



## Westpoint Farm Vets (Chelmsford) – Winner

### Work Demands & Work Conditions

#### Q. Is training in working with clients provided for team members?

Internal CPD has included training sessions on developing client relationships for maximising compliance and ensuring that the vet has the right skills to properly communicate with clients. This has been followed up with training and formal discussions regarding customer experiences, and how to optimise this. Because we know that no matter how efficient and/or communicative we are, sometimes client interactions can be quite stressful (especially when there are unexpected or poor outcomes), our company has implemented training for our new graduates that covers resilience. Resilience training is expected to be offered to existing staff following positive feedback from this session.

#### Q. How are colleagues supported in the event of client complaints?

We are very conscious of maintaining a no-blame culture in the practice. The emphasis is on not fearing mistakes, but what can be learned from them. This is done through a process of Significant Event Analysis that we adapted from the NHS - a structured process for identifying what can be learned, whilst attributing zero blame. Feedback is never withheld, but every attempt is made to phrase this constructively when delivering it to our colleagues.

For example, when a colleague was involved in a miscommunication with a client over treatment choice (traction rather than caesarean), and a complaint was made:

- The practice principal (PP) checked that they were okay and reassured them that their wellbeing was utmost in the practice's concern.
- Before commenting to the client, the individual was allowed to explain the situation in their own words, and what had been done well was iterated by the PP.

- The client's position was explained to the individual, with the opportunity given to the individual to reconcile the difference in understanding. Weaknesses in the client's position were acknowledged by the PP. Care was taken to ensure the individual felt that this was a constructive discussion for the purpose of retaining the client's goodwill. Consideration was given to the tone of the conversation, to keep this positive.
- The PP asked the individual for their opinion as to how to resolve. So, a course of action was mutually agreed.
- When discussing the practice's position with the client, the competency of the attending vet was emphasised, and that there was a strong case for the clinical judgment exercised, but that the practice would work to improve communication and asked for the client's participation in working towards this.

**Q. How are colleagues supported in the event of clients being abusive or threatening?**

Colleagues are reminded frequently that they do not have to tolerate abusive or threatening behaviour, and any client action which makes them feel uncomfortable will be taken seriously. In the event of differing positions of colleague and client, the colleague's position will be accepted by the practice in this context.

On one occasion, a colleague felt a client was aggressive and abusive following their delivery of a poor prognosis.

As statutory work had already been booked in, and could not be reallocated, the PP took on the booking in place of the colleague who raised the concern.

- At this appointment, the concern was raised with the client, and with them being not understanding or conciliatory, the PP resolved to withdraw our services, following due process with regard to RCVS code of conduct and advice from the Veterinary Defence Society. The client was left under no illusion that the wellbeing of our staff is paramount.
- Staff were subsequently advised by the PP that they would not be expected to attend this client unaccompanied during transition of veterinary services, and that they should contact the PP if asked to do so.
- It was very reassuring that none of us felt obliged to attend this client alone during the transition period that followed before they had found a new vet, and even if an emergency were to be called in, we would still feel able to call upon the PP to support us if we were required by RCVS guidelines to attend.

### Q. How are colleagues who may spend time working alone supported?

- Colleagues are encouraged to check in by phone after each visit, and often this results in a short chat about how they are too.
- Admin personnel call colleagues to confirm their location and wellbeing if not clear.
- Diary calls are arranged where possible to allow each colleague to be able to come into the office (which serves as a team hub where at least one person is always present) at least once per day if possible.
- There is a network of branches so that even when in sole charge, there is always support available in the region.
- The practice has fostered a social atmosphere between colleagues so that even when off-duty, colleagues regularly message to check in with each other for instance during sole-charge weekend cover. For example, when learning about a busy period on call, a colleague has offered to cook dinner and provide company for the colleague on duty.

