

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

Held on 13th March 2014, 1000-1200, Conference Room, Green Lane Hospital, Devizes

These Minutes are presented for **Approval**

Members Present

Alison Paine – Non-Executive Director (Chair)	Emma Roberts – Company Secretary, Director of Corporate Affairs
Rachel Clark – Programme Director of Development	Elaine Sheppard – HR Consultant
Kris Dominy - Director of Operations	Emma Adams – Head of Academy
Joi Demery – Medical Director Bristol	
Peaches Golding – Non-Executive Director	

Staff In attendance

Alexander Lauder-Bliss – Governance Support Officer (minutes taker)	Carol Bowes – Clinical Director
Steve Arnott – Director of Medical Education	Alistair Thorn – Learning and Development Manager IT and eLearning
Ruth Brunt – Non-Executive Director	

Members of the Public in attendance in the gallery

None.

Members of the Public representing other organisations

None.

ESEC/14/01- Apologies

- 1.1. Apologies were received from Toria Nelson.

ESEC/14/02 – Minutes Of The Previous Meeting

- 2.1. The Committee resolved to **NOTE** the previous minutes and **APPROVE** the changes made.

ESEC/14/03 – Matters Arising

- 3.1. The Committee resolved to **NOTE** the Matters Arising table and **APPROVE** the changes.

ESEC/14/04 – Locality Report – Forward Plan

- 4.1. The Committee gave a warm welcome to Joi Demery from the Bristol locality and acknowledged the difficulty for JD to attend as a result of the recent challenges around the Bristol tender.

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- 4.2. The Committee resolved to **NOTE** the **Forward Plan** for locality leads and dates moving forward.
- 4.3. The Committee resolved to **NOTE** a summary of the status of the Bristol locality provided by JD. This included:
 - 4.3.1. An update on **sickness** being at a low rate of 4.8% with the majority being **long-term sickness**. **Short term sickness** is very low even though there is a lot of uncertainty around the **Bristol Tender**. This shows the positive impact of the on-going support being provided at Bristol.
- 4.4. Over the next few months there is likely to be an issue around **vacancies**. This is currently anecdotal, however, and a large amount of staff are moving from **Bristol** to **BANES**. **Recovery Teams** have lost a lot of Band 6 staff, which has created a demand for experienced staff.
- 4.5. Moving forward, **Bristol** will be looking at the new model of recruitment, particularly around band 6 and 5; to reduce 6 and increase 5 where possible.
- 4.6. There may be a risk of redundancies if the **tender** is not awarded. Posts are still being applied for despite the uncertainty in relation to the outcome of the **tender**.
- 4.7. **Rates of supervision** have improved significantly, with indicators showing green due to the new system for recording **supervision**. This is having a noticeable positive impact.
- 4.8. Managers are finding resistance due to staff challenges such as **maternity, sickness, and annual leave** but JD **assured** that all staff that could be appraised were appraised.
- 4.9. RC raised that the new **supervision and appraisal system** will allow data to be suspended for staff on **sickness or maternity leave**.
- 4.10. The Committee was especially pleased with the achievements for **Bristol** and were happy with the continued support by the locality leads that have attended ESEC previously.
- 4.11. The Committee felt that the challenges faced by **Bristol** showed the importance of engaging with staff at different levels. **TDA feedback** showed that **Community Teams** were comfortable with the upcoming Bristol tender, but **Inpatient Services** were feeling uncertain. JD **assured** the Committee that she visited the **Community Team** to explain as much as possible about the new Bristol model.
- 4.12. KD informed the Committee that the mobilisation after the **tender** will have significant impact on clinical services and staff.
- 4.13. The Committee was sighted on the **Inpatient Recommissioning Process**. This is of particular interest to the Committee due to the

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changes in **Bristol**. The Committee felt it was important to have a consistent standard of good practice across the Trust so a similar service is provided across all localities.

- 4.14. **Leadership development** will be needed following the outcome of the Bristol tender with the high supervision rate setting a good standard and forming the bedrock of the Trust's engagement.
- 4.15. **Clinical caseloads** are high; averaging 30 to 32 per clinician. The standard level is recommended around 25 to allow staff flexibility to perform interventions. At the current rate, there is no capacity for interventions.

