

Minutes of a Meeting of the AWP NHS Trust Employee Strategy and Engagement Committee

Date: 30.06.2014

Venue: Fountain Way, Salisbury

These Minutes are presented as FINAL

Members Present

Ruth Brunt – Non-Executive Director (Chair)	Kristin Dominy – Executive Director of Operations
Peaches Golding – Non-Executive Director (in-part)	

Staff In attendance

Alexander Lauder-Bliss - Governance Support Officer (Minute Taker)	Liz Bessant – Head of Nursing
Rachel Clark –Director of Organisational Development	Denise Claydon – Managing Director for Wiltshire
Elaine Sheppard – Interim Head of HR	Wendy Kelvin – Head of Learning and Development
Jill McCarthy – Recovery Co-ordinator/GMB & JUC rep	

Members of the Public in attendance

None.

Members of the Public representing other organisations

None.

Action

ESEC/14/018 - Apologies

1. No apologies were received.

ESEC/14/019 – Declaration of Interests

1. In accordance with AWP Standing Orders (s7.1) members present were asked to declare any conflicts of interest with items on the Committee Agenda.

2. None were declared.

ESEC/14/020 – Minutes/summary of the previous meeting

1. The minutes for the last meeting were approved as correct with the following revision:
 - 1.1. Elaine Sheppard to be added to the attendees.

ESEC/14/021 – Locality Deep Dive – Wiltshire

1. DC gave a verbal update on the work being undertaken on staff engagement in the Wiltshire locality.
 - 1.1. DC assured the Committee that pivotal work has included the reviewing of care pathways as per the CQUIN set by the CCG.
 - 1.2. The staff in Wiltshire have been actively involved with this initiative which has been 'bottom up' in respect of the management approach.
 - 1.3. The Committee was informed that regular meetings have been held with Band 7 and 8s since the Leadership Conference. The Organisation Health Index is being used at all levels which is being embedded as a standard to benchmark against.
 - 1.4. The meetings have been helpful in providing two-way honest and open communication.
 - 1.5. Regular meetings are being held with administration staff to engage them in a review of the services they provide. This aids in identifying team/work demands and in standardisation with staff input.
 - 1.6. The triumvirate have been working with the LiFT service that recently transferred into the Locality to engage staff and dispel concerns around job security.
 - 1.7. Significant service change has resulted in moving teams together. This has been achieved in collaboration with staff, without the need for a formal process. The Wiltshire locality has been divided up into 4 smaller areas for easier management. Feedback has been good with no complaints from staff.
 - 1.8. Wellbeing initiatives are being put in place, such as Pilates at Green Lane. This is a challenge due the size of the locality.
 - 1.9. Staff recognise the positive work and the extra effort to address the efficiency and quality issues. Sickness/absence in the short-term has shown improvement.

2. Leadership and recruitment

- 2.1. There have been challenges around leadership skills for staff. This is most visible in team leaders. Workshops have been developed for basic training to

resolve this problem, alongside active performance management.

2.2. Career structure at Band 4/5 is being explored to make expectations clear.

2.3. CQC noted low staff morale and the leadership issues.

2.4. There is currently a high level of staff approaching retirement age due to the nature of the locality. Recruitment is an on-going problem due to the demographics of Wiltshire reflecting an older workforce base and the unwillingness of staff from other parts of the Trust to move there.

2.5. There have been low application levels for vacancies, which may have an effect on Safer Staffing levels. DC raised that there was a need for a degree of over-recruiting to negate the issue around bank and agency being used to fill vacancies.

2.6. WK recommended more tactical approaches to recruiting such as advertising to members of the workforce base who have jobs at risk.

2.7. ES highlighted that the lengthy gaps between recruitment days have also had a negative impact on keeping applicants interested.

2.8. The Committee noted that 4000 military families will be returning to the locality which may provide additional workforce but also an increased workload.

2.9. Discussion took place regarding the needs of the Wiltshire locality to better enable its recruitment process. ES highlighted pressures felt within recruitment in the HR department.

