

## Clinical Forum: Action Plan and Outcomes Summary

**Date:** Tuesday 15 April 2014

**Duration:** 11.30am

**Location:** Beveridge Room Old Market House

<b>Members:</b>	
Sandra Christie ( <b>Joint Chair</b> )	Director of Quality and Governance
Dr Ewen Sim ( <b>Joint Chair</b> )	Medical Director
Alice Sutton	Acting Lead for Dietetics
Claire Wedge	Governance Manager
Linda Lowe	Physiotherapist
Jacqui Irving	Joint Interim Lead Speech and Language Therapy
Paula Simpson	Head of Quality and Governance

<b>In Attendance / Guests:</b>	
Julie Sheldrick	Senior Assistant to Director of Quality and Governance

<b>Apologies:</b>	
Francesca Daly	Clinical Director - Dental
Janet Jones	District Nurse
Julie Griffiths	Physiotherapy Lead
Ken Price	Bio-Mechanical Podiatrist
Sarah Palfreyman	Advanced Sexual Health Nurse
Pamela Power	District Nurse
Catherine Quayle	Nurse Prescriber
Kathy Ryan	Clinical Director and Divisional Manager – Primary Care Division
Sarah Crompton	Physiotherapy

No	Topic Summary	Outcomes / Actions	Lead (Date)
1.	<p><b>Declaration of Interest</b> There were no declarations of interest.</p>		
2.	<p><b>Action Plan from the last meeting: 28 January 2014</b> The action plan from the meeting held on 28 January 2014 was agreed as a true and accurate record.</p>		
3.	<p><b>Terms of Reference</b> No further amendments therefore TOR was approved at the meeting.</p>		
4.	<p><b>Membership</b> Concerns were raised around low attendance at this forum, particularly focussing around representation from community nursing.</p> <p>This is to be highlighted at the next Lead Nurses meeting in order to make sure we have the right membership at this forum with maybe a need to re-visit attendees from the community nursing services.</p> <p>If a member of this forum is unable to attend they should be sending a deputy to represent their service.</p>	<p>To discuss non attendance of community nursing at the next Lead Nurses meeting.</p> <p>To email Clinical Directors Primary Care and Dental regarding non- representation at this meeting for their services.</p>	<p><b>SC: 16.04.14</b></p> <p><b>ES: asap</b></p>
5.	<p><b>High Level Innovation and Research Plan</b> Claire Wedge, Governance Manager is leading on a piece of work around Research and Innovation over the next two years.</p> <p>The Trust Board has approved £50,000 for an Innovation Fund and will be managed via the Clinical Forum. It was agreed an estimated £5,000 per project, using discretion to fund more if applicable.</p> <p>The Application process, application form and the application criteria was shared with the group which need to be adhered to when submitting</p>		

No	Topic Summary	Outcomes / Actions	Lead (Date)
	proposals.		
6.	<p><b>Quality Strategy, Quality Account and Quality Goals</b></p> <p>The Quality Strategy was shared with the group prior to the meeting. The Strategy had been approved at April's Board and was going to be launched at the next Quality Forum in May.</p> <p>Feedback from the group had been incorporated into the final document with a few slight amendments.</p> <p>The Quality Goals are clear in the Quality and Clinical Strategies but as a forum we can develop these goals making sure all areas are covered.</p> <p>It is important that we promote Clinical Forum; let staff out there know what we do as a forum and what we can achieve. To get this message across to staff within the Trust it was agreed to invite a member of the communications team to the next forum.</p>	<p>Invite a member of the Communications team to the next Clinical Forum for support in promoting the forum.</p>	<p>JS: asap</p>
7.	<p><b>Review of Quality Strategy</b></p> <p>See agenda item 6.</p>		
8.	<p><b>Review of Clinical Strategy</b></p> <p>See agenda item 6.</p>		
9.	<p><b>Experience &amp; Engagement Strategy</b></p> <p>The draft strategy was shared with the group. Any comments should be fed back to the Quality Manager by the end of April 2014.</p> <p>The Experience &amp; Engagement Strategy is due to be approved at June's Board.</p>	<p>Comments around the strategy to be fed back to Quality Manager.</p>	<p>All: 30.04.14</p>
10.	<p><b>CQUIN's for 2014/15 and Quality Improvement Projects</b></p>		

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>The seven CQUINs for 2014/15 agreed with the Commissioners were shared with the group for their information.</p> <p>The Clinical Engagement Strategy is key to these CQUINs.</p>		
11.	<p><b>Any Other Business</b> None</p>		
12.	<p><b>Items for Risk Register</b> There were no items for the risk register.</p>		
13.	<p><b>Date and Time of Next Meeting:</b> <i>Tuesday 27 May 2014</i> <i>2.00 – 3.00pm</i> <i>Training Room 1</i> <i>St Catherine's Health Centre</i></p>		

**WIRRAL COMMUNITY NHS TRUST**  
**QUALITY & GOVERNANCE COMMITTEE MEETING**

**MINUTES OF MEETING**

**Monday 17 March 2014 at 11:00am**

**DUNCAN ROOM, OLD MARKET HOUSE**

**Members:**

Mrs Chris Allen (CA) <b>(Chair)</b>	Non-Executive Director
Mrs Sandra Christie (SC)	Director of Quality & Nursing
Dr Murray Freeman (MF)	Non-Executive Director
Mr John Lancaster (JL)	Director of Operations
Dr Ewen Sim (ES)	Medical Director
Mr Brian Simmons (BS)	Non-Executive Director (present via teleconference)

**Present:**

Mr Simon Gilby (SG)	Chief Executive
Mrs Alison Hughes (AH)	Trust Board Secretary
Ms Paula Simpson (PS)	Head of Quality & Nursing
Mrs Heather Stapleton (HS)	Board Support/FOI Officer
Mrs Frances Street (FS)	Chairman
Mr Alan Wilson (AW)	Non-Executive Director

Reference	Minute
1. QGC13/14-190	<b>Apologies for Absence:</b> There were no apologies for absence.
2. QGC13/14-191	<b>Declaration of Interests:</b> ES and MF declared interests as practising Wirral general practitioners.
3. QGC13/14-192	<b>Minutes of the Previous Meeting</b> The Committee agreed that the minutes of the meeting held on 17 February 2014 were a true and accurate record.
4. QGC13/14-	<b>Matters Arising</b> The committee reviewed the action points from the previous meeting held on 17

193	February 2014 and noted that the actions had either been dealt with or were progressing satisfactorily. <i>(See separate actions/matters arising tracker.)</i>
<p><b>5.</b> QGC13/14-194</p>	<p><b>Quality &amp; Governance Committee Terms of Reference</b> AH presented the updated Terms of Reference for the committee. These had been changed to reflect an additional group, Practice Development Research Partnership Steering Group, formally reporting to the committee.</p> <p>The committee approved the updated Terms of Reference.</p>
<p><b>6.</b> QGC13/14-195</p>	<p><b>Management of Risk Register</b> SC presented the paper which informed the committee of risks scoring 12 and above and required further work and progress.</p> <p>AW referred to ID164 of the tracking report, which indicated the divisional manager had not accepted the risk rating.</p> <p>SC confirmed that at times, the risk would be scored high operationally and would be downgraded with a rationale if this was the case. Datix kept an audit trail of changes made, by whom and why.</p> <p>CA stated the progress and movement was encouraging and the risk register would now be reviewed on a quarterly basis.</p> <p>The committee noted the contents of the report.</p>
<p><b>7.</b> WCT13/14-196</p>	<p><b>Quality Governance Assurance Framework Action Plan</b> PS presented the Quality Governance Assurance Framework Action Plan which supported the implementation of QGAF in the organisation.</p> <p>PS reported that 11 actions were due for completion by the end of March and these were on track to achieve completion.</p> <p>CA stated that this was an excellent tracking tool and the work involved was not to be underestimated.</p> <p>The committee were assured that the standards of quality and safety were being delivered by the organisation and that processes for the governance of quality were being embedded throughout the trust.</p>
<p><b>8.</b> QGC13/14-197</p>	<p><b>MIAA Report Information Governance</b> PS presented the Information Governance (IG) toolkit review which had received a rating of Limited Assurance. A comprehensive action plan had been developed with a considerable amount of work having been completed since the audit took place. PS was confident level two would be achieved by the end of March 2014.</p> <p>PS advised that the Commissioning Support Unit (CSU) had provided a full time member of staff to support the trust and ensure the appropriate standards were met. 96% of the workforce had completed Information Governance e.learning which demonstrated commitment to this area of work.</p>

	<p>CA asked how the committee could be assured that the auditors view was not over-stated and SC advised that over the last 12 months, internal knowledge of information governance had increased. The trust had also reviewed which security standards belonged with the CSU and those owned by the trust. JL had been involved as the Senior Information Risk Owner (SIRO) and together with CW's support there was clearer understanding and agreement on the support needed.</p> <p>The committee noted the contents of the report and approved the associated action plan.</p>
<p><b>9.</b> QGC13/14-198</p>	<p><b>NICE MIAA Audit Action Plan</b></p> <p>PS presented the report to update the committee on the findings of a recent MIAA NICE audit and to share the associated action plan.</p> <p>PS stated that the timetable for the current year had included some audits that were expected to be challenging. MIAA granted a rating of Limited Assurance against the review and was based on the trust's inability to provide clear retrospective evidence of the processes in place. A robust action plan had been developed and a NICE group formed to work through the retrospective guidance and report to Quality Patient Experience &amp; Risk Group (QPER).</p> <p>MF asked how NICE was currently managed across the trust and PS advised that the guidance was filtered to identify the relevant elements of guidance and communicated to appropriate divisions. Feedback was co-ordinated within the Quality &amp; Governance Service as to how divisional managers disseminated the guidance. The majority of guidance related to the primary care division and there was a clear structure in place to manage this moving forward. QPER would consider the monitoring aspect of compliance to NICE guidance.</p> <p>AW asked whether there were sufficient resources to meet the short timeframes and PS agreed that the timeframes were challenging, however the priority was to prove the evidence for the CQC. CW was working closely with other members within the Quality &amp; Governance Service and the capacity was regularly reviewed.</p> <p>FS asked about accountability and the link to audit. SC advised this came through the quality and governance structures. The NICE policy stated that if there were occasions when the guidance could not be implemented, the decision would be made by the board.</p> <p>PS advised that there were ongoing discussions with MIAA regarding expectations and this would sit within the terms of reference for the NICE group in order that clear boundaries were evident.</p> <p>SC advised that the process allowed the trust to improve the management of NICE processes across the organisation.</p> <p>CA asked if there were any 'unknowns' with historical issues that needed revisiting and SC advised that the majority of other processes had been reviewed by the MIAA. The areas focused on had been highlighted as requiring further work and progress addressed. The annual list of audits was reviewed with MIAA and approved by the Audit Committee.</p>

