**Present: Matt Buckley, Dawn Roberts, Jamie Sheridan, Andy Sroga, Dawn Lovatt, Colin Todd, Sheila Stamp, Rod Heyward, Debbie Armiger, Elaine Taylor, Member**

**Apologies: Robert Redford, Vince Dobbs, Denis Way, Lauren Way, Katie Channon, Member**

**Minutes of the last meeting:**

Minutes from April meeting circulated.

Proposed as true account: Jamie Sheridan

Seconded as true account: Branch

Signed as a true **account** .............yes.............

**Matters Arising:**

All matters arising had been dealt with/Donations

Gratuity information shared with member - unsure yet whether he will retire in the timeframe. Still seeking to find out how much this was likely to have been.

**Correspondence:**

Read out to branch:

Equality Conference paperwork /motions/delegates(Dawn Lovatt and Matt Buckley would like to attend. Motions to be added to next month's meeting)

Email from Elaine Taylor regarding shop stewards payments. She felt that her stewards payments should remain the same at £287 for the 160 members she represents at the United Lincolnshire Hospital single handed, and that any proposal should had been given out to digest by reps previous to the vote. (Moving forward it was voted on that Elaine should receive £150 going down to £75 then when a further rep is found and then £50 when another new rep was found the same as all new and old reps currently receive, the vote was carried 6 to 4)

**Branch Account:**

Expenses: promotional items/

Bank Statements: Up to 25 April £4606.32

GMB Credit union £2011.15 received £11.15 dividend

Engage statement to date provided with £248.70 available to spend.

Cash payers at tonight's meeting. (2)

**WORKPLACE REPORTS**

**LPFT**

Member 1 Disciplinary meeting held on the 11th April decision not made at that meeting. There is a possibility of reconvening on the 24th April but management will let us know in good time. Member considering taking out a grievance because of the poor communications between commissioning manager and rep which resulted in no witnesses being present at the hearing. Received news on the 25th April that LPFT management had reconvened without us and decided that member should be dismissed. Member intends to appeal with the support of GMB reps. Meeting with Colin Todd appeal sent to Tony K

Member 2 Found out member who had a IT equipment on order for her poor eye sight had been cancelled by HR Meeting to take place on the 26th April to discuss this issue. Issues still on going with retiring on ill health. Support given at Occupational Health Meeting on the 28th April. Report from Occupational Health received and application sent off on the 6th May.

Member 3 Management have agreed that 15 min pay taken off member for moving wards will be reimburse and action will be taken to ensure this does not happen again.

Member 4 Attend review of member who has been on graduated return to work following several server Illnesses not having staff watch her practice to ensure she is ready of fit enough to carry out her duties. Looks like the trust are attempting to go down Capabilities route support given

Member 5 Member has had her collar bone fractured during a altercation with a patient. Given Union Line number to start Criminal injuries and possibly a case for sue the Trust as the patient has been very violent towards staff since his admission and Medics and managers have failed to keep their staff safe. Advice to report incident to the police as a crime number can be sought. Richard Holmes Health and Safety informed and Health and Safety Executive will be investigating as injury RIDDOR. Email sent to Travers Ramsden Security Resilience Advisor to help Member Complete Criminal Injuries claim form

Member 6 Received a letter from Disclosure and Barring Service indicating that they are gathering information to consider whether to include member in one or both barred lists. Advised to contact Union Line number forwarded to member. Colin Todd picked up call and advised member to wait for report before taking any action.

Member 7 Contacted rep seeking support re possible disciplinary actions against member. Advice and direction given as requested. No further action against member. No foundation to allegations.

Member 8 Advice sought re issues of victimisation bullying and harassment in the workplace. Plan of action agreed. Ongoing.

Congratulations to Dawn L on successful completion of her reps course.

