood disorder where during ‘manic’ episodes people tend to be hyperactive, uninhibited, reckless, full of grandiose schemes and scattered ideas. At other times, they may go through long periods of being very depressed. Not everyone experiences both extremes.
- 5.8 **Schizophrenia** – hearing voices; seeing things that other people can’t; perceptions and physical sensations that are not shared by others (delusions and hallucinations). Schizophrenia can severely interfere with someone’s ability to perform everyday tasks and activities and lead to a person becoming confused and withdrawn.
- 5.9 **Borderline personality disorder (BPD)** – a controversial diagnosis but may be characterised by poor self-image and insecurity, up and down emotions, feelings of deep emptiness, loneliness and often anger; difficulty with relationships; taking risks; experiencing delusions or hallucinations. BPD can lead to self-harm or suicidal feelings and often goes hand in hand with other mental health problems.
- 5.10 **Psychosis** – experiences, such as hearing or seeing things, holding unusual beliefs, having disturbed thoughts or flights of ideas, which other people don’t experience or share; sometimes described as ‘waking dreams’, which can be very distressing and disturbing. Almost anyone can have a brief psychotic episode and stressful or traumatic events make them more likely to occur. Some people may have only one or a few episodes, while others may be diagnosed with a related mental health problem.

6. Handling Disclosure: Recruitment

- 6.1 Many job applicants are fearful of disclosing information relating to their mental health problems in a job application or at interview stage due to misunderstanding and prejudice about mental ill health issues. Since the Equality Act 2010 it is, also, unlawful for employers to ask questions about health during recruitment in order to prevent discrimination.
- 6.2 There are certain health enquiries that the Councils make prior to offering a job in order to support candidates. Candidates are asked to contact Human Resources if they have difficulties in completing the on line application form or require any reasonable adjustments within the recruitment process.
- 6.3 The Councils, also, have a health questionnaire that is issued following the job offer. The information provided is useful to be able to identify any additional support required for the employee.

7. Prevention: Keeping People Well

- 7.1 Good communication and people management skills go a long way to prevent mental health problems among employees – often it is a common sense approach.
- 7.2 Induction – a good induction programme is important for all new, promoted or redeployed employees, as starting a new job or working in a different role can be stressful and unsettling. A negative experience in those first few days, in which employees are given insufficient guidance about expectations and processes, can

undermine employees' confidence and could trigger problems or exacerbate existing symptoms.

7.3 Managing people – how people are treated on day to day basis is key to their mental well-being and engagement. The behaviours of line managers will, to a large degree, determine the extent to which employees are prepared to go the extra mile in their jobs, are resilient and able to work under pressure; are engaged and remain loyal to the organisation. Good management can be crucial in supporting well-being, spotting early signs of mental health problems, initiating early discussions and interventions, whilst poor management can exacerbate the problems or even be the cause of mental health problems. Supporting employees will build individual, team and organisational resilience.

7.4 In a recent survey carried out by Mindful Employer in February 2016, the biggest barriers to employees speaking out to their managers about mental health issues were they believed that:-

- it would go against them
- nothing would happen
- others in the team would find out
- they didn't trust their manager
- they could lose their job
- they would feel ashamed

8. Early intervention – Spotting the Signs

8.1 Spotting the signs of mental ill health at an early stage allows managers to nip problems in the bud before they escalate.

8.2 A key part of spotting the signs is managers being alert to the potential workplace triggers for stress such as:-

- Long hours and no breaks
- Unrealistic expectations or deadlines
- High pressure environments
- Poor working environment
- Unmanageable workloads
- Lack of control over work
- Negative relationships or poor communication
- Workplace culture or lack of management support
- Job insecurity or change management
- High risk roles
- Lone working

8.3 Managers who know their staff and have regular 121s in order to monitor work and wellbeing are better placed to spot any signs of mental health issues at an early stage. Often it is about a change in typical behaviour. Symptoms will vary as each person's experience of mental health is different, no two people will react the same. It is, also, important to remember that any change in an individual does not necessarily mean the employee has a mental health problem as it could be related to another health issue or something different. It is important not to make assumptions but to talk to the person directly and listen.