	<p>BS agreed that there was input from MIAA and a well-balanced audit plan had been circulated to Non-Executive Directors.</p> <p>The committee noted the contents of the report and approved the action plan.</p>
<p><b>10.</b> QGC13/14- 199</p>	<p><b>Quality &amp; Patient Experience Monthly Report February 2014</b></p> <p>PS presented the report which provided assurance on the delivery of safe, effective, quality services during the reporting period February 2014.</p> <p>The committee reviewed Section 1: <i>Patient Experience</i> The following were highlighted:</p> <ul style="list-style-type: none"> <li>• 94% of patients would recommend the trust to family and friends. Discussions were held at QPER regarding learning from negative feedback, managing expectations and communication to patients. Other ways of collecting feedback was being explored. JL advised that previously at Out of Hours, GPs had allocated an appointment time but were now advising patients to arrive at the centre without a specific appointment. JL would be working with the divisional manager and ES on this issue.</li> <li>• The Parkinson's and Wheelchair Services had no friends and family test data to report for February and service leads had been notified.</li> <li>• GP Out of Hours return rates were low and the negative responses were themed around access relating to a specific weekend.</li> <li>• The Walk In Centre at Arrowe Park Hospital had received 4 responses, 1 positive and 3 negative. The Walk In Centre at Victoria Central Hospital had received 9 positive and 12 negative responses relating to access and treatment.</li> <li>• Podiatry, Heart Support and Leasowe Primary Care Teams had received high levels of feedback through the family and friends test with positive results.</li> </ul> <p>The committee reviewed Section 2: <i>Incident Trends</i> The following were highlighted:</p> <ul style="list-style-type: none"> <li>• There had been an increase in the number of incidents reported, with 98% reviewed within the timescales set. Work was on-going to ensure incidents continued to be reviewed rapidly.</li> <li>• There had been 2 incidents of staff raising concerns which related to staffing issues within the same service. These had been rapidly responded to and JL and SC had met with the team concerned and an action plan developed.</li> <li>• There had been 1 information governance incident which related to misfiling of a patient related note. The action plan would be reviewed by the Information Governance Group to ensure the actions taken would minimise the possibility of reoccurrence.</li> <li>• There had been 5 medication incidents attributed to trust staff. Two were related to missed visit allocation and no patient harm had resulted. Both incidents had referenced staffing pressures and were linked to the staff raising concerns incidents.</li> <li>• Four STEIS reportable pressure ulcer incidents had been reported, 2 related to grade 3 and 2 to grade 4 pressure ulcers. The grade 3 pressure ulcers had been identified by community nurses and reviewed at a</li> </ul>

	<p>multidisciplinary review meeting. One was found to be unavoidable and one would be reviewed via an SBAR to review whether it was avoidable or not. One grade 4 pressure ulcer had been escalated to an RCA for further review and the second had been reported by WUTH and also escalated to an RCA.</p> <ul style="list-style-type: none"> <li>• Following a review of the reporting system with the CCG, all grade 3 and 4 pressure ulcers would be reported initially through the STEIS system.</li> <li>• The number of near miss incidents reported had increased during February.</li> <li>• Four high rated incidents had been reported.</li> </ul> <p>The committee reviewed Section 3: <i>Delivering Care</i> There were no issues to be raised.</p> <p>The committee reviewed Section 4: <i>Report Analysis</i> The following were highlighted:</p> <ul style="list-style-type: none"> <li>• The graph relating to community acquired pressure ulcers would be reviewed and presented to show 3 separate graphs in order to show the trend.</li> </ul> <p>CA raised the contributing factors in relation to pressure ulcers, particularly regarding the nutrition levels of patients given the economic climate.</p> <p>SC advised that this was an area that could be further explored as nurses did record the malnutrition scores of patients.</p> <p>BS stated it would also be useful to undertake a report analysis by age.</p> <p>The committee approved the Quality and Patient Experience report for the period 1- 28 February 2014.</p>
<p>11. QGC13/14- 200</p>	<p><b>CQC Report Rapid Review</b></p> <p>PS presented a paper informing the committee of the results following a rapid review. A neighbouring community trust had received an unannounced CQC inspection and the rapid review had been undertaken as a benchmarking exercise.</p> <p>A number of key people from across the organisation had been engaged to make a fuller assessment and draw out key themes from the neighbouring trust visit. The mechanisms within the trust had been looked at and robust processes were in place. However an action plan had been developed in association with the review.</p> <p>BS referred to the key theme of staff feeling able to raise concerns and to cross reference this with the response from the staff survey where staff stated they were not comfortable in raising concerns.</p> <p>SG stated this would be referred to in the Education &amp; Workforce Committee where the staff survey would be reviewed.</p> <p>FS referred to the concerns in relation to pressures and the increase in demand for the community nursing team.</p>

	<p>JL advised that the divisional manager had robust activity data by team, date and staff grade. This would assist in setting an establishment link to the safe staffing report. There were discrepancies between teams and JL commented that there were sufficient staff but there was the need to review IT, the appropriate allocation of work to the relevant grade. The increase in workload would be an issue for Vision 2018, particularly in relation to integrated care.</p> <p>The committee noted the assurances provided and approved the action plan. A progress report would be submitted to committee in May 2014.</p>
<p><b>12</b> QGC13/14- 201</p>	<p><b>Quality Account</b></p> <p>SC presented the draft Quality Account 2013/14 for feedback. The formatting of the document would be completed by the communications team at the end of the consultation process.</p> <p>SC advised that a section had been included on volunteers, membership and work placements. The committee were reminded that the audience for the document was members of the public. The new quality model was included which linked to the quality goals and had been grouped to match the strategic objectives. Feedback from Healthwatch had been incorporated and the document had been shared with the CCG for comments. It would also be shared with the Health &amp; Wellbeing Board.</p> <p>Various comments were made by the committee which would be incorporated into the final version of the Quality Account.</p> <p>SC advised that the final publication date for the document was 30 June 2014 and the next steps would be for the communications team and PS to review and work on the final document which would be submitted to the trust board in May 2014 and the Audit Committee for final approval in June 2014. The supporting statements were work in progress and would be available in time to be included in the final document.</p> <p>The committee noted and approved in principle the content of the draft Quality Account 2013/14.</p>
<p><b>13.</b> QGC13/14- 202</p>	<p><b>Patient &amp; Young Peoples Experience &amp; Engagement Strategy</b></p> <p>PS presented the trust's draft Patient and Young Peoples Experience and Engagement Strategy.</p> <p>PS advised that this strategy was one of the key supporting strategies to the trust's Quality Strategy 2014-2019. There were six key ambitions which had been developed in partnership with the membership and communications team. The final strategy would be submitted for approval to the trust board in May 2014.</p> <p>MF referred to a patient safety conference he had attended which had included an excellent patient story and had highlighted the shift of the balance of power from clinicians to engagement of the community in the development of services. There was the need to be able to demonstrate public and patient engagement in a tangible way.</p>

	<p>CA stated that although there was tidying up and formatting to be completed, this was an informative document and the work put into this was noted. The comments made by the committee had been noted.</p> <p>SG agreed this was a useful tool and suggested consideration be given to the strategy being broader than a patient and young peoples strategy, for example community engagement.</p> <p>The committee noted the report.</p>
<p><b>14.</b> QGC13/14- 203</p>	<p><b>Leg Ulcer Clinical Re-audit and action plan</b></p> <p>PS presented the report providing an update following the clinical reaudit of leg ulcer assessment and management of care.</p> <p>PS advised that significant improvement had been noted across 11 teams and was enough not to be concerned about the quality of care. Two teams remained below the expected standard of care and would be supported through the performance framework process. One team did not require reauditing. All actions from the audit had been completed.</p> <p>AW requested a report be submitted to the committee following the repeat of the clinical audit for quarter one 2014/15, rather than report by exception. PS would be meeting with the divisional manager to discuss progress being made with the two teams and would feed back to the next committee meeting.</p> <p>AW asked whether there was any triangulation with teams who had reported issues regarding staffing levels. JL advised he had met with all team leaders to discuss general issues and had agreed actions linking in to the safe staff work. SC advised that triangulation would be easier to see using Prodacapo and a meeting would be held with EB to look at the appearance of hotspots.</p> <p>The committee noted the contents of the report and were assured that appropriate steps were being taken to improve compliance with the best practice standards regarding the care of venous leg ulcers.</p>
<p><b>15.</b> QGC13/14- 204</p>	<p><b>Community Acquired Pressure Ulcer Improvement Plan</b></p> <p>PS presented the report which provided an update in relation to the improvement plan for community acquired pressure ulcers.</p> <p>PS reported that 5 actions had been identified, 2 of which had been completed, 2 were progressing well and one related to 'soft casting' and was being considered in the context of the pressure mapping process. All actions would meet the deadline for completion.</p> <p>The committee agreed the final report would be presented to the next meeting of the committee and noted the progress being made.</p>
<p><b>16.</b> QGC13/14-</p>	<p><b>Update on the Action Plan to Implement the Health &amp; Safety (Sharp Instruments in Healthcare) Regulations 2013</b></p> <p>SC presented the report which provided an update on progress made in relation to</p>

205	<p>the implementation of the legal obligations for the organisation to be compliant with the Health &amp; Safety Regulations for sharp instruments.</p> <p>SC advised there were two actions outstanding, one related to the process for information to be transferred from WUTH to PAM. There had been no incidents since the existing process had been implemented in August 2013. The pathway would be reviewed in the event of an injury to ensure there was correct follow up of staff and the policy would be updated to reflect this.</p> <p>SC reported on the dialogue between the trust and the Commissioning Support Unit (CSU) regarding patients with a supply of insulin with needles and syringes which do not have the safety devices. ES would be following this up with the Clinical Commissioning Group (CCG) as the trust believed it was for the discretion of individual GP practices as to what they prescribed. ES stated that GPs would want to be in compliance with the EU directive.</p> <p>Following this action being resolved, all actions would be complete. This risk had been reviewed on the risk register and the score reduced in view of the number of actions implemented.</p> <p>The committee agreed a final report would be submitted in either April or May, dependent on progress made.</p>
<p><b>17.</b> QGC13/14- 206</p>	<p><b>Self-Assessment against Audit Tool to Monitor Safeguarding Standards – Progress Update</b></p> <p>SC presented the report which provided an update regarding compliance against the self-assessment audit tool to monitor the safeguarding standards required by the CCG and NHS North West.</p> <p>SC highlighted an addition to the action plan in relation to a named GP for safeguarding being identified as the post was now hosted by the CCG, and the trust was therefore required to make their own arrangements. ES was in discussions regarding the appropriate way forward. Alternatives to providing support at consultant level were being reviewed as it would be a costly process for the trust and feedback from other trusts was being received. An update would be provided via matters arising for the next committee meeting.</p> <p>SC advised progress had been made regarding PREVENT compliance and the guidance toolkit. Two members of staff had received training and were approved facilitators and work had commenced on a training programme for staff to receive one-off PREVENT training on a mandatory basis. Progress made on the action plan would be submitted quarterly to the CCG.</p> <p>The committee noted the contents of the report and were assured of the updated RAG rating of the self-assessment toolkit.</p>
<p><b>18.</b> QGC13/14- 207</p>	<p><b>RCA 3493 Outcome and Action Plan</b></p> <p>PS presented the report providing an update on the action plan regarding RCA 3493. The final action to be completed related to a system to be put in place to monitor and support the team and this was progressing well. All actions would be completed by 31 March 2014.</p>

	<p>PS reported it had been a successful process with lessons learnt and new processes put in place. A full report would be submitted to the next meeting of the committee.</p> <p>CA thanked those who had been involved in the process. FS asked whether the issues raised had been dealt with quickly enough and SC advised that the timeframes had been agreed with the committee, bearing in mind that quality improvement work can take up to 6 months to fully implement. Patient safety improvements would be made immediately.</p> <p>The committee noted the contents of the report and approved the action plan.</p>		
19. QGC13/14-208	<p><b>Quality, Patient Experience &amp; Risk Group - 26 February 2014</b> The committee noted the draft minutes of the Quality, Patient Experience &amp; Risk Group held on 26 February 2014.</p>		
20. QGC13/14-209	<p><b>Information Governance Group - 24 February 2014 (Draft)</b> The committee noted the draft minutes of the Information Governance Group held on 27 February 2014.</p>		
21. QGC13/14-210	<p><b>Safeguarding Group - 27 February 2014 (Draft)</b> The committee noted the draft minutes of the Safeguarding Group held on 27 February 2014.</p>		
22. QGC13/14-211	<p><b>Practice Development Research Partnership Steering Group - 25 February 2014 (Draft)</b> The committee noted the draft minutes of the Practice Development Research Partnership Steering Group held on 25 February 2014.</p>		
24. QGC13/14-212	<p><b>Any Other Business</b> There were no items under any other business.</p>		
24. QGC13/14-213	<p><b>Items for the Risk Register</b> There were no items for the Risk Register.</p>		
<p><b>Date &amp; Time of Next Meeting:</b> The next meeting of the Quality &amp; Governance Committee will take place on Tuesday 22 April 2014 commencing at 11.00 am. <b>Paper submission deadline:</b> Friday 11 April 2014.</p>			
<p><b>Board - Chair Approval</b></p>			
<b>Name:</b>		<b>Date:</b>	
<b>Signature:</b>			

