Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

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

Staff In attendance

Alexander Lauder-Bliss – Governance and Risk Coordinator
Debbie Spall – HoPP, South Gloucestershire
Suzanne Howell – Managing Director, North Somerset
Paul Townsend – Managing Director, Specialised and Secure
Toria Nelson – Workforce Planning Manager
Denise Claydon – Managing Director, Wiltshire
Sarah Branton – Managing Director, Bristol (call-in, in-part)
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 this was an extraordinary ESEC meeting to review Locality Work Plans for the coming year. The Committee'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. The Board were currently focusing on the recent poor staff survey results, so the Chair asked localities to specifically demonstrate that they understood what was driving the survey results in their area and what steps they planned to take.
2. SH indicated 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:

1. SB summarised the key issues from the Bristol presentation. The Locality had experienced 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 an initial 2 percentage point reduction in turnover, from the 2014/15 rate. This would vary across localities, and figures would be reviewed at the Strategy Summit on 15 April.

2. The Chair emphasised a general point that, in the current climate, localities'

workforce plans should focus on activities targeting retention rather than simply relying on ambitious recruitment assumptions.

3. 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 to all localities that, if the expected outcomes were not being achieved, actions would need to change quickly.
4. SH asked SB how the workforce plan had taken into account the Acute Care Pathway work and the CCG's commissioning intention to remove £1.5 million from Inpatient Services. SB replied that conversations with the CCG were ongoing and had not yet been finalised. The Chair asked that the final plan referenced the CCG's intention.
5. Bristol's workforce priorities included the development of new roles, which was being undertaken in partnership,, and the movement to an 'eight to eight', seven day a week service across all staff groups.
6. 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 was helping staff to 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 own the issues arising from the survey and would work to develop an action plan.. RC expressed her support for the concept of a Staff Council.
7. KD informed the committee that the locality action plans would be subject to the same rigour as the CQC action plan, in respect of Check and Challenge.
8. The Chair asked SB if she felt that Bristol received sufficient support from Corporate teams in delivery of the plan. SB replied that it did.

North Somerset:

1. SHo identified the key issues from her presentation. In terms of the workforce profile, she highlighted that 19% of staff were over the age of 56 and emphasised that a significant number of staff in Older Adult teams were due for retirement within the next few years. The locality were putting measures in place to mitigate the impact of a large group of experienced staff potentially retiring over the next 5 years, including succession planning for Band 5 staff to ensure they had the necessary skills to step into Band 6 roles.

2. 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 high levels of sickness. Teams had received support from Human Resources, who had helped to develop a sickness protocol. SHo expressed her confidence that sickness absence was being actively managed.

Concerns had been expressed by team managers that Occupational Health (OH)

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.

3. The turnover rate for permanent staff was 8.6%. SHo said that the rate was stable, and a younger, more dynamic workforce had been recruited in recent years.

4. 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 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.

5. 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.

6. The locality was holding discussions with Human Resources about moving HCAs onto nursing courses. SHo added that the locality was reviewing the possibility of apprenticeships for administrators. RC indicated that Higher Care Apprenticeships reduced nursing training by one year. The localities seemed unaware of this, so the Chair suggested more targeted communication about the availability of apprenticeships.

7. SHo reported 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 the Community Health Partnership.

8. The Committee discussed incidents of bullying within the locality, as highlighted in the staff survey results. 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.

9. KD re-emphasised 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.

10. SHo added that an Employee of the Month scheme was being rolled out. Nominees could be chosen by any employee or team.

11. TN reminded the committee that sickness absence and turnover data was captured centrally via forms filled in by managers and individuals. She emphasised that it was important for these forms to be 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.

(SB left the meeting).

South Gloucestershire:

1. DS presented the priorities for South Gloucestershire. She reported that the locality employed 233 staff, approximately half of whom worked full-time and half worked part-time. Sickness absence rates for the locality fluctuated, but were on average fairly low. The ethnic mix of the locality staff was consistent with the local population. Turnover was approximately 11%, and the workforce was viewed as relatively stable. DS highlighted that the key concern from the staff survey was that South Gloucestershire employees put themselves under pressure to go to work, despite not feeling well enough.

(LR joined the meeting).

2. DS outlined her awareness of the difficulties with recruiting, particularly to registered nursing posts. 32% of the locality's nurses were approaching retirement age. Consequently, they were focusing on skill mixing and apprenticeship opportunities..

3. Low morale had been identified as an issue amongst medical staff, particularly in relation to CIPs.

4. South Gloucestershire felt that there should be a Trust position on the banding of non-medical prescribers. The Committee acknowledged that there were some inconsistencies and discrepancies across the Trust, but it was pointed out that this often reflected a variation in levels of responsibility.

