

Minutes of a Meeting of the AWP NHS Trust – Employee Strategy & Engagement Committee

Held on 14th November 2013, 1000-1200, The Large Meeting Room, The Blackberry Centre, Bristol.

These Minutes are presented for **Approval**

Members Present

Alison Paine (Chair) Non-Executive Director	Paul Townsend – General Manager, Specialist & Secure & SDAS
Kristin Dominy – Director of Operations	
Toria Nelson - Business Partner	Tony Gallagher – Non Executive Director, Trust Chair
Carol Lenz – Director of HR	Rachel Clark – Programme Director of Development
Emma Roberts – Company Secretary	Peaches Golding – Non-Executive Director
Jenny Macdonald (in part) –General Manager for South Gloucestershire	

Staff In attendance

Alison Devereux-Pearce, Governance Support Officer (minutes)

Members of the Public in attendance in the gallery

None.

Members of the Public representing other organisations

None

Action

ESEC/13/01 - Apologies

Apologies were received and accepted from Emma Adams, Sue Hall & Hazel Watson.

ESEC/13/02 – Minutes of the Previous Meeting on 12.9.2013

P3: Vacancy/ Bank/ Agency: Should read '*Paula May*'

P6: '*Next meeting*' should read today's meeting details, not those for the previous meeting in September 2013.

With the above amendments made, the minutes were agreed as an accurate record.

ESEC/13/03 – Matters Arising/ Action Log

Specific outcomes and actions to be recorded in board style ‘matters arising’ log in future. Action log was updated accordingly.

ADP

ESEC/13/04 – Performance Review

4.1. Key ESEC Data

4.1.1 Appraisals

Data provided is from IQ only with no report or narrative. The Committee needs this commentary to review against reporting against dashboard. Executives have a firm understanding and need to be asking questions to gain assurance. TG enquired how can this Committee assure the Board over what’s being done and actions taken/ performance benchmarked against other Trusts?

CL and TN are attending SMT to update the group for appraisals, supervision and sickness. They will be also providing training and support for triumvirates going forward. PG observed that the numbers don’t address quality i.e. staffing levels impacting on the Trust. ER responded that governance data is reviewed by KD and the Team, then SMT formalises the process, but she agreed it’s not acceptable to bring in figures without commentary; A robust paper is required to analyse this governance process next time appropriately for board.

KD & CL are formalising this governance process and KD gave reassurance to the Committee that the data is closely scrutinised. Localities hold governance meetings with their Clinical Director, HoPP and Service Managers, and have regular agenda items such as IQ data exception reporting, cascading management plans, expected returns after sickness, sickness and appraisals.

4.1.2 Supervision

At present the report from IQ isn’t usable but the Triumvirates are going through workforce information so they can manage this locally to drive up supervision levels.

Difficulties are experienced by the Teams due to the way levels are reported in IQ with team level data, incorrect names of people in the teams as per ESR/ MLE, headcount, and when supervision is carried out in that month but no data is available for who was supervised when, nor the quality. ER advised that Execs are aware of this systemic failure and the Business Systems Group have a deadline for mid-November to update the systems. All should see obvious change and ‘rich smarter’ data from then on. TG interjected that we may not see appraisal data increase at all but the ‘richness’ will be addressing quality change in data, not in results.

The Chair asked if the reasons for going backwards is partly because the Teams don’t have the data to manage? KD denied this and advised that Operations Delivery Units have few localities below 77% for October so far and that the year isn’t yet out. Operations are seeing significant improvements across the localities for October data, with many above 80%. Specialist & Secure are lagging behind but with known issues for Secure Services, Specialised hasn’t had same level of scrutiny. KD is assured by supervision rates across all localities but can only report on Operations, not on the

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Directorates or central services.

TG observed that when levels get to 80% consistently this is an indication about quality rather than figures recorded.

KD raised in the Quality Huddle that Central Services are currently lagging: They need support along with a key staff wide engagement approach. TG advised that he was informed by Harvey Rees that medics supervision is at 40% even though Trainees have weekly supervision, monthly for medics but a large number of Doctors don't record in IQ due to a cultural barrier compounded with Trainees moving around teams constantly. The Medical Director has done extensive work on supervision for trainees and CD's and has contacted every Medic in the Trust outlining expectations.

Operations, EFM and Medics are recorded in September's data for appraisals as this info feeds into the Trust system. ACTION: TN to check the process for clarity, In addition, clarity over medical secretaries performing this for medics is required as transfer of data is identified as an issue.