ESEC/14/05 – Update on Key IQ data

- 5.1. The Committee received a report covering **Appraisals, Supervision, and Sickness Absence**.
 - 5.1.1. All data provided was up to **month 10**. **Appraisal rates** listed per locality to show the variances for each.
 - 5.1.2. The Committee was pleased to see the current **appraisal rate** in **Secure Services** and the improvement in **Specialised Services**.
 - 5.1.3. **Wiltshire** has achieved over 80% showing a marked improvement from **month 9**.
 - 5.1.4. The new processes have captured an additional **350 appraisals** across **Corporate** and **Operational Directorates**.
 - 5.1.5. **Supervision** sessions completed regularly move around the high 70% and low 90%.
 - 5.1.6. **South Gloucester** remains high and **Secure** is still showing a high performance against **Supervision**.
 - 5.1.7. **Supervision** rates for **Bank** staff remain low. A small group is going to review the **supervision** of the **bank** staff. They will be split between those whose main occupation is AWP and those who have other sources of income.
 - 5.1.8. **February** data has a slight dip due to the shorter month, half term, and staff using up the remainder of their annual leave.
 - 5.1.9. Performance in month is forecast at 80% and the Committee was **assured** it was a realistic forecast and not a reset of the target.
 - 5.1.10. **Sickness** at 4.42% in M10, with contributing factor of a mild winter and the reviewing of management for staff on **sickness** leave.
 - 5.1.11. The Committee was informed that some NHS employers are developing scenario based training on **sickness absence**, moving toward **eLearning**. This is of interest to the Committee as Mental Health providers tend to have higher sickness rates.
 - 5.1.12. The Committee felt the report was of a very high standard and felt

that **assurance** was provided.

ESEC/14/06 – Organisational Development

- 6.1. RC provided a verbal update on **Staff Engagement**.
 - 6.1.1. RC informed the Committee that a piece of work was being done to rethink how to present updates to the Committee showing key milestones and relevant information.
 - 6.1.2. A paper went to **February Board** to give an overview of the **staff survey** results.
 - 6.1.3. A **letter** was given to **staff** with **February payslips** that **highlighted the results** and **acknowledging pressures** around the Trust. A **poster** was provided to help staff with visualising the results. These have gone up around the Trust at various sites.
 - 6.1.4. Meetings are being held with all **CDs** on their **staff results** to discuss any emerging issues.
 - 6.1.5. A technology solution for **non-medical staff appraisal** needs to be discussed moving forward.
 - 6.1.6. The winners of **Team of the Quarter** go on to the **Annual Staff Awards**. The criteria needs to be defined with consultation from **Commissioners**.
 - 6.1.7. The Committee would like to express **thanks** to staff for the **feedback**.
 - 6.1.8. There are plans to provide an individual **development day** for all teams. This was **recommended** for oversight by the Committee.
 - 6.1.9. The top 4 Mental Health organisations in **staff engagement survey results** have been earmarked for appropriate benchmarking.
 - 6.1.10. The process is to continue through **SMT** and **Board** together with a **strategy summit** to look at how localities are delivering the strategy.
 - 6.1.11. JD provided a locality view on the **Staff Engagement** update, advising that the **team development days** will be very beneficial but there is expected to be cynicism around the **Team of the Quarter** awards. Balance is key in addressing this challenge but as **Staff Awards** have grown in popularity, so should the **Team of the Quarter Award**.
- 6.2. AT provided a report for the **Learning and Development Update**.
 - 6.2.1. The **cancellation of non-statutory training** has been reviewed.
 - 6.2.2. Research has been done on how much training would be required to get all members of staff compliant averaging around 8000 days, highlighting a need to review the system.
 - 6.2.3. Benchmarking exercises did not highlight any notable codes of

practice on how training is managed.

- 6.2.4. **Learning and Development** are looking at increasing the number of **eLearning courses** as this is a better, and cheaper, form of learning.
- 6.2.5. A piece of work is being done to look at the viability of small workshops or **video conferencing** to alleviate travel.
- 6.2.6. Feeding training into the **new appraisal system** will help significantly.
- 6.2.7. It was raised by AT that courses could be reviewed in light of services provided in the local areas (such as no First Aid for those in/near a hospital). The Committee felt this had too large a factor of risk and advised away from this approach.
- 6.2.8. AT informed the Committee that localities have been asked to see what training they need.
- 6.2.9. The Committee raised concerns over the **lack of assurance** on how important some courses are in relation to others. The Committee asked if staff or patients were being put at risk.
- 6.2.10. More **discussion** is needed with localities with **accountability** being at the **locality level**. There is **no sense of ownership** by localities of the training programme.
- 6.2.11. Follow up work is to be done with a focus on key areas.

ESEC/14/07 – Equality and Diversity Update

- 7.1. A summary paper was provided to the Committee covering the Trust's compliance with **Equality and Diversity Standards**.
- 7.2. A **Board Seminar** was held in **February** and work is on-going within **Corporate Services**, with no additional resources in the team
- 7.3. **Stakeholder events** are being held in **April** enabling the Trust to triangulate the data more accurately.
- 7.4. More information will be provided at the next ESEC.
- 7.5. The Committee resolved to **NOTE** the report.

