

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

Held on 11<sup>th</sup> December 2014 at 2pm in the Conference Room, Jenner House, Wiltshire

These Minutes are presented for **Approval**

### Members Present

|                                             |                                                     |
|---------------------------------------------|-----------------------------------------------------|
| Ruth Brunt – Non-Executive Director (Chair) | Sue Hall – Executive Director of Resources          |
| Peaches Golding – Non-Executive Director    | Rachel Clark – Director of Organisation Development |

### Staff In attendance

|                                                     |                                              |
|-----------------------------------------------------|----------------------------------------------|
| Jenny Turton – Head of HR                           | Kristina Reese – JUC Representative          |
| Alexander Lauder-Bliss – Governance Support Officer | John Ridler (in-part) – Financial Controller |
|                                                     | Claire Young (in-part) – Resourcing Lead     |

### Discussion with John Ridler

1. The Chair explained the purpose of inviting members of staff to every meeting of the Employee Strategy and Engagement Committee (ESEC). JR outlined his work in the Finance department as a Financial Controller, which contributed to the management of the finance function. He has four teams within Finance: Exchequer Financial Services, Financial Control, Aggresso Support and Payroll Services. JR had worked with the Trust for seven years. JR said that he had enjoyed working for the Trust, primarily because of his colleagues. He added that his role was challenging and varied.
2. JR raised a number of key workforce issues:
  - Finance staff were conscientious and wanted to contribute to and develop the Trust and some staff were 'happy, but needed a push'. Their involvement in the Future Focus Finance initiative had been very positive.
  - The department would benefit from new skills and ideas, going forward. JR had met with Wendy Kelvin in order to discuss the design of a Finance and Skills development plan.
  - the current environment was 'challenging'. 'Fire fighting' prevented the department taking a longer term view, for example finance teams would benefit from redesigning roles, rather than simply replacing vacancies role for role. RC added that the rationale for the team development programme was that teams needed to take time to reflect on their performance. The Finance department, with the Head of Resources, attended a Future Focused Finance training day, which had been successful. Those present had reflected on the ways in which the department was succeeding, and activities which needed to be changed.
3. The Chair asked JR how connected corporate teams felt to service users. JR said that further work was necessary, but acknowledged that attitudes were changing. He commented that team members had visibility of the Trust's strategic priorities

and that all staff were able to contribute to planning and the Trust's direction of travel. JR said that it was possible to work within Finance and lose visibility of patients. JR suggested that it was necessary for those in the department to familiarise themselves with other areas of the business, particularly frontline services.

4. The Chair asked if the new structure, including finance support to localities, gave Finance team members greater visibility of particular issues within certain areas. JR replied that the changes had helped. He proposed that reporting structures should connect Finance staff more closely with the localities, for example with Directorate Accountants or Management Accountants sitting within LDU teams. PG agreed that a change to reporting lines would help to identify and implement CIPs.
5. With regard to the need for forward planning in corporate departments, the Chair suggested that strategic plans should be more visible to staff to enable them to understand why decisions were being made about recruiting for different roles/skills. PG asked if recruitment decisions were aligned with the teams' current expectations and strategies. JR replied that staff did not have sufficient visibility of the Trust's direction of travel, and that it would benefit the department to give greater consideration of their strategy.
6. PG suggested that the 'stories which were told created the culture'. She emphasised that, as a leader, it was necessary to tell the correct story in order to motivate team members and to promote the importance of non-frontline teams. The Chair added that the Board needed to ensure that leaders felt confident to make decisions and promote the Trust's strategy.
7. The Chair asked JR what further support he needed from the Trust to enable him to be effective in his role. JR replied that messages from Executives needed to be communicated more appropriately and suggested that senior leaders should be more empowered to make decisions in their area of responsibility. JR gave an example where managers were not given responsibility for their own budgets, and therefore did not have accountability for their spending. He felt that the Trust should be clearer about the consequences for failing to deliver in management roles.
8. KR suggested that it would be interesting for JR to return to the floor. She felt that clinical staff did not always trust the corporate departments, and that clinicians did not have visibility of the Five Year Plan. KR suggested that it was necessary to promote the corporate perspective, and to more effectively communicate corporate strategies.
8. RC added that team leaders and ward managers should be equipped to communicate messages from the Trust to clinical staff. KR agreed, and said that staff often felt there was no open and honest communication, which led to staff feeling vulnerable, and ultimately impacted on the Trust.
9. The Chair asked JR if he could suggest ways in which the Trust could create opportunities for staff in order to keep staff excited and inspired in their current roles. JR said that he never got bored at AWP, and emphasised that the challenge and variety of the work had encouraged him to stay with the organisation. He suggested that it was necessary to adopt a more resilient working style, and ensure that correct training and talent management was implemented. SH added

