

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

Held on 15 January 2015 at 2 p.m. in the Conference Room, Jenner House, Wiltshire

These Minutes are presented for **Approval**

Members Present

Ruth Brunt – Non-Executive Director (Chair)	Rachel Clark – Director of Organisational Development
Peaches Golding – Non-Executive Director	Kristin Dominy – Executive Director of Operations
Sue Hall – Executive Director of Resources	

Staff In attendance

Alexander Lauder-Bliss – Governance and Risk Coordinator	Kristina Reese – JUC Representative
Jenny Turton – Head of HR	Toria Nelson (in part)
Julie Benfell – Head of Compliance	Emma Roberts (in-part) – Company Secretary

ESEC/14/162 - Apologies

1. No apologies were received from members.

ESEC/14/63 – Minutes/Summary of the Meeting on 11.12.2014

1. The minutes of the previous meeting held on 11 December 2014 were approved as accurate.
2. The Chair commented on the length of the minutes and recommended a move toward shorter minutes while emphasising the importance of capturing the key aspects of the discussion and associated actions/decisions.

ESEC/14/64 – Matters Arising

1. IQ Metrics – roster intelligence: KD commented that information was being used to create a set of performance metrics, which wards would be required to work to and which were compliant with the Trust's roster policy. This would influence how rosters were designed and developed. The action was marked as completed, and the Committee agreed that further issues regarding roster practise would be picked up in the relevant quarterly report.
2. Safer Staffing: KD informed the Committee that Sarah Jones had been asked to provide analysis of understaffed and overstaffed wards in the Quality and Standards Committee. The Chair logged the action as a cross-Committee issue. A review of the analysis would be undertaken in the next ESEC meeting on 19 February.
3. The Workforce Development Report action had been completed and was closed.
4. The Equality and Diversity action had been completed and was closed.
5. Bank supervision figures had been included in the performance report. The action

had been completed.

6. Figures for Bursary Panel: RC summarised that the total cost was £50,513, of which £36,500 had been met by L&D. Services met £12,000 and individual contributions made up £2,000. L&D were committed to meet the full costs of training and development which was considered fundamental to the Trust's strategy and clinical delivery. RC was asked if the budget for bursaries was ongoing. SH explained that the bursary funding budget had been sourced from the historic L&D department funding. The budget was not automatic and would be subject to review.
7. Chair suggested that a date be set to review the next phase of Occupational Health evaluation. JT suggested a quarterly update be given in three months and a formal, in-depth review be conducted in six months' time. The Committee agreed that the review would be considered during the ESEC meeting of 7 May.

ESEC/14/65 – Workforce Performance and Development Report

1. KD updated that the report detailed the Trust's performance against appraisal, supervision, and sickness. Sickness levels had increased to the highest level for a year, with long term absence as the key variable. Teams had been asked to double-check management plans for individuals who were on long-term sickness leave. Short-term sickness was static at 2%. The Chair highlighted that a similar trend had been seen in the winter of 2013 and that she had expected to see an improvement in the figures. JT confirmed that work was ongoing to improve sickness absence management.
2. KR asked if there was a trend in long-term sickness figures. SH replied that there was an increase in musculoskeletal injuries (MSK), as well as anxiety, stress and depression.
3. PG asked what information was obtained when individuals returned to the workplace following a period of sickness. JT explained that a return-to-work interview was conducted to determine what supportive measures could be implemented to help the individual's return to work. The interviews required individuals to state the reason for their absence. 50% of individuals' absences had been categorised as 'unknown', and analysis was being undertaken to determine whether the 'unknown' category could be removed. The change was to be trialled in the near future.
4. The new supervision arrangements for bank staff had commenced, and KD expected to see an improvement in bank supervision rates within three months. Group supervision sessions were held on a monthly basis, and all bank staff would be covered by April.
5. The Chair highlighted that the supervision trend line was misleading. She suggested that bank staff should be retrospectively removed from or added to the trend line, to give an accurate view of supervision progress. The Chair highlighted the poor performance in terms of appraisal in corporate services and statutory mandatory training. This was largely within Estates and Facilities Management, housekeeping staff and medical trainees. The Committee agreed that exemptions would be recorded more accurately or removed where appropriate. The system

would be updated immediately. – **ACTION RC**

6. RC updated that work was being undertaken to understand the quality of appraisals. SH added that a 'grandparent model' of appraisal-reviewing was necessary. She relayed feedback from staff that the new appraisal system was improved. The Committee agreed that the appraisal process should be valued by staff and seen as a helpful conversation, and agreed to seek staff-side views about evaluating appraisal quality. – **ACTION RC**
7. The Chair suggested that the Committee record concerns about patient handling training. She noted that the level of back injuries had increased in 2014. This was a significant issue in terms of sickness absence. PG further suggested that focus be put on UPMA and PMVA, due to high levels of industrial injuries. – **ACTION RC**