Housekeepers Witham Court

Meeting arranged for the 15th May to discuss changing hours as follows

Proposed Changes for Witham court

Brant and Langworth

|  |  |  |
| --- | --- | --- |
|  | CURRENT SHIFT  | PROPOSED SHIFT |
| EARLY | 07:30 – 13:30 | 08:00 – 14:00 |
| LATE | 12:30 – 18:30 | 14:00 – 20:00 |
| MID |  | 10:00 – 16:00 |

This is so all work can be completed within the day

**Early shift reasoning** Up to 8:00am, Clinical staff are finishing the ward handover and getting patients up, washed and dressed. Currently, Housekeeping staff are rushing to get breakfast ready before this time. By changing to an 8:00am start, the nursing team will not be rushed to get patients ready for breakfast, and the patients will also not feel rushed. The housekeepers will be able to ensure breakfast is ready, allowing the patients a relaxing start to the day.

**Mid shift reasoning** The mid-shift will allow certain tasks to be completed which cannot be done just in the morning, i.e. bed spaces, clinics, and supporting colleagues with daily and weekly schedules. This helps to ensure a better patient environment, and improved cleanliness scores.

**Late shift reasoning** This is the best opportunity for the nurses to be supported by our housekeepers during meal times. As with all meal times, they can be challenging at times and on occasions nurses are taken away from the dining room for several reasons, whether it be the admission of a patient, or to help support a patient on a one-to-one basis. Housekeepers can provide the following:

* Dining room can be fully cleaned daily after the evening meal, ensuring they are ready for the next day. The drinks trolley can be cleared away after six o’clock, and the dishwasher restocked and emptied. This is currently undertaken by clinical staff.
* Suppers can be set up by the housekeeping staff, leaving time free for the nurses to do vital paper work before handing over to the night shift.
* Toilets can be rechecked and cleaned if necessary, ready for the night shift.

Off ward housekeepers now do the patients washing, which was previously undertaken by clinical staff. This frees up more clinical time for staff to do all their checks and paperwork, update their records, and concentrate on vital patient care.

We need to be moving forward with this in the best interest of the patients, and ensuring that clinical staff are free to provide patient care, rather than undertake housekeeping duties.

Picked up keys for union room at the PHC

Dawn L will be adding GMB info for a new union board to be set up at the PHC

Unable to attend STP meeting due to illness apologise sent. Colin Todd did attend and will update reps Updates and mins to meetings forwarded to Harry at Nottingham

Attended Women Conference at Leicester good time had by all sessions on the following

1 Women and international trade unionism Lisa Eldrett

2 Workshops on Mental Health

3 Brexit the potential impact on Women Melanie Onn MP for Great Grimsby

4 Workshops Emotional Intelligence Rick Harrington

5 Leicestershire Police Misconceptions Early identification and understanding of Modern Day Slavery

6 GMB General Secretary Tim Roach

7 Autism Debbie Austin

Support given to new RCN rep at the PHC and have updated the LPFT intranet to advertise on Sharon her contact details.

Took part in the first webinar on Pensions run by the GMB very interesting and looking forward to the other sessions. Over 100 people took part very positive news.

The Trust has received its 2016 National Staff Survey results. The results were a significant improvement on 2015 with no deteriorations. The Trust received a 59% response rate which is above average for Mental Health Trust’s. This was an increase of 12% on 2015. 17 key findings had increased significantly, 15 had not changed and there were no deteriorations. The local improvements demonstrate that the Trust’s actions on the Organisational Development Strategy had made a clear difference albeit some areas were still below average, which demonstrates that the Trust needs to continue to press on in this area.

Following a review of all the Trust’s reported mandatory training in December 2016, implementation commenced on the 1st April. The key changes are a move to 3 yearly compliance for most subjects and the removal of Intermediate Life Support for inpatient staff being the most significant changes. This change has been questioned by both staff and staff side and further reviewed considering the Trust’s current policy on medicines management. It concluded that the clinical version on-line basic life support covers all elements required in the Trust’s policy and therefore is fit for purpose. The only element not included in the training was oxygen proximity training which can and will be covered in physical healthcare awareness training

The recruitment of new apprentices into the Trust continues to gain momentum and interest. Inpatient and community teams in Boston are hosting the Trust’s pilot cohort of ‘rotational apprentices’ in association with the Talent Academy. These foundation level apprentices will experience health and social care in acute, mental health, community and private provider before hopefully making a choice of where they would like to progress their health or social careers at the level 2 or level 3 apprenticeships.

