Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

| People Status Report and 2012/13 Annual Plan<br>Report for the AWP NHS Trust Board | | | |
|---|---|---|---|
| Meeting Date:<br>27 April 2012 | Meeting Time:<br>10:00 | Agenda Item:<br>13 | Serial:<br>12.0113 |
| This Report is presented by the Executive Director for People for Noting in the Public session of the Board. | | | |

## Report Summary

**Purpose of this Report:**

To brief the Board on activity in the last quarter within the People Directorate as well as future strategic planning, including the 12/13 workplan

**Board Decisions Recommended:**

The Board is recommended to **note** the report and 12 /13 workplan

**Actions Arising from the Report:**

Implementation of the actions defined within the body of the report

| Report Links | |
|---|---|
| Quality and Safety Implications | Our workforce is the instrument for the delivery of high quality and safe services, therefore all elements of the report have implications for quality and safety. |
| ALE | 4.3.13, 4.3.17 |
| CQC | 12,13,14 |
| Corporate Risk Register | Staff satisfaction, |

## List of Appendices

- Appendix A – 2011/12 workplan
- Appendix B – 1012/13 workplan
- Appendix C – example role specific training programme

Report Sponsor: Executive Director People

## 1. Introduction

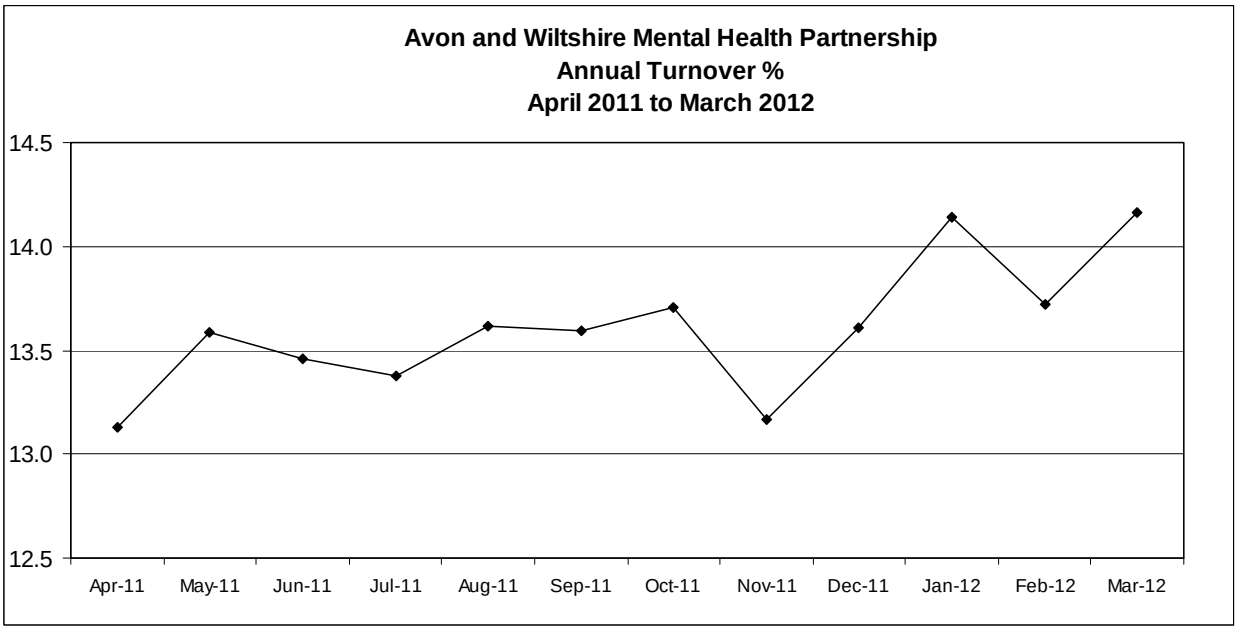
This report follows on from the previous report presented in January 2012. It presents the Board with a summary of key information. Detailed progress is contained within the appended workplan (App A) which presents 2011/12 progress to date. 2012/13 plans are contained with the appended workplan (App B) and align with principal objectives and the People Strategy.

1.1. The paper presents many retrospective elements where trends and, where possible, benchmarks are demonstrated. Several prospective items are discussed including the implementation and KPIs for the in house nursing bank system, progress on development work on becoming an external training provider of choice and an analysis of our position in relation to workplace pension reform.

## 2. Analysis and Discussion - Workforce Information and Transactional Services

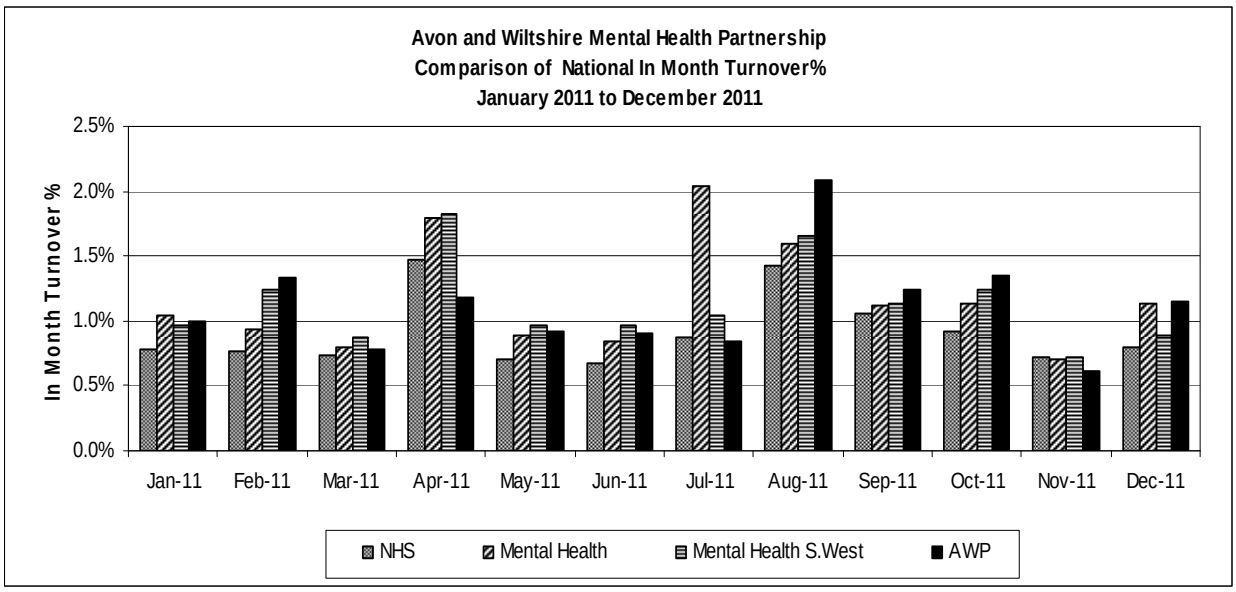
2.1. Turnover

Turnover has increased from 13.61%, for year ending 31 December 2011, to 14.16%, for year ending 31 March 2012 – this includes greater than usual numbers of retirements and transfer of staff to Ad Action.