8.4 The table below highlights some changes in physical, psychological and behaviour which may be identifiable.

Physical	Psychological	Behavioural
Fatigue Indigestion or upset stomach Headaches Appetite and weight changes Joint and back pains Change in sleep patterns Visible tension or trembling Nervous trembling speech Chest or throat pain Sweating Constantly feeling cold	Anxiety or distress Tearfulness Feeling low Mood changes Indecision Loss of motivation Loss of humour Increased sensitivity Distraction or confusion Difficulty relaxing Lapses in memory Illogical or irrational thought processes Difficulty taking information in Increased suicidal thoughts	Increase smoking and/or drinking Using recreational drugs Withdrawal Resigned attitude Irritability, anger or aggression Over excitement or euphoria Restfulness Lateness, leaving early or extended lunches Working far longer hours Intense of obsessive activity Repetitive speech or activity Impaired or inconsistent performance Uncharacteristic errors Increased sickness absence Uncharacteristic problems with colleagues Apparent over reaction to problems Risk taking Disruptive or anti social behaviour

CIPD, Managing and supporting mental health at work 2011

9. Supporting Staff to Stay Well and in Work

- 9.1 If mental health is suspected or disclosed, it is crucial that line managers initiate those early conversations about the individual's needs, to identify and offer support or adjustments. Empathy and a common sense approach lies at the heart of effective management of mental health in the workplace and managers must be approachable and make time to listen when staff ask for their help. Often employees will not feel confident in discussing mental health issues and it may be down to the manager to open up a conversation. There are many organisations who can offer external support and a list is provided.
- 9.2 Conversations which are sensitive should always be held in a confidential setting where employees feel they can be open and feel at ease. It is important that managers focus on the person not the problem and do not make assumptions, be judgemental or patronising. Managers must show empathy and ask open questions and most important listen actively and carefully. If action or support is agreed it may be useful to follow this up in writing.
- 9.3 Managers should address any potential work related issues which may in turn help the employee to cope with other problems in their lives. Managers should, also, encourage the employee to see their GP or the Councils' occupational health service. Workplace adjustments may be considered and these can be low cost and simple eg flexible working or increasing supervision.
- 9.4 Equally important is supporting staff when they are absent. Return to work interviews are key to good communication. During any periods of related absence managers should agree with the employee on how often they will keep in contact and consider what support may be needed on their return to work. Early intervention is very

important as the longer someone is off for mental health reasons the harder it may be for them to return. Managers need to be consistent in their approach to return to work in the same way they would be with any period of absence.

10. Responsibilities

10.1 As an organisation we all have responsibility for the welfare and wellbeing of ourselves and of each other.

10.2 West Suffolk Councils responsibilities are to:-

- Ensure that Mental Health at Work policy forms part of our Wellbeing Strategy for our staff
- Ensure commitment from Leadership Team and senior management to support and endorse this policy
- Promote good practice

10.3 Managers responsibilities are to:-

- Know their staff
- Use emotional intelligence to pick up on changes in an individuals behaviour
- Have regular 121s with their staff to discuss workloads, training needs, opportunities
- Ensure good communication between their staff particularly in times of demand and change,
- Have quality conversations
- Ensure that staff manage their leave and their working hours
- Manage clear expectations
- Ensure good contact is maintained during staff absence
- Be aware of possible signs such as avoidance of difficult tasks or meetings
- Manage health in general and ensure they carry out return to work interviews being aware of sickness patterns, reasons for absence, etc.
- Manage mental health absence in liaison with HR

10.4 Employees responsibilities are to:-

- Raise issues of concern with either their manager or HR
- Be open to offers of support
- Respect each other

10.5 Human Resources Team responsibilities are to:-

- Support managers and give advice on the policy and raise awareness through that support
- Monitor the effectiveness of measures in place to address mental health
- Provide support to managers to deal with change
- Provide advice and guidance on agencies to help employees
- Work alongside managers and staff

11. Enquiries and Change Control

- 11.1 All enquiries relating to this document should be directed to Human Resource Services.
- 11.2 Copies of this document can be found on our intranet site under HR policies or can be obtained by contacting Human Resource Services.
- 11.3 This policy will be subject to review which will be initiated by Human Resources in consultation our recognised trade union.
- 11.4 Suggestions for any changes to this document should also be forwarded to Human Resources.