### Q. Give one additional example of how work demands are managed to support

The practice recognises that there are certain obligatory administrative tasks and each individual has time set aside in their diary each week, to complete this, so as to minimise the impact on personal time, and alleviate the challenge of fitting this in around clinical work. This time is given the same importance as a client visit. Colleagues are invited to discuss their needs with the diary coordinators, and where necessary early finishes are also accommodated.

## Workload and work scheduling

### Q. Are individuals' workloads monitored and, if necessary, revised?

The question of whether colleagues feel they have enough time allocated to their administrative tasks is revisited at almost every practice meeting. Colleagues are all encouraged to come forward if they feel too put upon, or if they wish for their clinical workload to be altered in some way.

For example, at last month's practice meeting, we were each asked whether we felt we had enough recovery time from clinical workload, and whether our protected, undisturbed administrative time (to catch up on paperwork/CPD etc.) was enough. One colleague who had recently been promoted to a clinical leadership position asked for a further hour per week to allow her to satisfactorily fulfil her new role, and this was granted. Our workloads are often seasonal, and this is recognised - we are all realistic about what can be done during a workday, and we are invited to speak up if we feel overwhelmed by our workloads.

### Q. Do work schedules allow adequate rest between one working day and the next?

As we are an ambulatory farm animal practice, with the best will in the world, sometimes our diaries are full, and out of hours calls put undue pressure on us. Because tiredness is a serious concern, particularly as we drive so much, we have a policy in place whereby if a vet is called out during 'unsociable hours' between 1am and 5am, the administrative staff will do their best to alter their morning appointments so that they do not have to come in until 11. If this is impossible due to a fixed routine, the vet in question will have their diary altered to allow them to go home earlier or have a lunchtime nap at the very least. Out of hours aside, we are encouraged to go home after 5, and not to work too late, to afford reasonable rest time in between workdays.

For example, a colleague was recently called to a caesarean at 1.30 in the morning, leaving them extremely tired. They texted the practice mobile when they left for it, and when they came back, and asked that their morning appointments be shifted back where practicable. They went back to bed and was afforded a lie-in to make up for broken sleep, which really helped them get through the next day.

A day in lieu is given to each vet for each weekend duty covered. This breaks an otherwise long run of working days.

### Q. How is colleagues' work-life balance supported?

We have regular, scheduled nights on call to allow vets to plan in their personal time. The rota is also published to allow for advance planning. Day-to-day diary scheduling is done with a 5pm finish in mind, and vets that have made specific plans can make it known to allow for a 'lighter' afternoon diary. It is made known to vets and administrative staff that it is not required that they keep their work phones on their person when they are not at work, and they are not required to respond to emails whilst off work. There is no pressure to complete work-based tasks outside of working hours, and colleagues are very supportive of others' 'extra-curricular' activities. For example, one of our vets has been cast in a play, and it has been made very easy for them to plan their work around rehearsals and performances due to advance scheduling.

All vets share the out of hours rota equally, irrespective of seniority or part-time status. All eligible members of the team share TB testing duties.

**Q. Give one additional example of how workload and work scheduling are managed to support wellbeing in your practice.**

Colleagues all have input into their diary and schedules. As well as the aforementioned early getaway times, we are also able to work short personal errands into the working day. Everyone on the team has been on each side of the coin when it comes to an unexpectedly stressful and busy day at the most inopportune time or having the time and opportunity to help someone else without a great deal of inconvenience. This flexibility within the team makes us feel supported and, importantly, not burdensome when we reach out for help.