5. 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.

6. DS noted an anomaly within South Gloucestershire: the Adult Service was integrated with local authorities, and the Later Life Service was not.

7. The triumvirate's priority was to continue to be accessible, approachable and engaged with staff. There had been positive feedback from the Back to the Floor shifts.

Specialised and Secure:

1. PT presented the key issues for both SDUs. He reported that supervision rates in Secure services dipped during the holiday months of October, December and February. A plan had been developed to address this. There were high sickness rates, particularly in Secure services, and there had been difficulties with staffing and violence for the past two years. Staff turnover rates in Secure were consistently high. Specialised turnover rates had risen during the course of the last year.

2. Secure had a high vacancy rate; there were 63 vacancies 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.

3. The locality utilised robust sickness management processes. PT agreed with the previous comments that Occupational Health services were unsatisfactory.

4. PT presented the staff survey results, which benchmarked the locality against the Trust averages.

5. 35 incidents of sexism, bullying and harassment had been referred to Human Resources. This was a major priority for the triumvirate.

6. PT fed back that staff were overwhelmed by the number of Trust priorities, particularly since the CQC inspection. This had a negative impact on morale and the perception of senior management.

7. PT summarised the key points from workforce development plans. 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.

8. The locality were actively recruiting in Ireland and had introduced 'Golden Hello' and 'Refer a Friend' schemes. Recruitment and retention were ongoing priorities for the locality.

9. A gap in PMVA staff training had been identified. Statutory mandatory training was unsatisfactory. Alternative training opportunities had been discussed and reviewed.

10. Clinical leadership had been a key feature of staff survey results. PT reported concerning behaviours and attitude of some senior clinical staff. KD indicated her disappointment that resistance to recent changes had been purely on the basis of individual special interest. RC noted that a Leadership Behaviours Framework was due to be introduced. The Committee agreed that communication about the behavioural expectations of the Trust needed to be stronger and more direct.

Wiltshire:

1. DC highlighted key aspects of the Wiltshire presentation. 522 staff were employed in the locality, 459 of which were 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, had been 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.

2. DC and PT's directorates had been working together, with the help of HR and others, to develop a joint approach to recruitment into key vacant posts. Several recruitment initiatives 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 amongst remaining staff. The recruitment efforts would continue throughout the year.

3. DC indicated that the key messages from the staff survey were that staff did not

feel engaged in terms of developments in the workforce and inadequate communication. The locality was already aware of these issues and was actively working to address them. Events were being held in an attempt to bring teams together, such as the 'We're Listening' scheme.

4. CCG realignment had caused 'angst' amongst staff. The locality was 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 were 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.

5. KD fed back from the CCG board meeting that in Wiltshire 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 in this respect.

BANES:

1. LR highlighted specific priorities from the BANES presentation. She pointed out that there were similarities between the workforce profiles of BANES and Wiltshire. There was a current sickness rate of 5.4%, and BANES remained vigilant about its sickness reporting. LR added that Human Resources colleagues within BANES were very supportive in this respect. The locality's turnover rate was 15.7%, and fell largely within the band 4 role. This was not currently a concern as the locality had not experienced difficulties in recruiting new staff, some of whom lived in Wiltshire. Band 6 roles had recently been recruited to.

2. LR highlighted plans for ED Liaison at the RUH, crisis concordat and new bids around Rapid Access. BANES was adopting an integrated approach to rapid access with PCL, IAPT and Intensive Services. The team were confident that this would provide an improved service.

3. There was increased capacity within the Lift service, which was being branded as 'BANES Talking Therapies'. Further, the new website was now accessible. The new model would ensure that service users were immediately directed to the correct service.

4. Recruitment to Inpatient, nursing and the unregistered workforce was ongoing. Further recruitment initiatives included the creation of secondment opportunities.

5. SH noted that the Trust adopted significantly different models for its Lift services. There was no Trust-wide lead for IaPT services.

6. LR fed back from the staff survey that 49% of BANES 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 locality were actively encouraging staff to report such incidents in order that immediate management action could be taken.

7. RC noted that BANES were close to the national average in many of the staff engagement metrics.

Conclusion

1. The Chair thanked the Locality Representatives for their presentations. She felt the committee had received assurance that the locality teams understood the key local challenges in respect of the workforce, and were developing relevant plans. She reiterated the need to develop measurable indicators of progress and understood that this would be followed up in discussion with the Executive team.

2. 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 revised Integrated Business Plan would be presented in the Quarter 2 meeting in August.