12. Useful Contacts

MIND	www.mind.org.uk
Mindful Employer	www.mindfulemployer.net
Mental Health	www.mentalhealth.org.uk
Fit For Work	www.fitforwork.org
Health & Safety Executive	www.hse.gov.uk/stress
Together for mental wellbeing	www.together-uk.org

This policy should be read in conjunction with the Health and Safety policies; sickness absence & ill health policy and flexible time scheme.

For further guidance and advice contact Human Resources.

13. Revisions

Date of review or revision	Reason	Author
March 2016	Drafted	Wendy Canham

Mediation Policy

March 2016

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Mediation Policy

1. Introduction

- 1.1 We recognise that encouraging positive working relationships between individuals will have a positive impact on our staff and their general wellbeing.
- 1.2 We are committed to supporting staff and managers to work together to resolve disputes and workplace conflicts at a local level, to ensure minimum disruption to the delivery of the Councils' priorities, and to maintain high level of morale, staff engagement and effective performance.
- 1.3 Workplace conflict is a condition between employees whose jobs are interdependent, either directly or indirectly, who feel aggrieved, who perceive another or others as being at fault and who act in a way that causes problems within the organisation, which in turn affects the effectiveness of the business. It is the relationship between those individuals where there is incompatibility that impacts on the individuals, the team and/or the organisation to achieve outcomes.
- 1.4 The single most common reason for conflict is differences in personalities or difference in working styles. Constant change, also, brings tension, which can be a contributory factor. However, differences in perception, poor communication, incompatible goals or power imbalance between individuals are more common factors.
- 1.5 Mediation is an effective tool for resolving interpersonal conflicts between colleagues, managers and team, rather than allowing them to escalate to more difficult and potentially unmanageable levels.

2. Policy Aims

- 2.1 The policy provides employees with an objective and impartial framework for resolving conflicts at an early stage.
- 2.2 This policy aims to offer an alternative first stage for resolving conflict and, also, to make available a process for reconciling working relationships outside of any formal process but, also, if recommended, following a formal hearing to rebuild relations.
- 2.3 Employees should read this policy in conjunction with West Suffolk councils' Grievance Procedure and Dignity at Work Policy.

3. Definition of Mediation

- 3.1 Mediation in the workplace is a confidential and voluntary process in which an independent and neutral person helps employees, in dispute, to explore and understand their differences in order that they may find their own solutions to their

differences and may also agree a way forward. During the process individuals are encouraged to identify their own solutions and agreements.

- 3.2 The Mediator is impartial to the conflict and seeks to help all parties equally. They do not express opinions or make judgements about who is right and who is wrong. They will not offer suggestions or solutions to the situation. It is for the parties to discuss suggestions and solutions.