that, in order for staff to progress, they sometimes needed to move within the organisation or to other providers. She suggested that secondments could be useful for staff who wanted to develop and expand their experience.

10. The Chair asked if there were gaps in recruitment, for the Finance and other corporate departments. SH fed back that one band 6 staff had gone out to advert three times. JR confirmed that difficulties had been experienced with band 6 and 7 recruitment. He emphasised the importance of advertising through sites other than NHS Jobs.

### ESEC/14/050 - Apologies

1. Apologies were received and accepted from: Emma Roberts and Kristin Dominy.

### ESEC/14/051 – Minutes/Summary of the Meeting on 3.11.2014

1. Following feedback from a member of staff about a reported comment made at the last meeting, the Chair stressed that the minutes were the official record of the Committee's meeting and it was the responsibility of committee members to ensure that they were an accurate record of the discussion which had taken place. She hoped that members felt able to raise issues and concerns in an open and honest way. Any reporting outside the meeting about the committee's business should be in accordance with the agreed minutes.
2. The Chair added that some contents of the minutes would not be clear or understandable to third parties, such as the CQC or the TDA. She suggested that discussion could be more clearly expressed in the minutes.
3. The minutes of the previous meeting held on 03 November 2014 were approved and taken as accurate, following the amendments outlined below:
  - Those present identified that Martin McLean was present in place of Pete Wood. Further, KR's name had been misspelt and SH needed to be listed as a member.
  - On page 2, under item 11, 'being doing' needed to be corrected to 'being done', or 'being undertaken'.
  - On page 2, under item 6, 'PW' needed to be corrected.
  - The Chair suggested that KR's message, at point 13 of page 2, had been worded unclearly. KR clarified her message: the frontline staff had queried why only frontline staff were being disciplined, and had queried the accountability from band-7 staff upwards.
  - The action at point 23 of page 3 was for JT, not RC.
  - On page 4, the Chair noted that a word was missing from point 2, and that the point should read: 'There has been a significant commitment from localities to bring the rate back up'. Point 3 should read: 'The Chair highlighted previous comments that had been made in September'.
  - On page 5, under the Work Plan Proposal, the Chair suggested that the wording be changed to 'the Committee agreed'. Under Equality and Diversity, 'Quality' needed to be changed to 'Equality'. Under point 4, the Chair noted that 'a short, fixed term advisor' should be changed to 'a fixed term advisor'.

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- The Chair turned to point 5 of page 6. She suggested alternative wording: The Chair suggested that the deterioration in staff confidence may mean that we need to focus on developing staff resilience to change through our training programme.
- Under 'Leadership Update', the wording should read 'transformational'.