## Relationships at work

**Q. Does the practice provide opportunities for colleagues to spend time together outside work, if they wish? Do these involve activities to suit different interests and preferences**

We have regular team social outings, so that our relationships do not always revolve around the workplace. We do often meet for after work drinks but are not always found in a pub! Often, our outings take the form of open-invitation cinema trips. Colleagues are of course, free to socialise privately, but we have had organised meals out, and colleagues have been out stand-up paddle boarding together too. Our practice principal has hosted several excellent team BBQs and we are in the process of organising attendance at a local pub quiz, having been to a few before. We are, horrifyingly or excitingly, in the process of organising a karaoke night after it was suggested that we take turns picking our next (optional!) group activity

**Q. What mechanisms are used to identify and address any difficulties or conflict between colleagues?**

In the event of a perceived conflict, we ask each individual what their position on a particular issue is. If it was something that affected all other members of the team, we would take it to a practice meeting discussion (which is where we cover most issues). If it were of a more interpersonal nature, then it would likely have to be resolved with PP acting as mediator. The PP aims to coach the individuals to compromise or, better yet, collaborate. We recognise that there are many different reasons for conflict and try to identify the root cause via open questioning and encouraging individuals to seek understanding of the other perspective.

For example, we have recognised that there are differences of opinion over what constitutes an acceptable level of office tidiness; some are neat and particular, and others feel that there are more important considerations. An offhand comment led us to understand that this difference of opinion was affecting others' wellbeing at work, so we decided to conduct a forcefield analysis. We have a 'philosophy board' in the practice for instances like this. In this case, the question; 'Why might someone keep shared areas tidy or not?' was posed. Colleagues were invited to write underneath possible factors that affected this and rate their importance. This was a thought-provoking exercise which allowed colleagues to understand other points of view, and, once discussed at a practice meeting, prompted constructive discussion and resolution. It's easy to look at these methods of conflict resolution and think that they feel needlessly long-winded, but we have found that they really do work, and resolution is much less stressful as a result of keeping things blame free and open to discussion.

**Q. Does the practice have a clear policy relating to harassment and bullying at work, including processes for managing allegations of harassment or bullying?**

Yes. This is made available to all employees in their employee handbook when they begin their employment. There is also a central copy available, and it is printed in the practice. This policy also extends to students who see practice with us, and we make this known at the start of their placements.

We are lucky enough to not to have had to deal with this. Though this question has prompted us to evaluate whether any past experiences might have fallen into these categories. Happily, they have not.

**Q. Give one additional example of how positive relationships at work are supported in your practice.**

We are currently trying to inspire a culture of constructive feedback; firstly, by gathering team thoughts on the dos and don'ts of feedback and then encouraging people to view feedback as positive. Once again, this is where our 'philosophy board' comes in to play! Using the board for gathering thoughts on feedback is fostering mutual understanding of the process, and we believe that to be the foundation of a positive and productive workplace.

## Career development

**Q. Is supervision provided for less-experienced colleagues?**

We have a mentorship scheme for less experienced vets or new graduates. Each year when our new graduate starts, (s)he is mentored by a colleague. For the past few years, this has been the same member of our team; an experienced vet, who meets with and directs the learning of the vet on a regular basis. Our new graduate vets are not sent out 'on their own' immediately, but accompany us all on our visits, and shadow us on call. They are effectively under direct supervision until both mentor and intern feel as though they are competent and confident enough to deal with visits - this is established in a transitional manner during many and various feedback 'catch ups' which are informal and conversational. Even when our new graduates do go out alone, there is always backup available, on the phone at the very least. They are able to debrief with any of us after any case, and we foster an open culture where it is not embarrassing or shameful to ask for guidance.

For example, this week our new graduate has a scheduled meeting with their mentor to discuss the antibiotics that we routinely use, their primary uses and their pharmacokinetics. It takes the form of a discussion, with supporting materials available if required, and opportunities for them to ask questions and discuss antibiotic use that they have seen at university or on EMS.

**Q. Does the practice support (e.g. fund and/or give time for) relevant training (e.g. clinical and/ or professional/non-clinical skills) for colleagues in the following groups?**

**Vets:** Our PP has attended funded modular management training.

Our vets are all afforded CPD, not necessarily confined to a strict budget, but where there is a benefit to practice and individual. We are always encouraged to apply for further CPD even if the cost seems steep, because we would rather that cost was not prohibitive to learning.

