

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

Held on 24th March 2015 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 – Director of Resources
Peaches Golding – Non-Executive Director	Rachel Clark – Director of Organisational Development
Kristin Dominy – Director of Operations	

Staff In attendance

Alexander Lauder-Bliss – Governance and Risk Coordinator	Toria Nelson – Workforce Planning Manager
Debbie Spall – HoPP, South Gloucestershire	Denise Claydon – Managing Director, Wiltshire
Suzanne Howell – Managing Director, North Somerset	Sarah Branton – Managing Director, Bristol (call-in, in-part)
Paul Townsend – Managing Director, Specialised and Secure	Liz Richards – Managing Director, BANES

ESEC/14/87– Apologies

1. No apologies were received for the Committee meeting.

ESEC/14/88 – Locality Workforce Plans

1. The Chair outlined that ESEC's responsibility was to provide the Board with assurance that the Trust had a workforce of sufficient capacity and capability to deliver high-quality services, Trust-wide. There was a current focus on staff survey results. The Chair wanted to provide assurance to the Board that localities understood what drove the survey results and what steps they planned to take.
2. SH outlined that the Trust was required to submit an Annual Operating Plan to the TDA. It was necessary for there to be a 'line of sight' between localities' activities and what the Trust wanted to deliver, in terms of its strategic direction.

Bristol:

3. SB reported a high turnover of staff throughout the previous year, which was linked to new tenders and new services. KD noted that there was an overall Trust objective for a 2% reduction in turnover, from the previous year's turnover rate, as an initial reduction. This would vary across localities, and figures would be reviewed at the Strategy Summit on 15 April.
4. The Chair emphasised that, in the current climate, localities' workforce plans should focus on retention rather than recruitment.
5. KD asked SB how it was possible to determine whether the plan was being delivered. SB explained that the plan included a series of targets, to cover the next

five years, against which progress could be measured. Further, the locality was mindful that the five-year plan would not remain static, and that posts would change where necessary. This would feed into an external evaluation. It was emphasised that, if actions were ineffective, plans needed to change quickly.

6. SH asked SB how the workforce took into account the Acute Care Pathway work and CCG's commissioning intention to remove £1.5 million from Inpatient Services. SB replied that conversations with the CCG were ongoing. The Chair asked that SB's plan referenced the CCG's intention.
7. Bristol's workforce priorities included the development of new roles, which was being undertaken in partnership with [BCS Partners?], and the movement to an 'eight to eight', seven day a week service across all staff groups.
8. In response to the staff survey, Bristol had recognised that communication was an issue. Attendance at team meetings and group supervision had been identified as 'crucial'. Further, the locality had worked to help staff access team-based working days. To demonstrate learning and listening in response to the staff survey, a Staff Council was being established with representatives from each team. The Staff Council would work to develop an action plan in response to the survey. RC expressed her agreement with the Staff Council.
9. KD noted that the locality's action plans would be subject to the same rigour as the CQC action plan, in respect of Check and Challenge.
10. The Chair asked SB if she felt that Bristol received sufficient support from Corporate teams. SB replied that it did.

North Somerset:

11. In terms of the workforce profile, SHo highlighted that 19% of staff were over the age of 56. The locality had recognised the implication that certain staff in teams would be moving onto retirement. In response, the locality was working to replace Band 6 staff with Band 5 staff, so that more junior staff could pick up as necessary, when the workforce started to retire. SHo emphasised that a significant number of staff in Older Adult teams were due for retirement within the next few years.
12. North Somerset had been experiencing a particularly high sickness rate throughout the previous few months, particularly in Inpatient units. A number of staff injuries had been sustained on one ward in particular, and the Hospital Liaison team had been subject to high levels of staff sickness. Teams had received support from Human Resources, and Simon Morris had helped develop sickness protocol. SHo expressed her confidence that the issue would be resolved.
13. SHo relayed feedback from team managers that Occupational Health support was 'not particularly proactive' and that employees were brought back to work on very long phased returns. Further, communication around the OH process often failed.
14. The turnover rate for permanent staff was 8.6%. SHo said that the rate was stable, and a younger, 'dynamic' workforce had been recruited in recent years.
15. Increased capacity was due to be created within Access services. Areas of growth would balance areas of saving, in terms of potential staff movement. Some CCG

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plans were not due to start until Quarter 3, which would allow the locality to plan its recruitment strategy more effectively. Plans would be recurrent.