4. Mediation Service

- 4.1 The mediation service is voluntary and any individual can request an initial confidential meeting with a trained mediator. Mediation may be suggested by a manager where two colleagues are in dispute. However, a manager cannot insist on mediation. Mediation does not require approval from a line manager either.
- 4.2 Any request for mediation should be made to the Mediation Co-ordinator in the first instance, who will act as a "gatekeeper" and who will consider whether mediation is appropriate to the situation. Requests can be made in person, in writing, by email or phone. Employees will only be required to give their contact details and an outline of the issues at this stage.
- 4.3 In all cases, individual meetings will be arranged with one of the Councils' internal trained mediators. The purpose of this initial meeting is to identify the key issues and discuss the process and assess whether mediation is appropriate. The mediator will, also, aim to build trust and gain confidence between the parties and encourage commitment to the process.
- 4.4 There may be certain circumstances when mediation will not be appropriate. This might include situations where the Councils have a duty of care or statutory obligations; where there is a risk to health and safety; where formal action has been instigated (eg disciplinary proceedings) or where one party is not in agreement to the process.
- 4.5 Individual meetings between the mediator and the parties will be strictly confidential. The initial meeting with each party will be strictly confidential and no information will be shared with the other party without formal consent.
- 4.6 If mediation is considered appropriate, by all parties, all individuals must agree to the process. All parties will be informed of their right to withdraw from the process at any time; the process is entered into and continued on a voluntary basis.
- 4.7 The mediation process is confidential. The only exception to this rule of strict confidentiality is where there is evidence of a serious breach of statutory position or a serious risk to health and safety. In this situation the mediation process will be terminated.
- 4.8 No information will be shared with any other party. There will be no "feedback" to management upon completion of the mediation process, nor will there be indication on how the mediation has been concluded. The choice to share any information will only be agreed between the parties.

4.9 The mediator will contact individuals in order to hold an initial meeting before bringing the parties together. This meeting will give the mediator the opportunity to introduce themselves and outline the process including the role of mediation and that of the

mediator. The mediator will seek to gain the parties commitment to the process and build trust and rapport in order to establish the mediator's impartiality. The mediator will, also, seek to establish some ground rules and discuss what each party would see as their preferred outcome and shape those expectations in terms of the process.

4.10 Once the mediator has met the parties individually, the mediator will consider whether mediation is appropriate and, if it is, will make arrangements to bring the parties together.

4.11 Mediation will generally take place in an impartial setting and where confidentiality can be maintained. The location will be one which will be free of interruption and will remain available as long as the mediation takes. It is difficult to allocate a time to the length of the mediation session and therefore most mediation sessions will commence in the morning to enable them to run on into the afternoon if required.

5. During the Mediation

5.1 During the joint meeting each party will have a chance to speak and the mediator will help to clarify the issues which the parties raise to enable them to be addressed. The mediator will encourage the parties to be open and honest. Once the issues have been identified and discussed, the mediator will encourage the individuals to identify possible solutions and a way forward.

5.2 All discussions during the mediation are confidential and no information will be passed on at the end of the process, by either party, about any part of the process. The mediator may take notes during the meeting to act as a reminder and to give an opportunity to record any solutions or agreements or particular points, but these notes will be destroyed at the end of the meeting.

5.3 The only notes that may remain in the possession of each of the parties are those where an agreement is made and the parties choose to record those agreements. This will be at the choosing and the agreement of the parties.

5.4 If the mediation does not reach a satisfactory conclusion the parties may choose to invoke formal procedures (eg a grievance may be raised through the Grievance procedure or through the Dignity at Work procedure). However, the mediator cannot be called as part of any investigation in these procedures.

6. Monitoring and Evaluation

6.1 Information will be collected and monitored for equality purposes. The nature of the issue will be recorded, but the parties will not be recorded. Where there is an outcome this will, also, be recorded.

6.2 All parties involved in the mediation will be consulted for feedback on the process.

7. Enquiries and Change Control

- 7.1 All enquiries relating to this document should be directed to Human Resource Services.
- 7.2 Copies of this document can be found on our intranet site under HR policies or can be obtained by contacting Human Resources Services.
- 7.3 This policy will be subject to review which will be initiated by Human Resources in consultation our recognised trade union.
- 7.4 Suggestions for any changes to this document should also be forwarded to Human Resources.
- 7.5 For further information on mediation you may contact a member of the Human Resources team or visit the ACAS website www.acas.org.uk.