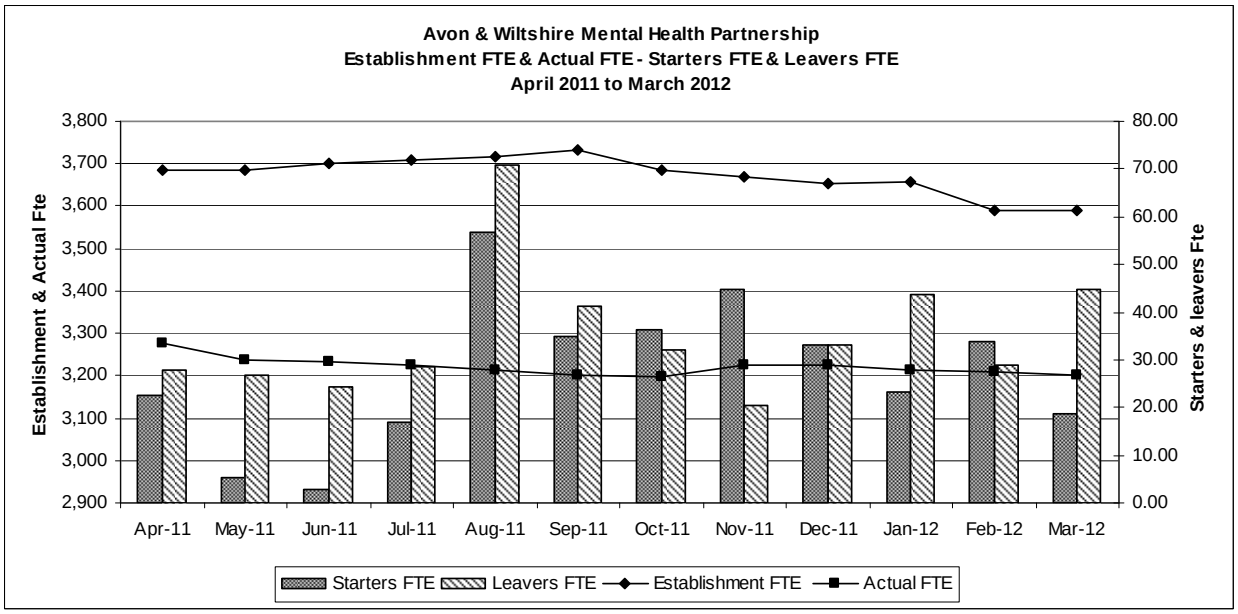

The slight increase is also associated with an increase in leavers during quarter.

A comparison of in-month turnover between AWP and other NHS organisations is confirmed below. The graph demonstrates that AWP's turnover is now greater than other NHS organisations. The working assumption of 8% turnover within the IBP remains prudent.

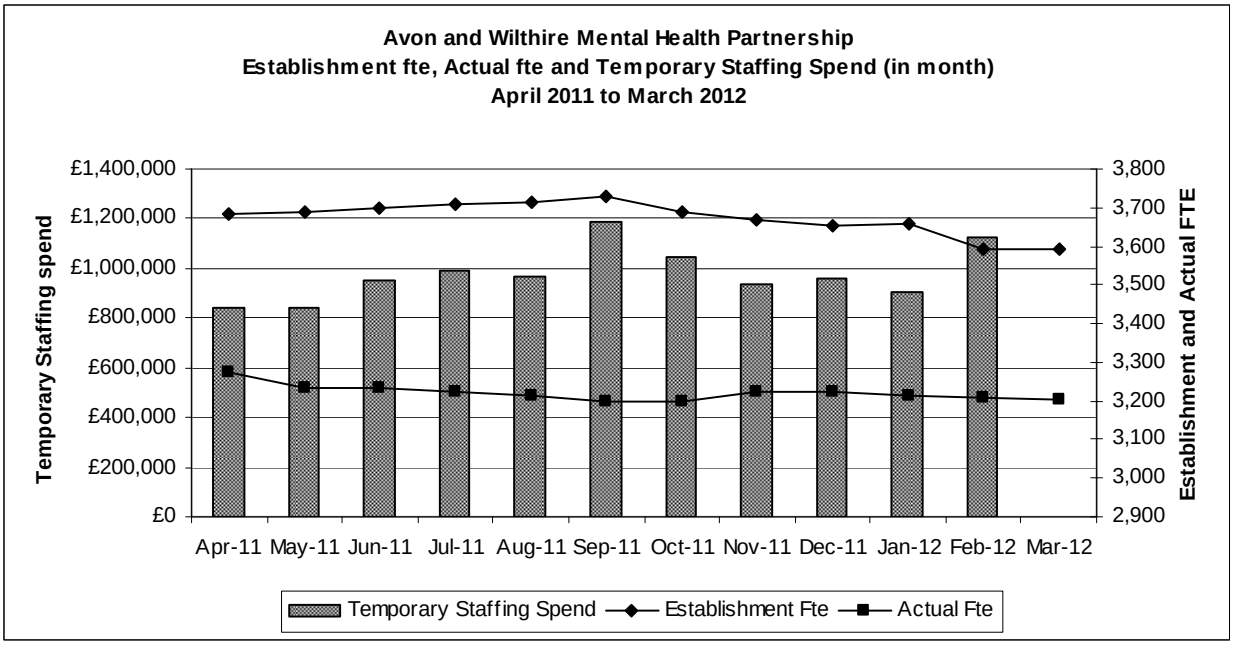



## 2.2. Budgeted Establishment

The following graph confirms (in fte) the budgeted establishment, the actual establishment and the number of starters and leavers each month. This information includes both substantive and fixed term appointments. During the quarter there was a 23.7 fte reduction.

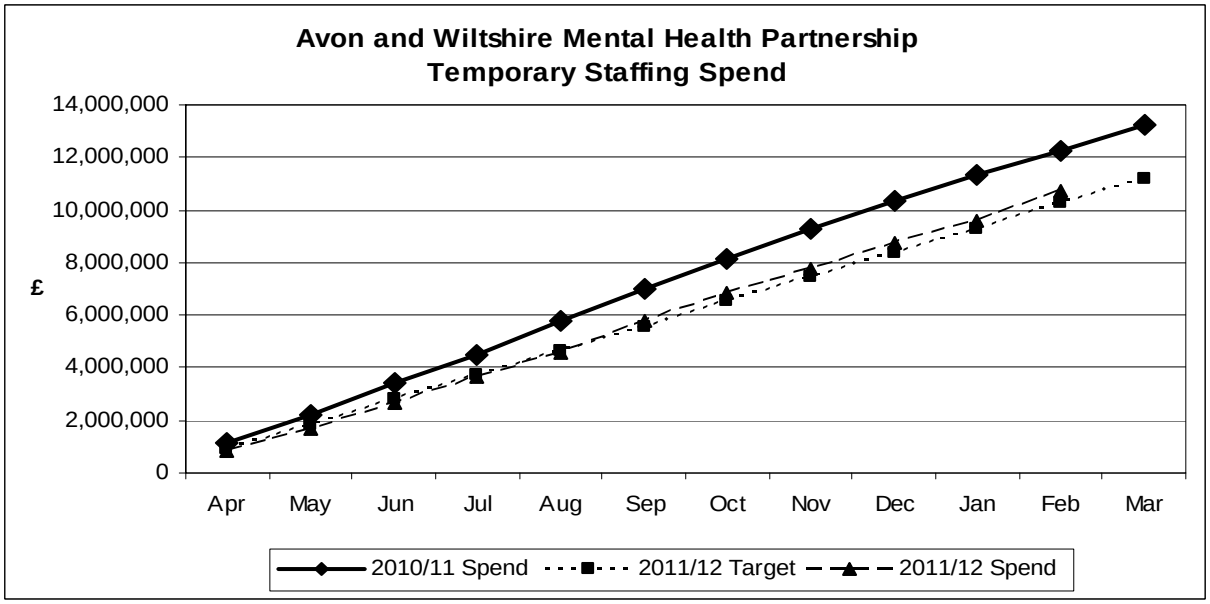



The following graph illustrates AWP's budgeted establishment fte; actual establishment fte and temporary staffing spend.