TN

Triumvirate Update: Jenny MacDonald, South Glos General Manager, advised that supervision is going well. Data entry issues now are resolved and all monthly supervision for the 162 staff gets completed. The Triumvirate get around teams first hand for shadowing, attending team meetings, and attending monthly team managers' meetings with Performance & Quality as a regular agenda item. The outcome is discussed at SMT along with Client Account Manager Fiona Turnbull before Commissioners' meetings, who provides a 'Performance champion' style of support. South Gloucestershire teams are doing very well but need to push to 98%. Jenny MacDonald was thanked for her input.

4.1.3 Sickness absence

KD advised the committee that issues identified are challenging and management have a task in separating long and short term absences under a separate management action.

Sickness absence figures for October provided the same issues in the previous month's. The data is available 21st of month as per payroll. TN is in discussions for simplifying the process and achieve a meaningful way of getting data in quicker for day by day review; this will hopefully be resolved by January 2014.

TG sought clarity over spikes in data and what's happening specifically, eg North Somerset levels for October? KD advised that long term sickness is challenging to separate with long term medical conditions. KD is concerned that they don't have inpatient acuity for staff/ wards along with staff teams not being prepared but cross cover is being provided by the Modern Matron. There is difficulty in recruiting there

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along with North Somerset and Salisbury. All have a combination of a high level of sickness (long and short term being separated). KD and CL to visit areas, ensuring that there's management plans in each team and support through Operations.

KD is separating both long term and short term sickness/ medical conditions and is providing a targeted approach. This is acknowledged as not quick enough and asked if a difference approach can be demonstrated by CL & TN? KD assured the committee that the services aren't unsafe but there's a need to review establishments ASAP.

Committee's message is very clear over sickness absence and all are to carry on their actions accordingly.

4.1.5 Equality & Diversity

CL reported to the committee that a comparison held of local population in areas means that 3 of 6 areas are under-represented. Staff can be reluctant to declare disability; this attitude needs to be broken down by culture change within localities. It was unclear whether figures provided were for inpatient or community. A Breakdown on salary level/ banding for minority/ethnic staff across trust may be more revealing, ACTION: CL to look at this and bring a breakdown to the next meeting. Quality & Diversity figures need a narrative on how this data can improve the organisation.

CL

4.1.6 Bank & Agency

Sickness and absence clearly have an impact on usage. September figures have decreased, yet confusingly it appeared that usage was decreasing from April while sickness rates were increasing. With this comment not being accurate TG required a post SMT/ ET comment on figures.

Agency has to be used if staffing impacts on safety. KD challenges wards to seek cover from their counterparts first on site. However, if this is unavailable and if level of observation needs to increase/ admittance/ or no PICU beds available and to prevent DTOC a number of long scrutiny questions will be asked first with the Nurse in Charge to avoid agency usage. Aspirational statement has month end of June 2014 for a planned final end of agency usage. KD couldn't give assurance to that statement to the committee completely in regards to non-usage if additional support into unit the unit is required.

4.2 Staff Engagement

4.2.1 Staff Survey Update

A breakdown of returns/ area questionnaire was discussed with improvement returns of 33% (1/3 of workforce). TG acknowledged this was a good percentage return but

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asked how the data was used? CL advised the group that it sets benchmark but the Trust needs to track progress from last year and before. The Staff Survey Action Group is to put together in 2014 a further look at results with league tables with 10 other national trusts by monthly updates.

4.3 Organisational Development Update

The Enabling Excellence programme was approved by the Board in September with the Board Seminar outlining priorities, communication and embedding business strategy process. This is further underpinned by workshops, a communications plan for strategy and high visibility highlighting purpose and priorities.

Coaching and away days for Triumvirates and Executives are ongoing. A Leadership Conference for AWP is planned on 25th November and in addition to this, the timely opportunity of Operational Managers recruitment further strengthens the strategy.

4.4 Learning & Development

The attached paper provided the Committee with an overview of attendance and actions to support people. This is also sent out to managers to indicate and to review ongoing work for Statutory/ Mandatory training.

Reassurance was sought from CL that this training/ attendance data is benchmarked with other trusts if such data is available? The possibility of running Stat/ Man training following on the next day from induction was mooted; CL is working on this at present and an action for the New Head of L&D will be to work/ develop this and a plan of action/ assurance update as an agenda item for the next Committee once the post has been filled.

4.5 Workforce Strategy & Planning

Two Business Partners have been recruited by HR for localities. This will have implications for tenders which needs to now be a standing agenda item as per TG for this Committee. ADP to add to subsequent agendas.

