

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

Held on Friday 12th September 2013 – Sandalwood Court, Swindon

Committee Members Present	Committee Members Apologies
<ul style="list-style-type: none"> • Alison Paine – Chair of Committee & Non-Executive Director • Anthony Gallagher – Chair, AWP • Carol Lenz – Interim Director of HR • Kristin Dominy – Operations Director • Hazel Watson – Nursing Director • Paul Miller – Finance Director 	
In attendance	Apologies
<ul style="list-style-type: none"> • Toria Nelson – HR Business Partner • Paula May – Managing Director, Swindon 	<ul style="list-style-type: none"> • Rachel Clark - Programme Director, Development

Item	ACTION
<p>Listening to You Session</p> <p>Two members of staff attended, Barbara Stapleton and Harjitt Arranch.</p> <p>BS commented that Swindon are the best performing IAPT service in the country and are being used as an example of best practice. However, she expressed concern that the service is completely overwhelmed by secondary services service users. BS was concerned about capacity within secondary care services and felt this was an issue and quoted that at least 90% of their referrals to PCL were sent back. BS confirmed that LIFT practitioners have an average 70% face to face contact and confirmed that LIFT never discharge service users completely which is similar practice to GP's. BS suggested that AWP considers a middle tier service to accommodate requirements. BS believed that LIFT have seen approximately 17,000 new service users last year.</p> <p>TG asked what dialogue has taken place with the Triumvirate. BS was unaware of any meetings held within Wiltshire and aware that one meeting had taken place in Swindon. BS felt that the Triumvirate were not fully aware of the service provided by LIFT and despite raising issues with the Triumvirate nothing had happened.</p> <p>AP recommended that questions need to be asked of the intentions</p>	

Employee Strategy and Engagement Committee Minutes

	between PCL, Intensive and LIFT and that processes need to be put into place.	
1.	Apologies and Introductions	
	Introductions took place and AP noted Rachel Clark's apologies for this meeting.	
2.	Minutes of Previous Meeting – 12th July 2013	
	The minutes were agreed as an accurate record of that meeting.	
3.	Matters Arising (Action Log)	
	<p>Manpower Plan TN reported that managers are receiving updates and confirmed that ESR is currently up to date. PM stated that as long as managers complete the correct documentation for any changes this ensures that ESR is kept up to date. Managers have reported to TN that team data is more up to date than in previous months.</p> <p>KD advised that a second round validation is taking place with Swindon and North Somerset now complete. However, Kristen will have a separate meeting with Malcolm Sinclair to discuss validation for Bristol.</p> <p>Supervision/Appraisal TG highlighted concerns regarding the above, in particular the quality and recording of the above and recognising that there are issues with the IQ process despite implementation of this some 5 to 6 months ago.</p> <p>Self Certification of Effectiveness PM suggested using a self assessment of this meeting, which is a scoring mechanism. It is used at the end of each Audit Committee meeting.</p> <p>Staff Survey CL will provide a report at the next board meeting with updates on the staff survey and sickness absence.</p> <p>Listening to You – action log CH to update the log with Sue Hall's response to an outstanding action point.</p> <p>Quality Advisor for Intensive Teams/Acute Care Pathways Lead This is in a consultation process.</p> <p>Responses for Listening to You TN confirmed to committee members that there is a link on OurSpace for ESEC. PM suggested that this area should be discussed with Rachel Clark.</p> <p><i>Action – Clarity needed regarding value of the sessions and to take to the Board for agreement.</i></p>	

Employee Strategy and Engagement Committee Minutes

4.	<p>Terms of Reference and Annual Work Plan</p> <p>Terms of Reference for all Committees remain under review by Emma Roberts. The revised Terms of Reference were reviewed at the Board meeting yesterday noting that Alison Paine would submit a further submission to the Board as members of ESEC were happy with the revised Terms of Reference.</p> <p>Annual work plan submitted by Hannah Dennis was agreed at the meeting.</p>	
5.	<p>Dashboard (& Appraisal/ Supervision/ Vacancy Figures)</p> <p>Supervision</p> <p>This area mainly indicates either red or amber with very few green. CL advised that the supervision policy is currently being updated. TG expressed his concern that services would be unable to achieve the required outcomes and also the level of medical supervision currently recorded as 30%, although noting that this area is being looked at by Hayley Richards, Medical Director. KD has asked localities to provide her with action plans that cover a number of areas of concern and supervision is one of those. This is due to be discussed at PACMAN.</p> <p>Appraisals</p> <p>CL confirmed that the revised policy is due to be reviewed by JUC at the end of September. The target of 85% still applies and noted that many areas were still either red or amber with the exception of North Somerset.</p> <p>Paula May confirmed that with regards to Swindon, appraisals are being addressed and that the IQ system allows for reports to be run on problematic areas.</p> <p>Both AP and TG asked if the executive team are happy that appraisals are meeting targets in particular the assurances that are given to the Board.</p> <p>Vacancy/Bank/Agency</p> <p>AP asked Paul May what the effect would be if there was no agency usage in Swindon. Paula reported that currently there were 27 vacancies but reported problems with recruiting to Band 2 vacancies on inpatient and primarily the older age unit. Swindon has almost eliminated use of agency and this has been achieved by updating rostering and a skill mix review. AP noted that there was a figure of £58,000 from July – this was clarified as relating to community teams. Inpatient teams are almost at zero. AP offered her praise to Paula for achieving this in Swindon.</p> <p>AP felt that a trajectory of this data would be more useful for assurance. Paul Miller will speak to TN as this type of report already exists.</p> <p>TG sought clarification as to how close to ‘zero’ the localities are in eliminating the use of agency by the end of September. KD advised that there are vacancy problems with certain localities and</p>	