ESEC/14/67 – Equality and Diversity Objectives (Verbal)

1. ER updated that 100 members of staff had come forward as E&D ambassadors, with a significant proportion of colleagues representing the nine protected characteristics. JB added that a small proportion, approximately 1% to 2%, represented three or more protected characteristics. The transgender characteristic was under represented.
2. The next steps were to work with localities to ensure that ambassadors were fully utilised and could begin to implement plans. Training for ambassadors would start in February.
3. The team had been working to implement the Equality and Diversity objectives. Updates on the objectives would be the Board.
4. Work was being undertaken in respect of Stonewall, so that the Trust could be recognised as a Stonewall qualified employer.
5. In terms of objectives, JB updated that EDS2 and the Workforce Race Equality Standard would be part of the standard NHS contract from April.
6. SH asked if there was a good range of champions across all areas and localities of the Trust. JB replied that there was.
7. Under the Equalities Act, workforce equality data would be published by 31 January every year. SH said that the same analysis needed to be undertaken for service users.
8. The Chair noted that, from the HR report, some areas of the Trust were better represented by black or minority ethnic staff than the local population. PG noted that bands and departments were not listed. – **ACTION JB**
9. PG stated that she was unclear about bank and agency staff. ER confirmed that she could present a breakdown of bank and agency staff data in the next Committee meeting.
10. PG understood that a communications plan would be shared via OurSpace. ER confirmed that it would. JB added that she had met with the Internal Communications Manager to discuss further ideas. OurSpace was being re-designed and would include an 'Equality calendar', which would feature other events besides major religious festivals. This was relevant from a staff-side and

service user point of view. The Committee agreed that it was important to raise awareness and understanding of the varying needs of service users and staff. The Committee further agreed to connect the work to the Trust value for diversity.

ESEC/14/66 – Quarterly HR Performance

1. JT stated that the section dealing with ‘staff in post’ would be changed. The number of vacancies listed within the LDUs had been 323 when they had produced the report. Over the last couple of months, the recruitment team had sent an average of 130 offers per month; what the Committee were seeing was the effect of the number of leavers. The Committee were invited to consider how these two sets of information could be visually presented.
2. It was noted that peaks for the use of agency and bank workers occurred at weekends, making up a significant percentage of all Trust staff. It was raised that when the two rostering systems were merged there would be more granular detail. SH stated that the figures for use of bank and agency were larger than previous months – the financial implications had been considered by the F&P Committee.
3. PG asked what Wiltshire did differently in their use of bank and agency staff. KR replied that there were a large number of vacancies in Wiltshire, and they were trying to use their existing staff, as opposed to bank staff. PG noted that the Trust would need to address the issue of why bank and agency employees felt that being an employee of the Trust did not offer enough flexibility; the Chair noted that having a temporary workforce pool had been discussed in the past, and could be revisited.
4. The leavers’ process had been updated, to encourage people to state a clear reason why they were leaving. The Chair stated that it would be useful to distinguish between leavers who were going to other jobs within AWP, those moving within the NHS, and those going to jobs outside of the NHS entirely. JT stated that the exit interview process would be amended to occur sooner in the process, once the leaver’s form was completed and received by Payroll. – **ACTION JT**
5. Comparison of staff turnover with three other MH trusts in the South West showed AWP significantly higher for the month of October. The Committee agreed to set a target for an overall reduction in turnover by 2 percentage points in the first instance, with differential locality targets in accordance with their opportunity for improvement.
6. The ‘unknown’ category would be removed when collecting data regarding sickness. In response to a question from PG, JT explained that 28 days was the dividing line between short-term and long-term absence.
7. KR stated that one frequently-raised issue was how staff with mental health issues were treated. RC replied that Sue Hine had been asked to carry out some work on this, and consult on what and was not working well. It was presently in the process of being scoped, and the Committee would be informed as to any results arising from this project.
8. PG raised how stress, anxiety, and depression can provide insight to the wellbeing of individuals that identify themselves within the protected characteristics. KR stated that it would be useful to establish what percentage of these conditions were work-related. It might be possible to use the kinds of diagnostic tools that the Health and Safety Executive would employ to acquire data on work-related stress; there was, for instance, a HSE stress survey. The Chair noted that workplace stress was particularly acute in certain areas. – **ACTION JT**

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9. On the issue of disciplinarys and grievances, JT drew the Committee's attention to the comparison that had been made between length of service and frequency of disciplinary action. There were very few formal grievances, and the HR team emphasised the benefit of taking an informal approach to resolving these at an early stage. The Chair suggested that in future, these figures should be monitored against locality workforce plans. It was agreed that one of the seminars should be held before the beginning of the 2015/16 financial year, in order to understand the detail of locality plans. It was agreed that where relevant, the report should include trend information rather than just a 'snapshot' on a quarterly basis. SH commented that, for the annual operating plan, a linked file had been created triangulating workforce, finance, and activity. This could also be reviewed in the seminar session, predominantly from an ESEC perspective. TN stated that she had asked the TDA for an unlocked copy of the file, which the Chair commented would make 'deep dive' conversations at the local level more meaningful. It was agreed that the seminar would be held in March 2015; RC was asked to consider who needed to be invited to this session.