The meeting concluded at 1.05 pm

**WIRRAL COMMUNITY NHS TRUST**  
**QUALITY & GOVERNANCE COMMITTEE MEETING**

**MINUTES OF MEETING**

**Tuesday 22 APRIL 2014 at 11:00am**

**DUNCAN ROOM, OLD MARKET HOUSE**

**Members:**

Mrs Chris Allen (CA) <b>(Chair)</b>	Non-Executive Director
Mrs Sandra Christie (SC)	Director of Quality & Nursing
Mr John Lancaster (JL)	Director of Operations
Dr Ewen Sim (ES)	Medical Director
Mr Brian Simmons (BS)	Non-Executive Director

**Present:**

Mr Simon Gilby (SG)	Chief Executive
Mrs Alison Hughes (AH)	Trust Board Secretary
Mrs Heather Stapleton (HS)	Board Support/FOI Officer
Mrs Frances Street (FS)	Chairman
Ms Claire Wedge (CW)	Governance Manager
Mr Alan Wilson (AW)	Non-Executive Director

Reference	Minute
1. QGC14/15-001	<b>Apologies for Absence:</b> Dr Murray Freeman, Non-Executive Director Mrs Paula Simpson, Head of Quality and Nursing
2. QGC14/15-002	<b>Declaration of Interests:</b> ES declared an interest as a practising Wirral general practitioner and as such a member of Wirral CCG who commission services to the trust.  It was suggested that further guidance is circulated on declarations of interest to ensure they are suitably specific. As such it was agreed that ES interest was specifically related to his membership of Wirral CCG, key commissioner of services provided by the trust.

<p><b>3.</b> QGC14/15-003</p>	<p><b>Chairman's Briefing</b></p> <p>CA informed the committee that a chairman's briefing would be presented to the meeting in future (with effect from May 2014) to provide information and feedback on conferences that had been attended by non-executive directors and executive directors since the previous meeting.</p> <p>The following were highlighted:</p> <ul style="list-style-type: none"> <li>• A Patient Safety conference had been held on 14 March and attended by MF and PS and provided the opportunity to reflect on the trust's current approach when evaluating patient safety.</li> <li>• SC had attended a Foundation Trust Network Quality Conference on 19 March which had included a session on integrated care led by the Kings Fund and a session on the board's role in quality.</li> </ul> <p>The full chairman's briefing would be circulated to members.</p>
<p><b>4.</b> QGC14/15-004</p>	<p><b>Minutes of the Previous Meeting</b></p> <p>The committee agreed that the minutes of the meeting held on 17 March 2014 were a true and accurate record pending some minor amendments to Minute QGC13/14-207.</p>
<p><b>5.</b> QGC14/15-005</p>	<p><b>Matters Arising</b></p> <p>The committee reviewed the action points from the previous meeting held on 17 March 2014 and noted the actions had either been dealt with or were progressing satisfactorily. <i>(See separate actions/matters arising tracker.)</i></p> <p>The full update in relation to an action from the committee meeting held on 21 October 2013 was provided:</p> <p><b>QGC13/14-121 – Self-Assessment against Audit Tool to monitor Safeguarding Standards</b> – ES advised he was following the named doctor role up and was awaiting further information. The level required was at least consultant level with experience in safeguarding. Consideration may be given to an SLA with WUTH, however the impact this may have on the 0 – 19 years bid would need to be considered. The trust needed to think innovatively in order to manage costs for something that would be required occasionally.</p> <p>CA stated that it may be useful to receive feedback from the safeguarding lead. SC stated that the demand was small and in the most part ES or the safeguarding team progress any issues that arise. This matter would be raised at the next contract meeting and the committee briefed on progress at the May committee. It was noted this issue was on the safeguarding risk register.</p>
<p><b>6.</b> QGC14/15-006</p>	<p><b>MIAA report – Quality Account and Quality Governance MIAA Action Plan</b></p> <p>SC presented the report which provided an update on the findings of the MIAA Quality Account and Quality Governance audit.</p> <p>SC advised that MIAA had granted Significant Assurance with five recommendations, four of which were rated as low risk and one as medium risk. An action plan had been developed and was attached at appendix one. All actions would be completed by 30 June 2014 and the majority of these related to the ProdaCapo system.</p>

	<p>The committee noted the contents of the report and approved the action plan.</p>
<p><b>7.</b> QGC14/15-007</p>	<p><b>Quality Governance Assurance Framework (QGAF) Action Plan</b></p> <p>SC presented the QGAF action plan which was monitored quarterly at board and monthly at committee. A board development session had recently been held and it was noted that the QGAF scores had not yet been updated following the work done at that session.</p> <p>SC advised that there were two actions that did not apply:</p> <ul style="list-style-type: none"> <li>• coding proxy audit</li> <li>• SBAR and RCA processes to be mapped against Monitor standards to demonstrate best practice</li> </ul> <p>These had been removed from the action plan and a rationale included in the comments. There were 26 actions due to be completed by the end of April 2014 and a review would be undertaken to ensure they would all be completed. A new action plan would be developed to reflect the discussions at the board development session prior to submission to board.</p> <p>CA sought and received assurance that the actions for executive directors were regularly followed up by SC.</p> <p>SG highlighted two key actions that may not be completed by the end of April and SC agreed to follow these up and update the committee next month.</p> <p>It was agreed that the action plan would continue to be submitted to the committee</p> <p>The committee noted the contents of the QGAF action plan and were assured that the essential standards of quality and safety were being delivered.</p>
<p><b>8.</b> WCT14/15-008</p>	<p><b>Quarterly Internal Assurance Update: Care Quality Commission (CQC) Essential Standards of Quality and Safety</b></p> <p>SC presented the quarterly update on compliance with the CQC's Essential Standards of Quality and Safety which was undertaken using the frontline focus visits.</p> <p>SC reported that 16 frontline focus visits were undertaken during the reporting period to 16 clinical services and full compliance was observed in 13 of these visits. The three exceptions related to outcome 7 – Infection Prevention and Control. The attached action plan addressed the areas of non-compliance and it was noted that there was no trend emerging with the three incidents. The patient experience feedback responses were also attached and 24 positive responses had been received. The questions would be reviewed to ensure they reflected the questions used as part of the leadership walk rounds.</p> <p>CA requested assurance in relation to the phlebotomy service action, that CP20 had been updated and reviewed following a previous issue. JL explained that there was a view in phlebotomy that for some patients taking a blood test could be complex and it was difficult to always adhere to all of the procedures. There was the risk that the phlebotomist could have skin to blood contact.</p>

	<p>SC advised that all the trust's policies were based on national guidance and the issue relating to wearing gloves had been addressed and there were a number of differing types of gloves available to order.</p> <p>JL stated that a process needed to be developed that when an incident occurred there was a way of recording that blood could not be taken and the patients referred back to their GP as the phlebotomist could not comply with the guidance. There would be a genuine reason when this occurred and it was not due to bad practice.</p> <p>ES suggested introducing a comments card for phlebotomy patients asking if the phlebotomist had worn gloves.</p> <p>SC stated that the discussion could be referred back to the Infection Prevention and Control Group to revisit the procedure.</p> <p>The committee noted the contents of the report and were assured that the internal processes for monitoring compliance were in place.</p>
<p>9. QGC14/15- 009</p>	<p><b>Compliance Assessment against the Care Quality Commission (CQC) Essential Standards of Quality and Safety</b></p> <p>SC presented the quarterly report which provided internal assurance of the organisation's compliance with the CQC Essential Standards of Quality and Safety for the reporting January – March 2014.</p> <p>SC advised that the following services had identified partial compliance:</p> <ul style="list-style-type: none"> <li>• Nursing Outcome 4 – staff had been asked to gather information regarding sex, ethnicity and religion from patients as part of the Equality and Diversity Strategy. There was the need to review the way in which this evidence was being collected.</li> <li>• Dietetics Outcome 5 - following review by the outcome lead, it was considered that the prompt was only relevant to 5D and 5E.</li> <li>• Speech and Language Therapy Outcome 5 – training packages were being developed to enhance competencies and would be fully developed by the end of June 2014. Outcome 5 had been highlighted as a risk on the risk register.</li> <li>• Unplanned Care Outcome 14 – the job description for Walk In Centre Nurses needed to be updated to reflect the need for paediatric experience. A training programme was being developed for staff.</li> </ul> <p>SC outlined the contents of the appendices attached to the report and highlighted appendix 3 where a couple of services were showing 80% of evidence whilst plans were being put in place. The CQC would pay attention to this in an inspection visit and would need to be aware that the committee were receiving regular information and were informed of those areas not scoring 100%.</p> <p>CA referred to paragraph 12, Outcome 13, which related to supervision arrangements for non-clinical staff and bank staff and the development of a Supervision Policy. CA asked for an update on progress on the implementation of the policy and AH agreed to follow up on progress through the committee</p>

	<p>structure. The policy would be in relation to supervision above and beyond a daily basis.</p> <p>The committee noted the contents of the report.</p>
<p><b>10.</b> QGC14/15-010</p>	<p><b>Information Governance Toolkit Assessment March 2014</b></p> <p>CW presented the paper regarding the trust's Information Governance Toolkit submission in March 2014.</p> <p>The self-assessment toolkit, version 11, was submitted on 26 March 2014 and achieved an overall score of 71% and a minimum level two in all areas, as required. A breakdown of the areas was attached and level three had been achieved in five areas of the toolkit. An action plan would be developed by the Information Governance Group to maintain level two and expand the level three requirement.</p> <p>CW advised that some areas of the toolkit were not relevant to the trust and 71% was the highest the trust could achieve.</p> <p>An interim submission was due at the end of July 2014.</p> <p>SG asked that as every domain had achieved level two, what would be required to achieve level three. CW advised achieving level three would be in its infancy in some areas and there would be the need to build an infrastructure within the organisation linked to the sophistication of systems. This would be driven forward by the Information Governance Group. The toolkit would be linked to the trust's S/drive to ensure the evidence was readily available and toolkit leads had greater ownership.</p> <p>SC stated that the organisation had developed expertise in information governance and was now in the position of being able to provide advice and comply with the appropriate standards. A board development session would be held regarding Caldicott and Senior Information Risk Owner (SIRO).</p> <p>CW advised that from August 2014, the Information Commissioners Office (ICO) could do unannounced inspections and would be working closely with the CQC.</p> <p>The committee noted the contents of the report and were assured of compliance with the Information Government Toolkit requirement and submission process.</p>
<p><b>11.</b> QGC14/15-011</p>	<p><b>Health &amp; Safety (Sharps Instruments in Healthcare Regulations 2013)</b></p> <p>SC presented the paper providing an update on the progress made to ensure the trust met its legal obligations under the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations).</p> <p>SC reported that there were two outstanding actions that had not progressed and a response was awaited from the CCG GP prescribing leads regarding the provision of safety insulin syringes on FP10.</p> <p>ES advised that some staff were being asked to give insulin using devices that were not suitable. A 'Fit for Safety' initiative was being run by the Department of Health and would be commissioned to CCGs.</p>