2.10. There was discussion about the potential for a more effective approach to recruitment that was tailored for each locality and to move away from the current Trust-wide approach. The committee recognised that long term vacancies significantly increase the workload of other staff, directly impacting on morale.

2.11. WK emphasised the need to advertise to colleges to help with recruiting a younger workforce.

3. Staff Survey and CQC visit

3.1. DC updated the Committee on work undertaken in respect of the Staff Survey. There was a challenge around dealing with the bullying and harassment issue due to a lack of people willing to discuss their experiences.

3.2. The Committee advised that the best approach would be to engage in direct discussion with staff across the locality who may be able to explain what lies behind the bullying and harassment issue. The Committee agreed that there was a need for localities to have meaningful conversations around the staff survey results to get more direct feedback.

3.3. The recent CQC inspection raised issues at Beechlydene, Amblescroft, and the messaging used around restraint.

3.4. Training on ligature risk has commenced and reps have gone to the suicide prevention seminar in Bristol but the 7 Steps are not being communicated well

enough.

ESEC/14/022 – IQ Metrics

1. KD presented the IQ paper focusing on appraisal, supervision, and sickness.
 - 1.1. The Committee noted that, at the recent Board meeting, there had been discussion about the need for meaningful and accurate triangulation in IQ reports. With IQ reporting on a Trust-Wide level, KD highlighted the challenge of getting it down to the locality level.
 - 1.2. RC's Task and Finish Group for Appraisal has had a positive impact and the indicator is currently green.
 - 1.3. Supervision is down slightly from Month 1, predominantly due to the on-going Bank and Agency issues. The current process has one staff member responsible for Bank/Agency supervision and this is not viable for the long term. An options paper will be summited to Operations Senior Management Team meeting on how to best progress this issue. **ACTION: KD to report back to ESEC on the outcome of the Bank/Agency Supervision Options paper.**
 - 1.4. It was agreed that it would be useful to see the split in supervision data between inpatient and community. **ACTION: KD to work toward a better understanding of the Supervision for Inpatient and Community.**
 - 1.5. It was noted that the sickness data is not yet RAG rated according to the new stretch target, KD was pleased with the progress made on short-term sickness due to the proactive work being undertaken across the Trust.
 - 1.6. ES identified that there will be a need to review the new OH provider against their service specification due to inconsistent feedback from managers. **ACTION: ES to work toward a 6 month evaluation on the new Occupational Health Provider.**

ESEC/14/023 – OD Report

1. RC presented the Organisational Development report to the Committee.
 - 1.1. In respect of the staff survey, the Committee agreed that the main priority issue is around bullying and harassment and that the Trust should be clearly communicating what actions have taken place with respect to the six improvement themes.
 - 1.2. Benchmarking information compared the AWP results with 4 trusts which have the highest indicators in the staff survey for staff engagement. It was noted that there was a large range of results and no single Trust had scored highly in every area.
 - 1.3. The approach to supervision and appraisal has been a good starting point for tackling the issues raised by the survey, impacting positively on a number of areas highlighted through benchmarking. Positive feedback has been received on the behaviours framework.

