

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

Date: 11.09.2014

Venue: Managers' Meeting Room, Callington Road, Bristol

These Minutes are presented for **Approval**

Members Present

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

Staff In attendance

Rachel Clark – Director of Organisational Development	Emma Roberts – Company Secretary & Director of Corporate Affairs
Elaine Sheppard – Interim Head of HR	Chris Stancliff – HR Operations and Policy Manager
Jill McCarthy – Recovery Co-ordinator/GMB & JUC rep	Julie Benfell – Information Governance Manager
Toby Rickard - Head of Business Intelligence - Performance & Information	James Eldred – Clinical Director for Bristol
Alexander Lauder-Bliss - Governance Support Officer (Minute Taker)	

Members of the Public in attendance

Jim Williams – Staff Nurse
Suzanne Gerrish – Occupational Therapist

Members of the Public representing other organisations

None.

Action

ESEC/14/034 - Apologies

1. Apologies were received from Sue Hall.
2. In accordance with AWP Standing Orders (s7.1) members present were asked to declare any conflicts of interest with items on the Committee Agenda. None were

declared.

3. The Chair thanked JE for inviting 2 front line members of staff working in the Bristol locality. It was noted that this was the first time the Committee had received direct feedback from locality based staff at this meeting.

ESEC/14/035 – Minutes of Previous meeting

1. The minutes of the previous meeting held 30 June 2014 were approved and taken as accurate.

ESEC/14/036 – Matters Arising

1. The Committee reviewed the matters arising and resolved to note any changes.

ESEC/14/037 – Locality Deep Dive – Bristol

1. SG gave feedback to the Committee on how the recovery service in Bristol was managing the transition to a new model of service provision.
 - She indicated that it had been challenging since the last redesign and that increased caseloads had resulted in less time to prepare for each visit, plan interventions, and reflect on clinical decisions. The need to prioritise had restricted the team’s ability to work toward discharge and at times they felt they were ‘fire fighting’. SG had been trained in family work but had little opportunity to use these skills for over a year.
 - Due to social care changes, there has been a 20% reduction in care co-ordinator capacity.
 - Despite this, the team was working together and supporting each other well.
 - There had been effective communication with the locality management team during the transition period
2. The Chair asked SG how important she felt supervision was during this time. SG highlighted that she felt supervision was vital especially within the clinical team. She felt that the team was resilient and highly skilled and this has helped deal with the increasing caseload size.
3. The Chair questioned how the Trust could develop better team resilience to enable staff respond effectively to change. SG felt that resilience came from the team feeling good about the service they were providing.
4. ES questioned if staff were feeling supported. SG stated that there is a good management team in South Bristol that has been consistently supportive.
5. With regard to lessons learned from the Bristol process, KD asked what the Trust could do differently at the next big change. SG responded that reapplying for jobs is stressful and has a negative impact on morale. An emphasis on supervision and ensuring that teams were not isolated was important.
6. RC highlighted that the Organisation Development programme was looking at team

development and individual development as part of the work plan.

7. SG expressed concern that due to the nature of the Bristol locality being split into several different, smaller bases, this limits the space for team development with only the regular meetings bringing teams together.
8. RC agreed that the concerns about smaller bases required consideration to ensure teams could learn and develop new ways of working together.
9. The Chair thanked SG for her informative feedback.
10. JW, a member of staff from Larch Ward, gave an update on his experience.
 - He indicated that the ward was a rehabilitation ward and would be closing over the next 2 years. This has had an impact on morale.
 - Some of the most experienced members of staff were looking elsewhere for substantive roles to avoid redeployment. This resulted in a heavy reliance on bank and agency staff with loss of care continuity and staff who did not know the profile of patients, some of whom were an assault risk.
 - Despite every effort, there had also been a decrease in positive discharges. This was also a concern at Elizabeth Casson.
11. The Chair queried how to retain the best staff members. JW advised rolling 6 month contracts for bank staff who worked regularly on the ward to provide some continuity of staffing.
12. JM indicated that very few Bank staff would want a temporary post and prefer to remain flexible. PG stated that some private sector companies had started a “unique working-hours” approach to part-time/temporary staff.
13. KD reminded the Committee that the Bank was intended for short term cover only, so offering temporary contracts would deplete their flexibility to work across more than one area. However, it was possible to recruit staff on fixed term contracts and this was a possible solution for Larch ward. CS indicated that turnover rates were consistent, so the locality could safely over-recruit to ensure sufficient staff to fill vacancies as they arose. The Committee discussed the 3 month lag from vacancy to employment which has been identified as an HR priority.
14. There was discussion about the approach taken by Fromeside, including holding an open day with the ability to interview and recruit on the day.
15. The Committee resolved to ask the Executive Team to consider a rapid action plan for recruitment – **ACTION RC/KD**.
16. JW highlighted the success of the new system in place for extra cover at night - a floating RMN and Healthcare Assistant - which had been invaluable at times.
17. The Committee discussed the possibility of communicating this Trust wide as good practice.
18. The Committee thanked JW and SG for taking the time to attend the meeting and, on behalf of the Board for their continued commitment to service users.