	<p>SC advised for assurance purposes, that there had been one inoculation injury caused by an insulin needle and this had been due to patient error. A further update would be provided after the first quarter.</p> <p>The committee noted the contents of the report.</p>
<p><b>12.</b> QGC14/15-012</p>	<p><b>Annual Review of Committee Performance and Effectiveness</b></p> <p>AH presented the paper which provided a framework questionnaire designed to review the committee's effectiveness and performance during 2013/14. AH would facilitate the process on behalf of the board and collate the results. If any particular issues arose, AH would liaise with the Senior Independent Director (SID).</p> <p>AH advised that comments had been made on the 'Behaviours' section as a result of which some of the questions would be redrafted, ensuring they were relevant to every committee. For consistency, a revised version would be issued to Non-Executive Directors.</p> <p>A summary report would be presented to the committee in September 2014 followed by a formal report to the trust board in October 2014.</p> <p>SC advised that the committee's terms of reference required amending as the section referring to compliance being monitored with the NHSLA Risk Management Standards should be removed. Also the reference to receiving six monthly report in relation to the organisation's National Patient Safety Incident Reporting should be removed.</p> <p>The committee noted the contents of the report and were assured of the review process.</p>
<p><b>13.</b> QGC14/15-013</p>	<p><b>Quality &amp; Patient Experience Monthly Report March 2014</b></p> <p>CW presented the report which provided assurance on the delivery of safe, effective, quality services during the reporting period for March 2014.</p> <p>The committee reviewed Section 1: <i>Patient Experience</i></p> <p>The following were highlighted:</p> <ul style="list-style-type: none"> <li>• Two complaints had been received during March and progress would be reported via the trust's monthly complaints report.</li> <li>• There had been a decrease in patient experience contacts across the trust and would be monitored by the Quality, Patient Experience and Risk Group to identify any emerging trends.</li> <li>• 97% of patients would recommend the trust to family and friends. It was noted that from April 2014, the friends and family test would be reported via the national Net Promoter score and the trust would be aiming for a score of 60. ES stated that it may be beneficial to run both methods of patient experience scoring for the first three months.</li> <li>• There had been one high risk concern received and related to a patient who had tried to contact the podiatry service for an urgent appointment. This was escalated as a concern and identified that a referral to the vascular clinic at WUTH was required. The patient had agreed to participate in a patient story.</li> </ul>

	<p>The committee reviewed Section 2: <i>Incident Trends</i> The following were highlighted:</p> <ul style="list-style-type: none"> <li>• There had been no information governance incidents in March and this was the first time during 2013/2014 this had been achieved.</li> <li>• The reporting pathway for incidents had been revised and agreed with the Clinical Commissioning Group (CCG). The StEIS system would be updated following the findings of the trust's Pressure Ulcer Multi Disciplinary review meetings where it would be determined whether the pressure ulcer was attributable to the trust or whether it could have been avoided.</li> </ul> <p>The committee reviewed Section 3: <i>Delivering Care</i> All CQUINs had been achieved in 2013/14 and there were no issues to be raised.</p> <p>The committee reviewed Section 4: <i>Report Analysis</i> The following were highlighted:</p> <ul style="list-style-type: none"> <li>• Pressure ulcers continued to be the highest reported incident.</li> <li>• The process for the reporting of grade two pressure ulcers would be reviewed.</li> </ul> <p>CW advised that next month's report would be generated by ProdaCapo. The narrative would remain however the reporting may look different.</p> <p>CW informed the committee of an event taking place entitled Listening into Action. Non-Executive Directors were invited to attend this joint event to understand how organisations could work together to reduce the risks and incidents of pressure ulcers within acute and community care. The event would be held on 13 May 2014, 2 pm – 4 pm and would be held in the Education Centre at Arrowe Park Hospital. Full details would be issued to Non-Executive Directors in order for them to confirm their attendance.</p> <p>The committee approved the Quality and Patient Experience report for the period 1 – 31 March 2014.</p>
<p>14. QGC14/15-014</p>	<p><b>Community Acquired Pressure Ulcer Improvement Plan</b> CW presented the report which provided an update in relation to the community acquired pressure ulcer improvement plan and the end of year pressure ulcer report for 2013/14.</p> <p>CW advised that the improvement plan was now complete and the quality improvement work would continue to be reported through the Quality, Patient Experience &amp; Risk Group minutes.</p> <p>The end of year report identified a breakdown of pressure ulcers and highlighted the learning points in particular areas. Additional work would be undertaken with the wheelchair service that would be making an application to the innovation fund to support the purchase of pressure mapping equipment.</p> <p>The committee noted the contents of the report.</p>
<p>15. QGC14/15-</p>	<p><b>Root Cause Analysis (RCA) 3493 Continuous Quality Improvement Report</b> CW presented the report which updated the committee regarding Root Cause</p>

015	<p>Analysis 3493 which had resulted from a concern raised by a family member and related to care delivered by the Community Nursing Service.</p> <p>CW advised that the report demonstrated the trust's approach to continuous quality improvement and working in collaboration with other teams. The action plan was fully completed and closed. The learning from this RCA could be used across the whole of the trust.</p> <p>SC advised that the approach for the future would be to offer support to teams to develop following the RCA.</p> <p>The committee noted the contents of the report and were assured by the improvement achieved as part of the investigation.</p>
<p><b>16.</b> QGC14/15-016</p>	<p><b>Open and Honest Care Project Briefing Report</b></p> <p>SC presented the report to brief the committee in relation to the Open and Honest Care Project and requested support to participate in the programme.</p> <p>SC advised that the project was central to NHS England's ambition to ensure every patient received high quality care and slides were attached to the report to provide background to the project. This had been built on recent work from the Francis Report, Keogh Review and Berwick Report and would be submitted to the June board meeting to discuss the trust's involvement. There was the requirement for the data to be published monthly and was being led by the Chief Nurse for the North of England and led on the 6Cs of the Nursing Strategy. A sample of the report was attached as an appendix and linked to relevant board papers.</p> <p>SC informed the committee that the first report would be submitted to board in July for approval and published in a specific section on the trust's website. The information provided needed to be part of the journey towards openness and transparency.</p> <p>BS suggested a 'dry run' be undertaken for a couple of months to ensure no additions needed to be made.</p> <p>SC advised this would be produced on a monthly basis by the quality and governance service working closely with the communications team. The board could review the report in private prior to it being published.</p> <p>The committee noted the contents of the report and approved the proposed participation in the Open and Honest Care Project.</p>
<p><b>17.</b> QGC14/15-017</p>	<p><b>Patient Safety Alert Improving Medical Device Incident Reporting and Learning NHS/PSA/D/2014/2016</b></p> <p>SC presented the report which provided assurance of the organisation's compliance with the patient safety alert 'Improving medical devices incident reporting and learning NHS/PSA/D/2014/006'.</p> <p>SC reported that NHS England and the MHRA were working together as the bodies responsible for regulating all medical devices and ensuring harm was minimised. The Director of Quality and Nursing had Board level responsibility for ensuring there were clear lines of accountability to implement, promote and monitor the safety of patients, users and others in respect of all aspects of medical</p>

	<p>devices management.</p> <p>The Risk Manager was the trust's MHRA Medical Device Safety Officer and was responsible for policy development, ensuring that alerts were disseminated to relevant services and individuals and overseeing the reporting of incidents. The trust's Medical Supplies and Devices Group, chaired by the Head of Procurement, met on a quarterly basis with the aim of providing a clear framework for the safe and effective management of medical supplies and devices. The group monitored compliance with alerts and reported to the Quality Patient Experience Group any areas of non-compliance. Failure to meet deadlines for action was recorded on the trust risk register and escalated in line with the Procedure for Risk Identification and Management GP45.</p> <p>In order to further strengthen compliance with the alert GP48 Medical Devices Management, the Terms of Reference of the Medical Supplies and Devices Group would be updated to reflect the content of the alert. Attendance at the Medical Supplies and Device Group would be monitored. A medical devices dashboard would be developed on Datix to support the Medical Supplies and Devices Group to review and analyse incidents.</p> <p>The committee noted the contents of the report and were assured of the governance arrangements in place.</p>
<p><b>18.</b> QGC14/15- 018</p>	<p><b>MHRA Patient Safety Alert Improving Medical Error Incident Report and Learning NHS/PSA/D/2014/2015</b></p> <p>ES presented the report which summarised the reasons why there was a new national patient safety initiative for improving incident reporting and learning. The actions required by the trust were also outlined.</p> <p>ES advised it was proposed that the Medical Director took the executive lead as the director responsible to oversee medication and error reporting. The Medical Director also fulfilled the role of Controlled Drugs Accountable Officer which fitted alongside this role. The Medicines Governance Pharmacist was responsible for managing medication incident reporting within the trust and it was proposed that the Medicines Governance Pharmacist undertook the role of Medication Safety Officer. The alert was reported in the first instance to the Medicines Management Group and then reported to the Quality, Patient Experience &amp; Risk Group through to the Quality and Governance Committee.</p> <p>The trust noted the contents of the report and agreed that the Medical Director fulfilled the role of executive lead and the Medicines Governance Pharmacist undertook the role of Medication Safety Officer. The Medicines Management Group would fulfil the role of the Medication Safety Committee.</p>
<p><b>19.</b> QGC14/15- 019</p>	<p><b>Control of Substances Hazardous to Health (COSHH and Latex Policy HS07)</b></p> <p>SC presented the policy in JL absence and advised that this policy had come via the Health &amp; Safety Workforce Group and formed part of the regular cycle of review. The policy ensured that the trust maintained effective arrangements in place for the management of substances hazardous to health and included the Latex Policy.</p>

	<p>The policy would require some formatting to ensure it was in line with other trust policies and reference needed to be clear that this was reviewed as part of the regular cycle.</p> <p>ES referred to the procurement regarding latex in relation to other products and SC advised services had undertaken a review of their products as an earlier piece of work.</p> <p>The committee approved the policy subject to the amendments previously referred to.</p>
<p><b>20.</b> QGC14/15-020</p>	<p><b>Smoke Free Workplace Policy (HS23)</b> SC presented the policy in JL absence and was designed to ensure the trust's compliance with NHS guidance on smoking. The policy had been updated to reflect the use of electronic cigarettes.</p> <p>CA stated that this policy needed to be in the required format. Responsibilities of board members had not been included and consistency on version control was also required. A check would be made to find out if this policy had been elsewhere in the committee structure.</p> <p>The committee approved the policy subject to the amendments previously referred to.</p>
<p><b>21.</b> QGC14/15-021</p>	<p><b>Quality, Patient Experience &amp; Risk Group – 26 March 2014</b> The committee noted minutes of the Quality, Patient Experience &amp; Risk Group held on 26 March 2014.</p>
<p><b>22.</b> QGC14/15-022</p>	<p><b>Information Governance Group – 21 March 2014</b> The committee noted the minutes of the Information Governance Group held on 21 March 2014.</p>
<p><b>23.</b> QGC14/15-023</p>	<p><b>Infection Control Group - 12 March 2014</b> The committee noted the minutes of the Infection Control Group held on 12 March 2014.</p>
<p><b>24.</b> QGC14/15-023</p>	<p><b>Any Other Business</b> There were no items under any other business.</p>
<p><b>25.</b> QGC14/15-024</p>	<p><b>Items for the Risk Register</b> There were no items for the Risk Register.</p>
<p><b>Date &amp; Time of Next Meeting:</b> The next meeting of the Quality &amp; Governance Committee will take place on Monday 19 May 2014 commencing at 11.00 am. <b>Paper submission deadline:</b> Friday 9 May 2014.</p>	
<p><b>Board - Chair Approval</b></p>	
<p><b>Name:</b></p>	<p><b>Date:</b></p>
<p><b>Signature:</b></p>	

The meeting concluded at 1.10 pm.