8. Revisions

Date of review or revision	Reason	Author
March 2015	Drafted	Wendy Canham

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Mentoring Policy

March 2016

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Mentoring Policy

1. Introduction

- 1.1 This policy has been designed to complement other training and development policies and activities within Forest Heath District Council and St Edmundsbury Borough Council (referred to in this document as the West Suffolk councils).
- 1.2 It has been developed from the councils' overall vision and mission and reflects our belief in the development of all our people, both full and part time, and permanent and temporary, regardless of age, gender, disability, race, religion or sexual orientation.
- 1.3 It complements our existing learning and development policy, and is based on the following principles:
- We encourage **self-development** in a way that maximises the contribution the individual can make to the councils productivity and success.
 - We wish to **encourage people to seek support and guidance** from those who are experienced and who can share their knowledge and understanding in a way that is supportive and generous.
 - The councils wish to provide a **structured approach** to staff development that embraces a number of opportunities for people to learn and develop their skills and knowledge.

2. Purpose of Mentoring

- 2.1 The purpose of this policy is to:
- Position mentoring as a key activity within the councils' overall approach to staff learning and development;
 - Differentiate mentoring from other developmental activities such as coaching and training;
 - Provide information on an individual's progress and development within the organisation that is additional to that given within the performance review process;
 - Establish what skills and experiences are needed to develop an individual's career;
 - Provide opportunities to learn from someone with a greater or different understanding of the organisation;
 - Provide the individual with an objective and alternative source of advice and information;
 - Enable both managers and employees to understand the different roles within the mentoring relationship and how each should be undertaken; and
 - Provide opportunities for the development of all staff through the mentoring relationship, either as mentor or mentee.
- 2.3 Decisions on the suitability of staff to be mentored and the applicability of mentoring programmes will generally be determined through outcomes from the performance review process, in which individual training and development needs are identified within a personal development plan.
- 2.4 However, there may be occasions where certain members of staff, such as new employees who are not necessarily seeking or being considered for promotion, may also benefit from a period of sustained support through a mentoring programme.

2.5 In both circumstances mentoring can be a very effective development activity.

3. How Mentors and Mentees will be Matched

3.1 The decision as to who will be eligible for the mentoring scheme will rest with the line manager and Human Resources, and will be based on outputs from the performance review process and individuals' personal development plans.

3.2 The line manager, Human Resources and mentee will discuss the choice of mentor, who will undertake his/her responsibilities subject to the availability of time and other resources. The match will be based on the perceived "best fit" of both parties, in terms of overall attitude, approach, experience, etc. In the event of a "mismatch" occurring between the mentor and mentee, a substitute will be found. In most cases the mentor will come from within the West Suffolk councils and will receive training prior to commencing the role.

4. Responsibilities of the Mentor

4.1 The mentor will have responsibilities to:

- establish and agree a mentoring contract between the parties in terms of regular meetings, feedback, timescales, action plan and resources required;
- encourage regular meetings with the mentee and oversee their progress against the agreed timetable;
- liaise with the line manager over the mentee's personal development plan and find ways of helping to take this forward;
- encourage networking on the part of the mentee to progress their career as appropriate;
- help to evaluate the overall mentoring process and its outcomes; and
- take responsibility for the mentor/mentee relationship and its success within the scheme.

5. Responsibilities of the Mentee

5.1 The mentee will have responsibilities to:

- initiate regular meetings with the mentor within an agreed time frame;
- evaluate their current and future contribution and agree relevant courses of action to ensure the continuation of progress;
- liaise with the mentor about any alterations required to the personal development plan;
- monitor the progress of their personal development plan and deal with any problems or issues arising from it; and

- take responsibility for the mentor/mentee relationship and its success within the scheme.

6. Training

- 6.1 All employees selected as either mentors or mentees will receive training in their new role to ensure the success of the scheme. This training will be mandatory and will require staff to understand fully the differences between training and development, coaching, and mentoring as they are undertaken within the organisation.

7. Length of Mentoring Programme

- 7.1 Decisions on the length of the mentoring programme will be determined by the individual needs. However, as a guideline, a scheme will normally last for a period of up to one year, and not less than six months.

8. Publicising the Scheme

- 8.1 The scheme will be publicised through normal internal communication channels. Details will, also, be provided on the intranet.