The apprenticeship levy is now being paid to the HMRC from April and the Trust can commence to draw down funds from May 2017. It is anticipated that the Trust will not spend the whole amount in one year; this is commonly understood and expected across the region and nationally.

For the period of 2017/18, any educational courses already highlighted through staffs appraisal and talent management process that could be paid for by the levy, will be alerted to line managers and individual staff.

All Trusts were tasked with appointing a specific Freedom to Speak up Guardian during 2016/17. Whilst several Trust’s had already appointed their FTSU Guardians and LPFT revised its Whistleblowing Policy to incorporate the Trust’s secretary role as ‘Whistleblowing Guardian’, national guidance demonstrated that the role should not be perceived as an ‘add on’ so creating an opportunity to review the role.

Consequently, during October via team brief, staff and staff side, staffs were asked for their views on the role of the FTSU Guardian through a short ‘Making a Difference’ interactive exercise in teams and via a dedicated survey monkey. Upon receipt of feedback from staff and staff side, a paper went to the Exec’ Team and November’s Board to confirmed the preferred appointment process.

Both the staff side chair and secretary were happy to be involved in the recruitment process of the new FTSU at the end of last month.

As well as mandatory training the Trust are now providing several leadership developments/courses through LPFT and STP. Staffs have been involved in the development and direction of these. NHS Elect have been commissioned to provide a range of leadership programmes. The Trust has had 4 successful applications for the Mary Seacole programme.

Have now an established bank staffing unit to support the management of agency and bank staff across the Trust. This has helped tremendously when teams are seeking staff and has gone to making our Trust one of the lowest spending Trust’s in this area.

The Trust has successfully reduced its vacancy factor by a targeted recruitment programme and by appointing a dedicated recruitment/retention post to bring about this change. Partnership working with Lincoln University has reinforced this by securing appointment of over 30 newly qualified nurses.

The Trust offer several staff networks through Equality/Diversity lead in which staff side play an important role. To date the Trust, have available a MAPLE (Mental and Physical Lived Experience), Carers in the Workplace, LGBT and Black and Ethnic Minority (BME) Networks. These are for those with a protected characteristic and staff allies/champions.

Work with the LGBT Network has led to an achievement of 110th in the Stonewall ranking of 437 for 2017, the staging of the second LGBT Lincolnshire conference which saw around 200 delegates.

Regards staff wellbeing the Staff Wellbeing Service have been putting on preventative campaigns in order help with staffs emotional health and resilience i.e. yoga sessions, creative coping workshops, cycle to work scheme, pedometer challenge (also Global Corporate Challenge) and team workshops in trouble spot areas.

Staffs concerns have been raised again on shift patterns.  The quick turnover of both day/night duties has been indicated and raised through several avenues, particularly through the JCNC at which staff side were given assurance that this would be addressed and re-visited.  Signs from members do not seem to corroborate this.

There have been ongoing discussions periodically regards transforming the in-patient shift systems in acute, older adult and rehab areas to address the funding gap in the NHS and the need for the Trust to find new and innovative ways of delivering high quality care with limited resources since mid-2015.  Specialist services adopted this approach first and reflecting on and learning from their processes is was hoped to realise the way forward for remaining services.