2.3. Optimising Clinical Workforce (IBP Project 11)

The Optimising Clinical Workforce project commenced on 1 April 2011. The project aims to reduce temporary staffing spend by £7.438m over 5 years, whilst ensuring pay budgets are balanced. The 2011/12 target is a £2.071m reduction against a baseline of £13.845m. For the period 1 April 2011 to 29 February 2012 the temporary staffing spend was £1.5m less than for the same period in the previous year. During the same 11 month period there was an 89.49 fte reduction in substantive staff. Project 11 ceased on March 31 and will be incorporated into SBUs pay reduction plans.



## 2.4. Implementation of AWP Bank

Following the decision to cease the contract with NHS Professionals for the supply of temporary Nursing staff on 31 March 2012 the AWP Bank was successfully implemented on 1 April 2012.

Since that date shift requests are being supplied from a pool of over 800 registered and unregistered temporary Nursing staff. Shift requests are between 800 and 1000 per week. The total cost of the service provided by NHS Professionals was £6m per year.

Positive feedback in relation to the new AWP Bank service was received from all levels of the organisation. Whilst it is too early to provide definitive performance data in relation to the new service, the fill rates being achieved during the first week of operation are in excess of the levels achieved by NHS Professionals. In addition, the opportunities for further savings in relation to agency spend, and how to achieve them, are clearer as a result of the new service.

In the future the performance of AWP Bank will be measured through:-

1) Fill Rate
2) Agency Spend
3) Cost of AWP Bank Service
4) Customer Satisfaction
5) Training and appraisal compliance
6) Number of joiners and leavers

The scope of the AWP Bank will in the future extend to the supply of temporary workers within other staff groups.

AWP Bank Performance will be confirmed in future Board reports.

## 2.5. Business Expenses System

The electronic business expenses system was implemented on 1 January 2011.

Business expenses data obtained from the new system are sent on a monthly basis to SBU and Directorate leads. This data confirms high expense claims within their area of responsibility on a monthly basis.

For the period 1 January 2010 to 31 December 2010 (the period prior to full implementation) the monthly average of all expenses claims was £163,164. For the period 1 January 2011 to September 2011 (the period after full implementation and for which no further claims can be submitted) the monthly average of all expense claims was £122,128. This confirms an average monthly reduction in expenses spend of £41,036, which is a potential annual reduction of £492,432, or a 25% reduction in expenses spend.

2.6. CQC Outcome 12 – Outcome Related to Workers

During the period the following outcomes as a result of audits were achieved:-

**Practitioner Registration Checks**

An audit of practitioner registration checks confirmed that (a) on-going monthly practitioner registration checks take place in line with the policy, (b) there are currently no lapsed registrations and (c) a random check of ESR practitioner registration records against the appropriate professional body's records demonstrate 100% data accuracy.

**CRB Checks**

In accordance with the Criminal Records Bureau policy a random selection of 200 AWP employees undertake a CRB check every year. The 2011/12 checks are completed with the exception of a small number cases, where the employee has not engaged with the process. In these cases, formal processes are now being instigated to ensure a positive outcome.

**Pre Employment Checks**

An internal audit of the 6 pre employment checks in relation to the recruitment of 17 staff or volunteers (102 separate checks in total) was undertaken for the period. The audit confirmed full compliance with the required checks. As indicated within the October 2011 Board report the outcome of a successful separate audit by AWP's Counter Fraud Specialist of 300 separate checks was received on 19 March 2012.

**Audit of Selection Processes**

An audit of selection processes from a sample of recruitment activity was undertaken by AWP's Recruitment Manager. The audit confirmed compliance with AWP's recruitment and selection processes.

**NHSP, MEDACS and Reed**

Communication with NHSP (the providers of temporary registered and unregistered Nursing agency workers), MEDACS (the providers of temporary Medical agency workers), and Reed (the provider of temporary Administrative and Clerical, and Ancillary agency workers) has confirmed full compliance with checks in accordance with NHS Employment Check standards.

In addition a further audit of Pro Health (an agency provider of registered and unregistered Nursing agency workers) also confirmed compliance with NHS employment check standards. Following the implementation of AWP Bank improved processes for the checking of external agency compliance with NHS employment check standards can be enforced.

2.7. Workplace Pension Reform – Automatic Enrolment

The Pensions Act 2008 laid the foundations for a fundamental reform of workplace pensions, requiring every employer to automatically enrol their workers into a qualifying pension scheme, if they are not already in one, and contribute to that pension.

The reforms will be introduced over a period of 4 years from 2012. It is expected that AWP will commence automatic enrolment on a specified date during spring 2013 (this is known as the staging date).

From the staging date AWP will have to automatically enrol workers into a workplace pension scheme who:-

- Are at least 22 years old.
- Have not yet reached state retirement age.
- Earn more than the minimum earnings threshold (likely to be £7,475 a year).

Workers are able to opt out of the work place pension scheme. If they leave within 1 month then contributions will be refunded, if they leave after 1 month the contributions cannot be refunded.

Employers have a duty to automatically enrol workers back into the work place pension scheme every 3 years from the date when they opted out of the scheme.

Within AWP, NHS Pension Scheme membership is 3,471 out of 3,902 eligible workers. This represents 89% membership.

NHS Pension Scheme employer contributions are currently 14% of pensionable pay. The cost to AWP is currently £13,328,028 per year.

If all eligible workers, who are not currently members of the NHS Pension Scheme are automatically enrolled into the NHS Pension Scheme then the estimated additional cost to AWP will be £137,252 per month of membership, which equates to £1,647,033 per year if workers do not leave the scheme.

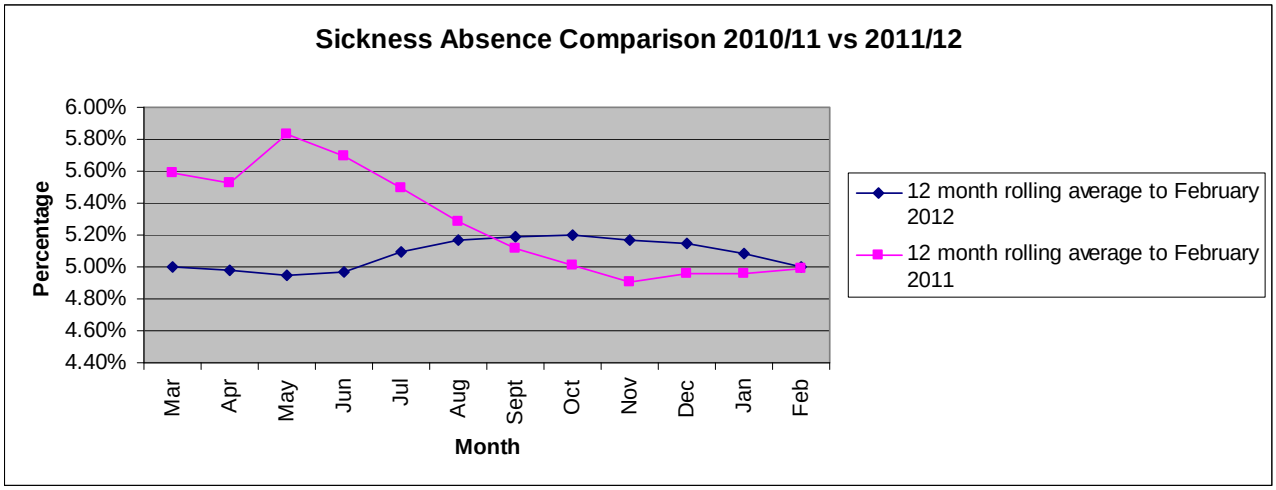
An EMT paper earlier this year advised the Executive team of automatic enrolment, and the associated financial risks if National Employment Savings Trust (NEST) was not an option that could be pursued. We have now clarified NEST is not applicable, a risk will therefore be added to the People Risk Register next month.

A project to enable the implementation of automatic enrolment, and the associated processes will commence shortly.