RC/KD

19. JE provided a summary of progress towards the new service model in Bristol:

- He outlined some context with regard to the feedback from staff. He agreed that caseloads had increased substantially, and that combined with the public consultation that begun 3 years ago, staff were left with a sense that the service they provided had not been good enough. Some staff were doubtful that the new model would deliver the expected outcomes, despite the high level of consultation.
- The staff Friends and Family test had provided useful feedback for the management team. The move to localities was supported by staff but they had requested more leadership visibility during the transition period. JE had been planning to protect time for Mark Bunker to provide more clinical leadership visibility but this has been implemented only recently.
- It was noted that the number of temporary contracts and interim positions had increased uncertainty
- The specialist MD roles were starting to map out the architecture and staff could now see where they would fit. JE indicated that these were critical appointments and on the whole, the majority of staff had been content with the new arrangements. Currently, the HR process for front-line staff was being concluded.
- The first phase would commence on 1st October, continuing for 6 months with Phase 2 beginning in January 2015 and Phase 3 in April 2015. By implementing the system across clusters of GP surgeries, learning would be incorporated into the roll-out across other clusters.
- JM informed the Committee that it was key that staff place their trust in Management during this time.

20. The Committee raised a question around reporting the learning for each Phase. JE reported that a half day conference was planned for Bristol senior leaders and managers to discuss feedback. This will be held two months into the Phase so as to allow a month of change before another phase is started.

21. The Chair requested that this feedback would be brought back to the Committee for reporting Trust-wide. **ACTION JE/RC**

JE/RC

22. KD suggested that CQPM could be approached for Bristol to present learning as part of a gateway review.

23. RC raised a question regarding how assessment of the effectiveness of the new model would be undertaken. The Chair commented that there was not always a robust system for post-project evaluation and recommended a more structured approach moving forward. CS wondered if it would be possible to externally commission a review.

24. The Committee requested that the Executive Team explore post-project evaluation with the PMO. **ACTION RC/KD**

RC/KD

25. RC reported that Bristol was one locality where there were difficulties in getting staff to engage with Stat/Man training. JE felt that Stat/Man needed to be packaged as part of a team development day so staff could make most efficient use of their

time.

26. Learning and Development would be working with Operations to implement Stat/Man training effectively.
27. CS highlighted a need to create a sense of ownership for training. TR expressed the opinion that it was often difficult to engage with and not always relevant to specific roles in the Trust.
28. RC informed the Committee that Wendy Kelvin was leading a review of Stat/Man training. There was a move toward a “menu” type approach.
29. RC stated that funding have been received to facilitate a ‘Coaching to Lead’ programme for team leaders and managers. As part of this programme, participants will receive coaching.
30. The Chair thanked JE for this summary and noted that both staff representatives had demonstrated a deep commitment to maintaining high standards of patient care which clearly indicated a change in culture, despite reports of low morale.
31. JE and CS left the Committee at this point.
32. The Committee resolved to **NOTE** the report.

ESEC/14/038 – Workforce Performance and Development Report

1. KD and RC presented a joint report focusing on workforce and OD metrics.
2. Appraisals showed an upward projection; currently 89.5% against a target of 85%, some localities were already meeting the stretch target of 90%. RC requested that stretch targets be recorded on the report moving forward.
3. Supervision rates showed a deteriorating position at 73.6% (amber) against a target of 85%. KD highlighted, that as agreed, the report on Supervision excluded Bank figures which remain in the 50-55% range. The Committee noted the variance between localities and that plans were in place as discussed under matters arising. It was reported that supervision rates would be addressed by Iain Tulley at the Quality Huddle.
4. With regard to sickness absence, the Committee noted the indicator remained green despite an increase, but low levels of sickness in corporate departments mitigated higher rates in localities. TR presented benchmarking data against other Trusts which showed similar patterns and suggested a seasonal trend. The Committee recommended an analysis of previous data to identify any patterns of sickness around particular events to enable more intelligent rostering practice moving forward. JM commented that it would also be advantageous to distinguish between part-time and full-time staff sickness. **ACTION KD/TR.**
5. The Committee discussed Stat/Man training in detail, noting a plan to achieve compliance with e-learning amongst substantive staff by 26 September 2014. There were also plans in place to complete face-to-face training by December.

The Committee was assured that actions were in place to sustain levels of training. These included making stat/man training part of the pay progression requirements.

KD/TR

RC stated that L&D were reviewing each element of the training to create a tighter system with more relevancy for each course.

JB highlighted that there may be an option to extend refresher training intervals and that it would be advantageous to consider a system of weighting to allow more accurate escalation.

