

SHSCT/ELFT Staff Engagement Workstream Meeting 17th Dec 2021

Present:	Dr Shirley Forshaw
Nuala Meenan	Ciara Devlin
Edel Rafferty	Zoe Gray
David Walter (Chair)	Alanna Gass
Lisa Hannah	Barbara Anne Richardson
Lyndsey Donnelly	Dr Judith O'Neill
Debbie Proctor	Stephanie Wethers
Tracey McConnell	Jenny Johnston

1. Introduction and Apologies

Apologies: Nuala Quinn, Dr Ivor Crothers and Niamh Trainor

David welcomed and thanked attendees for agreeing to be involved in workstream and noted that this will be a vital workstream going forwards. Participants introduced themselves through chat box.

2. Identify aim of Staff Engagement Workstream

- Keeping everyone informed and reassured regarding the project.
- Demonstrate how project will benefit service users and staff.
- How can we shape the service/project development going forward, looking at current good practice what can be used and what can be developed what can be improved.
- To receive regular updates to share with teams represented and bring any queries, concerns or questions from teams forward.
- ELFT keen to use this forum to learn from SHSCT with regard to Service User need and how the range of disciplines can enhance the development of an IAPT type service.
- Staff engagement Workstream to contribute to development of model for SHSCT.
- Opportunity for staff to influence the development of project
- A forum for open conversations

3. 2 way communication/feedback

Discussion held regarding how to ensure effective 2 way communications.

Suggestions included:

Weekly/Team meetings – this will work for some teams but not all teams.

Minutes of meetings to be saved on Share point **Action:** Minutes to be shared with LeahAnn and Tracey who can upload minutes to appropriate tiles.

Newsletter – to be created by Zoe/David in collaboration with SHSCT colleagues. Monthly update. Printed copies may not be appropriate due to IPC guidelines

Notice Board

Podcast

Shirley noted that GP's will not want monthly updates, but will want to know about the service and how to refer.

Jenny noted that communication should be shared with Staff Side colleagues also.

A process for staff to easily provide feedback needs to be developed – for example a virtual suggestion/feedback box which can be responded to in the monthly newsletter.

4. Key clinician questions/concerns

- Who is going to be doing what?
- How it all fits together.
- Level of intervention offered.
- Loss of skill/becoming deskilled.
- Where do the service users who would have previously been referred go to for help now?
- Will Service Users engage in groups?
- Will service users engage in digital format?
- Concerns re IT poverty, connectivity, social inequalities.
- Impact on C&V sector.
- Concerns regarding how change in service might impact on job descriptions.
- How are changes going to impact professional roles/registration?
- How can each discipline maintain professional identity working in this model?

5. Ongoing Meetings frequency and attendance

Agreed fortnightly meetings at present, will be reviewed in 3 months. It was noted that Staff Side colleagues should be invited. **Action:** Jenny to follow up.

CBT team representation should also be invited: **Action:** Steph to follow up

6. Size of Workstream Flexible membership.

PMHC will rotate attendance between 3 representatives. **Action:** Lyndsey, Edel and Sarah will agree between themselves.

Shirley noted that she will attend when there is a need for GP representation.

7. AOB

Zoe requested that those present ask others to begin to think about what the project should be called. Suggestions to date from the communications workstream have included;

- Developing resources
- Resource recovery hub
- Talking Times
- Talking Thrives
- Stepping Stones

- Mind Matters
- Time to Talk
- Southern Talking Therapies Services (STTS)
- eTalk
- Talking for Health
- Talk and Grow
- Step Forward
- Talk, Recovery and Thrive
- Talk Time
- Back on Track
- Southern Thrive – Southern Talking Therapies Services
- Reflections - Southern Talking Therapies Services