We have several vets completing their CertAVP, funded by the practice, and one pursuing a certificate in veterinary education, for which they are afforded admin time in the diary. One has also just completed the Edward Jenner leadership course, and brought a lot of what was learned into the practice for everyone to participate in.

One of our vets has also been fire and first aid trained - any of us can apply to do this. We don't want to deprive anyone of any CPD that they feel would be of benefit, so we keep quite an open mind about all applications.

**Reception:** Reception staff are invited to attend a company-wide 'Admin Team Day' which comprised training in many different disciplines with a social aspect.

Reception staff are also afforded first aid and fire training.

All staff are encouraged to apply for CPD they feel would be of benefit to both themselves and the practice, regardless of personal budgets.

**Q. How are good performance and colleagues' achievements recognised by the practice?**

We have a 'positives board' where excellent client feedback is displayed for all staff to see. We also have a comments book, where we can all contribute either client reviews or notes that recognise contributions to office life. We take care to mention moves of greatness at our regular meetings. Further to this, we are also in the process of securing a budget so that individual staff members can be rewarded for different achievements, rather than competing against each other in a league table, which might not be one of our particular strengths.

For example, some entries in our book include: 'Putting labels on the controlled drug bottles has made assessing quantities so much easier - thank you.' and, 'Making for a move to a same/next day laboratory service is a very proactive move that will really improve client service and patient welfare. Well done for pushing for this.'

**Q. Give one additional example of how colleagues' professional and career development is supported in your practice.**

One of our administrative staff members has taken an interest in parasitology and is currently undergoing laboratory training in order to perform faecal egg counts. They felt as though they wanted to be more involved with the clinical team, and this has been supported by veterinary colleagues; one of our team has taken their own time to explain the processes, protocols and interpretation of samples. Our colleague is now able to conduct FECs and feels able to ask any of us for further help if required. It's going to help client result reporting times too!

## Communication at work

**Q. Do colleagues meet regularly – i.e. daily or weekly – to discuss day-to-day work matters?**

Our team is encouraged to come into the office at 8am unless early calls prevent this. This provides an opportunity to catch up on issues pertaining to their respective visits, and also makes us feel like part of a unit. We feel that if little emphasis were to be placed on convening before and after the workday, this could lead to isolation, which we wish to avoid. We often find most of the team back at the office after a long day of calls, catching up, cleaning equipment and restocking cars. We have an open plan office area and will talk about our days over tea or coffee, which helps us to decompress.

Our PP's office can be isolated in the need for private/personal discussions, but 99% of the time, the door is open to allow free flow of discussion from our admin desk right to the back of the office.

We have identified a need to have monthly meetings - one that is purely clinical for the vets, one pertaining to administrative issues for both admin staff and the practice principal, and another that deals with the day-to-day workings of the entire practice for everyone.

For example, our vet-only meetings are conducted monthly over a breakfast that is paid for by the practice. Though we take minutes for records, it is very relaxed and informal to allow exchange of clinical ideas, morbidity and mortality, case reports, new developments in medicines etc.

**Q. Apart from meetings, what other communication channels for colleagues are used in the practice?**

We all have phones paid for by the practice. We text into administrative staff after we have completed visits so that they are abreast of where we are, and how our days are progressing. This also helps them to keep up a channel of communication with the client if we are running earlier or later than expected - an informed client is less stressed when the vet arrives later on. We also call each other when on the road, or if dealing with cases where we would like some extra input.

We use SMS group messaging for quick checks on logistical matters that need a rapid response. Colleagues who are part of the same clinical working group also have a 'Slack' online working group to minimise email 'noise', which was implemented by one of our vets.

We do use emails internally for certain things which may need referring back to, need a written record such as lab results, but recognise the possibility of getting swamped - and therefore aim to make communications face to face where possible, by telephone or video call if not. These would then be summarised by an email if necessary, or if not, all relevant persons were present.