### ESEC/14/052 – Matters Arising

1. Occupational Health Review: JT updated that a presentation would be given later in the meeting, by two PAM Group employees.
2. Staff Survey: RC updated that the paper had gone to the Board. The main method of communicating results would be via localities. There was an understanding of the importance of staff feedback and engagement, but this area needed further work, and it was currently unclear how localities were implementing the framework. The Chair asked how a mechanism could be introduced to ensure that localities had communicated the results of staff surveys, and engaged in meaningful conversations with staff. RC agreed that the area was a priority. SH understood that local communication processes were in place; it was necessary to test and review the effectiveness of the communication. The Chair stated that the issue would remain part of ESEC's 'deep dive' conversation with each locality.
3. Bristol Tender: SH suggested that the action be placed on the work plan, for the Committee to review in March or April 2015.
4. IQ Metrics: The action was underway and being completed. SH updated that data showed that more agency staff were being rostered at weekend. A review of the data was currently being undertaken. On the proposal regarding workforce metrics, the Chair indicated that Tony Gallagher, Trust Chair had asked for a greater Committee focus on vacancy information. PG proposed that statistics could be reviewed by day of the week, in order to develop a greater understanding of the implications on delayed discharge. SH added that current and forecasted vacancy figures had been included in the Finance and Planning paper. The Chair emphasised ESEC's responsibility for monitoring the organisation's capability and capacity to deliver high quality care. RC said that the work plan had been a useful way to review data. JT outlined her intention to bring an analysis of key workforce metrics to the January meeting. Safer Staffing: A key issue was having a thorough understanding of the definitions of 'overstaffing' and 'understaffing', against the safer staffing numbers.
5. Workforce Development: RC updated that the Community Mental Health Certificate was being provided. RC's team were currently sighted on the output of the Cavendish Review and were focused on higher-level apprenticeships, which universities had announced would exempt users from one year of a full nursing qualification. RC updated that she had completed the action, but emphasised that the wider issue was relevant for the Committee and needed further consideration. The item was closed, with the view to updates on the national agenda being provided where necessary.
6. Workforce and Development Report: The Chair asked RC to take the action.
7. Workforce Performance and Development Report: RC confirmed that the action was complete.

8. Equality and Diversity: The action deadline was changed to January 2015.
9. All other actions had been previously completed.

**ESEC/14/054 – Workforce Performance and Development Report**

1. RC highlighted positive results around appraisal and supervision. She updated that sickness levels had tipped above the expected variance in October. It was necessary to review data in January, to determine whether additional actions were necessary. The Chair asked whether November data were available. RC replied that she had not yet seen these figures of the data. The report described that 42% of the workforce had received the flu vaccination. This was approximately 5% less than in 2013. SH added that staff was encouraged to have a flu vaccination from their GP where eligible, and that such records were not usually kept.
2. In respect of supervision, the Chair noted that the rise in supervision rates was in part due to the exclusion of bank staff from the figures. The Committee was not currently sighted on supervision rates for bank staff and asked for these to be included in the report. – **ACTION RC**
3. Stat/Man training data showed a positive, Trust-wide trend. RC highlighted areas which remained a challenge.
  - Food Safety had not been accurately attributed to eligible members of staff, and consequently the team were reviewing the training to ensure that the correct employees were asked to attend. The Committee was assured that the trust had very low rates of infection and did not encounter issues with cleanliness. PG noted that Infection Control training rates were high.
  - On the Mental Health Act, RC reported that an E-Learning package had been launched in December 2014. She suggested that a legislation training day could pull together mental capacity, mental health and Deprivations of Liberty training.
  - Practical Patient Handling remained a concern. This was an area of personal safety, and a source of potential liability for the organisation.
4. RC highlighted that there were repercussions for staff who failed to complete Stat/Man training, such as staff not receiving pay increments. Further, 50% of applications received by the Bursary Panel were from staff who had failed to complete Stat/Man training. As a consequence, several applications were not granted. The Chair added that the same standard was being applied to doctors who were being considered for clinical excellence awards.
5. RC said that the improving position had been helped by greater visibility of data. The L&D team had provided spread sheets to the Heads of Profession and Practice (HoPP), which outlined which employees had yet to complete training. KR suggested that staff were not being released because managers could not find cover. She said that it would be more sensible to reorganise the training so that bank cover could be provided. The Chair agreed that managers should be accountable for ensuring that staff was free to complete Stat/Man training. RC added that, from April 2015, contracts for training would be agreed with localities. The localities would be responsible for ensuring staff attended the training. SH highlighted concerns that training was not being planned for in advance.