ESEC/14/68 – Proposed Annual Objectives

1. RC stated that the version of the annual objectives presented in the papers had been reviewed by a number of senior leaders. There had been quite a lot of support, but some criticisms, including about whether there was too much inpatient focus in the proposal. An updated version would be reviewed by the new directors' team in the coming week, before being revised for the next Board.
2. PG asked how the objective of enabling 270 teams to receive team development by March 2016 would be measured. RC replied that the pacing of this was currently being established with the localities; Wiltshire, for example, were currently restructuring into three areas, and consultation was underway. Targets would be bespoke based on the locality in question. The next tranche of development would take place between April and June; senior staff had committed to take on shifts during this period, to enable more junior staff to be released. ESEC could retain specific responsibility for delivery of the target.
3. It was raised that the objectives should capture protected characteristics. – **ACTION RC**
4. The Chair commented that there appeared to be a disconnection between measurements and inputs. RC stated that the turnover target needed to be included in the main body of the objective, and that the document could be shortened. SH added that there was a danger that the document might become too complex and detailed; the Chair agreed that there needed to be clear, Trust-wide objectives and measurements.

ESEC/14/69 – Alcohol and Substance Misuse Policy

1. JT stated that this policy was in the process of being reviewed. The committee agreed to extend the review date.

ESEC/14/70 – Whistleblowing Policy (Update)

1. MENCAP had been working with ER's team to produce a draft policy document. RC stated that this should be cross-referenced with the policy on bullying and harassment, and rendered in 'plain English.' The Committee agreed that the policy could not be finally approved until it had received sign-off from staff-side. – **ACTION JT**

ESEC/14/71 – Referencing Policy

1. This was a new policy, which had been drawn up on the request of managers, seeking guidance on providing references for members of staff. Draft examples of references had been included in Appendices A, B and C of the paper.
2. Subject to redrafting the document to fit the Trust's new format, the Committee approved this policy.

ESEC/14/72 – National Staff Survey Results (Preliminary)

1. The Chair noted that the Trust had not yet received the national comparator with other Trusts. RC stated that there had been a good response rate, increased from 2013. Improvements noted in respect of proportion of staff receiving an appraisal and access to training. There had been decline in the areas of appraisal quality, people feeling valued, senior managers' communication and involving of staff in decision-making, pressure at work, and impact on staff wellbeing. Leadership was another critical area. It was agreed that the results were concerning.
2. This issue would be discussed at the forthcoming Directors' team meeting, to agree Trust wide and locality actions. The Committee, in RC's view, would need to attend to the following areas: general internal communication, supervision and appraisal training, and resilience training to support staff wellbeing. She was presently determining how to improve the current appraisal process, to make it more bilateral.
3. PG asked whether it was possible to distinguish between staff-on-staff bullying and service user-on-staff bullying. RC replied that some staff members had reported having experienced physical violence from another staff member, which had to be highlighted as entirely unacceptable. KR noted that staff often did not trust the organisation to support them if they reported bullying. The Chair stated that the Trust should review whether standards set at Board level were being delivered in the appropriate way by senior managers and leaders. The Directors' team would need to determine how they owned this work.
4. RC stated that the next steps would be the distribution of locality-level, corporate and Trust-wide plans. A lot was already happening on staff engagement, and the Trust should therefore be selective in what further they chose to do. ESEC would receive a further update in April. The Chair asked that a timeline for this work should be scheduled. **ACTION RC**

ESEC/14/73 – Organisational Health Index Presentation

1. Nine factors had been identified that influence organisational health. There had been a downward shift in response rate, and as such, the data was not definitive, but it did echo points made in the staff survey. The best-performing areas were generally coordination and control, and external orientation; the poorest-performing areas were capability to deliver strategies, and innovation and learning. The CQC had also highlighted accountability as a gap.
2. This issue would be taken to the Directors' team for discussion, to determine how the objectives highlighted by this work could be pursued. .
3. . KR stated that changes, and the ethos of the Trust needed to be communicated more clearly, as front line staff were not always clear about the rationale for change.;

ESEC/14/74 – Any Other Business

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1. The Chair stated that the Trust were content for the Committee to meet on a quarterly basis as of April 2015. A date for the March meeting should be agreed as soon as possible.

ESEC/14/75 – Agree any items to escalate to Board

1. No items were raised for escalation.

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