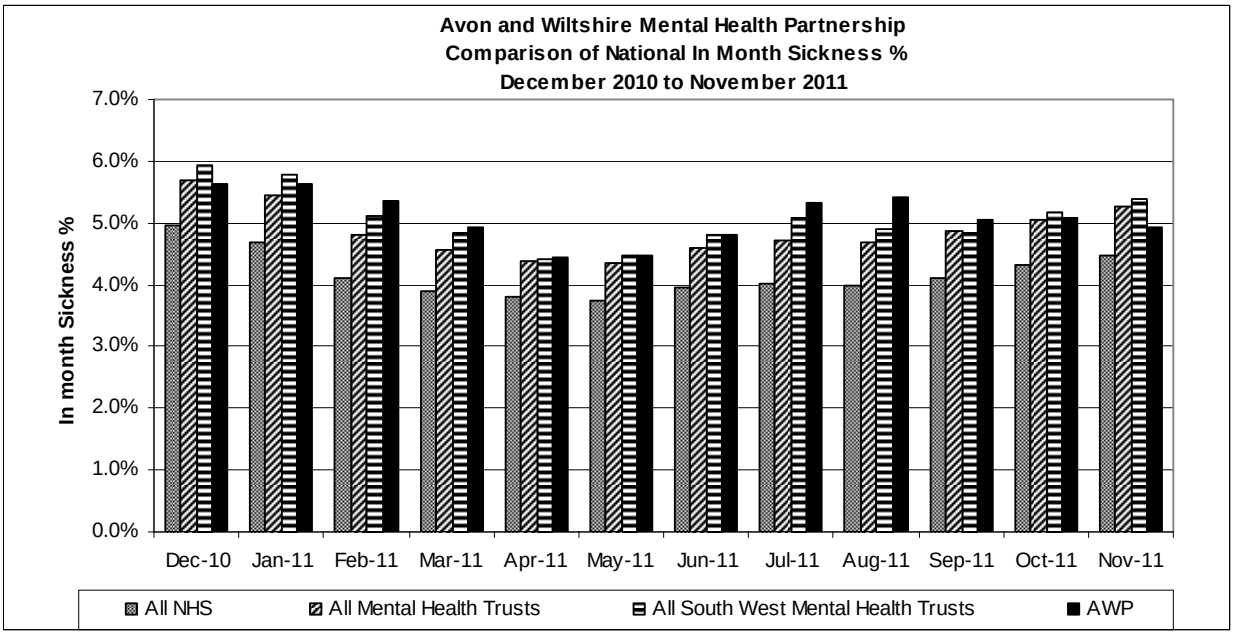
## 3. Analysis and Discussion - HR Operations, Policy and Redesign

### 3.1. Sickness Absence

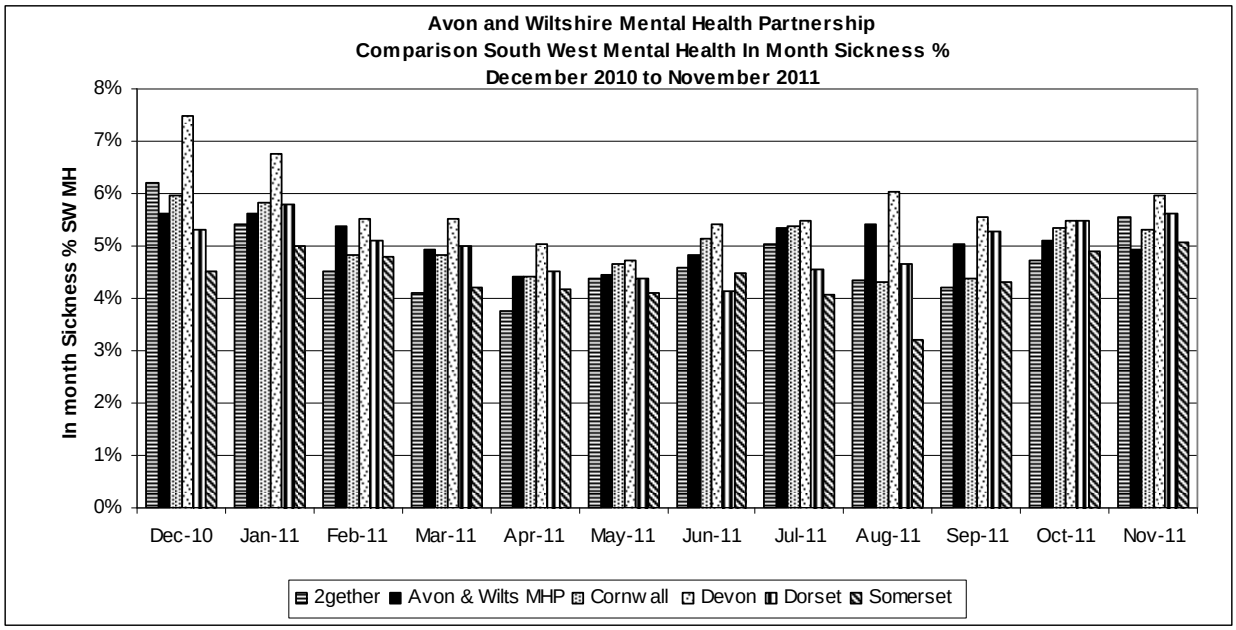
Sickness absence levels during Q4 have shown a decrease month on month and now stand at 5.00% equalling the position 12 months ago. Whilst the target of 4.80% has not been met, it is reasonable to suggest that the sickness absence levels would have been higher had it not been for the management action that has been taken to address sickness absence (see paragraph on Management of Sickness Absence below).




The graph below demonstrates AWP's 'in-month' sickness absence percentage compared to the NHS, all Mental Health Trusts and all South West Mental Health Trusts. This information is aged due to the timing of its availability via Iview.



The graph below demonstrates AWP's 'in-month' sickness absence percentage compared to other South West Mental Health Trusts,




In addition to the management of sickness absence reported below, awareness is being raised among staff and managers of the correct way to record absence counting only the days when the employee is not fit to work. It is expected that this will result in a further reduction in the sickness absence figures.

## Sickness Absence Hotline

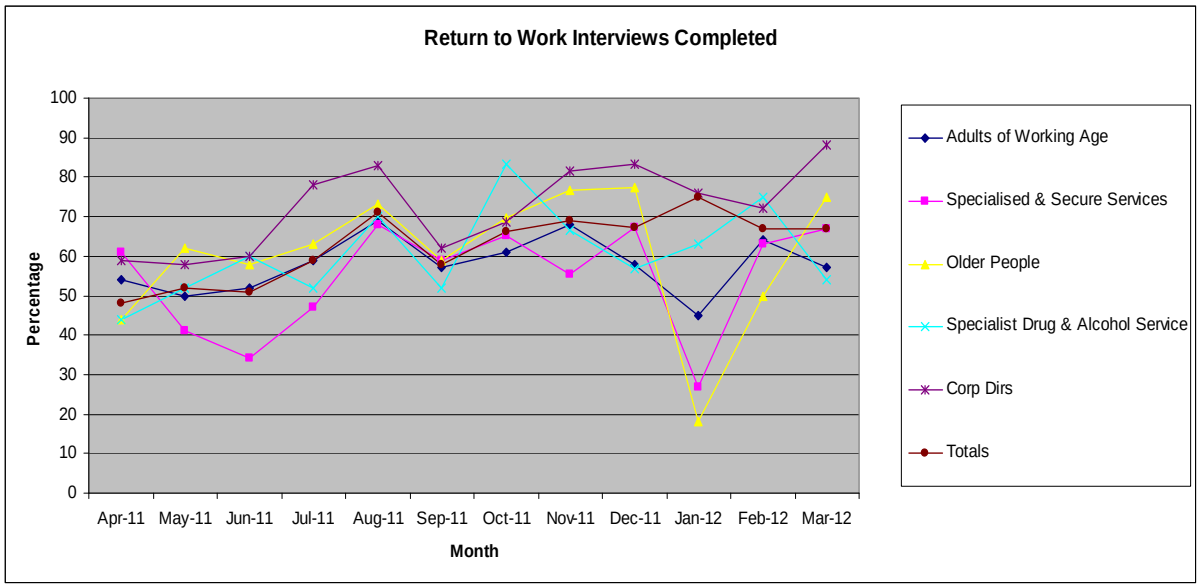
### *Reporting Compliance*

We are still awaiting IT changes to the sickness reporting system which would enable us to identify teams with poor reporting compliance. Consequently comparison of sickness absence calls to the hotline versus reporting to ESR is a lengthy manual exercise. This was last undertaken in January and showed a compliance rate of 90%. This is an improvement on 74% in Q1 which has been achieved primarily through close working and sharing of information between the sickness hotline and payroll teams.