9. Confidentiality

- 9.1 All meetings held between mentor and mentee will be confidential to those individuals. Where the line manager and/or Human Resources are involved in any issue, there may be a requirement to include these individuals in the discussion.

10. Monitoring and Evaluation

- 10.1 Information will be collected and monitored for equality purposes. The nature of the issue will be recorded, but the parties will not be recorded. Where there is an outcome this will, also, be recorded.
- 10.2 All parties involved in the mediation will be consulted for feedback on the process.

11. Enquiries and Change Control

- 11.1 All enquiries relating to this document should be directed to Human Resources.
- 11.2 Copies of this document can be found on our intranet site under HR policies or can be obtained by contacting Human Resources.
- 11.3 This policy will be subject to review which will be initiated by Human Resources in consultation our recognised trade union.
- 11.4 Suggestions for any changes to this document should also be forwarded to Human Resources.
- 11.5 For further information on mediation you may contact a member of the Human Resources team or visit the ACAS website www.acas.org.uk

12. Revisions

Date of review or revision	Reason	Author
March 2016	Drafted	Vikki Abbott

APPENDICES

Example: Mentoring Contract

1. The Nature of the Partnership

This document has been prepared as an agreement between [] ("the mentee") and [] ("the mentor") to establish the boundaries of the mentoring relationship and define what each party wishes to get from the mentoring process.

The relationship between both parties will be established as a partnership, ie both parties will work together to ensure the success of the development activity for the mentee. This means that:

- the mentor is responsible for developing and maintaining his/her competence in mentoring; and
- the mentee is responsible for developing his/her ability to perform well.

Both the mentor and the mentee will enter the partnership in an open and honest way, share information, viewpoints and feelings constructively, and provide feedback as appropriate. At no time will the mentor intrude into private and confidential issues without permission from the mentee.

Agreement will be reached at the start of the contract regarding the number of meetings and the timing of these meetings. The parties should not take up too much of each other's time and both parties should, if at all possible, maintain the agreed timescales of the agreement. Where additional meetings are required, these must be negotiated and agreed between the parties.

Confidentiality must be maintained by both parties at all times.

Either party may dissolve the relationship following mutual discussion and agreement.

2. The Role and Responsibilities of the Mentor

During the period of the mentoring contract, the mentor will seek to:

- establish and agree a mentoring contract between the parties in terms of regular meetings, feedback, timescales, action plan and resources required;
- encourage regular meetings with the mentee and oversee their progress against the agreed timetable;
- liaise with the mentee's line manager over their personal development plan and find ways of helping to take this forward;
- encourage networking on the part of the mentee to progress his/her career as appropriate;
- help to evaluate the overall mentoring process and its outcomes; and

- take responsibility for the mentor/mentee relationship and its success within the scheme.

3. The Role and Responsibilities of the Mentee

During the period of the mentoring contract, the mentee will seek to:

- initiate regular meetings with the mentor within an agreed time frame;
- evaluate their current and future contribution and agree relevant courses of action to ensure the continuation of progress;
- liaise with the mentor about any alterations required to the personal development plan;
- monitor the progress of their personal development plan and deal with any problems or issues arising from it; and
- take responsibility for the mentor/mentee relationship and its success within the scheme.

4. Provision of Feedback

Both the mentor and the mentee will provide feedback to each other on a regular basis to ensure that each party knows and understands what progress is being made. This feedback will usually be given verbally, but may on occasion be in writing.

Any written records maintained will be subject to statutory regulation under the terms of the Data Protection Act 1998.

5. Action planning

At the start of the mentoring process, an action plan will be agreed between both parties. At the end of each formal discussion, the mentee will complete this action plan to ensure that progress can be monitored and appropriate feedback provided.

6. Evaluation of outcomes

At the end of the mentoring process, an evaluation form will be completed by both parties, as part of the overall evaluation of the effectiveness of the programme. Information on this form will be used as part of the overall assessment of the mentee's progress within a career development plan. Data will, also, be used to ensure the effectiveness of the mentor and to inform their further development in this role.