It has always been a strong belief from staff side involved in this process that the findings from this piece of work would not be ignored, rejected, reinterpreted, as partnership working has always been fostered throughout.  As with Mid-Staffs the obvious was ignored at their peril.  As a collective of staff side and management we make ourselves powerless by pretending we don’t know when things are not right, which on the surface here appeared to be the case. We make ourselves powerless when we choose not to know.  As a cooperative of staff side and management we give ourselves, staff and the organisation hope when we insist on looking where their needs to be change.  Our members look towards us to empower them with their concerns and as staff side to act as an advocate should they feel that their concerns seem to be falling on deaf ears.  The very act of wilful blindness is willed and this is what gives us the capacity to change what is failing our members and more importantly the patients we care for.

With the CQC shortly to fall upon the Trust for a full inspection re-visit when this issue was being raised again, one of the Trusts key concerns now as we all knew as staff side would be patient safety and care.  As a regulator, staffing is a ‘core factor’ in safety ratings awarded when they inspect.  This would be about much more than just having the right numbers.  It would be about having the right mix of staff, with the right skills, at times when it is integral to providing safe, high-quality care.  That does not mean though that we should compromise our staffs ability and capacity to function safely by placing them in unsafe situations where their working practises may induce fatigue and the opportunity for them to make errors, miss things at the expense for some their very registration that they strive to uphold.

In response to date, the Director of Operations and his Deputy have in respect of the scheduling of day and night shifts, raised this with the clinical divisions, to be addressed where this is a specific issue, he understands that this seems to be an issue only in certain areas.

In respect of the wider issue, the use of long shifts, the Director of Nursing and Quality has now confirmed that she is happy for this to be dealt with by the Operations directorate (it could equally be an issue to be addressed from a workforce/nursing lead perspective, but the Director of Operations was happy to lead the response and to feed back to the Director of Nursing).

The Director of Operations discussed the staff side lead for LPFT and with the Divisional Managers and they have agreed the following steps:

* That they will address the issue around the scheduling of shifts where it’s an issue. Ward managers at Witham Court, Lincoln should be able to support this as Interim Service Manager but also with their experience of working directly with Healthroster and the shift system. There was a consensus that Healthroster currently has too many ‘rules’ connected to the automatic population of shifts, that manual adjustments are always required and that ward managers don’t always have the technical knowledge of how to ‘work’ the shifts to get the best fit for the service and for staff. It was also noted that the Trust has quite several new and interim ward managers, so this may be new to some people. Support and guidance will be offered to ward managers and band 6 staff, to improve on this.
* In respect of the wider issues around the long shifts, it was recognised that:
	1. Many people favour the long shifts as it can allow more days off duty (few people seem to have opted for the pattern of one long and four short shifts)
	2. Certain wards, where the physical demands are higher, can present issues for staff working long shifts
	3. Whilst savings were made and jobs protected through the introduction of these shift patterns, there has been an impact on time for training, handovers and supervision.

In conclusion, it was agreed that managers will identify where there are problems and will look at where they can make adjustments to the shift patterns, working in partnership with staff side reps and with staff, to reach suitable solutions.

The CQC completed their week-long inspection of the Trust last week and the Trust thanked all staff for their hard work and the way teams engaged and conducted themselves as part of the visit.

The inspectors gave the Trust some initial feedback at the end of their visit. They found teams to be very welcoming, open and candid. They have noted a real difference in the morale and enthusiasm showed by staff and the culture of the organisation overall.

They were complimentary about staff, saying that you were caring and compassionate, with a clear patient focus. They viewed a person-centred approach towards families and carers who were treated with dignity and respect. overall, the feedback they received from our patients was that they were positive about the care and treatment they receive.

The CQC also mentioned the progress the Trust have made in terms of staffing levels and the Trust’s work on recruitment and retention. They highlighted apprenticeship programme, value based recruitment and the Trust’s sponsorship of HCSWs to complete their nursing degrees.

Since the last inspection, a lot of work has gone into assessment and management of ligature risks and inspectors indicated that the Trust has good systems in place and they are on the right path with this piece of work. They also commented on good local leadership and showcasing how staffs learn from others.