Calls to the sickness absence hotline in Q4 were 275 per week, the average for 2011/12 being 258 calls per week.

### Return to Work Interviews

Undertaking return to work interviews (RTWI) is accepted good practice in the management of sickness absence. The average for Q4 shows continuing improvement in the completion of RTWIs from 67% at Q3 to 70% at Q4.

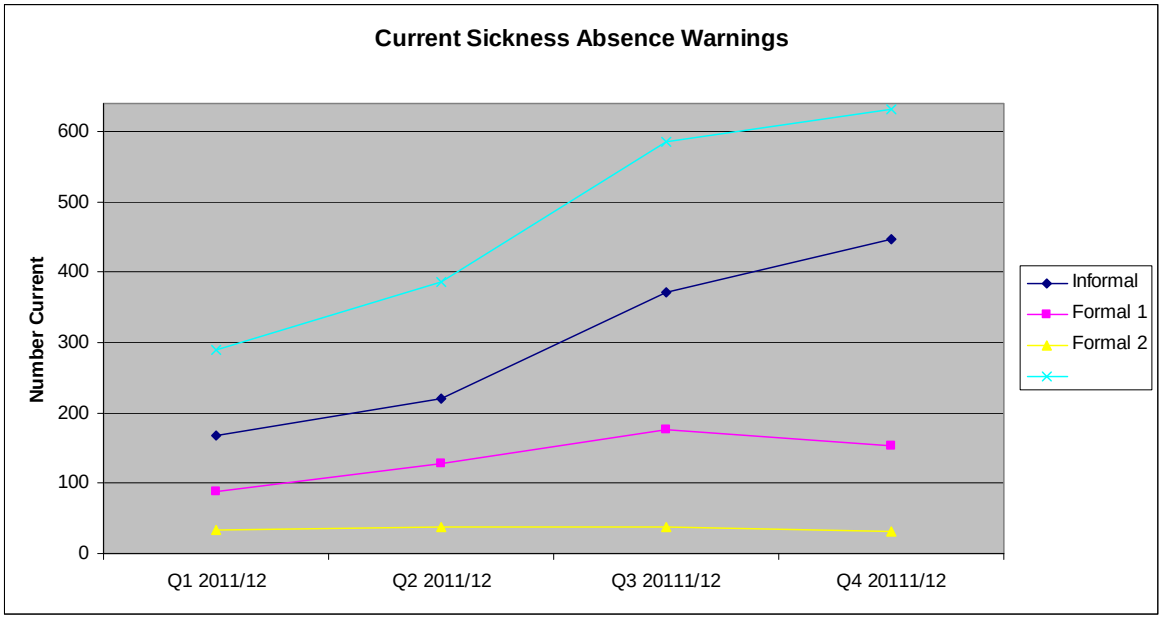



## Management of Sickness Absence

The HR Service Centre and ER team continue to provide advice and support to managers in dealing with sickness, prompting managers when action is needed. In addition all managers who are budget holders receive a monthly report on sickness absence in their team.

From data held on the HR case management system we can report an increase in Q4 of 46 in the number of staff under sickness absence management procedures. Of the total 632 cases 29% are being managed at a formal stage and 71% at an informal stage, having hit a trigger. Staff under sickness absence management procedures are required to achieve and maintain the Trust attendance standard (normally 97%) over 12 months.

In Q4 there have been 3 dismissals arising from the management of recurrent sickness absence.



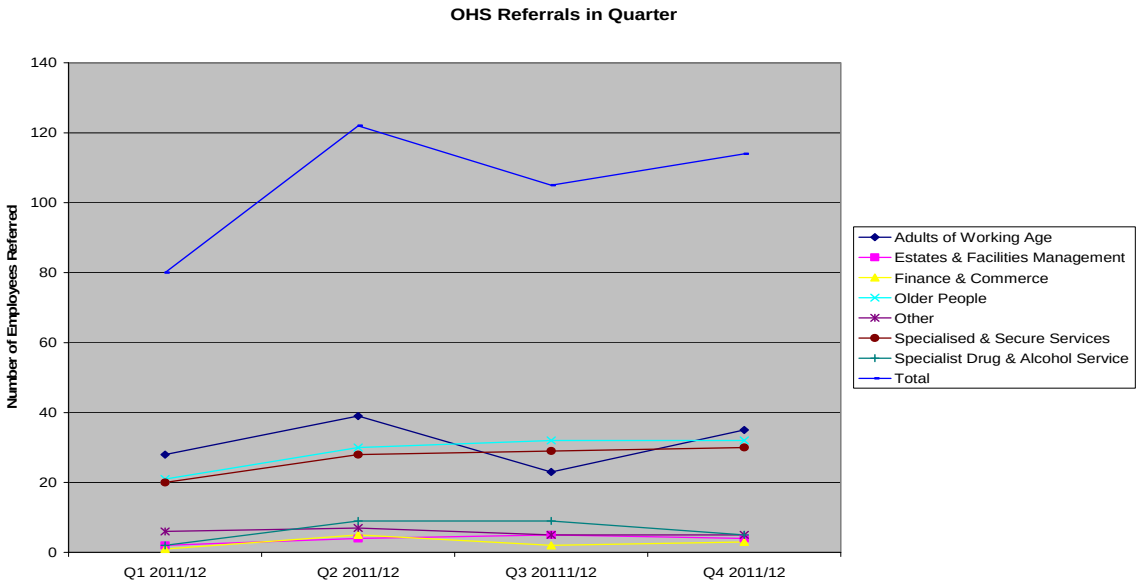

More effective management of long term sickness absence cases is evidenced in the continuing reduction in the number of long term sickness absence cases in nil pay. The average number of cases per quarter is shown below:

| | |
|---|---|
| Q4 | 6.6 cases |
| Q3 | 7 cases |
| Q2 | 10 cases |
| Q1 | 11 cases |
| 2010/11 | 15.8 cases |

During Q4 there were 8 dismissals due to incapacity/long term sickness absence.

Since implementation of the new Policy for Management of Staff Sickness and Health in July 2012 there have been 8 dismissals for recurrent sickness absence and 12 for long term incapacity. This shows a marked increase in the management of sickness absence compared with 2010/11 when there were a total of 8 dismissals on the grounds of ill health.

The following graph shows the number of referrals made to the Occupational Health service in 2011/12 from Q1 to Q4.




There is now a far greater awareness among staff that action will be taken to address sickness absence levels. However, the results of the National Staff Survey suggest that a greater emphasis needs now to be placed on an improved OD approach and greater awareness of the wellbeing support and benefits available to staff.