ADP

HR Business Partner for Specialist Services going forward will be Sally Lodge. Tenders will indicate workforce impact very early which will allows us to inform staff about possible outcomes, i.e TUPE etc.

4.6 Issues to report to other committees

Items to be discussed in F&P are staffing/ absenteeism & impact upon agency spend along with ensuring business systems being fully supported.

It was also reiterated that committees can raise issues with Governance Officer

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support and that Chairs can have a reciprocal conversation in addition to formal horizontal reporting.

ESEC/13/05 – Policy & Procedure Updates

- **Criminal records** – Page 7 ‘Strategic Units’, paragraph 6.6 change to ‘*current LDUs*’ - **policy approved.**
- **Work Experience:** Comment was made regarding Shadowing & Observers coming into the Trust’s buildings. This provides a formal process as to how the Trust will manage risks of under 18’s by definition. (Mental health promotion in schools has had previous barriers because of risks). If visitors are under 16-18 then the Trust needs to ensure checks are in place with schools and they need to be insured - **Policy approved.**
- **Social Media policy:** This policy aligns with how social media is used in the Trust with its wider portfolio becoming more innovative. The Trust now accepts its use covers staff in work time. Members and Governors using social media is being looked into by Rachel Morris – **Policy approved.**
- **Relocation policy - policy approved.**
- **Staff supervision & appraisal – review of date extension approved.**

ESEC/13/06 – Any Other Business

- TG discussed an observation he had had about a poor example of practice when attending induction meetings and hearing about new recruits being made job offers then these offers being subsequently withdrawn. Additionally, long delays between interviews to a starting date were reported, or individuals being inappropriately placed on the ward with no prior induction.
- The Chair asked the committee to self-assess and to give an effectiveness rating of meeting out of 5:

PT: 4 points as couldn’t access papers in advance.

KD: 2.5 points. Wasn’t as well prepared around narrative and not satisfied with contribution to the Committee today but there were useful conversations and challenges. Until there’s greater assurance, General Managers need to come to the meeting to have ‘real time’ scrutiny.

ADP: 3.5 points; The venue wasn’t ideal; much detail was discussed.

ER: 3 points; Need to respond to comments and all have papers next time, A huge amount was covered in in short time and it was a valuable meeting.

RC 2.5 points; Lack of preparedness and effectiveness of reporting.

CL 2.5 points; A lot of work from localities/ detail – next meeting more prep

JMc 3 points; Lack of arrangement, no access to papers but very useful and

good to meet the Chair and PG.

TN 2.5 points; Need workings to improve and is stepping into new role, feeding SMT/ EMT with better narrative for earlier challenges.

TG 2 points; Lack of executive reporting but healthy conversations were had. Can see progress from the data, and am looking for this assurance from SMT in getting the correct data and taking action. The quality of discussion today was high.

AP 2.5 points; Felt there was somewhere to go with reporting. Quality of discussion/ board data looks poor but examination behind explanations and the narrative is present. Elements need to be communicated along with scrutiny and assurance to board.

Thanks by the Chair were expressed to Jennie McDonald and Paul Townsend for attending. ER advised the Committee she would be attending in future as part of the role of Company Secretary.

Next Meeting:

23rd January 2014, 1000-1200, Maple Room, Jenner House, Chippenham

'Listening to you' Session – 1215-1300

Present: Carol Lenz, Alison Paine, Tony Gallagher, Ashley Russell, Dr Beth Parry, Lucy Robinson, Alison Devereux-Pearce (notes)

Introductions were made, all agreed that they had no particular issues but were interested in attending.

Themes identified and discussed:

- Sense of pressure on teams, mainly more referrals and assessments. Caseloads of Care Co-ordinators are going up, at times this feels unmanageable, staff on long term sick, low morale.
- Complex nature of caseloads and numbers.
- Change of culture in working for care co-ordinators though redesign and RiO.
- Support for staff after difficult shift/ traumatic care settings, debriefs and reliance on peer support.
- Anxiety over security of jobs in future.
- Positive change of management, more sense of direction as localised along

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with clinician engagement & conversations.

- Non declaration of staff having mental health issues along with the need for a change in culture to acknowledge earlier and get support to stay at work.
- Lots of changes happening; individuals feel positive and believe that the Trust is 'starting to get there' in developing a culture to deliver for people.
- Managers making comments positively unlike previously as the culture of 'speaking out' was perceived negatively All can openly talk about issues and criticism is received positively.

All were thanked for their contribution.

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