**Areas for improvement**

* Supervision – the Trust were aware that the process is not consistent within the Trust and inspectors felt that the Trust has some work to doin this area.
* Out of area beds, delays in discharge and over-capacity issues were mentioned
* Mental Capacity Act – inspectors commented as there seems to be confusion when and how to use it
* Risk assessments and care plans – this was one of the Trust’s areas of concern and the inspectors also highlighted it as an area for improvement.
* Access to psychological therapies.

Locally within LPFT though some good work is being done, the Trust is not without its challenges. Nationally, the NHS PRB has now made it clear, pay restraint is failing our patients, it’s failing NHS staff, and it’s failing even by its own measure. It’s time for the government to listen to its own review body and give public service workers a pay rise.

There is no people strategy for the NHS linked to the delivery of the Five Year Forward View in England which is leading to workforce issues being neglected, with a piecemeal and short-term approach to the role of pay and inertia at local level.

**ULHT**

New rep due to take up position helping Elaine with union duties.

Matt stood in for investigation meeting .

Attended investigation meeting myself with a member.

JCLC meeting coming up. Colin and myself will attend, pilot scheme for housekeepers is the big issue. No further info as yet.

Attended the GMB women's conference in Leicester had a brilliant time would highly recommend to any lady members.

**BIFRANGI**

No report given

**WYMAN GORDON**

1 New members recruited.

Pay deal has been accepted three year deal 2.3 for year 1

2.3 for year 2 capped at 3% rpi dependant

2.3 for year 3 capped at 3% rpi dependant with a claws that if RPI is above 3.5% we can negotiate again in year 3

Work seems to be going crazy at the minute attended JSSO meeting where new orders have be won. Bringing lots of machines back to Lincoln facility to save on travelling time. Attended the JSSO meeting where we shared the frustrations of the members from using equipment that is old and not getting invested in. Started remapping in the machine shop and forge area.

**CITY COUNCIL.**

Dying to work campaign is looking to be completed/implemented this week. Grievance against city council management are not releasing myself to attend congress as policy states.

HR were trying to change the recruitment policy. Historically council vacancies were first advertised internally and a couple of weeks they were advertised externally.

HR and some senior managers wanted to change this, they wanted vacancies within the council to be advertised internally and externally at the same time. This proposal was met with opposition by the Unions. The head of the council has agreed with the Unions, and the policy will remain unaltered, council vacancies will be advertised internally first.

**Branch Sec Report:**

Audit completed awaiting statements that require sending off to GMB National Administration Unit. Requires auditing by auditors.

Ordering promotional materials/Represented a member at ULH

Changed reps payments on honoraria

**Branch Young Members:**

**New members/leavers for the month in Z60 branch:**

1192 branch members. 10 new members recruited from Asda including 1person that has agreed to become a rep for the GMB awaiting to hear back.

**BRANCH WEBSITE:**

50 View's 19 Users 30 Sessions Average session .50 minutes. 40% where new visitors. New stories and pictures are always welcome.

**Target workplace's within branch:**

Everywhere all reps are encouraged to try to recruit new member either in/out of their workplace.

**Audit Business :**

2017.1 requires checking by auditors

**AOB**

Schools moved into branch from next quarter. Details of meetings to attend will be emailed. ( No news as yet)

Diaries Amount ordering: Can we get calenders

Change to venue /privacy/car park/safety of children. Can we look at Grafton House?

Vote carried

Can we look to have summer party at Washingborough?

To look into Bouncy castle and BBQ availability of venue price.

Retired members Xmas lunch change of venue bring to next meeting?

Canvassing /Leaflet dropping on behalf of Karen Lee of the Labour party? Email sent asking for further dates and times to Dave Godson (branch showed interest further info to be sent when i receive)

Questions /Answers:

Q1. Can we advertise the GMB pay pinch campaign and questionnaire

A1. Advertised through facebook /website

**Confirmed Diary dates**

2/12/17 Children's Xmas Party

REQUIRING ATTENTION BEFORE NEXT MEETING

Gratuity for Keith Martin

Change payment for Elaine Taylor

Venues

Meeting closed 21.40