16. The Borderline Personality Disorder Strategy would cover both Primary and Secondary Care. North Somerset planned to enhance its PTS service, to provide psychological interventions to service users as well as support and recovery. Older Adult staff would also deliver more PTS interventions. SHo anticipated that this move would increase staff satisfaction and would decrease Inpatient admissions. The Committee discussed whether or not the Strategy could be rolled out Trust-wide.
17. The locality was holding discussions with Human Resource around moving HCAs onto nursing courses. RC noted that Higher Care Apprenticeships reduced nursing training by one year. SHo added that the locality was reviewing the possibility of apprenticeships for administrators. RC highlighted that apprenticeships were currently available. The Chair suggested that communication around the apprenticeships needed to improve.
18. SHo noted that the locality was developing initiatives with the Community Health Partnership and reviewing the possibility of integrating its single point of access with the Council and Community Health Partnership. The locality hoped to work more closely with the Partnership.
19. The Committee discussed incidents of bullying within the locality. The Chair suggested that communication with frontline staff was crucial. SHo reported that the locality had made several efforts to improve staff satisfaction and the culture within the teams. Mindfulness practice was due to be initiated, and a 'Take a Break' campaign was being developed.
20. KD highlighted the importance of defining key measures of success, and ensuring that actions being taken would have a positive impact. The Chair advised that having effective communication with staff would allow for a greater understanding of the impact of the actions the locality was taking. She suggested that sickness rates, specifically the number of staff who took leave for stress, could be a measure of staff resilience.
21. SHo added that an Employee of the Month was being rolled out. Nominees could be chosen by any employee or team.
22. TN noted that sickness absence and turnover data was captured centrally via forms filled in by managers and individuals. She emphasised that it was important these forms were filled in accurately, and that the reason for the absence was clearly stated. This data was essential in allowing the Committee to develop its understanding of sickness rates and whether progress had been made.
23. SB left the meeting.

South Gloucestershire:

24. DS reported that the locality employed 233 staff, approximately half of which worked full-time and half worked part-time. Sickness absence rates for the locality fluctuated, but were on average fairly low. DS relayed feedback from the staff survey that South Gloucestershire employees 'put themselves under pressure to

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Sponsored by the Chair

Agenda Item:

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go to work, despite not feeling well enough'. SH noted that there was no Inpatients Services. DS reported that the ethnic mix of the locality staff was consistent with the local population. Turnover was at approximately 11%, and the workforce was viewed as 'relatively stable'.

25. LR arrived at the meeting.
26. DS outlined her awareness of the difficulties with recruiting, particularly to registered nursing posts. Further, 32% of the locality's nurses were approaching retirement age. Consequently, the locality was focusing on skill mixing and apprenticeships, etc.
27. Morale had been identified as an issue amongst medical staff, particularly in relation to CIPs.
28. South Gloucestershire wanted a Trust position on the banding of non-medical prescribers, rather than an 'on the fence' position. The Committee acknowledged that there were inconsistencies and discrepancies throughout the Trust.
29. South Gloucestershire planned to continue to use CQUIN money to grow areas such as Care Home Liaison. Additional funding had been received for older adults, out-of-hours, attached to the locality's intensive team. There were plans to continue developments for other ages across the locality.
30. DS noted an anomaly within South Gloucestershire: the Adult Service was integrated with local authorities, and the Later Life Service was not.
31. The triumvirate's priority was to continue to be accessible, approachable and engaged with staff. DS relayed positive feedback from the Back to the Floor shifts.

Specialised and Secure:

32. PT reported that supervision in Secure services 'dipped' during the holiday months of October, December and February. A plan had been developed to improve the rates. There was a high sickness rate, particularly in Secure services, and there had been difficulties with staffing and violence for the past two years. Staff turnover rates in Secure were high. Specialised turnover rates had risen during the course of the last year.
33. Secure had a high vacancy rate; 63 vacancies were for Inpatient staff. 48 staff had been appointed. There was an issue around preceptor nurses staying in tenure for six months, and then leaving the position.
34. PT relayed feedback that Occupational Health services were unsatisfactory.
35. The locality utilised robust sickness management processes. 90 employees in the Trust had taken sick leave periods of longer than one month, of which 60 had mental health issues.
36. PT presented the staff survey results, which benchmarked the locality against the Trust averages.
37. 35 incidents of sexism, bullying and harassment had been put to Human Resources.