**WIRRAL COMMUNITY NHS TRUST**  
**EDUCATION & WORKFORCE COMMITTEE MEETING**

**MINUTES OF MEETING**

**MONDAY 17 MARCH 2014**

**DUNCAN ROOM, OLD MARKET HOUSE**

**Members of the Committee:**

Dr Murray Freeman ( <b>Chair</b> )	Non-Executive Director	(MF)
Mrs Chris Allen	Non-Executive Director	(CA)
Mrs Sandra Christie	Director of Quality and Nursing	(SC)
Ms Jo Harvey	Director of HR and Organisational Development	(JH)
Mr John Lancaster	Director of Operations	(JL)
Dr Ewen Sim	Medical Director	(ES)
Mr Alan Wilson	Non-Executive Director	(AW)

**Present:**

Mr Simon Gilby	Chief Executive	(SG)
Mrs Alison Hughes	Trust Board Secretary	(AH)
Mr Brian Simmons	Non-Executive Director (via teleconference)	(BS)
Mrs Heather Stapleton	Board Support and FOI Officer	(HS)
Mrs Frances Street	Chairman	(FS)
Mrs Karen Walkden Smith	Head of HR	(KWS)

Reference	Minute
1. EWC13/14-147	<b>Apologies for Absence:</b> There were no apologies for absence.
2. EWC13/14-148	<b>Declaration of Interests:</b> MF and ES declared interests as practicing Wirral GPs.
3. EWC13/14-149	<b>Minutes of the Previous Meeting – 17 February 2014</b> The committee agreed that the minutes of the meeting held on 17 February 2014 were a true and accurate record.
4. EWC13/14-150	<b>Matters Arising:</b> The committee reviewed the action points arising from the previous meeting held in February 2014 and noted the status and ongoing actions. <i>(See separate actions/matters arising tracker.)</i>
5. EWC13/14-151	<b>Education &amp; Workforce Committee Terms of Reference</b> AH presented the revised terms of reference which reflected the addition of the Safe Staffing Steering Group formally reporting to the committee.  The committee approved the updated terms of reference.

<p><b>6.</b> EWC13/14-152</p>	<p><b>Managing Attendance Update</b></p> <p>KWS presented the paper which provided an overview of the current position in relation to sickness absence across the trust and highlighted the following matters:</p> <ul style="list-style-type: none"> <li>• The sickness absence rate for February was 4.6% which was a slight increase from the previous month.</li> <li>• The year to date figures showed that there were 18 teams reporting above the target of 3.4% and therefore showing amber or red. Stress and anxiety continued to be the highest reason for absence.</li> <li>• Livewell leaflets had been provided to Occupational Health to issue to staff wishing to access the service.</li> <li>• The return to work audit continued and there were still some areas not submitting return to work notes. These areas had been followed up to ensure all forms were submitted for a complete audit of data.</li> <li>• The quality of return to work discussions varied and one issue highlighted was the quality of informal counselling. A proforma had been developed to assist managers and this was available on StaffZone.</li> <li>• The relaunch of the Occupational Health Information Online (OHIO) system used for referrals continued across the organisation.</li> <li>• As part of the HR Strategy review, consideration had been given to the trust's sickness target of 3.4% which reflected a figure discussed as a national target some time ago but was never established as such. The trust had been unable to consistently maintain this target. A target of 4.2% was therefore suggested for 2014/15, reducing incrementally over the next couple of years. This was considered to be a more realistic target whilst still providing a challenge to the trust.</li> <li>• Managing attendance would continue to be a priority and proactively managed.</li> </ul> <p>AW asked if it would be possible to split the targets for long term and short term sickness. JH advised this would make it difficult to communicate an overall target however the divisions did have set targets for long term and short term sickness. The overall target would continue to be reported whilst monitoring both long term and short term absence.</p> <p>AW stressed the need to continually reduce sickness rates and not to become complacent when the target was reached.</p> <p>FS expressed caution in relation to changing the target and the message this sent to staff. The point was also made that the high cost to the organisation year to date was £1.5 million.</p> <p>SG stated the need for the organisation to take account of the external scrutiny to be faced by the regulators in relation to performance against targets that were consistently not reached. The targets that were set needed to be realistic as trusts were being challenged by Monitor for setting unachievable targets.</p> <p>SC supported this and advised that discussions had been held with the Trust Development Authority (TDA) where it had been stated that good governance structures should support organisations in providing evidence for setting achievable targets.</p> <p>JH advised that benchmarking with other organisations had taken place and there were few trusts reaching a target of 3.4%. The message to staff was important and regularly reporting on red was putting staff under pressure.</p> <p>CA stated that there was the need to see a consistent downward trend despite the target showing red.</p> <p>BS stated that it was important to be clear regarding the long term target and how to help individuals back into work.</p>
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	<p>JH referred to long term sickness absence which was not just around personal stress. Resilience was an important issue and following feedback from the staff survey, work would be undertaken with staff to support individuals to address this. The point was reiterated that the national target of 3.4% had been discussed but never introduced. The trust had adopted this target to support robust management of sickness absence.</p> <p>The committee agreed to the revised target of 4.2% with incremental reductions, whilst ensuring the long term aspiration remained at 3.4%.</p> <p>The contents of the report were noted.</p>
<p><b>7.</b> EWC13/14-153</p>	<p><b>NHS National Staff Survey Results 2013</b></p> <p>JH presented a report informing the committee of the key findings from the National Staff Survey undertaken between October and December 2013.</p> <p>JH reported on the following issues:</p> <ul style="list-style-type: none"> <li>• The trust had achieved 57% response rate which compared favourably with the previous year of 52%. Overall the results were good for the trust.</li> <li>• 28 key findings had been identified and of these 2 had improved from 2012, 2 deteriorated and 23 remained the same. There was 1 statistic that did not compare with the previous year.</li> <li>• The trust continued to score above average for the staff friends and family test which would be introduced as a quarterly national indicator in 2014/15.</li> <li>• Staff engagement remained above the national average but had dropped slightly since 2012. CA commented that staff engagement seemed stronger in the organisation in 2013 than the statistic showed.</li> <li>• The trust achieved the best score nationally for the percentage of staff who had received an appraisal during the last 12 months. The trust had scored well regarding staff experiencing harassment, bullying or abuse from patients, relatives or the public.</li> <li>• The biggest improvement was in equality and diversity training and health and safety training.</li> <li>• The low number of clinical staff responding to the survey impacted on the results and in particular the reporting around errors and near misses. There was the need for the clinical staff to engage and respond to the survey. JH advised that community nursing had reported to the Staff Council that the lack of time to complete the survey was an issue for them.</li> <li>• The five lowest ranking scores compared less favourably with other community trusts and reflected staff motivation and contribution to improvements at work. Some work would be undertaken with those staff who were not patient facing to look at ways in which they could contribute to patient care.</li> <li>• The analysis of results in relation to equality and diversity showed that disabled staff were more likely to experience bullying and harassment from staff and this was of particular concern. Actions had been put in place through the staff groups.</li> <li>• Allied Health Professionals experienced lower job satisfaction and it was noted this group had undergone some organisational change.</li> </ul> <p>AW asked if SystmOne would allow greater engagement with the nursing community and JL confirmed this should provide more opportunity to engage and work remotely. BS stated the need to be mindful with remote working that this could result in staff feeling less engaged or not part of a team.</p> <p>JH advised that the action plan had been shared with Staff Council and would be discussed at Joint Forum. Individual services would be given the opportunity to analyse the results and would be monitored through the quarterly divisional reviews.</p> <p>SG highlighted the comparative results for the organisation on page 34 of the committee papers and showed an improvement from the previous year as well as a better than average score.</p>

	<p>The committee noted the contents of the report and the action plan would be submitted to the committee in April.</p>
<p><b>8.</b> EWC13/14-154</p>	<p><b>Organisational (Divisional) Restructure</b></p> <p>JL presented the paper which informed the committee of plans to undertake a significant reconfiguration of the organisational structure which underpinned service delivery.</p> <p>JL advised that the current structure had been in existence since June 2012 when five divisions had been created. However due to the changing context within which the organisation operated, there was the need for the structure to be reviewed.</p> <p>JL outlined the proposed objectives and changes to the structure and advised there would be the creation of two larger divisions, called Scheduled Services and Unscheduled Services, as opposed to the current five divisions. The role of the Programme Management Office (PMO) would be broadened. The key difference was that the divisions would be based on function as opposed to clinical or professional groupings and the aim was to build in resilience with a more strategic approach to the transformation agenda. The new structure would enable a more efficient delivery of CIP across the divisions. The total pay cost of the new management structure would also cost less owing to the significant reduction in Band 8a posts across all divisions. Roles would be standardised with more consistency in competencies across the organisation.</p> <p>JL summarised the proposed roles and bandings as outlined in sections 35 – 40 of the report and advised that each division would restructure Band 7 posts and below themselves. The Business Manager role would allow links between other services and divisions across the trust.</p> <p>JL advised that a number of steps would be involved to progress the significant restructure, including consultation and engagement with Joint Forum, trade unions and staff.</p> <p>MF stated that it was difficult to appreciate the scale of change from reading the report and further time would be needed to consider fully and be assured this was the right way forward. AW agreed with this comment.</p> <p>CA acknowledged the scale of the task and stated there may be the need for further discussion, however if the Executive Directors viewed this as the right way forward, she supported the proposals. The role of the PMO in the new structure was reassuring.</p> <p>ES referred to the skill mix amongst Band 8a's and the need to be mindful and to ensure vital skills were not lost through the rebanding exercise if staff became dissatisfied.</p> <p>BS agreed with the comments made by the Non-Executive Directors and supported the proposal. He stated the need to tie down the delivery of savings related to the CIP programme. The financial impact needed to be robust and asked whether any provisions needed to be made from a financial perspective. BS suggested that the titles of Scheduled Services and Unscheduled Services may need revisiting.</p> <p>JL advised that the work done supported the divisional plans for achievement of the CIP programme in 2014/15. Admin reviews and clinical rebanding were already planned by the divisions.</p> <p>FS stated this was an interesting paper and the Non-Executive Directors respected the Executives role delivering the restructure plan. FS sought assurance that robust planning had taken place to develop the proposal to ensure it was fit for purpose.</p> <p>JL advised that this had been based on intelligence from other organisations and the integrated care agenda. The new structure also aligned the divisions to support services to link to the strategy and develop business development.</p>

	<p>FS made reference to the impact on staff and the HR implications.</p> <p>JL stated that work will be undertaken to develop the HR framework and the initial work will involve the existing divisional managers and business managers to proceed to the recruitment process to ensure the right people were working at the right level.</p> <p>SG accepted the financial challenge with broad agreement to clarify and monitor the associated costs. There would be issues in relating to managing the workforce through natural turnover, identifying vacancies and mapping to show this was deliverable. There were 3 main issues regarding the restructure to be clear about and these were:</p> <ul style="list-style-type: none"> <li>• It was the right thing to do</li> <li>• It was financially viable</li> <li>• It delivered the right capacity at the right level below director level across the organisation</li> </ul> <p>JH stated that the committee should look at the financial and personal impact. Policies were in place within the organisation to support the process and there were no plans specifically in relation to the restructure for a reduction in the workforce. The wider workforce plan was in draft form and discussions would be held with the trade unions regarding strategies to deal with workforce reductions.</p> <p>FS requested and received assurance that the restructure and workforce plans were being developed in conjunction with each other in order to ensure workforce reduction was kept to a minimum.</p> <p>The committee approved the organisational restructure and requested a plan of implementation of the structure be submitted to the April committee.</p>
<p><b>9.</b> EWC13/14-155</p>	<p><b>Staff Stories Proposal</b></p> <p>SC presented the report informing the committee of the proposal to hear staff stories, using audio recording and story board, at the commencement of the committee meetings. This would be in a similar format to the patient stories presented to board.</p> <p>The staff stories would show attitude and passion by staff who had been able to make a difference to patients and their families in line with the values of the organisation. The stories would be used as a means of sharing learning and highlight support given or barriers that had to be overcome. The stories would be coordinated by the advanced practitioner who also coordinates the patient stories for board. The first staff story would be heard at the April committee meeting.</p> <p>The committee supported the project.</p>
<p><b>10.</b> EWC13/14-156</p>	<p><b>Supporting Level 2 and Level 3 Healthcare Cadet Programme</b></p> <p>SC presented the report requesting approval for the placement of level 2 and 3 Healthcare Cadet placements in the trusts services.</p> <p>SC advised that the proposal would be to initially have 2 cadets in place from September 2014 who would be between 16-18 years old. The placements would form part of the talent pipeline within the organisation and they would have a genuine interest in caring for people, eventually working in the NHS, health or social care. The cadets would be allocated a mentor who would be a qualified member of staff who would work alongside the cadet for the 2 days per week they were in placement. The scheme would demonstrate to the local community the support given to young people providing a clear career pathway into healthcare. Feedback would be provided through the Learning and Development report submitted quarterly to the committee.</p> <p>ES stated there were unseen benefits to be recognised by providing work placements for the cadets and the experience would be positive and rewarding.</p>