Employee Strategy and Engagement Committee Minutes

	<p>she is working with management teams.</p> <p>Sickness Absence</p> <p>It was noted that BaNES is currently 11% of cost for the whole Trust specifically Recovery and Inpatient Unit. KD will obtain an update from BaNES.</p> <p>AP enquired when the August data would be available. TN advised that reports are always a month retrospective and this is due to a delay in uploading of sickness data, rosterpro and paper timesheets. Paul Miller and TN will check whether this type of data could be available in advance of future meetings.</p> <p>Paula May advised that current sickness levels are reducing in Swindon and is being achieved through work with HR colleagues.</p>	
6.	<p>Operations Consultation Feedback</p>	
	<p>KD confirmed that the consultation closed last Friday. There were a large volume of comments made; outcome paper to follow & be made available on Ourspace.</p>	
7.	<p>Staff Survey Actions (including bullying and harassment)</p>	
	<p>TN confirmed that results have been released for the most recent internal staff survey. Comments have been shared with CL/ KD and also with LR for any specific comments in the BANES area. TN outlined that there were key themes present in the survey including:</p> <ul style="list-style-type: none"> • Improvement of communication from managers • Staffing levels • Systems and organisational changes • Bureaucracy • A lack of acknowledgement of working commitment of staff. <p>TN noted that every time a mini survey is completed, she will send comments to each MD - making sure that respondents are not easily identifiable - and ask for them to follow them up and report back. TN will then use Ourspace to feed back what actions have been completed to show that the Trust is responding to the concerns of its employees.</p> <p>TN reported that there had been specific concerns raised around bullying and harassment and she is planning to send out a communication in the next week letting staff know whom they should contact or talk to if they have particular concerns. She stated that the objective is to show that the Trust is taking all concerns seriously.</p> <p>CL added that the yearly staff survey is due to go out soon; this year the Trust is looking into the additional cost of surveying all employees rather than a sample as in previous years. CL noted that this would give the Trust the opportunity to compare themes from the national staff survey with those arising from the internal staff survey.</p> <p>Action: report progress to Board and continue to monitor as</p>	<p>TN</p>

Employee Strategy and Engagement Committee Minutes

	<i>part of ESEC dashboard.</i>	AP/CL
8.	Sickness Absence	
	<p>CL reported that the Trust rate for sickness has gone down by 0.1% and hopes it will continue to move in the right direction. CL added that she had met with staff side yesterday to discuss the first draft of the revised sickness absence policy and they welcomed proposed changes to the policy.</p> <p>The committee felt that greater awareness of the real cost of sickness absence would be an excellent way of concentrating minds and suggested that this be included in reports sent to managers. CL stated that the policy review will include the reporting mechanisms currently being used across the Trust.</p> <p>LR said that that the main issue with managing sickness in BaNES has been lack of capacity, but she has made expectations clear within the locality. She acknowledged that they had received some help from HR to tackle some outstanding issues around sickness, which had been beneficial. She said that many managers seemed to have become reliant on the sickness hotline, rather than taking control and knowing about their team's sickness.</p> <p>CL said a decision has been made to close down the sickness hotline and revert back to managing sickness absence being the responsibility of the line manager. Additionally, it will no longer be possible not to give a specific reason for absence, which should improve clarity of reporting in the future. TN added that she had carried out comparison work between AWP and other Mental Health Trusts both nationally and in the South West and AWP is better than expected, but more work must be done to get the percentage rates down.</p> <p>Action: report progress to Board and continue to monitor as part of ESEC dashboard.</p>	CL/AP
9.	Policies for Approval	
	<p>The following policies were presented for approval by the committee:</p> <ul style="list-style-type: none"> a) Relationships between Staff at Work Policy – approved for a further one year b) Payment of Expenses Policy – new policy approved for one year c) Whistleblowing Policy – approved for a further three years d) Disciplinary Policy & Procedure – amendments approved with no change in current review date. CL noted that a new Disciplinary Policy and Procedure is expected to be drafted in the next month. e) Appraisal Policy – request to extend review date until 30th September 2013 was approved. f) On Call (Enhancements to Pay of Non-Medical Staff) Policy – request to extend review date until 30th November was 	

Employee Strategy and Engagement Committee Minutes

	approved.	
10.	Any Other Business	
	Operations Consultation KD reported that she is meeting with staff side next Monday to discuss the final draft of the consultation paper and hopes that it will be sent out shortly after their meeting. She said that the paper has taken longer than originally planned but will include consultation around the Academy, middle management roles, Client Account Managers and also IAPT being managed locally.	
11.	Date of Next Meetings (start 10am)	
	<ul style="list-style-type: none">• 14th November 2013, Basement Room 2, The Blackberry Centre, Bristol	