6. RC reported that learning had been identified from the recent bursary panel process. It had been identified that the planning of workforce development at locality level could be improved and therefore, prior to the next Bursary Panel, all applications will be reviewed by the Managing Director (MD) and HoPP to allow local oversight. It had further been identified that very few applications were received from non-registered staff, and that there was a bias towards community versus inpatient. The allocated budget for 2015 was due to be reviewed.
7. PG asked if it was possible to conduct analysis on the 63 applications to determine where funding was being distributed. RC recalled the workforce development strategy, which focused on return on investment and evaluation of impact. The Chair suggested that, in the future, applicants could be called for under specific headings, to ensure bursary funding reflected the needs of the service. – **ACTION RC**
8. RC reported on the recent annual staff survey. The response rate had increased to 51.2%, which places the organisation close to the top performing mental health trusts. The Chair noted that most trusts still only asked a sample of staff to complete the survey, and that the AWP had received responses from 51.2% of the total workforce, which was quite an achievement. RC to update the committee on results when available – **ACTION RC**

#### ESEC/14/055 – Work Plan Proposal – Ray Tarling Paper

1. The Chair updated that, at a Board seminar on 10 December, the Beachcroft Paper had been reviewed, with its author, in terms of governance and assurance at Board and Sub-Committee level. A discussion had been held around how Sub-Committees had been working in relation to their responsibilities, terms of reference and providing the Board with assurance.
2. The work plan was being reviewed to ensure that: ESEC was addressing all areas within its remit, was reviewing sufficient information and evidence to be able to assure the Board around the relevant aspects of workforce, and that ESEC was functioning appropriately.
3. RC updated that she had used the four domains in the Well-led Framework: strategy and planning; capability and culture; processes and structures, and measurement, to carry out her initial analysis of ESEC. The exercise had been useful and identified gaps in what was currently reviewed by the Committee.
4. The Chair asked how it was possible to know that the Committee was delivering against strategy. RC indicated that each strategy included measurements – the majority of which were reviewed by ESEC. RC suggested that, within the workforce development strategy, the competence of the workforce could be reviewed. In terms of recruitment and retention, it had been proposed that the report be enhanced to include vacancy turnover data. Within equality and diversity, objectives were being measured.
5. RC highlighted the need to evolve the Enabling Excellence Programme to become the Trust Organisational Development strategy. SH proposed that the organisational development strategy and workforce development strategy were separate. She proposed that the wording in the IBP be changed from 'Workforce

and OD Strategy' to the Organisation Development Strategy. – **ACTION RC**

6. The Chair asked how it was possible to capture the medical and nursing revalidation and professional registration elements. It was agreed that a discussion should be held with the Clinical Executives, and that a proposal could subsequently be presented to the Committee. – **ACTION RC/HR/AM**
7. Processes and structures were largely drawn from the Committee's terms of reference. Further work was needed in order to understand the interaction between management groups and ESEC, and to complete the accountability framework. Management groups needed to be defined in light of the framework. The Chair proposed that ESEC needed to understand whether existing management groups would take on workforce issues. – **ACTION RC**
8. The Committee supported the proposed measurements. KR added that it would be necessary to review the measurements once in place.
9. RC brought to the Committee's attention the terms of reference, which had been revised in light of the Well-Led framework. She noted that the meeting's agenda had been reworked under the new structure, which had required only limited modification. The Committee agreed to align themselves under the headings.
10. RC questioned whether the Committee were yet able to sign off the terms of reference. The Chair responded that the element pertaining to membership of committees was still under review. She proposed that the Committee recommend changes to the Trust Chair/Board.
11. The Chair outlined that the Committee needed to produce and sign off a new work plan in line with the framework before the following financial year. On the question of meeting frequency, the Chair noted that workforce issues did not change significantly on a monthly basis and bi-monthly meetings were problematic when it came to quarterly reporting. SH suggested that the Committee hold four standard quarterly meetings and two seminars on specific topics. The Chair added that these could align with the annual planning round to address issues such as locality workforce plans and staff survey. The Committee supported this proposal.

