



Pastoral Steering Group

Monday 30th April 2018,

2.00 - 3.30pm, Seminar Room 3, Education Centre, EDGH

Chair: Christina Morphew, Deputy Medical Education Manager

NOTES

		Action
1.	<p>Welcome and Apologies CM thanked all for attending and introductions were made. Apologies received from Ruth Agg, Hiten Patel, Jenny Turner and Graham Atfield.</p> <p>Attendees: Christina Morphew – Deputy Medical Education Manager (chair) - CM Harriet Catt – FP Administrators and Pastoral Admin Support (minutes) - HC Todd Leckie – ‘Take 5’ Pastoral Lead EDGH / Junior Doctor - TL Ben Hardy - ‘Take 5’ Pastoral Lead Conquest / Junior Doctor - BH Jeanette Williams – Staff Engagement Manager - JW Kim Boorman – Staff Wellbeing Lead - KB Debbie Langridge – Cultural Support Facilitator - DL Liz Lipsham – Occupational Health - LL Jo Shawcross – Lay Member - JS John Caroe - Volunteer Chaplain and Chairman of Trustees PRIME - JC Hazel Tonge – Deputy Director of Nursing - HT</p>	
2.	<p>Terms of Reference CM advised the Group that they should expect to receive/ see an e-mail from Dawn Urquhart -Associate Director HR-Education, which Dawn had sent to the Group shortly before the start of this meeting.</p> <p>DU suggests that the role of Chair of this group is rotated or moved across to Health and Wellbeing and or HR, as she believes that its ongoing development sits better with these teams, as its remit is wider than just medical staff as they are now getting issues from other professions, which, DU believes, is excellent as it is testament following its inauguration, that awareness of this issue within the Trust and how we support our colleagues has spread far and wide.</p> <p>DU and/ or designated new Chair Person will update the Group in due course.</p> <p>Invitation to attend New Doctor Welcome Event CM advised the Group that the Welcome BBQ will take place at Cooden Beach Hotel on Monday 23rd July 2018 – 7pm. Please confirm attendance to Paula Jeffery - p.jeffery1@nhs.net</p> <p>Minutes of Previous Meeting were reviewed and covered as below:</p>	<p>DU/ New Chair</p>
Training for Trainees / Trainers – Identifying Opportunities		
3.	<p>Staff Engagement & Health & Wellbeing Update Staff survey results (feedback slides) will be shared with the Group Action: JW to send to HC for circulation to the Group.</p>	<p>JW</p>

	<p>ESHT Health and Wellbeing strategy which will set out the framework for supporting all ESHT staff at work is currently being drafted. A first phase stakeholder event was held in October 2017 (This brought together departments that were responsible for measuring the impact of Health & Wellbeing across ESHT i.e. OH, Health Safety and Medical Education team).</p> <p>Action: Version 1 'ESHT 2020' – JW will send to HC for circulation to the Group.</p> <p>JW advised that we do have a Mental Health Lead (Corrine Spence) for patients. Corrine has shared her framework, which has six clear dimensions.</p> <p>Action: JW will share information/ update with the Group when she has more clarity. Please return comments to HC.</p> <hr/> <p>Stress Less – Pilot – Health & Minds</p> <p>This Pilot is aimed at Staff without diagnosis, with low to moderate Stress. JW has spoken to Managers, providing very clear criteria, to request 25 colleagues to be part of the Pilot.</p> <p>Action: JW will feed back to Group at the next meeting.</p> <hr/> <p>H&W drop in sessions- H&W hosted 2 ½ day sessions at both staff restaurant's in March 2018. Funding from MECCA and Staff Engagement & Wellbeing teams.</p> <p>Drop in sessions ran from 2.30 pm – 6pm for all staff with access to 'Time to Talk', Head and Neck massage and other activities to support both physical and psychological wellbeing.</p> <p>Action: Feedback will be provided to the Group in due course</p>	<p>JW</p> <p>JW</p> <p>JW</p> <p>JW</p>
4.	<p>Compassion without Burnout</p> <p>Workshops delivered by PRIME a non- profit charitable organisation for medical staff held in October and November 2017. Evaluations to be shared with the Group in due course.</p> <p>Four Pilot workshops funded by Medical Education and Staff Engagement have taken place, with one remaining session at EDGH in May. Two sessions have been targeted only at junior doctors and a further two focussed on both clinical and non-clinical audiences. Sessions are being evaluated – one ESHT evaluation and one created by Brighton University around emotional state of individuals attending. Feedback will be used to build into future sessions to support Medical staff.</p> <p>Action: JW to feedback to the Group, following final session in May.</p> <p>JW and JC described initial feedback that colleagues expressed a wish to attend but were unable due to operational restrictions. Previous analysis from feedback collected by Brighton University has shown that some colleagues are not enjoying their jobs. One colleague at a session described feeling the 'lowest of the low'. BH, with his knowledge as a Junior Doctor, shared his perspective that in order for colleagues to feel supported they need to have a clear understanding of who to turn to if they are unsure or feel anxious. BH confirmed that he has always experienced verbal advice, at the start of his Rotations on the Departmental Structure, but this is not always the case and when shift rotations etc. occur, some information may not be forthcoming, may change, or may not be clear.</p> <p>JC suggested that the first 24 hours of a Junior Doctors experience is key to their wellbeing.</p> <p>CM shared her thoughts of Doctors being on a similar Rota System to Nurses – 'Safe Care', which HT agreed would be of benefit and agreed to explore this idea.</p> <p>CM and HT agreed to discuss further how to encourage discussions and working relationships between Doctors and Nurses.</p> <p>Action: CM/ HT to explore ways of encouraging Doctors/ Nurses</p> <p>Action: HT to explore existing 'Safe Care' Rota System for Doctors to utilise which our Nurses currently use.</p>	<p>JW</p> <p>CM/ HT HT</p>