## 3.2. Disciplinaries

The following table shows active disciplinary cases in Q4 and shows no change in the number of new cases compared with Q3.

| QUARTER 4 | Active Cases Jan to Mar | | | Position at 31 March 2012 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Cases completed within time | | Cases in progress within time | | Cases completed but outside time | | | Cases in progress outside time | | |
| | b/f | new | total | b/f | new | b/f | new | b/f | new | held | b/f | new | held |
| **Adults - IP** | 4 | 5 | 9 | | 1 | | 3 | 3 | | 1 | | | 1 |
| **Adults - Com** | 3 | 1 | 4 | 1 | 1 | | | 1 | | 1 | | | |
| **Older Adults** | 2 | 3 | 5 | 1 | 2 | | | 1 | | 1 | | | |
| **Specialised & Secure** | 8 | 7 | 15 | 1 | 3 | | 4 | 2 | | 5 | | | |
| **SDAS** | 3 | 2 | 5 | | | | 2 | 1 | | 1 | 1 | | |
| **NCAS** | | | | | | | | | | | | | |
| **Estates** | 1 | | 1 | | | | | | | 1 | | | |
| **Q4 TOTALS** | **21** | **18** | **39** | **3** | **7** | **0** | **9** | **8** | **0** | **10** | **1** | **0** | **1** |
| **For comparison Q3 TOTALS** | 28 | 18 | 46 | 5 | 4 | 1 | 13 | 6 | 0 | 6 | 5 | 1 | 5 |

It is acknowledged that there are occasions when disciplinary cases are legitimately delayed (e.g. long term sickness of key individual, involvement of Counter Fraud) and these cases have been highlighted in the table above and excluded from the performance measure both in this report and in the balanced scorecard. On this basis, 68% of cases have been progressed or completed within the required timescales in Q4 which shows that the Q3 improvement (66% from 40% in Q2) has been maintained.

For this report disciplinary cases are reviewed on a quarterly basis which can result in a small number of delayed cases distorting the picture. When reviewing the entire year 2011/12 it is evident that 72% of all disciplinary processes which completed within the year were within the required timescales.

Three members of staff were dismissed for gross misconduct during Q4. There have been no Board Appeals against dismissal during this quarter.

The new fast track disciplinary process has been used on 7 occasions resulting in 6 agreed verbal warnings without the delay of a formal disciplinary investigation and in one case an agreement to address the matter outside the disciplinary process.

The implementation of the bespoke disciplinary product for the HR case management system has been delayed as the new system is currently too slow. A solution is being sought. Its introduction will provide for better reporting and increased operational control.

3.3. Grievances

Due to IT difficulties at the beginning of January it was not possible to provide grievance figures for Q3. The following table shows active grievances during Q4 compared with those in Q2.

| **Formal Grievances QUARTER 4** | **Active Cases Jan to Mar** | | | **Position as at 31 March 2012** | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Cases completed within time | | Cases in progress within time | | Cases completed but outside time | | Cases in progress outside time | |
| | b/f | new | total | b/f | new | b/f | new | b/f or new | held | b/f or new | held |
| **Adults - IP** | 1 | 1 | | | 1 | | | 1 | | | |
| **Adults - Com** | | 1 | | | 1 | | | | | | |
| **Older Adults** | | | | | | | | | | | |
| **Specialised and Secure** | | 1 | | | | | | | | | 1 |
| **SDAS** | | 1 | | | 1 | | | | | | |
| **Medical** | 1 | | | 1 | | | | | | | |
| **Corporate** | | | | | | | | | | | |
| **Q4 TOTALS** | **2** | **4** | | **1** | **3** | | | **1** | | | **1** |
| **For comparison Q2 TOTALS** | 3 | 0 | 3 | 0 | 0 | 0 | 0 | 1 | | 3 | |

The number of new grievances reaching the formal stage of the procedure in Q4 shows a small increase but remains low. Of the 5 active cases (one being held), 4 (80%) were completed within time

During Q4 there have been no Stage 2 Board level grievances.

During 2012/13, to satisfy CSNT 2 requirements, the Trust must be able to demonstrate on-going compliance with its commitment to address complaints of harassment and bullying whether raised formally or informally. The People Quarterly Board Report for 2012/13 will in future include relevant information

3.4. Exit Survey

An exit questionnaire is sent to all leavers and will be collated and analysed in a full year report to be produced in June/July and presented in the July status report. Following is a summary of data drawn from questionnaires returned during the 10 month period April 2011 to January 2012. Of the 398 questionnaires sent out, 111 (27.9%) were returned.

The following conclusions can be made by looking at the data received:

- 36% of those who responded had carried out most of their work on an in-patient unit, 29% in the community and 24% in an office.
- 27% were admin and clerical staff and 26% were registered nurses. Non registered nursing staff were the next highest group totalling 14% of questionnaires received.
- 65% of respondents were from the Adult SBU, 19% from Liaison and Later Life SBU.
- Bristol had the highest number of returns with 31% of questionnaires received from people who worked in that area. North Somerset was the lowest with 4%.
- 35% of surveys were completed by staff with more than 10 years' AWP service and 13% had only 1 year of service within the Trust.
- Of the 111 surveys received, 74 had denoted a main reason for leaving the Trust whilst 37 denoted multiple reasons. These 74 responses are summarised in the table below:

| Reason | % |
|---|---|
| Retirement | 23.0% |
| Leaving the area | 13.5% |
| End of temporary/fixed term contract | 6.8% |
| To undertake professional/further training | 6.8% |
| Lack of leadership | 5.4% |
| A new challenge | 5.4% |
| Bullying/harassment of staff | 2.7% |
| Obtained better position | 2.7% |

- Of the 111 surveys received, 108 had informed the Trust of where they were going. These responses are summarised in the table below:

| Reason | % |
|---|---|
| A different job within the Trust | 4 |
| NHS employment in the South West Area | 18 |
| NHS employment elsewhere in the UK | 12 |
| Other work in the public or voluntary sector | 11 |
| Work in the private sector | 11 |
| Self employed | 6 |
| Not employed | 15 |
| Retired | 23 |

### 3.5. *Policy Development*

The following amended policies have been implemented during Q4:

- Conduct and Capability Policy for Medical Staff
- Employee Alcohol and Substance Misuse Policy
- Policy on Pay, Terms and Conditions for Medical Staff
- Disciplinary Policy and Procedure

Ongoing development work is currently being undertaken in the following policy areas:

- Secondment Policy
- Work Experience Policy
- Disciplinary Policy and Procedure (one year review)
- On-Call Policy
- Standard Lease Car Policy
- Management of Staff Sickness Absence and Health (one year review)
- Policy on the Use of Social Media, Portable Electronic Devices, and Mobile Phones and Blackberries - (This will be an IG policy and will incorporate the Policy for Staff Use of Mobile Phones)

### 3.6. *Negotiations*

Negotiations between management and the Joint Union Council (JUC) aimed at achieving savings through changes to current lease car policy and car allowances commenced in March.

### 3.7. *Industrial Action*

We have been notified of the national picture with regard to pensions and potential industrial action. Unison has announced that they will be putting the final offer out to members. Their ballot will run until 27 April. The Royal College of Nursing are not currently considering any kind of industrial, following its earlier ballot on pensions. UNITE has rejected the final offer on pensions.

The BMA has suspended its series of regional meetings about the changes to the pension scheme whilst they consider their next steps following their recent decision to ballot members for action short of a strike. They have not yet announced a timescale for balloting for industrial action. The SBUs will be considering the potential impact of industrial action by doctors "short of strike" and putting contingency arrangements in place where this is possible.

## 3.8. *Re-design Update*

### *3.8.1. Phase One : Adult Community Clinical Staff in Pay Bands 7,6,5,4 and 3 and Management Colleagues in Band 8a posts*

The interview and appointments process for staff affected by community service re-design is well underway. The interviews for Band 8a posts took place in February and we have now completed the Band 7 Team Manager and Senior Practitioner interviews. We have made a number of appointments at these levels, including displaced Band 8a staff moving into Band 7 posts. We do have a number of vacancies for Band 7 and Band 8a posts following the initial round of restricted advertisement and these posts are currently out to national advert. The interviews for Band 6 posts will be completed by mid April at which point we will have concluded the interview process for the vast majority of clinical posts. Following the Band 6 interviews, staff will be allocated posts within the new service and agreement will be reached in respect of the phasing of implementation and movement to the new services. The risk of any redundancies arising from these changes is not significant, we anticipate the vast majority of staff moving to new posts working in the new services.