**ESEC/14/057 – Occupational Health Review by Adam Burman and Suzie McGonigal**

1. Representative from the Occupational Health service joined the meeting. The Chair reminded the Committee that it had been agreed to conduct a review of the Trust's new occupational health provision after six months. A report had been presented, detailing performance against specification and difficulties that had been encountered. The report was taken as read.
2. AB outlined the services procured from People Asset Management by the Trust. Their range of clinical professionals, all of whom were employed in house, included occupational health advisors, physicians, counsellors and physiotherapists. The IT system, OHIO, had been a central theme of the procurement process; scrutiny was also placed on security requirements.
3. KPIs had been set through the tender process, including: turnaround times for pre-placement questionnaires; face-to-face appointments made within two working

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days and conducted within five, delivery of the immunisation programme. SM noted that, under Atos, the end-to-end process from appointment request to report had lasted at least four weeks; this had been reduced to six or seven days.

4. AB outlined that a standard operating model was provided to all clients. Other than pre-placement checks, all services were booked through OHIO. On receipt of a request, triage was performed to determine the appropriate clinical pathway, after which, email notifications kept clients up to date.
5. AB noted that reports were distributed not via email but within OHIO, ensuring information remained secure. PAM operated over eight Trust sites, and offered an online pre-placement questionnaire service for new joiners called Fit for Jobs, and immunisation status checks.
6. KR asked AB whether PAM had obtained previous records from Atos. AB confirmed that they had. SM added that they had been in such a poor format it was necessary to upload them manually to OHIO each time an individual was referred. This had added to the delay of launching the vaccination programme.
7. AB presented the benefits of PAM's offer: innovation; security of system; in-house provision; control of standards; competitive pricing; and NHS experience. Disappointingly, however, PAM had not met AWP's expectations, specifically in terms of a lack of resources and responsiveness; too many KPI failures; and reports providing unclear or unhelpful advice.
8. Reasons given for PAM's failure to meet expectations were the accelerated implementation, which they would typically expect to last 8-12 weeks; underestimating resource requirements, particularly the provision of only one OHA; two members of staff failing to attend; and unavailability of contingency staff.
9. PAM had won a significant number of contracts over 2013-14, which had put pressure on resources, especially in the south. Rather than being able to work strategically, PAM had to concentrate on 'plugging holes and fire fighting'. AB stated that it was unusual for PAM to fail to meet clients' expectations.
10. AB assured the Committee that PAM strove to continually improve. A new regional director with 20 years' management experience in occupational health had been recruited, and the management team reorganised. Client services had been moved from Oxford to Milton Keynes, PAM's regional hub, to ensure that better administrative support would be provided by more experienced staff, and the client services team leader had been targeted with improving KPIs.
11. AB outlined that PAM had robust clinical governance processes, but there was a challenge to ensure these were maintained through this period of growth. The PAM Academy was being further developed, to more closely train and audit clinicians to ensure they provided advice in line with PAM's standards. A clear escalation process was in place, providing clinicians with a route to seek advice and support from senior colleagues in difficult situations.
12. In response to concerns raised about the needle-stick process, PAM had liaised with local A&E departments to ensure AWP staff had access. Better communication was being implemented to ensure staff knew of the need for a risk assessment form and where to obtain it; the form itself had been updated. PAM

and AWP were working in partnership to address the issue.

