

**Minutes of the AWP NHS Trust
Employee Strategy and Engagement Committee**

Held on Friday 30th November 2012, Jenner House

Committee Members Present	Committee Members Apologies
<ul style="list-style-type: none"> • Lee O'Bryan – Chair of Committee & Non-Executive Director • Anthony Gallagher – Chair for AWP • Alison Paine – Non-Executive Director • Julie Thomas – Executive Director for People 	<ul style="list-style-type: none"> • Hazel Watson – Executive Director for Nursing, Compliance, Assurance Standards
In Attendance	Apologies
<ul style="list-style-type: none"> • Sally Fox – Head of HR • Andy Sylvester – Director of Operations • Kevin Connor – Acting AOWA Community Service Director • David Colyer – Adult Service Director • Justine Faulkner – Deputy Director for People • Kristin Dominy – SDAS Service Director • Paul Miller – Executive Director of Finance • Denise Claydon – LLL Service Director • Carol Bowes – Acting S&S Service Director • Carole Horroll – minute taker 	<ul style="list-style-type: none"> •

Standing Items

Item	Title	Action
	<p>The pre-meeting listening event was held for staff from Green Lane at 9.15 a.m. with Lee O'Bryan, Tony Gallagher and Julie Thomas.</p> <p>Issues raised by staff included:</p> <ul style="list-style-type: none"> • Felt that some good staff have been lost through redesign. • A feeling that redesign took too long but felt things had now settled. That there had been very much a performance culture led from very senior management. With the changes made so far, there appears 	

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	<p>to be more dialogue and that stress levels for staff have reduced. There was a perceived different culture from senior management and this is appreciated.</p> <ul style="list-style-type: none"> • An OT service which had been valued in Wiltshire was no longer supported by the Adult Community SBU, although there was support from Head of OT. Frustration was expressed at not having this flexibility any more. • A member of staff who initially worked with the crisis teams noticed a difference in patients now being more appropriate for treatment by the new intensive team. The intensive service can now concentrate more on individuals; the right people are being treated. PCLS was making a difference but may need more resource. • In terms of caseload, the recovery teams caseload which has been reduced is still very full and they are very busy. • Staff were keen to see locality progression and senior clinician and management attached in the plans. LOB acknowledged that changes need to be made, including far greater clinician input into decision making and accountability. He explained the thinking in terms of a triumvirate of accountable Clinical Director, Managing Director responsible for resourcing etc and a Head of Professions and Practice with a 2 way responsibility – one informing trustwide standards, and the other monitoring standards within the locality to ensure Trustwide consistent quality of service. • Are we joining SW Pay Consortium? JT confirmed that the CE is not minded to take us into this consortium, but that this needed to be a Board decision.. Further to discussion at Board we anticipate a joint communication from Iain and JUC will be issued reflecting on this and how we will work together to be competitive within the challenging environment. <p>Any actions will be assigned to the appropriate lead and reported back at next meeting as matters arising.</p> <p>LO'B thanked staff for attending and participating so actively.</p>	
1	Apologies and Introductions.	
2	<p>Minutes of Previous Meeting – 21st September 2012</p> <p>The minutes were agreed as an accurate record of that meeting.</p>	

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3	<p>Matters Arising (Action Log)</p> <p>The actions from the meeting on the 21st September were discussed. There were two outstanding actions;</p> <p><i>Speak to Oxford NHS Trust to understand how they achieve their ‘best in class’ sickness absence rate.</i></p> <p>SF reported on her discussions with Oxford NHS Trust; they manage their sickness in a similar way to AWP. There was nothing obvious that we are not doing as a Trust. They have sent through their policy and reporting matrix. Only difference is that they have in house occupational health facility. JT reported that we are currently looking into our existing OH contract and that options are being considered. JT and SF are due to meet NHS Employers next week as they are offering us some resource and help with sickness absence. SF feels there is a wider issue with sickness absence which is connected to staff engagement and this is key. LOB suggested that this should be discussed at the next meeting. SF to compare our wellbeing strategy against Oxford Trust.</p> <p><i>TG suggested that we look at an external benchmark figure (supervision/appraisal) as our target is currently set at 85%.</i></p> <p>JF explained that this data isn’t usually shared by other trusts, but the detail can be picked up from the staff survey results from other trusts. In Devon they set their target at 85% which was based on number of people at work at any one time, local acute trusts have set their target at 85%, therefore it was agreed that it seems reasonable to set ours at the same level.</p> <p>All other actions either completed or on the agenda.</p>	SF
4	<p>Dashboard</p> <p>Supervision – JT reported a significant improvement for L3 and an improving position for other SBUs. SDAS have now adopted the same reporting mechanism. Adult Community are currently only measured by the internal staff survey which is about to commence again, but are exploring the mechanism used by the other SBUs.</p> <p>Staff in Post – During October wte have increased, this reflects the success of recruitment campaigns. JT reported that during the past few months a significant revalidation of systems and information in ESR and eFin has been carried out which as of yesterday were thoroughly realigned.</p> <p>Turnover – This has reduced slightly. Setting a turnover target was discussed. LOB requested that we set a new target in April taking into account relevant benchmarks. Exit surveys to be reported to January</p>	SF