	<p>HT advised that issues discussed are not just relevant to Doctors but that Nurses are suffering too. HT asked if we could contact Mental Health team to perhaps buy in an additional service of support. CM advised that Mike Birkett (Sussex Partnership) had started to explore pathway but this has been lost and we have not heard any updates. DL suggested Samaritans, who could offer support for free, but some felt there could be a stigma attached to getting support from Samaritans. TL/ BH felt that support provided would need to work with mechanisms within the Trust and resource signposted and tools made available in how to help a colleague – pragmatic and practical. Liz Lipsham would be looking into this.</p>	LL
5.	<p>Feedback on ‘Take 5’ junior doctor peer to peer group</p> <p>BH shared with the group how successful the ‘Take 5’ group has been. Although strictly confidential, TL/ BH have been able to raise concerns (with Junior Doctor’s permission) to CM, which have then been escalated to our Director of Medical Education. Approximately 15-20 Junior Doctors are currently attending the Conquest ‘Take 5’ meetings regularly. EDGH is less successful in terms of numbers; however the meeting day/ time has now been changed (moved to Friday lunch time), in case the poor attendance was due to evening meetings.</p> <p>JW asked BH (<i>TL had left the meeting at this point</i>) if he and TL felt they have enough time and support to offload. BH confirmed that he has not had any situations which have, to date, been too stressful and that it helps him to write it all down after each meeting. BH is able to offload certain elements to CM, whenever he needs to. KB offered her support at this meeting, to BH & TL, whenever they might need it. JW shared an offer of Mentorship Skills of Leadership for BH and TL, which was of great interest. Action: JW/ BH/ TL to discuss this in further detail.</p> <p>HT shared her concerns for the Nurses and them having opportunities of a support forum. CM advised that an confidential Group really does work and suggested that perhaps she could mirror the ‘Take 5’ model for our nurse colleagues. Action: HT and BH to discuss how to start up a session for nurses. JW happy to support this and KB would like to arrange a ‘Time to Talk’ session.</p>	<p>JW/ BH/ TL</p> <p>HT/ BH JW/ KB</p>
6.	<p>Safety Huddle Update</p> <p>CM introduced and welcomed HT to the group, who has taken over Safety Huddle’s initiative from Sue Allen.</p> <p>HT advised that the Safety Huddle initiative was a one year pilot which has now finished. No more funding has been made available.</p> <p>CM asked HT if she can feedback to the Group on Safety Huddles. Where huddles are working well and where concerns are being raised.</p> <p>Action: HT and BH to discuss with Sue Allen and feed back to Group.</p>	HT/ BH
7.	<p>Registrar Buddy Pilot</p> <p>In HP’s absence, CM updated the Group that HP’s mentoring/buddy scheme is up and running in Medicine at EDGH and that he is looking to build on this. CM/ HP have discussed formalising promotions around the work he is doing so that both potential buddies/mentors and trainees requiring a mentor are well aware of what is available to them. CM has copied JW on recent communications, in the event that H&W may be in a position to help with formal mentoring qualifications and incentives for the registrars taking part in this initiative and possibly a coffee fund for mentor/ mentee meetings. CM confirmed that Medical Education can provide leadership certificates for this role in due course.</p> <p>Action: HP to send CM a full project brief document once reformatted in due course.</p>	<p>JW</p> <p>HP</p>
8.	<p>Suicide Prevention Training – Grass Roots</p> <p>LL advised that she feels the Pastoral Steering Group is the perfect platform to share details of/ promote Grass Roots training – details of which have been collected by LL, as below:</p>	