- 1.4. It was agreed that it may be advantageous to compare Trust policies with the benchmark organisations to see how the top scoring Trusts deal with key issues of concern to AWP, most notably bullying and harassment. RC informed the Committee that qualitative data was to be gathered in relation to bullying and harassment by talking to staff on the ground.
- 1.5. The Committee discussed the impact of high workloads on the uptake of statutory and mandatory training.
- 1.6. There was further discussion about service change and redesign having a negative effect on staff, who may perceive that they are being harassed. RB highlighted that change will continue and there should be an emphasis on developing resilience so that staff can feel more equipped to adapt to new working conditions. ES reported that Bristol is using a different approach to recruiting staff into the new service model, as it had been acknowledged that interviewing was not the most effective approach to take. Feedback will be provided to the Committee at a later date as to whether the new approach was working and what learning points should be shared across the Trust.
- 1.7. The Committee considered the initial results of the Staff Friends and Family test in June. The position had improved against each of the 3 questions, against the 2013 staff survey. RC highlighted the fact that staff responded more positively to the question about whether they would recommend their own team compared with their recommendation of the Trust as a place to receive treatment (national staff survey question). This highlights a need for a change of perception and better working between teams.
- 1.8. The Committee resolved to take this to Board to raise reporting it to staff being mindful of national reporting guidelines. RB raised that despite this, it is important to have a communications strategy imbedded to feedback to staff regularly and effectively. **ACTION: RC to report Staff Friends and Family results to July meeting of Board. ACTION: RC to develop a communication strategy for feeding back the results of the Friends and Family test to staff.**

ESEC/14/024 – Equality and Diversity

1. The Equality and Diversity Annual Report was presented to the Committee for discussion. A number of immediate actions were highlighted during discussion.
 - 1.1. PG gave feedback on the report. It was proposed that exploration needs to be given to understanding how a robust approach to equality and diversity gives the Trust a commercial advantage. For example, the Trust should consider over-representation of minority groups within the Trust membership. PG recommended that greater understanding is needed on the Otsuka data and how different communities are represented in different services to enable the provision of better quality care.
 - 1.2. Hindu/Muslim representation is an issue within the Trust, with significant under-representation amongst clerical and administration staff.

- 1.3. WK emphasised the age data noting that 25% of staff are aged 50 or above with 270 Band 6s being between 46 and 55.
- 1.4. The Committee discussed the implementation of a strategy on staff progression to mitigate this ‘age crunch’. Several issues with RiO were identified, that may have an impact on the data gathered on service users, such as no highlighted fields for entry. It was suggested that the Research department could potentially gather service user equality and diversity data.
- 1.5. **ACTION : RC to develop E&D objectives for the coming year aligned with the Trust’s five strategic priorities to report to Board in July 2014.**

2. PG left the meeting.

ESEC/14/025 - Policies

- 1. Four policies were received by the Committee for approval.
 - 1.1. Payment of Expenses; The policy reflects national changes to mileage limits. This policy was approved with discussion around the 3500 miles cap against the Trust’s large geographical area. The Committee resolved that the impact on staff travelling e.g to training may need to be reviewed moving forward.
 - 1.2. Determining Recruitment and Retention Premia; The policy has undergone minor refresh. This policy was approved with a recommendation to relaunch all policies each time they are refreshed. **ACTION: ALB to speak to the Governance Team on communicating policy refresh.**
 - 1.3. Relationships Between Staff at Work; the Committee resolved to have the definition of ‘significant relationships’ added to the policy with some examples. **ACTION: ES to clarify the term ‘significant relationship’ and circulate changes for approval.**
 - 1.4. Working Time Regulations; The Committee approved this with the provision that it may need review with up and coming national changes.

ESEC/14/026 – IBP Workforce Chapter

- 1. Chapter 8 of the IBP was presented to the Committee for noting.

ESEC/14/027 – Workforce Implications re Tenders

- 1. KD gave a brief, verbal update on Workforce Implications regarding Tenders.
 - 1.1. The implications are challenging to define in Bristol due the new model being used. The main challenge is getting staff to work under one brand.
 - 1.2. There is a need to clarify what is meant by system leadership and what it means for staff in Bristol and its wider impact for the Trust.
 - 1.3. The Committee resolved to track on-going learning occurring in Bristol and to gain greater clarity on the impact of the tender changes on staff.