	The committee approved the placement of 2 cadet students in September 2014.		
<b>11.</b> EWC13/14-157	<p><b>Temporary Staffing Policy</b></p> <p>JH presented the Temporary Staffing Policy which had been amended following the implementation of the action plan resulting from the MIAA review of temporary staffing in 2013.</p> <p>JH advised that the amendments were minimal and related to clarification of the role of the divisional manager and the establishment of Standard Operating Procedures within each division to ensure local arrangements formed part of the training and induction. Trade unions had been consulted and their feedback was awaited.</p> <p>SC highlighted section 6.16 (page 216 of the committee papers) and whether reference should be made that when a temporary member of staff holding clinical registration was investigated, the relevant coordinating manager involved SC or ES.</p> <p>The committee approved the Temporary Staffing Policy.</p>		
<b>12.</b> EWC13/14-158	<p><b>Safe Staffing Steering Group - 10 February 2014</b></p> <p>The committee noted the minutes of the Safe Staffing Steering Group held on 10 February 2014.</p>		
<b>13.</b> EWC13/14-159	<p><b>Joint Forum - 23 January 2014 (Draft)</b></p> <p>The committee noted the Joint Forum draft minutes of the meeting held on 23 January 2014.</p>		
<b>14.</b> EWC13/14-160	<p><b>Any Other Business</b></p> <p>None.</p>		
<b>15.</b> EWC13/14-161	<p><b>Items for Risk Register</b></p> <p>None.</p>		
<p><b>Date &amp; Time of Next Meeting:</b></p> <p>The next scheduled meeting of the Education &amp; Workforce Committee is to take place on Tuesday 22 April 2014 in the Duncan Room, Old Market House.</p> <p><b>Paper submission deadline:</b> Friday 11 April 2014.</p>			
<b>Board - Chair Approval</b>			
<b>Name:</b>		<b>Date:</b>	
<b>Signature:</b>			

The meeting concluded at 3.50 pm.

**WIRRAL COMMUNITY NHS TRUST**  
**EDUCATION & WORKFORCE COMMITTEE MEETING**  
**MINUTES OF MEETING**  
**TUESDAY 22 APRIL 2014**  
**DUNCAN ROOM, OLD MARKET HOUSE**

**Members of the Committee:**

Dr Murray Freeman ( <b>Chair</b> )	Non-Executive Director	(MF)
Mrs Chris Allen	Non-Executive Director	(CA)
Mrs Sandra Christie	Director of Quality and Nursing	(SC)
Ms Jo Harvey	Director of HR and Organisational Development	(JH)
Dr Ewen Sim	Medical Director	(ES)
Mr Alan Wilson	Non-Executive Director	(AW)

**Present:**

Mrs Chris Aslaksen	Deputy Head of HR	(CAs)
Mrs Alison Hughes	Trust Board Secretary	(AH)
Mr Brian Simmons	Non-Executive Director	(BS)
Mrs Heather Stapleton	Board Support and FOI Officer	(HS)
Mrs Frances Street	Chairman	(FS)

Reference	Minute
1. EWC14/15-001	<p><b>Staff Story – Community Nursing Discharge Team</b></p> <p>SC introduced a staff story told by a discharge liaison nurse who was based at Arrowe Park Hospital. The staff story consisted of an audio recording, including a storyboard and demonstrated the challenges in facilitating a patient discharge safely and effectively in the context of end of life care.</p> <p>MF highlighted the issue that the discharge nurse was not involved prior to the date the patient was discharged and staff at WUTH did not appear to be familiar with the trust's policies.</p> <p>SC stated that one of the key actions was to encourage more working together across both organisations. MF advised that end of life care ought to be standardised across the Wirral to ensure patients receive the appropriate level of treatment to meet their needs.</p> <p>BS stated that the staff member should not have been put into the situation she found herself in, however as a result of her actions the patient was discharged home and received the appropriate care.</p> <p>MF also highlighted the need for WUTH to understand the effect of discharging patients without the appropriate follow-up and care and ES advised that meetings were being established with the Medical Director at WUTH and Nursing Directors to facilitate a more co-ordinated approach.</p> <p>BS stated that consideration may be required regarding the staff stories appearing on the trust's website, together with the actions being taken. However SC advised that there was a rigorous process of consent in place with the member of staff and there was</p>

	<p>the opportunity to hear a different viewpoint from the patient stories.</p> <p>The committee were assured of effective staff engagement for continuous quality improvements and safer patient care.</p>
<p><b>2.</b> EWC14/15-002</p>	<p><b>Apologies for Absence:</b> Mr John Lancaster, Director of Operations Mrs Karen Walkden Smith, Head of HR Mr Simon Gilby, Chief Executive</p>
<p><b>3.</b> EWC14/15-003</p>	<p><b>Declaration of Interests</b> MF and ES declared an interest as members of Wirral CCG who commission services to the trust.</p>
<p><b>4.</b> EWC14/15-004</p>	<p><b>Minutes of the Previous Meeting</b> The committee agreed that the minutes of the meeting held on 17 March 2014 were a true and accurate record.</p>
<p><b>5.</b> EWC14/15-005</p>	<p><b>Matters Arising:</b> The committee reviewed the action points of the meeting held on 17 March 2014 and noted the status and ongoing actions. <i>(See separate actions/matters arising tracker.)</i></p>
<p><b>6.</b> EWC14/15-006</p>	<p><b>Annual Review of Committee Performance and Effectiveness</b> AH presented the paper which provided a framework questionnaire designed to review the committee's effectiveness and performance during 2013/14. AH would facilitate the process on behalf of the board and collate the results. If any particular issues arose, AH would liaise with the Senior Independent Director (SID).</p> <p>AH advised that comments had been made on the 'Behaviours' section as a result of which some of the questions would be redrafted, ensuring they were relevant to every committee. For consistency, a revised version would be issued to Non-Executive Directors.</p> <p>A summary report would be presented to the committee in September 2014 followed by a formal report to the trust board in October 2014.</p> <p>The committee noted the contents of the report and were assured of the review process.</p>
<p><b>7.</b> EWC14/15-007</p>	<p><b>Managing Attendance Update</b> CAs presented the paper which provided an overview of the current position in relation to sickness absence across the trust and highlighted the following matters:</p> <ul style="list-style-type: none"> <li>• The sickness absence rate for March 2014 was 4.7% which was a slight increase from the previous month. There were ten members of staff whose long term absence was due to end during April and this should have a positive impact on the figures for the following month.</li> <li>• Stress and anxiety remained the highest reason for absence and showed a slight increase from the previous month, however work related stress cases had slightly decreased. Appendix 1, table 7 showed an analysis of the reported stress cases and table 8 provided an analysis of work related stress cases.</li> <li>• 25 staff were being managed under the formal stages of the Managing Attendance Policy.</li> <li>• A focus group was to be established to look at manual handling and musculoskeletal issues following concerns raised through the Health, Safety and Wellbeing Group on the number of incidents being raised by staff of musculoskeletal problems among staff who performed leg ulcer care. CA asked if most of the work was performed in clinic or the patient's home and SC advised that it was encouraged for the majority of the work to be performed in clinic.</li> <li>• Since the introduction in July 2013 of a fast track process to refer staff to physiotherapy, 61 staff had been referred and of them 53 remained in the work place.</li> </ul>

	<ul style="list-style-type: none"> <li>An audit of the return to work meetings had been undertaken and in January and February 37% of forms were returned, in March 28% of forms were returned. This issue would be escalated to divisional managers as it could be the case that the forms had been completed but not returned.</li> </ul> <p>CA referred to paragraph 21 in relation to the divisional action plans and CAs advised that these provided a range of information for divisional managers and included ongoing actions and any support required to improve and reach targets. Two action plans had been returned from therapies and lifestyle and primary care and nursing would be submitting theirs. JH advised that specific areas were being targeted for reduction.</p> <p>The contents of the report were noted.</p>
<p>8. EWC14/15-008</p>	<p><b>Staff Survey 2014</b></p> <p>JH presented the staff survey action plan for 2014 which detailed the key areas identified for improvement as a result of the findings from the NHS national staff survey 2013.</p> <p>JH advised that an action plan had been developed and four key themes had been identified:</p> <ul style="list-style-type: none"> <li>Staff Engagement – included the Friends and Family Test and the role of the Staff Council. The implementation of the Organisational Change Policy would be reviewed with guidance for managers and staff on managing change.</li> <li>Health &amp; Safety Training – this was linked to performance management and the completion of mandatory training. Outcomes would be monitored.</li> <li>Wellbeing &amp; Resilience – support available to staff would be reviewed in relation to resilience support and formed part of the Health &amp; Wellbeing Strategy. Quarterly updates would be available and in due course a report would be submitted to the committee.</li> <li>Quality Appraisals – the completion of appraisals would aim for 100% and training would be provided on the new appraisal system. An audit of staff experience on the quality of the appraisal process would take place.</li> </ul> <p>CA stated that although she supported the action plan, the relationship between the ‘Action’ and ‘Key Deliverables’ was not immediately apparent. However this had been made clearer in the verbal update provided by JH.</p> <p>JH advised that organisational change was the key issue linked to levels of anxiety and stress and the ongoing involvement of staff in all changes was key.</p> <p>JH agreed to consider further wording to the ‘Key Deliverables’, for example including the forthcoming review of the Communications &amp; Marketing Implementation Plan. Reporting to the committee on progress on the action plan would take place on a quarterly basis.</p> <p>The committee noted the contents of the report.</p>
<p>9. EWC14/15-009</p>	<p><b>Quarterly Learning &amp; Development Report</b></p> <p>SC presented the quarterly report providing assurance that learning and development activities were provided on an equitable and cost effective basis.</p> <p>The following issues were highlighted:</p> <ul style="list-style-type: none"> <li>Core Mandatory Training – the link was noted between attendance at mandatory training and pay progression. The trust’s training matrix for mandatory training had been updated to make it clearer to staff. The new mandatory e.learning modules had been introduced from April 2014 to be completed by 30 September 2014. A similar process would be undertaken for mandatory clinical training which would also be linked to pay progression from April 2015. Safeguarding level 1 e.learning training had been confirmed as mandatory training for executives and non-executive directors and a board development session would be scheduled to support this.</li> <li>E.Learning Infrastructure Improvements – Following feedback from staff, a new</li> </ul>