	<p>Applied Suicide Intervention Skills Training (ASIST) - 2 day course</p> <p>We can deliver ASIST for up to 16 staff for £3,240.00, the £100 per participant up to 24. Each participant receives a detailed workbook with all the slides and extra reading, stick pack, prompter card, certificate for professional development and crisis resource we provide for all care-givers who undertake suicide prevention training courses.</p> <p>ASIST is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognise when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. Although ASIST is widely used by healthcare providers, participants don't need any formal training to attend the workshop - anyone 16 or older can learn and use the ASIST model.</p> <p>ASIST teaches participants to spot the signs of suicide, have opportunities to explore reasons why someone may take their own life, discuss their own experiences and beliefs around suicide, recognise the barriers for seeking help, follow the Pathway for Assisting Life (PAL) framework to create a safety plan, looking out for a 'turning point' in the conversation to initiate and carry out with confidence, a full suicide intervention to keep someone safe.</p> <p>Suicide Alertness for Everyone (safeTALK)</p> <p>Half day course</p> <p>We can deliver safeTALK for up to 30 staff for £780.00 or £26.00 per person. Each participant receives a detailed workbook with all the slides and extra reading, stick pack, prompter card, certificate for professional development and crisis resource we provide for all care-givers who undertake suicide prevention training courses.</p> <p>Know what to do if someone has thoughts of suicide by following the easy to remember TALK steps - Tell, Ask, Listen and Keep-safe. These practical steps offer immediate help to someone having thoughts of suicide and helps you both move forward to connect with more specialised support.</p> <p>We also ask for a contribution to travel expenses @ £0.45 p/m from Brighton/ Lewes/ London (to keep costs low we source trainers who live the closest to the venue).</p> <p>Let me know if you need any further information for your funding bid with your manager, we would be happy to supply you with statistics and course outlines.</p> <p>CM suggested that if we moved to identify Pastoral Champions in each speciality going forward, include the Take 5 Leads (TL/ BH), Chaplaincy, Trainers and Managers who have contact with junior doctors on a 1:1 basis and all other staff - would really benefit from the ½ day course.</p> <p>BH suggested Matrons on the Wards would benefit</p> <p>TL advised LL that the Junior Doctors do have a pot of money from the exception reporting process, whereby they could potentially put funds towards this training as long as it was to the benefit of Junior Doctors.</p> <p>JW advised LL to have a conversation with DU.</p> <p>Action: LL to obtain further information to share with DU and the Group</p>	LL
9.	<p>SAS Mentoring Scheme for LAS Doctors</p> <p>CM advised that we are still awaiting feedback from Adeel Khan. However, CM feels there are additional ways in which Medical Education, with the support from DL in Cultural Support, can support LAS colleagues.</p> <p>Action: CM to explore additional support for LAS Doctors</p> <p>HT described how patients expect to be spoken to in a language they understand. CM advised HT of the work carried out by DL in Cultural Support (including speech). Details of group workshops or 1:1s are sent out via Clinical Education.</p>	CM
ESHT Policy / Guideline Development		
10.	<p>Update on ESHT Policy development – How to manage communications and support of team following the death of a colleague'</p> <p>Group aware HR will be picking up this work in due course – group aware staff shortages currently.</p>	
Resource / Publications - Pastoral Interest Sept –Jan18		
11.	<p>Pastoral Webpages</p> <p>CM and a colleague from the ME Team attended external Word Press training and</p>	

	additional permission/ access from ESHT Communications Department has been received, enabling CM to arrange updates on web pages. Close to being able to share the web pages, although, following advice from DU today there may now be a need to amend the Pastoral Web pages accordingly.	
12.	<ul style="list-style-type: none"> Sussex Partnerships H&WB tips - Induction https://healthassuredeap.co.uk/home/ (*permission given for ESHT to utilise) 	
13.	<ul style="list-style-type: none"> Library Pastoral Report Search Jan-April 2018 Note: 'Also Human' by Caroline Elton added to library stock JC and CM advised that they have both read this book and would strongly encourage colleagues to do so. Very insightful. 	
14.	<p>Any Other Business</p> <p>CM and the group raised concerns of Consultants and other key colleagues purposely taking holiday/ annual leave in August, when handover of Junior Doctors occurs, therefore causing so much anxiety for all new colleagues and current teams. JC confirmed that statistics in change over day is well known and suggested that this issue should be raised to Adrian Bull/ David Walker to ensure key colleagues do not take time off at key times in August. Action: HT & BH to look at evidence (Annual Leave Statistics).</p> <p>CM advised that Group that she has contacted Michael Farquhar at Guys & St Thomas with the view to him providing further education to our junior doctors around sleep and how this can be best managed when doing nights (sleep patterns etc.) – a presentation maybe in the form of a Grand Round or at Induction. Shift work /Fatigue Resources for NHS workers and more information can be found here: http://www.guysandstthomaseducation.com/project/sleep-looking-after-your-wellbeing/</p> <p>JC agreed that it is a great idea to arrange for Grand Rounds level. BH stated that the junior doctors would greatly benefit from this. Action: CM to update the Group with more information once received.</p> <hr/> <p>TABLED July: SAS Doctor mentoring scheme for LAS doctors – <i>progress report not received</i> TABLED July: Registrar Pastoral Champions Pilot –Medicine EDGH update – <i>progress report not received.</i></p>	<p>HT/ BH</p> <p>CM</p>

DATE OF NEXT MEETINGS:

Tues 17th July, 2.00-3.30pm - Medical Education Centre, Eastbourne DGH – Seminar Room 3
Mon 29th Oct, 2.00-3.30pm - Medical Education Centre, Conquest, Hastings – Room 4