ESEC/14/08 - Medical Education Strategy

- 8.1. SA presented the **Medical Education Strategy** to the Committee which outlines the teaching and learning which will deliver outstanding patient care and safety.
- 8.2. It will help to develop a coherent, strong, motivated, supportive, and innovative **Faculty of Education** within the Trust.
- 8.3. The Trust's ties with the **educational bodies** within the UK give it a voice that is underwritten by a **positive reputation** and high performance.

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- 8.4. The strategy is a statement of the vision for medical education at **all levels** within the Trust.
- 8.5. The strategy will try to move away from command and control and more toward **community and practice**. To foster and grow community practise.
- 8.6. The Committee felt **reassured** that the relevant parties were sighted on the strategy moving forward.
- 8.7. The Committee responded **positively** around the ambition of the strategy. They felt that the strategy could benefit from a short summary to explain the entirety of the strategy.
- 8.8. The Committee raised a need for a way to **track progress** while avoiding another set of indicators. SA put forward the initial idea of an **escalation process**.
- 8.9. The Committee **endorsed** the strategy and have **AGREED** to provide on-going support.

ESEC/14/09 – Safer Staffing Project

- 9.1. CB gave a presentation on the **Safer Staffing Project**.
- 9.2. The **Safer Staffing Project** is being put in place as the Government's response to the **Francis Report**.
- 9.3. The **9 provider expectations** are:
 - Boards take full responsibility for the quality of care provided to patients and take full and collective responsibility for nursing and care staffing capacity and capability.
 - Processes are in place to enable staffing establishments to be met on a shift to shift basis.
 - Evidenced based tools are used to inform nursing and care staffing capacity and capability
 - Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.
 - A multi-professional approach is taken when setting nursing and care staffing establishments.
 - Nurses and care staff have sufficient time to fulfil their responsibilities that are additional to direct caring duties.
 - Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public board meeting at least every 6 months on the basis of a full nursing review.
 - NHS providers clearly display information about the nurses and care staff present on each ward, clinical setting, department or service on each shift.

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- NHS providers take an active role in securing staff in line with their workforce requirements.
- 9.4. CB informed the Committee on the **progress** so far including; planned staffing agreed using a **validated tool** and ward manager professional judgement, first **full review** completed using a validated tool and benchmarking with other trusts, and review of **L&D prospectus** and Statutory/Mandatory training underway to support capability of staff.
- 9.5. Moving forward, the Safer Staffing Project's **next steps** will be going to **Senior Management Team** and the **March Board** meeting. With the first staffing review going to **April Board**.
- 9.6. CB drew particular attention to **requirements 7 and 9** above, as being of most pertinent to the Committee.
- 9.7. The Committee asked that the relevant data be supplied to them moving forward as they handle aspects of the project, to ensure that the right assurances come to ESEC.
- 9.8. It was raised that a **subgroup** should consider how to imbed the project into ESEC and the **ToR for Quality and Standards** and **ESEC**, and possibly **Finance and Planning**.

ESEC/14/10 – Policies – Chair's Action Required

- 10.1. The **Right of Staff to be Accompanied Policy** was brought to the attention of Committee.
- 10.2. It entitles staff to invite anyone of their choice to accompany them to formal procedures such as grievances etc.
- 10.3. The Committee **APPROVED** this policy.

ESEC/14/11 – Issues to report to other Committees & Chair's Report

- 11.1. No issues were brought to the Committee.
- 11.2. RC and ALB to work with AP to draft a Chair's Report for RB to sign off.

ESEC/14/12 – Issues to Escalate to Board

- 12.1. None

ESEC/14/13 – Evaluation of Committee

- 13.1. The paper discussed the **governance** surrounding, and **objectives** of, the Committee, alongside the **membership** and **operation**.
- 13.2. Recommendations for action were presented at the end of the paper.
- 13.3. The Committee **NOTED** the evaluation paper.

ESEC/14/14 – Any Other Business

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14.1. **Supervision and Appraisal Policy**

14.1.1. The Committee **APPROVED** the need for an **extraordinary ESEC meeting** to approve the **Supervision and Appraisal Policies**. This is to be arranged by ALB.

14.2. Overall, the Committee members felt that ESEC had really found its place in the structure of the organisation and it had a lot of meaning and value.

14.3. The Committee noted this meeting as the last for Alison Paine's chairmanship. The Committee gave their **thanks** and wished Alison the very best in the future.