6. The Committee noted the outcome of the Bursary panel with £55k requested and £23k awarded. There was discussion about the possibilities for publicising this more widely.
7. There was discussion about additional analysis of staffing data to enable better interpretation of Safer Staffing figures. It was agreed that it would be useful to measure trends and that commentary and evidencing would be key. It was agreed that localities should identify how they would use the further information available and that this would be aggregated for the relevant Board committees.
8. The Committee resolved to note the report.

KD/RC

ESEC/14/039 – Policies

1. The Committee received the Annual Leave Policy.
 - The Annual Leave policy was due to be reviewed by 12 September 2014. Following discussions at GNG in July and August, it has become apparent that the changes required will need to be linked with changes to the Roster/ On-Call policies.
 - Therefore GNG have requested an extension of 6 months on the expiry date for this policy for this work to be completed.
 - The Committee approved the extension.
2. The Committee received the Probation Period Policy.
 - It was highlighted that this policy was a new policy.
 - It proposed a 3 month probationary period with formal review to ensure that new members of staff were functioning appropriately within their role.
 - Assurance was provided that other Trusts who had implemented this policy had not reported any difficulties with recruitment.
 - The Committee suggested the inclusion of stat/man training and supervision compliance as part of the probation period evaluation.
 - The Committee approved the policy with amendments to include the statutory and mandatory training requirements.
3. ES presented the Policy Matrix as requested at the previous meeting.
 - ER highlighted work being undertaken in relation to the updating of policies to streamline the process, with the Committee receiving a more concise update each time a policy is to be approved.

The Committee noted the report.

ESEC/14/040 – Annual Work-Plan

1. As the Trust was awaiting publication of the CQC inspection report, the Committee resolved to refer this item to an extraordinary Committee meeting in order that any actions from the report could be incorporated into the work plan. **ACTION ALB**

ALB

ESEC/14/041 – Equality and Diversity – Objectives and Plan presentation

1. The Committee resolved to postpone this item to the next Committee meeting due to time constraints.

ESEC/14/042 – Health and Wellbeing Strategy

1. RC presented the strategy on Health and Wellbeing. It focused on the key areas to support staff to remain well and healthy.
2. It was noted that the Health and Wellbeing manager had been in post for a short time and there was a need for the first year to be evaluated. At this stage, the strategy was an overarching statement of intent, to be underpinned by a specific annual plan.
3. The Committee approved the strategy.

ESEC/14/043 – Staff Experience and Engagement Strategy

1. As it had been considered at a previous meeting, the Committee accepted the Staff Experience and Engagement Strategy as read.
2. The Chair requested that ES feedback on Responsibilities (Section 9) with regard to Localities at the next meeting.
3. The Committee noted the strategy.

RC

ESEC/14/044 – Leadership Update

1. The Committee noted the Leadership Update

ESEC/14/045 – Workforce Development Strategy

1. RC presented the Workforce Development Strategy
2. The importance of localities understanding their workforce data and supporting the development of staff was discussed.
3. The Chair raised concerns about overwhelming staff with a large number of strategies. RC stated that the strategies were intended to direct the work of the Organisational Development Team and that a summary of the strategies would be developed into a a menu format to clarify support available and allow ease of presentation.
4. JB suggested inclusion of the 9 protected characteristics. The Committee

supported this.

5. PG raised issues about developing staff who wish to progress up the career ladder. The Committee discussed the need for talent management and a succession plan. RC stated that talent management was a developmental component of the Workforce Development Strategy and that appraisal paperwork will be adapted to include talent management and identification of career development needs.
6. There was further discussion about developing the unregistered workforce. It was reported that Wendy Kelvin had secured £250k for apprenticeships and to support staff becoming registered.
7. JM highlighted that during the recent selection processes in Bristol community teams, some Band 4 community staff were unsuccessful in gaining their first preference and were told that this was because they didn't hold the Certificate in Community Mental Health qualification. These staff had been requesting to undertake this training for some time, but had been told that funding was unavailable. The Committee asked RC look into this. **ACTION RC**
8. The Committee approved the strategy.

RC

ESEC/14/046 – Funding to Develop Unregistered Workforce (verbal)

1. This item had been addressed in the previous discussion.

ESEC/14/047 – Proposal for Sub-Committee/Working Groups to Support ESEC

1. This item was not discussed due to time constraints.

ESEC/14/048 – Any Other Business

1. The Committee evaluated the effectiveness of the meeting and noted that more time was required for the Locality deep-dive and that Strategies and Policies need more consideration before being included on the agenda. It was also noted that the combined performance report was useful and that the front sheet of strategies needs to show the history.
2. The Committee discussed the Quality Summit where CQC feedback was received. The report was currently embargoed with feedback being officially released on Thursday 18 September with media attention.

ESEC/14/049 – Agree any items to escalate to Board/Horizontal reporting

1. None were raised.