Changes to consultant medical staff should be finalised by mid-April following a competitive interview process for a Primary Care Liaison post in South Gloucestershire.

As the Adult Community and Primary Care Liaison service progress to redesign, our priority is to ensure that the new teams are supported, to enable them to build their skills and confidence in new ways of working and ensure they can become fully operational as quickly as possible. Working closely with operational colleagues we have developed specific team based programmes. Each team will have a facilitated team day to enable them to focus on new roles and tasks and agree key operating principles and practices, as well as to strengthen working relationships. They will then have a series of half day team based workshops focussing on topics specific to their service.

There has been consensus about the importance of these team based interventions to support new managers and to enable teams to spend some time together in the early weeks and months of their existence. Opportunities in these early stages to enable them to strengthen working relationships, develop new skills, protocols and ways of working, will give them the best possible chance of becoming strong, highly functioning teams able to deliver high quality services. To enable this to happen some other training events will be re-arranged or postponed in order to allow us to focus on these priorities.

Work with operational colleagues has also led to the creation of bespoke CPD training pathways for the majority of new roles within the redesigned service (see eg. Role specific training programme at App C), which we plan to publish soon. Initial reaction to

the drafts has been extremely positive, with people pleased to see clear training pathways linked to new service design.

Once the new teams are in place the L&D team will take on a more pro-active role (building on our experience with the structured Induction programmes) and will book individuals onto statutory, mandatory and key training directly, rather than waiting for staff to apply.

#### *3.8.2. Phase Two - Administrative support staff and Middle Grade Medical Staff (SAS Doctors)*

Plans are being finalised in respect of consultation for both Administrative Staff and middle grade Medical Staff. Consultation with these staff groups should commence no later than the 30th April 2012.

#### *3.8.3. Phase Three - Inpatient Staff*

The new skills mix for Adult In-patient staff is nearing completion and consultation with staff should be able to take place by the 30th April.

### 3.9. *Tendering of Services - Bristol*

The People Directorate is providing support through the Business Partners to colleagues who are leading the response to the Bristol Tender of Services. The workload to date is not significant but as this project gathers pace there will be a significant requirement for Business Partner support to our bidding process.

### 3.10. *Pharmacy Services*

The People Directorate through the Business Partners is providing HR support to the development of a new model of Pharmacy provision that will involve the transfer in of services from external providers. This service change will involve the TUPE transfer of staff into AWP..

## 4. Organisational Learning and Development

### 4.1. *Training Standards Meeting:*

The six monthly meeting between Directors and members of the L&D team has now been established to discuss & agree any changes to key training standards. Amendments are then made to the Training Matrix. Key issues raised in March included an agreement that the Health and Safety team would deliver site based Fire training (primarily to inpatient sites) to complement and re-enforce more generic messages within the face to face and e-learning packages. Additional training needs in respect of the 'deteriorating patient' mean that a half day Enhanced Resuscitation (ERS) course will now become a full day on Physical Emergency Response Training (PERT). Training on Safeguarding will be strengthened and extended, and will combine with a national initiative entitled PREVENT, raising awareness of the risks of radicalisation.

### 4.2. *Statutory and Mandatory Training:*

Ongoing improvements in most statutory and mandatory training coverage continue to be maintained.

We continue to take robust action to remind people of outstanding training needs. As well as monthly reports for Managers on all the scorecard topics, showing by name which staff in their team have or have not attended, we are also sending individual emails to all staff who have outstanding training requirements. On a quarterly basis Directors are sent information showing by team which teams are up to date with key topics. Extra courses have been provided to ensure that sufficient training places are available, and work done with Communications to ensure that staff are reminded of these priorities in as many ways as possible.

| | **End Dec 2011** | **End Mar 2012** |
|---|---|---|
| Managing Conflict (includes PMVA & UPMA) | 74% | 76% |
| Statutory and Mandatory Training | 80% | 81% |
| Fire Training | 69% | 69% |
| Safeguarding Children L1&2 Awareness | 80% | 81% |
| CPA& Risk | 64% | 67% |
| Dual Diagnosis | 51% | 55% |
| Recovery (number of people attending newly established recovery courses as a % of places offered) | 65% | 56% |

We are pleased to see that attendance / completion of most topics continues to improve. As our data analysis becomes more sophisticated we continue to unearth and deal with inconsistencies to ensure greater accuracy. In particular, we are currently working to clarify the CPA and Risk training requirements for Doctors in training, which should serve to increase the percentage, and we will be looking in more detail at roles within the NCAS Directorate to iron out any anomalies. CPA and Risk figures will also rise over the next month as over 100 people are due to attend the one day event on Suicide Prevention.

We are now rolling out Level 3 Safeguarding Training and therefore will soon be able to include these figures in future reports in addition to Levels 1&2 Awareness. Discussions are underway with operations to target appropriate staff. This will probably mean an amendment to the scorecard in around 6 months time.

### 4.3. *Continuing Professional Development (CPD)*

As mentioned above, work to develop in-house CPD provision has continued, with clear pathways now established for staff moving into new roles. Close working with operational colleagues has ensured that training pathways are directly linked to the skills needed to work within care clusters (see example attached). These pathways are being viewed extremely positively by staff within the service, and include a wide range of skills based, high quality mental health specific training, which will not only enable us to meet the needs of our own staff, but will also enhance our portfolio of courses to make available to our external market.

Alongside this we continue to engage with the SHA as it works with Capita to develop their ambitious Learning 4Health programme. This project continues to be challenging, but a number of AWP staff continue to work closely with colleagues from across the South West, aiming to ensure that the new provision is fit for purpose, accessible and relevant to the needs of our service. As a pilot site for the Mental Health pathway we continue to be in a good position to contribute to and to evaluate these developments.

Although we are hopeful that there may be a number of useful learning objects emerging from this project, we continue to be of the view that Learning4Health will not be able to meet our CPD needs in the short to medium term. If we are to ensure the provision of appropriate skills and knowledge to support our recovery focussed service we will need to continue to invest additional funds in 2012-13 to enable us to purchase appropriate learning opportunities from external providers and to enable us to continue to develop our in-house provision.

### 4.4. *Appraisal:*

Appraisal coverage across the organisation on 31 March 2012 is shown below:

| Strategic Business Units | Staff Nos | Completed appraisals | Out of Date | Appraisals Not Started | % Completed |
|---|---|---|---|---|---|
| **Adult - Community** | 807 | 353 | 367 | 87 | 43.74% |
| **Adult - Inpatient** | 369 | 170 | 148 | 51 | 46.07% |
| **Adult Other** | 15 | 6 | 8 | 1 | 40.00% |
| **Chief Executive** | 12 | 12 | 0 | 1 | 100% |
| **Estates Facilities Management** | 208 | 133 | 38 | 37 | 63.94% |
| **Finance and Commerce** | 98 | 81 | 12 | 5 | 82.65% |
| **Medical and Strategy & Business Development*** | 61 | 37 | 6 | 18 | 60.66% |
| **Nursing, Compliance, Assurance and Standards** | 77 | 57 | 12 | 8 | 74.03% |
| **Liaison and Later Life** | 767 | 485 | 230 | 52 | 63.23% |
| **Operations** | 6 | 4 | 1 | 1 | 66.67% |
| **Primary Care Psychology (PCP)** | 84 | 47 | 29 | 8 | 55.95% |
| **People** | 105 | 76 | 14 | 15 | 72.38% |
| **Specialist Drug and Alcohol SBU** | 262 | 169 | 69 | 24 | 64.50% |
| **Specialised (former collated S&SS)** | 375 | 312 | 36 | 27 | 83.20% |
| **Secure (former collated S&SS)** | 399 | 346 | 30 | 23 | 86.72% |

| | | | | | |
|---|---|---|---|---|---|
| **Total** | **3646** | **2288** | **1000** | **358** | **62.75%** |

* excludes junior doctors

We continue to strengthen the training provided to ensure that all those responsible for providing Appraisal have appropriate opportunities to develop their skills and confidence.