As well as a client notice board, we have a staff section where relevant information, articles or posters can be displayed. We also display thank you cards from clients and EMS students for all staff to see.

**Q. Are all members of the practice team able to have a say in how work is carried out?**

Yes. As well as vet-centred and admin-centred meetings, there is a whole team practice meeting once a month where we consider issues that affect everyone in the office. Things that have been discussed and altered as a result of these discussions include; management of administrative time, how appointments are booked based on client feedback, how we manage the out of hours rota, billing structure etc. Both administrative and veterinary staff have the platform to give their opinions in these meetings. Our PP has final say in local policy changes, but takes on board opinions from all staff members, and usually we circle back to issues to see how they're working out after a certain period of time.

For example, we would normally hold an annual lambing workshop but this year, team members felt that the idea was a little tired, and that we would be repeating the same information to the same people. Because of this, we had a discussion and a new idea for a meeting was born - this new idea (a post lambing debrief with optional vet led stations), though not what is usually expected of our branch gave us new motivation to give the clients a meeting that really catered to their needs at the time. We would never have done that had there not been an open channel of discussion open to all staff members.

**Q. Give one additional example of how effective communication is supported in your practice.**

We communicate with staff and clients alike through active social media channels; vets contribute educational case reports (with owner permission), pictures of day-to-day activities, inform people of upcoming meetings and broadcast potential disease concerns via Twitter, Facebook, a regular newsletter and we have an internal email every Friday that details staff achievement that week. Our branch is one of the top contributors to these channels.

## **Promoting colleagues' physical and psychological health at work supports wellbeing.**

**Q. Does the practice take a proactive approach to managing health and safety hazards at work?**

We recognise that farm work can be quite demanding and also potentially dangerous. No vet is under any pressure at all to complete a visit in which they feel unsafe, or where a client has not made reasonable provision to ensure the vet's safety on farm - they are always supported if they have to halt a visit or abandon a TB test - their perception of their own safety is trusted.

All vets' cars are fitted with trackers, so that they can be located at any time of day or night (unless on privacy mode for personal use). This helps to ensure safety on the road, but also in lone working situations.

Vets are encouraged to text in to the practice phone or practice principal's phone if they are going on a night call - this ensures that we are alerted if they do not 'check back in', and also helps the diary team rearrange their morning if they were out all night on calls and too tired to drive safely to morning appointments.

All employees have health insurance paid for by the company; this extends to provisions for mental health too.

In the unfortunate event of an accident, each member of staff has a sickness policy in their handbook which provides information regarding entitlement, sick pay, etc. We encourage comprehensive accident reporting and keep our first aid stocks up to date and accessible to all, with personal kits in each car.

In the rare, but inevitable event of a colleague having a tough time personally, for whatever reason, care is taken to sensitively alert the rest of the team to the fact that they may not be at their best (without divulging personal reasons) -this helps us to avoid placing any pressure on the individual, and means they don't have to have conversations that they perhaps aren't comfortable with. As we are a small team, it is quite easy to pick up on mood changes, or issues that anyone may be having, and we have a very approachable practice principal who treats all issues fairly and keeps information in confidence.

### Q. Are healthy eating, exercise and similar health initiatives for colleagues promoted?

Yes, though it must be stressed that these are not forced upon anybody. We have a wellbeing initiative wherein each member of the team is invited to share a practice that helps with their mental health. We have had mindfulness sessions and also yoga. We now have yoga every Thursday morning in the office before work, on an optional, drop in basis. Colleagues often invite each other out for exercise-based activities like paddle boarding, walking and even obstacle course racing, and an active lifestyle is promoted, but not in such a way as to alienate someone who isn't interested in that side of things.