- 1.4. **ACTION: KD - On-going reporting to ESEC to record learning as the Trust progresses through the Tendering process.**

ESEC/14/028 – Staff Experience and Engagement Strategy

1. RC presented the Staff Experience and Engagement Strategy to the Committee.
 - 1.1. The strategy provides a framework to enable a systematic approach to improving staff experience and engagement across the Trust. The framework has been considered by professional council.
 - 1.2. DC indicated that this be a useful frame of reference for localities, in supporting their approach to staff engagement
 - 1.3. The Committee approved the strategy.
 - 1.4. There was discussion about how widely the strategy should be circulated, The Committee resolved that the Strategy should initially go to the Triumvirates to provide a good base to work from.
 - 1.5. JM challenged this stating it would be best to cascade down to front-line staff due to past challenges in communications getting past Bands 7s and 8s.
ACTION: RC To explore the pathway for cascading the strategic approach to staff experience and engagement.

ESEC/14/029 – Unregistered Practitioners Update

1. LB presented the report. There had been a very successful Conference in May with a high rate of attendance including the editor of the Healthcare Assistants Journal.
 - 1.1. An article had been written about the initiative at Callington Road where unregistered practitioners were buddying and supporting student nurses.
 - 1.2. There is going to be a competency review at Band 3 to create a clear distinction between Band 2 and 3 roles.
 - 1.3. RB reported that she had received a letter from Staff-side highlighting long-standing concerns about the plan to involve Band 2 staff in escort duties. She had spoken to Alan Metherall who had clarified that this would properly addressed as part of the new competency framework.
 - 1.4. JM emphasised that the staff side concern was that this decision would be entirely financially driven. RB emphasised the need to ensure that staff were properly supported to develop their roles and responsibilities where it was in the best interests of service users, but quality of care should never be compromised by the need to make financial savings
 - 1.5. Historically, Band 2s have had a high turnover rate. They have the most face-time with service users so need to have the necessary skills and training to function effectively
 - 1.6. The issue of roles and competencies is to be discussed at the next Unregistered Practitioner Forum.

- 1.7. A secondment will shortly be advertised by the Nursing Directorate to appoint a dedicated lead for unregistered practitioners. This was welcomed by the Committee

ESEC/14/030 – Learning and Development Update

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1. WK provided an update on Learning and Development.
2. Key areas of Learning and Development activity included:
 - 2.1. Continued review of statutory/mandatory training, to ensure quality content is continually developed, aligned to organisational groups and accessible.
 - 2.2. Priority Work Programmes as Core Training – initial analysis has identified additional fundamental programmes to be included within the Trust Training Directory.
 - 2.3. Implementation of an inclusive Workforce Development Strategy – provide direction to support workforce development in a whole system approach.
 - 2.4. Clear support to access individual learning support via Bursary
3. The up and coming Workforce Development Strategy will include talent management and succession planning.
4. The Bursary incentive has been re-launched with clear eligibility criteria. Data will be collected to see what level of staff are applying for it.
5. Bank was emphasised as the highest risk area.
6. **ACTION: WK to identify a core set of Learning and Development indicators for reporting to this Committee.**

ESEC/14/031 – Supervision Review

1. Due to time constraints, this was not covered in great detail with some elements already discussed in the OD report.
 - 1.1. The report advised the Committee of the plans for the implementation of the revised Trust Supervision Policy.
 - 1.2. It summarised the current training provision for Line Management Supervision, plans for clinical supervision master-classes and outlined key findings from the Staff Survey of Management Supervision carried out in April and May 2014.
 - 1.3. The Committee noted the report.

ESEC/14/032 – Appraisal Review

1. As above, this item was not covered in great detail with some elements being discussed in the OD report.
2. The report provided the Committee with an update on the current progress with the Appraisal Policy.
3. Next steps were outlined:

- 3.1. An electronic form will be used to confirm that payroll can award a pay increment.
 - 3.2. Supervision and Management Training will be designed to support managers and clearly describe manager accountability when signing off appraisal documents and authorising pay increments.
 - 3.3. A snapshot survey will be sent to those who have had an appraisal asking whether the revised approach represents an improvement.
 - 3.4. The Ourspace survey will be amended to ask a specific question about health and wellbeing.
4. The Committee noted the report

ESEC/14/033 – Any Other Business

- 1. None were raised.