7. Agreement to the contract

In signing this contract we hereby agree to its terms.

Mentee's signature:

Date:

Mentor's signature:

Date:

Example: Mentoring Evaluation Form

Both parties should complete their section and sign the form when they have agreed on its content.

Section A - to be completed by the Mentor

1. What development needs were agreed at the start of the programme for the Mentee and how have these been addressed?

2. What actions did the Mentee take to ensure his/her learning and development during the period of the mentoring contract and how effective were these?

3. What went well in the partnership?

4. What could have been improved in the partnership?

5. What further development does the Mentee require and how should this be addressed?

6. What personal learning and development have you taken from this experience and how will you use this in the future?

Section B - to be completed by the Mentee

1. What development needs were agreed at the start of the programme with the Mentor and how have these been addressed?

2. What actions did the Mentor take to ensure your learning and development during the period of the mentoring contract and how effective were these?

3. What went well in the partnership?

4. What could have been improved in the partnership?

5. What changes should the Mentor make to ensure the success of future mentoring partnerships?

6. What personal learning and development have you taken from this experience and how will you use this in the future?

Mentor's Signature:

[]

Date:

[]

Mentee's signature:

[]

Date:

[]

West Suffolk Joint Staff Consultative Panel

Forest Heath & St Edmundsbury councils

West Suffolk
working together

Title of Report:	Workforce Data	
Report No:	JSP/JT/16/004	
Report to and date/s:	West Suffolk Joint Staff Consultative Panel	25 July 2016
Portfolio holder:	Councillor Stephen Edwards Portfolio Holder for Resources and Performance Tel: 07904389982 Email: stephen.edwards@forest-heath.gov.uk	Councillor Ian Houlder Portfolio Holder for Resources and Performance Tel: 07597961069 Email: ian.houlder@stedsbcc.gov.uk
Lead officer:	Karen Points Head of HR, Legal & Democratic Services Tel: 01284 757015 Email: karen.points@westsuffolk.gov.uk	
Purpose of report:	To provide an update on the comparison of the Workforce Data for the period up to June 2016.	
Recommendation	It is recommended that, the West Suffolk Joint Staff Consultative Panel note and support the contents of the Workforce Data.	
Key Decision:	<i>Is this a Key Decision and, if so, under which definition?</i> No, it is not a Key Decision - <input checked="" type="checkbox"/>	
Consultation:	• N/A	
Alternative option(s):	• N/A	
Implications:		
<i>Are there any financial implications? If yes, please give details</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<i>Are there any staffing implications? If yes, please give details</i>	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
<i>Are there any ICT implications? If yes, please give details</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Are there any legal and/or policy implications? If yes, please give details	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Are there any equality implications? If yes, please give details	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Risk/opportunity assessment:	N/A
Ward(s) affected:	None directly
Background papers: (all background papers are to be published on the website and a link included)	N/A
Documents attached:	Appendix 1 - Workforce Data

Workforce Data Headlines

Workforce data headlines, as incorporated in the Balanced Scorecard, up to 30 June 2016

	As of 30/6/2015	As of 31/12/2015	As of 30/06/2016
Headcount (All)	641	629	634
Headcount (Permanent)	599	596	587
Full Time Equivalent (All)	581.51	573.91	584.07
Full-Time Equivalent (Permanent)	541.40	543.60	542.42
Full Time v Part Time	76.91%/23.09%	77.74%/22.26%	79.34%/20.66%
Average Age	46	45	45
Gender	51.95% Male 48.05% Female	52.31% Male 47.69% Female	53.00% Male 47.00% Female
Staff Turnover (Voluntary)	9.62%	10.65%	9.06%
Sickness Absence			
Total days lost due to absence	4002	3948	3988
Average days absence per FTE	6.83	6.75	6.81
Short term absence	2271	2129	1862
Long term absence	1731	1819	2126
National Average - Local Authorities CIPD 2013	8.70 days	8.70 days	8.70 days

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