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	<p>ESEC meeting..</p> <p>Appraisal - A request to include appraisal trend information on future dashboard. Significant progress from Adults Inpatients and Community. Noted that the implementation of Inspire has been delayed to tie in with locality implementation. LOB asked SBUs and directorates to continue their effort.</p>	All
5	<p>Director for People Report</p> <p>JT presented the report which included detail on many elements including progress on those associated with the FFtF plan.</p> <p>Discussion on setting a target around percentage of pay expenditure that should be associated with agency usage. As at month 7 we have spent £8.2m on agency, the annual forecast is £14m and this is a similar figure to previous years. Temporary staffing shift fill information based on August to October indicates that 17% of shifts are filled through agency</p> <p>JT proposed to continue the work on this now that SBUs have clearly identified their substantive/temporary split, work through the detail with TWMG and report back to ESEC in January and ongoing as part of 12/13 business planning processes.</p> <p>JT reported that information within our dashboard is supplied from very time consuming reporting systems, JT requested prioritisation of people data within the data warehouse / IT workplan, the Committee supported this request.</p>	
6	<p>Vacancies across AWP</p> <p>JT gave significant thanks to finance, HR and operational colleagues who have worked well together to re rationalise staff information following service redesign.</p> <p>This has enabled reporting on budgeted establishment, staff in post, SBU flexible requirements of their establishment, temporary staffing cover (for the month of October) and a gap analysis. The report was welcomed and discussed.</p> <p>LOB confirmed he was assured by the vacancy report.</p>	
7	<p>Policies for Approval</p> <p>The following policies were presented for approval, some of which are CNST policies and must be in place by the end of the year, some have expired or are due to expire, others are extensions and some have minor amendments.</p>	

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	<p>Domestic Abuse Policy – approved.</p> <p>Job Banding Policy – approved.</p> <p>Recruitment and Selection Policy - page 7, 9.3b to be amended to read as ‘spot check’ not ‘spots check’. 9.3c. amend to ‘assuring group ‘of’ the Board. With these amendments this policy was approved.</p> <p>Practitioner Registration Policy – approved.</p> <p>Workforce Diversity and Equal Opportunities Policy – approved.</p> <p>Pay, Terms & Conditions of Medical Staff Policy – approved.</p> <p>Appraisal Policy for Consultants and Speciality and Associate Specialist Doctors – JT advised that this policy contains detail around revalidation and putting systems in place to respond to revalidation, the procedure within the policy will change over time but is correct at this time – approved.</p> <p>Criminal Records and Barring Checks Policy – This was due for its 3 year review, the policy has had a significant re-write and now request a 1 year review - approved</p> <p><u>Admin changes for three policies;</u></p> <p>Induction policy</p> <p>L&D policy</p> <p>Staff supervision policy</p> <p>Request to extend the review date for management of sickness absence, discussions are underway regarding this issue. All of the above 4 approved.</p>	
8	<p>AOB</p> <p>Fit for the Future Action Plan– The Committee noted this report, and that progress on the relevant aspects of this had already been covered within the People Report.</p> <p>Item 32 of plan – delivery date, JT to change comment.</p> <p>Terms of Reference – A minor amendment regarding membership was agreed at Board yesterday. It was noted that text still referred to ‘workforce strategy’ throughout, LOB took Chairs action and asked for these changes to be made.</p> <p>TG was aware that some staff working in interim positions for long periods of time, in some instances 3 to 4 years and requested at some stage next year to he would like data on this. JT to look into this and request SBUs to look into this and take action.</p> <p>DC suggested that a communication should be sent to staff concerning the imminent changes from business units to localities and avoids any</p>	<p>JT</p> <p>CH</p> <p>JT and All</p> <p>Ray Chalmers</p>

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	unnecessary anxiety.	
9	Date of Next Meetings – Friday 18 th January 2013 – Willow Room, Bath NHS House. Listening To You Session – 9.15 a.m. to 10.00 a.m. Meeting – 10.00 a.m. to 12.00	

AGREED