13. JT added that it had been frustrating to know that PAM worked with several NHS Trusts and yet had to develop a solution to deal with the issue. SM explained that other trusts had different needle-stick processes, in which incidents were dealt with internally. She noted that risk assessment requirements were based on Department of Health guidelines. AB remarked that they were often required to tailor services to account for different practices across trusts.
14. The Chair asked whether KPIs had been at 80% across the board over the past two weeks. AB explained that this was an average. The Chair queried how broad the range was. SM stated that they could not provide the breakdown until the end of the month. However, anecdotal reports suggested that OHA appointments were being provided within the five-day KPI.
15. The Chair expressed concern as to whether the service was 'future-proof', given their track record of expansion beyond capacity. AB relayed PAM's decision to scale back on its sales activity to allow consolidation. PAM's recruitment team had been expanded to oversee hiring and retention of occupational health clinicians, and team-building initiatives had been scheduled with a view to improving retention. PAM continued to focus on staff development.
16. PAM was recruiting three additional OHAs in the southern region, to start from January 2015; this would enhance contingency capacity. SM noted that OHAs across the wider region, though not dedicated to the AWP contract, would be available for telephone consultations.
17. KR stated that there had been numerous complaints from staff about referral handling; report feedback; availability of OHAs; and long delays in dealing with processes such as medical retirement due to ill health. She suggested that the service did not yet seem to be properly in place. SM replied that the change of management team was designed to enhance accountability. She outlined that she held a weekly call with Claire Young (CY), the AWP resourcing lead, to discuss all complaints received. The previous clinical operations manager, responsible for delivering clinical resource, had not been performing as required, and had been replaced by a qualified and experienced PAM employee. The managing director had expressed great dissatisfaction at the problems encountered, and was committed to addressing them.
18. The Chair asked CY if she was satisfied that the changes would address the concerns raised. CY replied that improvements had been seen in appointments. However, she was concerned that not all complaints were reaching her for escalation to SM. SM added that, at locality road shows, she had emphasised the importance of escalating concerns about reports. KR stated that she would have forwarded complaints from the staff side had she known the applicable process.
19. CY emphasised that the willingness to improve displayed by PAM was far greater than the previous contractor. She undertook to send a further communication, reminding referring managers to escalate concerns about reports. – **ACTION CY**
20. KR highlighted that resources were often centred on Avon and Bristol, to the detriment of Wiltshire. She asked whether they expected an improvement in the proportion of consultations carried out face-to-face, rather than via telephone,

across the county. AB responded that the enhanced staffing was hoped to address this. SM noted that the newly recruited OHA lived in Trowbridge, and had been hired on the understanding that she would cover this area.

21. AB advised that time would need to be allowed for issues to be resolved. The Chair acknowledged this, but asked for commitment to a trajectory of improvement. AB agreed that an informed estimate could be drawn up. **ACTION AB**
22. PG asked CY whether one phone call per week was adequate to discuss matters arising from the contract. CY explained that additional calls were scheduled when necessary; CY and SM were in 'constant communication'. JT added that she, SM and CY would hold monthly meetings from January.
23. The Chair thanked the presenters for attending the meeting and the Committee agreed to review again in 6 months' time. **ACTION JT**

### ESEC/14/056 – Recruitment and Retention Strategy

1. The Chair gave positive feedback on the Recruitment and Retention Policy but asked for assurance around embedding change and ensuring outputs.
2. SH raised that work is being undertaken to monitor retention.
3. JT indicated that a review was taking place on the exit interview process to ensure that the information collected is collated and reported back.
4. The Chair suggested that we should benchmarking the Trust position against similar organisations and that the Trust's profile needed to be raised. KD agreed, stating that the wider branding was linked to retention.
5. JT provided assurance that Staffside were included in the development of the Strategy.
6. The Committee supported the strategy and recognised that it fed into a wider piece of work.
7. There was discussion around the use of the newly reorganised Communications Team and assurance was provided that the profile of the Trust fell into their remit.

### ESEC/14/058 – Bullying and Harassment Policy

1. The Committee supported the format of the policy and thought the examples included were informative and clarified many issues previously highlighted when last brought to the Committee.
2. The Committee approved the policy.

### ESEC/14/059 – Organisation Health Index Presentation

1. The Committee approved a request to defer this item due to time constraints.

### ESEC/14/060 – A.O.B

1. No business was raised.

### ESEC/14/061 – Agree to escalate

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## Trust Employee, Strategy, and Engagement Committee Minutes – 11.12.2014

1. The Chair resolved to escalate the Occupation Health Review to Board level

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