	<p>desk icon had been developed which would be uploaded onto every community trust computer and implemented from 31 March 2014.</p> <ul style="list-style-type: none"> <li>• Management and Leadership Development – This was a new section to give a flavour of ongoing work in the talent pipeline. The aims for 2014/2016 were detailed to establish a leadership development framework for the future.</li> </ul> <p>ES stated the report was extremely beneficial and should be seen by commissioners as the trust's commitment to training. It set the benchmark for training that private providers should provide.</p> <p>FS asked how the review of staffing and skill mix within groups was reflected and SC advised that the Safe Staffing Group reviewed the skills and capacity alongside training and clinical supervision. Reference was made to the Cavendish Review which looked at training needs for unregistered nurses. JH advised there was also a clinical mandatory training framework. Following the work being done by JL around the reconfiguration of services, the Safe Staffing Group would be collating all this work.</p> <p>The committee approved the report for the reporting period January – March.</p>
<p><b>10.</b> EWC14/15-010</p>	<p><b>Quarterly HR Strategy Implementation Plan</b></p> <p>JH presented the report which provided an update of progress to date regarding the implementation of the trust's HR strategy. The paper covered three themes, Delivering our Values, Planning for Quality Services and Value for Money and Transformation through Leadership. Also included was an action plan and dashboard.</p> <p>JH advised that positive results were reported in relation to corporate induction as 100% of new starters reported they were satisfied with the quality of the induction. The new target for sickness absence to be reported on from April 2014 had been agreed at 4.2%. Future reports would not use averages to compare absolute workforce numbers and it was noted that over the last 12 months there had been a reduction in workforce numbers and FTEs. A review of exit interviews was being undertaken to ensure all the appropriate processes were in place and a report would be developed taking into account the reasons for leaving.</p> <p>FS referred to paragraph 19 (page 54 of the committee papers) in relation to the headcount and vacancy management and asked for a further detail in light of concerns raised by staff at the launch of the business plan regarding the challenges to be faced by the organisation.</p> <p>JH advised that the workforce plan would include details on numbers of staff reductions, timescales and the process and methods used. It was important for staff to understand this and a meeting would be held with staff side to assist with the understanding of the process.</p> <p>JH referred to the breakdown of employee relations cases which overall showed a reduction from the previous 12 months. There were four new employee relations cases commenced during January - March 2014 making a total of 8 live cases. In order to address the challenge of the KPI to complete the investigations in six weeks, eight bank investigating officers had been appointed. They had a variety of experience and backgrounds including senior manager experience in HR, nursing and trade unions and would commence employment in May 2014 following full induction.</p> <p>JH advised that a new appraisal system linking increments to performance would be introduced and training would be received by managers on the new framework. The principle of the new appraisal system was to improve productivity and enhance performance. The quality of the appraisal would also be addressed and would include values and competencies, contribution to the financial programme and the 6C's for clinical staff. All staff would be required to have an objective to each key strategic theme.</p>

	<p>The committee were assured of the progress made to date regarding the implementation of the HR Strategy and that the workforce was being managed effectively in relation to workforce numbers and sickness absence.</p>
<p><b>11.</b> EWC14/15-011</p>	<p><b>Doctor and Dentists Disciplinary Framework Policy (HRP 1a)</b> CAs presented the paper outlining amendments made to the trust's Doctors and Dentists Disciplinary Framework following a detailed review.</p> <p>ES had been involved with the review, as well as the British Medical Association and thanked Sam Ross, HR Business Partner, for her valuable contribution. The document built on the previous policy, and changes and additions made had been highlighted in red. Processes had been strengthened together with the steps to be followed and timescales to be adhered to.</p> <p>SC stated this was an excellent piece of work and asked if there were any plans to review the disciplinary framework for other clinical professions.</p> <p>ES advised this applied to those doctors and dentists substantively employed by the trust and in the first instance any issues would be handled locally. If unsuccessful cases would be forwarded on to the Local Area Team or General Medical Council.</p> <p>CA asked how it would be communicated to staff affected that there was a new policy and JH advised that new policies were included in the staff bulletin, Staffzone and the HR update.</p> <p>The committee approved the amendments to the framework.</p>
<p><b>12.</b> EWC14/15-012</p>	<p><b>Safe Staffing Steering Group - 11 March 2014</b> The committee noted the minutes of the Safe Staffing Steering Group held on 11 March 2014.</p>
<p><b>13.</b> EWC14/15-013</p>	<p><b>Joint Forum - 20 March 2014 (draft)</b> The committee noted the draft minutes of the Joint Forum held on 20 March 2014.</p>
<p><b>14.</b> EWC14/15-014</p>	<p><b>HR Policy Review Group – 24 March 2014 (draft)</b> The committee noted the draft minutes of the HR Policy Review Group held on 24 March 2014.</p>
<p><b>15.</b> EWC 14/15</p>	<p><b>HR Payroll Finance Group - 19 March 2014 (draft)</b> The committee noted the draft minutes of the HR Payroll Finance Group held on 19 March 2014.</p>
<p><b>16.</b> EWC14/15-016</p>	<p><b>Any Other Business</b> <b>Strike Action by Podiatrists</b> JH advised the committee that a ballot for industrial action had been undertaken by the podiatrists employed by the trust, who had voted for a day of strike action. This was in relation to organisational change which had been subject to a six month consultation.</p> <p>A meeting had been held with the podiatrists prior to the ballot to ensure they were aware of the trust's position and to ensure there was understanding that process had been followed and issues raised had been responded to. This was an AQP service and the pay structure had been altered by commissioners. JH provided assurance that all patients affected would be contacted and appointments would be rescheduled according to priority.</p> <p>The point was made that if the podiatrists did take strike action, their patients could not be redirected to a private service and JH agreed to investigate whether there could be a mandate that the podiatrists did not undertake any other work on that day.</p>

	CA addressed a question to the Finance & Performance Committee to complete a detailed review of the podiatry business and contract position.		
<b>17.</b> EWC14/15- 017	<b>Items for Risk Register</b> The podiatry dispute would be added to the Risk Register.		
<b>Date &amp; Time of Next Meeting:</b> The next scheduled meeting of the Education & Workforce Committee is to take place on Monday 16 June 2014 in the Duncan Room, Old Market House.			
<b>Paper submission deadline:</b> Friday 6 June 2014.			
<b>Board - Chair Approval</b>			
<b>Name:</b>		<b>Date:</b>	
<b>Signature:</b>			

The meeting concluded at 4.05 pm.

**WIRRAL COMMUNITY NHS TRUST**  
**FINANCE & PERFORMANCE COMMITTEE MEETING**

**MINUTES OF MEETING**

**MONDAY 24 MARCH 2014, 11.00am**

**Duncan Room, Old Market House**

**Members:**

Ms Jo Harvey (JH)	Director of HR and Organisational Development
Mr John Lancaster (JL)	Director of Operations
Mr Brian Simmons (BS)	Non-Executive Director
Mrs Frances Street (FS)	Chairman
Mr Alan Wilson (AW) <b>(Chair)</b>	Non-Executive Director
Mr Steve Wilson (SW)	Director of Finance and Development

**In Attendance:**

Dr Murray Freeman (MF)	Non-Executive Director
Mr David Grundy (DG)	Head of Finance
Mr Ian Hogan (IH)	Head of Information Technology
Mrs Alison Hughes (AH)	Trust Board Secretary
Mrs Heather Stapleton (HS)	Board Support/FOI Officer

Reference	Minute
1. FPC 13/14-164	<b>Apologies for Absence</b> Edd Berry, Head of Business Intelligence Simon Gilby, Chief Executive
2. FPC 13/14-165	<b>Declaration of Interests</b> MF declared an interest as a practising Wirral GP.
3. FPC 13/14-166	<b>Minutes of the Previous Meeting</b> The committee agreed that the minutes of the previous meeting held on 24 February 2014 were a true and accurate record.
4. FPC 13/14-167	<b>Matters Arising</b> The committee reviewed the action points from the previous meeting held on 24 February 2014. <i>(See separate actions/matters arising tracker.)</i>
5. FPC 13/14-168	<b>Financial Performance Report – Month 11</b> SW presented the report for the month ending February 2014, highlighting performance against a number of key indicators including the statutory financial duties of the NHS trust and the financial risk rating areas applicable to NHS Foundation Trusts.  The following issues were highlighted: <ul style="list-style-type: none"> <li>The trust was showing a YTD net surplus of £804k which was behind the planned position for this stage of the financial year which was a surplus of £1,054k.</li> <li>The trust had delivered 81% of the cost improvements planned for this stage of the financial year. Mitigations, if delivered in full, would ensure full delivery of this year's savings requirement.</li> </ul>

	<ul style="list-style-type: none"> <li>• The best, worst and most likely scenarios had been developed which suggested no further change with the most likely forecast showing a £804k underspend. All three scenarios delivered a surplus against income and the gap had narrowed between the scenarios.</li> <li>• The Cost Improvement Plan (CIP) linked into the annual and financial plans and would be a significant challenge for 2014/15.</li> <li>• The trust held a cash balance of £2 million which was a significant improvement on month 10 and the level to be maintained. The graph on page 23 of the committee papers explained the cash movement for 2013/14.</li> </ul> <p>SW advised that the cash position has the greatest impact on a trust if in a deficit position.</p> <p>BS stated that the trust's challenge had been debtors; SW advised that contributions had been made and this was now reducing.</p> <p>MF asked how much cash the trust would be expected to carry under the risk assessment framework and SW advised that ten working days of cash available should be available.</p> <p>The committee noted the contents of the financial performance report.</p>
<p><b>6.</b> FPC13/14- 169</p>	<p><b>Financial Plans 2014/2015</b></p> <p>SW presented the final internal financial plans for the trust for 2014/15. The draft plans had been presented to the committee in January and formed the basis for the annual plan. The draft plans had been submitted to the Trust Development Authority (TDA) and feedback had been received in the form of a letter which was circulated to members of the committee. The formal board approved submission would be submitted to the TDA by 4 April 2014.</p> <p>SW advised the trust was planning to deliver a surplus of £900k in 2014/15 which equated to 1.3% of the increased turnover figure.</p> <p>In order to deliver the £900k planned surplus, the trust would need to deliver an improvement of 4.8% or £3.3 million. Detailed project plans and milestones had been established for all the schemes with quality impact assessments completed in line with the trust's CIP and PMO governance structure.</p> <p>The trust had planned capital expenditure of £1.1 million for 2014/15 to deliver the IMT strategy and the relocation of staff and services from Port Causeway and Hind Street. £250k of this would be funded through a 'Safer Hospitals Safer Wards' technology fund.</p> <p>SW referred to paragraph 22 on page 40 of the committee papers which highlighted the movement on contract income from 2013/14 to 2014/15 showing a reduction of £1.4 million. SW advised that the main reductions were the removal of the Primary Care Access Unit (PCAU) and the loss of income in the podiatry service due to commissioners moving to a cheaper tariff. JL advised that a redesign of the podiatry services was planned for business reasons and would be managed through the divisional manager and HR.</p> <p>SW confirmed that overall a positive outcome had been reached through the contract negotiations for 2014/15 and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Physiotherapy and the impact of not having cost per case equalled an increase of £800k going into the contract to deal with physiotherapy growth</li> <li>• DVT funding issues - extra work had been done around hospital discharge that was not in the contract and this equated to an additional £55k for quarter 1</li> <li>• General activity growth equated to £200k</li> <li>• Activity from Western Cheshire equated to £67k</li> </ul>