We have learned a lot simply from filling in this questionnaire - we thought that we were fairly progressive in terms of promotion of healthy living, but after completing the accompanying SPVS quiz, we have learned that there is still more we can do. To this end, we have now stocked a fruit bowl that everyone can help themselves to, and we are looking into a reward budget that will buy us all personalised water bottles to take out on the road with us to promote hydration on long days out.

### Q. How is awareness of mental health promoted by the practice?

We recognise that farm practice can be isolating; long journeys spent alone in the car and potentially quite harsh working conditions plus client expectations can make people feel stressed and anxious. That's why we always make a point of checking in with one another, particularly when we have noticed that someone's diary might have been a bit intense or they had a busy time on call.

We have posters in the practice detailing relevant helplines for stress management and vet-specific mental health initiatives, and these are also sent around in our weekly emails from head office (that also detail staff developments, achievements, good outcomes and jokes).

An example of this awareness being promoted is the new starter/graduate training on mental health and resilience. An external professional came to speak to our new starters about all things mental health this year, and also offered funded 1-to-1 sessions. We expect that this will be rolled out to all employees. Separate to this company endeavour, our branch had a mental health charity come in and give a presentation on mental health awareness, understanding and coping mechanisms. Again, members of staff in need were offered one to one session with a mental health professional.

In recent appraisals, a staff member was given SMART objectives pertaining to raising awareness of practices that we find helpful; the aim being to promote one wellbeing scheme that the practice will adopt. One such example was the introduction of a 'What works for you' initiative, where we each have an opportunity to share something at Breakfast Club that is mentally beneficial to us, and everyone has the opportunity to have a go at it. This not only broadens our horizons in terms of stress-busting activities, but it also shows everyone that each person recognises a need to take care of their mental health, and that it is completely okay to admit to going through periods of poor mental health that require some form of help or intervention.

#### Q. What stress management initiatives are promoted by the practice?

There is, of course, the aforementioned yoga, and opportunities for all staff members to bring an activity or a concept to our breakfast meetings that helps them deal with stress. As previously discussed, we have quite an open culture here, and talking, even to say that you are stressed/overwhelmed etc. is encouraged. Nobody is ever told to 'just get on with it', and we try to come to a solution by asking the stressed individual(s) what we could do to alleviate the burden. Often this results in a slight alteration to the diary, but it can also result in sabbatical leave to pursue other projects.

For example, a colleague took a few summer months off to go travelling, which really helped to renew their motivation for work upon their return.

We also allow colleagues to bring well behaved dogs to the practice, which really can help to lift the mood. One of our dogs is a registered Pets as Therapy animal, who can give some much-needed comfort on tough days. The dogs (no matter who owns them) also provide opportunities for anyone to get out of the office for a little while, as anyone can walk them in the fields behind our practice. Even just walking the dogs for a few minutes can give some much-needed headspace and fresh air.

#### Q. Are colleagues supported during extended sickness absence and on return to work?

In the past, colleagues have had extended sickness absence, and this has been followed by a phased return to work, after a meeting with an HR manager and the individual - we discussed and agreed exactly what type and amount of work would be appropriate, for an agreed period of time, and without pressure to return to the full range of duties. They have returned on the basis of having guaranteed back-up until comfortable without this.

In other cases, individuals have come back into administrative duties initially and gradually returned to clinical work over the course of a few days or weeks, with return to work meetings to check that the progress is appropriate for the individual. Only when they are fit to return to full duties, are these expected of them.

**Q. Give one additional example of how physical health and psychological wellbeing are supported in your practice.**

We try not to book regular appointments after 4pm to allow for those not on duty to pursue activities outside of work; the duty vet takes over calls from 4pm, and this allows everyone to complete paperwork, so that there isn't anything 'hanging over' into the next day. It's very positive to be able to finish the day feeling accomplished. Furthermore, if we have pre-booked plans (such as family engagements, theatre tickets, etc.), we can often negotiate an early finish to prevent a rush at the end of the day that could mar the fun of the planned activity!