We continue to take forward plans to launch our electronic appraisal system, INSPIRE. The aim is to launch the system on 1 November 2012. Once the software has been personalised for use by AWP, the system will enable managers and staff to prepare for one-to-one appraisal and supervision meetings focusing on organisational vision, values and objectives.

An additional element includes identifying an organisational set of headline values and desired behaviours for self and management assessment. The system will effectively provide data identifying areas of excellent appraisal quality and compliance by SBU or at team level. Equally it will identify where development or improvement processes need to be introduced.

Currently we have no systematic way of identifying and developing talented individuals in the organisation. Introducing INSPIRE will ensure we are able to identify, value and 'grow' talented people.

The next stage of the process is to develop and agree the headline values and desired behaviours and this work will begin with the Senior Management Team in early May followed by a mixture of face to face sessions with a range of staff and an electronic feedback option.

### 4.5. *Supervision:*

An audit of clinical supervision has recently been completed. There are many positive findings and comments from respondents who are receiving regular clinical supervision in line with the supervision policy. Recommendations and an action plan for improvement and development will be available mid April and will be reported on in the July Status report. The INSPIRE system described above will also be able to be used for systematic recording of supervision undertaken.

### 4.6. *Recovery:*

Much preparatory work has been undertaken, and plans are underway to begin the first phase of our Recovery Education College. We have been keen to build on high quality existing work; in particular we are learning from experiences in North Somerset, South Wiltshire, Bristol and Swindon. We are now working to develop an initial programme of courses which we hope to be able to launch in September. Mirroring similar developments in South West London, the development of a consistent programme of psycho-educational courses will place AWP at the forefront of new ways of working to reduce stigma and discrimination for people experiencing mental distress and their carers.

The principle of co-production and co-delivery of learning events with those with lived experience is fundamental to this project. To this end we have worked to strengthen the working relationships between our 'in-house' trainers and our group of Associate Trainers with lived experience of services. We are also delighted to have welcomed to the team a new Learning & Development Co-ordinator, a post which we advertised

specifically with the intention of recruiting a competent trainer who themselves has lived experience of services. We have also now developed a voluntary role of a Recovery Advocate, through which an individual who is now well into his recovery after many years of using services, is working with us to ensure that themes of recovery continue to be developed and strengthened in all our training provision.

### 4.7. *An External Training Provider of Choice:*

Further to the publication of our Training Prospectus, work is underway to identify which courses to promote externally, and we continue to develop our systems and processes to ensure that we can professionally and adequately respond to training requests from external agencies. A useful discussion with Peter Greensmith identified key benefits for AWP in developing this approach, as well as a number of issues we need to bear in mind as we move forward.

Working with Dr Sabarigirivasan Muthukrishnan we have now taken over co-ordination of the CASC training, a national course previously run through the Royal College of Psychiatry. We are also taking forward discussions with the Priory Group in response to an inquiry from them in relation to training provision.

However, although we continue to actively move in this direction, internal training priorities in relation to the skills needed in the redesigned service will need to take priority in the short term.

### 4.8. *Responding to Inquiry recommendations*

We continue to develop more specific measurements of progress in response to key recommendations. A recent example is how we have ensured that issues of domestic violence are not only covered within workplace induction, but are also emphasised within safeguarding awareness training and within CPA and Risk training.

### 4.9. *In-house Bank*

We have worked to put processes in place to ensure that we meet the training needs of staff who are now, and will be, working within the new in-house Bank. In particular we have put plans in place to increase our provision so as to enable all staff to access the Mandatory and Statutory courses they require, as well as opportunities to develop their clinical skills as appropriate.

### 4.10. *E-Learning*

We continue to broaden the range of e-learning programmes available, and to encourage take-up. Over the past three years 3,829 staff (includes those who have left) have accessed at least one e-learning course, and a total of 37,667 e learning modules have been passed or completed. A recent comparison with other Trusts shows that AWP measure up well in usage terms against even some of the bigger Trusts with more resources and staff.

### 4.11. *RIO*

2012 will see the introduction of Version 1.1 of RIO. We are currently working to scope Training requirements, and training will be in place from June – Sept.

### 4.12. *Library Services*

Members of the library team have been invited to present two papers at the upcoming Health Libraries Group (HLG) conference in Glasgow in July. Both are excellent examples of partnership working, with both internal and external partners.

The presentation “Minding our Q’s & A’s” by Lorna Burns and Helen Watts, will review the progress made by BEST in Mental Health, the Trust’s clinical question answering service. Since its establishment BEST has answered over 90 clinical questions, and the library service is an integral part of BEST, running literature searches and providing a document supply service to support the reviews, and helping to promote evidence-based practice.

John Loy has been working with Hélène Gorring from the Birmingham & Solihull Mental Health Foundation Trust to establish the Callington Film Club. They will co-present “Cinemeducation: you don’t just learn by reading”, looking at the film clubs they have established in Birmingham and Bristol using feature films to spark discussion around media portrayals of mental health issues. The University of Birmingham has integrated the screenings into the undergraduate medical education curriculum and now in Bristol similar discussions are taking place.

### 4.13. *National Developments: Local Education and Training Boards (LETB) & the Education Outcomes Framework*

As the SHA moves to pass on key responsibilities in line with government policy, we have contributed with other Trusts to discussions taking forward the development of Local Education and Training Boards, ensuring that AWP’s particular needs are taken into account. We have also been involved in a national workshop in relation to the development of the five domains of the new Education Outcomes Framework, and will work to ensure that we continue to develop an outcomes based approach to all our activity.

### 4.14. *Learning and Development Annual report / Annual plan & new Prospectus for 2012/13.*

Work is underway on the review of 2011 /12 and the Learning & Development plan for 2012 /13, which will accompany the publication of a revised and updated Training Prospectus in April.

## 5. Equality and Diversity

The Trust Board agreed the new Equality and Diversity Strategy and Implementation Plan at its March Board meeting. The Strategy includes the Trust's assessment against the outcomes detailed within the national NHS Equality Delivery System (assessment conducted in partnership with external stakeholders). The strategy outlines the next steps in terms of progressing against key Equality and Diversity Objectives. The Strategy also ensures the Trust meets its legal obligations to publish Equality Objectives as required by the Equality Act 2010.

### 5.1. *Equality and Diversity: Race Equality and Cultural Capability (RECC)Training*

Two of our trainers recently attended a local Train the Trainers workshop to develop their skills in the delivery of Race Equality and Cultural Capability training. They are now working to ensure these aspects are incorporated within in house Diversity programmes, as well as informing the wider training programme

## 6. Conclusion

This paper and the attached appendices demonstrate progress and work across many different streams as well as future plans.

The ongoing assessment on relevant CQC Outcomes (12,13 and 14), is compliance for the upcoming period from April 2012.

## 7. Recommendation

The Board is asked to note the content of this report

## 8. Additional Report Contributors

| | |
|---|---|
| Gwyneth Knight | Head of HR Operations & Policy |
| Ian Payne | Head of Employment Services |
| Sue Wood | Head of Learning and Development |
| Richard Widdison | Senior Business Partner |