38. PT fed back that staff were overwhelmed by the number of 'Trust priorities'. The Chair agreed that the organisation needed to decide what its true priorities were.
39. PT turned to workforce plans. There were approximately 30 Healthcare Assistants in employment, and the locality planned to introduce 30 apprenticeships for unqualified staff. Several Healthcare Assistants had been sponsored to undertake nursing training, and a nurse preceptorship rotation programme was being developed across Specialised and Secure services.
40. The locality had introduced 'Golden Hello' and 'Refer a Friend' schemes. Recruitment and retention were priorities for the locality.
41. A gap in PMVA staff training had been identified. Statutory mandatory training was unsatisfactory. Alternative training opportunities had been discussed and reviewed.
42. Clinical leadership had been a 'key feature' of staff survey results. KD relayed her disappointment with the behaviour and presentation of some of the Trust's senior clinical staff. She said that resistance had been purely on the basis of 'individual special interest'. The Committee agreed that this was unacceptable. RC noted that a Leadership Behaviours Framework was due to be introduced. The Committee agreed that communication around the behavioural expectations of the Trust needed to be stronger and more direct.

Wiltshire:

43. DC reported that 522 staff were employed in the locality, 459 of which were employed full-time. 102 staff were aged 56 and over. There was an average 4.7% sickness rate. Long-term sickness was a more prevalent issue within Inpatient Services. Dismissal rates around capability and conduct, as well as sickness, were significant. Ethnic minorities were better represented within the staff group than in the local population. The locality had a turnover rate of 15.7% for permanent staff.
44. DC and PT's directorates had been working together, with the help of Chris Stancliff and others, to prioritise their work and recruit people into posts. Several recruitment efforts were being undertaken. DC said that the process was 'very slow', and further improvements were needed. She noted the knock-on effect of stress and sickness levels increasing for remaining staff. The recruitment efforts would continue throughout the year.
45. DC fed back from the staff survey that staff did not feel engaged, in terms of developments in the workforce and inadequate communication. The locality was aware of these issues and was actively moving to address them. Events were being held in an attempt to bring teams together, such as the 'We're Listening' scheme.
46. CCG realignment had caused 'angst' amongst staff. The locality were seeking to provide staff with clarity about their roles and responsibilities, and to ensure that staff had a sense of ownership and control. The locality understood that visibility and communication was crucial. The locality was encouraging staff to take breaks, and to facilitate this opportunity wherever possible. RC noted that such issues had

been discussed during the Locality Workforce Development meetings. The Trust was developing its understanding of how it could support the locality in these areas.

47. The Chair acknowledged the challenges that Wiltshire had faced throughout the last year.
48. KD fed back from the CCG board meeting that it had been a 'pleasure' to work with an 'open and transparent' organisation. She said that the work DC had undertaken had improved the organisation's reputation.

BANES:

49. LR outlined that there were similarity between the workforce profiles of BANES and Wiltshire. There was a sickness rate of 5.4%, and BANES remained 'vigilant' around its sickness reporting. LR added that Human Resources colleagues within BANES were 'very supportive'. The locality's turnover rate was 15.7%, and fell largely within the band 4 role. Band 6 roles had recently been recruited for.
50. LR turned to the next slide, which pertained to ED Liaison for RUH, crisis concordant and new bids around Rapid Access and other areas. BANES was adopting a 'rapid access' approach; this was an integrated model with PCL, IAPT and Intensive Services. LR expressed her confidence in the approach.
51. There was increased capacity within the Lift service. The Lift service was being branded as 'BANES Talking Therapies', and the new website was now accessible. The new model would ensure that service users were immediately directed to the correct service.
52. Recruitment to Inpatient, nursing and the unregistered workforce groups continued. Further recruitment efforts were being made in the form of secondments.
53. SH noted that the Trust adopted significantly different models for its Lift services. There was no Trust-wide lead for IaP services.
54. LR fed back from the staff survey that 49% of staff had said they had been abused by patients, service users' relatives and members of the public. This related largely to Older Adult teams. The Chair understood that an increase in reported incidents would be an indication of improvement. LR agreed.
55. RC commented that BANES were close to the national average in many of the staff engagement metrics.
56. The Committee resolved to **note** the LDU workforce plans.

ESEC/14/89 – Work Plan Approval

1. The Committee received the committee Work Plan 15/16.
2. The Committee resolved to **approve** the work plan with no changes.
3. It was raised that the Integrated Business Plan would be delivered in the Quarter 2 meeting in August.