	<ul style="list-style-type: none"> <li>• Non-recurrent funding was now available to deal with any impact regarding integrated care.</li> </ul> <p>BS stated that the contract negotiations had been conducted well and asked about the overall impact of losing the PCAU in relation to transferring staff and direct costs.</p> <p>SW advised that there was a higher percentage of direct costs but there would be no costs incurred with the estates rental. The bridge analysis on page 41 of the committee papers demonstrated the changes from income and expenditure from 2013/14 to 2014/15. The analysis had been undertaken prior to the announcement that the 1% pay award had been rejected and a process agreed whereby only those who did not receive an increment would receive the 1% cost of living award.</p> <p>SW stated that £400k provision had been earmarked to deal with the impact of redundancies and/or potential MARs agreements in addition to a contingency reserve.</p> <p>SW referred to the detailed breakdown of CIP plans for 2014/15. All the schemes had detailed project plans and had received quality impact assessments in line with the CIP and PMO governance structure.</p> <p>AW stated that at some stage the ability to 'drill down' may be useful in relation to the CIP schemes.</p> <p>SW stated that the capacity and demand of GP Out of Hours had an impact from month 1 and was largely complete. The nature of the temporary staffing within the service was such that finances could be released immediately.</p> <p>BS requested clarity on where the divisional structure fitted into the CIP plans and JL advised that there would be £350k less in the management structure.</p> <p>The committee noted and approved the financial plans for 2014/15.</p>
<p><b>7.</b> FPC 13/14-170</p>	<p><b>Annual Plan Submission 2014/2015 - 2015/16</b></p> <p>SW presented the proposed annual plan submission for 2014-2016. The full plan would be submitted to the April trust board and a leadership event to launch the plan was due to be held on 3 April. Feedback had been received from the TDA on the draft submission and their comments had been reflected in the revised final draft and identified a link to the strategic objectives.</p> <p>SW highlighted the need for clear processes to be in place in relation to mortality governance rates including risk management, incident reporting and Root Cause Analysis (RCA). The majority of quality and delivery was being dealt with by Sarah Carter (SaC) with involvement from SC and ES. There was nothing significant for the trust, in the main due to the national perspective.</p> <p>SW highlighted page 58 of the committee papers which related to the service developments that were being planned to deliver over the following two years and aligned the trust's strategy to the commissioner's strategy. There remained challenges in relation to integrated care and the primary care strategy though Vision 2018 would provide a link between community nursing and practice based services.</p> <p>SW referred to the figure regarding the trust's vision and objectives on pages 66-70 of the committee papers which provided a user friendly version.</p> <p>The committee approved the annual plan submission.</p>
<p><b>8.</b> FPC 13/14-171</p>	<p><b>Key Performance Indicators - Month 11</b></p> <p>SW presented the report which provided the committee with an overview of performance against service KPI's agreed within the framework of the community contract, for the period of February 2014.</p>

	<p>SW reported there were no significant changes to the previous month. The performance thresholds for DNA rates for 2014/15 had been agreed with commissioners as a result of which five of the DNA KPIs showing red would be scored at least amber in the next financial year.</p> <p>Smoking cessation performance had reduced owing to the increased use of e-cigarettes. Discussions had been held with commissioners as this was a common theme across the board and the position of the NHS was not clear as they were not available on prescription.</p> <p>The committee noted the contents of the report.</p>
<p><b>10.</b> FPC 13/14-173</p>	<p><b>Divisional Performance Scorecards</b></p> <p>SW presented the divisional scorecards for month 11 and highlighted performance by division against key indicators.</p> <p>The committed noted and were assured of the contents in the scorecards.</p>
<p><b>11.</b> FPC 13/14-174</p>	<p><b>FT Self Certification</b></p> <p>SW presented the trust's FT self-certification submission for February 2014 and advised that the trust were compliant against the indicators in the Board Statements and the Monitor Provider Licence. This self-certification would be submitted to board for noting.</p> <p>AW suggested that from May 2014, the committee 'drill down' to one of the component parts to gain further assurance.</p> <p>The Winter Report from the TDA had been received and this would be circulated to Non-Executive Directors.</p> <p>The committee approved the FT self-certification submission.</p>
<p><b>12.</b> FPC 13/14-175</p>	<p><b>Community Nursing System Update</b></p> <p>SW presented the report updating the committee on progress made on the implementation of the trust's new community nursing IT system.</p> <p>SW advised that SystmOne had been successfully deployed within health visiting, community nursing and specialist nursing services. Following the successful tender for the provision of phlebotomy services, SystmOne had been deployed to support the new service model and included the ability for self-booking of appointments by patients.</p> <p>The phase 2 deployment consisted of creating a full electronic paper record within the health visiting service, to be completed by 16 June 2014. Full community nursing and specialist nursing electronic paper records were scheduled for completion in November 2014. Phase 3 would involve the roll out to other services and a meeting had been held looking at options for this to happen.</p> <p>IH advised that staff used smart cards to log in and would see only the appropriate unit that was relevant to their service.</p> <p>The committee received a presentation from two members of staff, Karen Clearkin (KC) and Adele Whitgreave (AW), who had been involved in the training of staff in the use of SystemOne. A test patient was used to focus on a child's journey through the system and the following was highlighted:</p> <ul style="list-style-type: none"> <li>• Linking the record to other members of the family</li> <li>• The waiting list for the appropriate clinic</li> <li>• The making of an appointment which had previously been agreed with the patient by telephone</li> <li>• The patient would be automatically removed from the waiting list screen and an automatic text would be sent providing the date, time and name of the clinician they would be seeing</li> </ul>

	<ul style="list-style-type: none"> <li>• The creation of key milestone reviews with a safety net that team leaders could run a report on the capacity for each location.</li> <li>• Breaches to target timelines were reported in red within the system as a visual prompt.</li> <li>• Administrative time could be recorded that could be linked to the original referral.</li> </ul> <p>FS stated that it would be interesting to hear from staff using the system, particularly in relation to on-going support. IH advised that there was a permanent 4G or 3G connectivity but the system would also work in disconnected mode and automatically update when in a connection area.</p> <p>KC advised that comprehensive training had taken place with intensive support to the health visiting team. Half-day training sessions had been arranged with some 1:1 training where appropriate.</p> <p>IH referred to the successful implementation which was testament to the team. A meeting had been held looking at the lessons learnt and the majority of issues had been in relation to the smart cards. Clinicians had been the driving force on the project team which had contributed to the success of the project.</p> <p>BS asked if there had been any issues with data quality and IH advised that the caseloads had been cleansed in the first instance and were linked to the national spine.</p> <p>FS referred to the next steps in relation to aligning the different systems across the organisation. SW advised that the current systems were being reviewed and most services had expressed an interest to be involved in SystemOne, although the challenges of moving from existing systems would need to be considered. Reference was made to the fact that the national contract with TPP came to an end in 2016 when consideration would be given to the overall position.</p> <p>AW thanked the team for their presentation which had been useful for the committee to see and the committee noted the progress made in implementing the community nursing system.</p>
<p><b>13.</b> FPC 13/14-176</p>	<p><b>Estate Management Group - 19 February 2014</b></p> <p>The committee noted the minutes of the Estates Management Group held on 19 February 2014.</p> <p>MF requested an update in relation to the space utilisation exercise that had recently been undertaken. SW advised that a revised report would be submitted to the committee in May. Consultations had been on-going and meetings held with various staff groups.</p>
<p><b>14.</b> FPC 13/14-177</p>	<p><b>Finance, Performance &amp; Efficiency Group (FPEG) - 10 January 2014</b></p> <p>The committee noted the minutes of FPEG held on 10 January 2014.</p> <p>Item 5 was highlighted and the reference from Unplanned Care/Nursing regarding poor support offered by PAM throughout the sickness process. JH stated that further information relating to the specific concerns would be followed up with the divisional manager.</p>
<p><b>15.</b> FPC 13/14-178</p>	<p><b>Any Other Business</b></p> <p>None.</p>
<p><b>16.</b> FPC13/14-179</p>	<p><b>Items for Risk Register</b></p> <p>None.</p>
<p><b>Date &amp; Time of Next Meeting:</b></p> <p>The next meeting of the Finance &amp; Performance Committee will take place on Monday 28 April 2014 at 11.00 am - 1.00 pm in the Duncan Room, Old Market House.</p>	

Committee – Chair Approval			
<b>Name:</b>		<b>Date:</b>	
<b>Signature:</b>			

The meeting concluded at 13.05 pm.

**WIRRAL COMMUNITY NHS TRUST**  
**FINANCE & PERFORMANCE COMMITTEE MEETING**

**MINUTES OF MEETING**

**MONDAY 28 APRIL 2014, 11.00am**

**Duncan Room, Old Market House**

**Members:**

Ms Jo Harvey (JH)	Director of HR and Organisational Development
Mr John Lancaster (JL)	Director of Operations
Mr Brian Simmons (BS)	Non-Executive Director
Mr Alan Wilson (AW) <b>(Chair)</b>	Non-Executive Director
Mr Steve Wilson (SW)	Director of Finance and Development

**In Attendance:**

Mr Edd Berry (EB)	Head of Business Intelligence
Mr Simon Gilby (SG)	Chief Executive (present from Agenda Item 10 only)
Mrs Alison Hughes (AH)	Trust Board Secretary
Mrs Heather Stapleton (HS)	Board Support/FOI Officer

Reference	Minute
<b>1</b> FPC14/15-001	<b>Apologies for Absence</b> Mrs Frances Street, Chairman Mr David Grundy, Head of Finance Mr Ian Hogan, Head of IT
<b>2</b> FPC14/15-002	<b>Declaration of Interests</b> There were no declarations of interest.
<b>3</b> FPC14/15-003	<b>Minutes of the Previous Meeting</b> The committee agreed that the minutes of the previous meeting held on 24 March 2014 were a true and accurate record.
<b>4</b> FPC14/15-004	<b>Matters Arising</b> The committee reviewed the action points from the previous meeting held on 24 March 2014. <i>(See separate actions/matters arising tracker.)</i>
<b>5</b> FPC14/15-005	<b>Procurement Strategy</b> SW presented the strategy which showed how procurement would contribute to achieving the trust's corporate aims and strategic objectives over the next three years.  SW advised the strategy had been updated since being presented to the committee in June 2013 and incorporated the internal audit recommendations. The strategy was aligned to the trust's new vision and strategic objectives and was key to delivering high quality sustainable care. SW referred to the six high level strategic objectives (page 20 of the committee papers) and provided a brief outline of each one.  BS advised he would be attending a national meeting in May on the launch of NHS standards for procurement and would provide feedback. The proposed dashboard on the implementation plan was highlighted (page 56 of the committee papers) and

	<p>would be submitted on a quarterly basis to the committee. The action plan was attached to demonstrate how the strategy would be delivered, particularly in relation to monitoring.</p> <p>SW informed the committee that external support was being investigated on the processes and systems adopted by the trust with a view to recommendations being made.</p> <p>BS stated this was a sound strategy but the challenge was the ability to deliver such a large piece of work. Particular reference was made to the 100% use of purchase orders and the need to have the strategy in place in order that staff could understand the rationale.</p> <p>SW advised that divisional managers would be involved and would conduct a spend analysis to understand the links. The non-pay spend was high for the trust and there was the need to minimise what was bought uniquely by the trust or look at the ability to influence as part of a bigger group.</p> <p>JL stated that work had been undertaken internally by the Procurement Officer (DH) on streamlining the processes for buying items such as disposable dressings, and staff needed to be educated to ensure they were buying the right product at the right time.</p> <p>The largest expenditure for the organisation was on wheelchairs and equipment which may be affected by the national standards and contradict the personalised budget agenda.</p> <p>SW stated there was the need to analyse the profile of spend and ensure it was a fit for purpose system. Three areas of non spend were highlighted:</p> <ul style="list-style-type: none"> <li>• Large SLAs - maintenance contracts, IT, occupational health, payroll</li> <li>• Middle ground - large, low volume of good e.g. wheelchairs and equipment where there could be a mixture of local work and frameworks</li> <li>• Lesser spend - the need to find the appropriate framework to procure from</li> </ul> <p>The analysis of spend would give guidance for the future in relation to capacity and the best way to manage it.</p> <p>SW and DH would be meeting to review the current system and actions would be brought with recommendations to take forward.</p> <p>AW referred to the procurement best practice principles (page 17 of the committee papers) and it was confirmed that the Standing Financial Instructions were reviewed by the Audit Committee on an annual basis. Reference was also made to the timescales for reporting (page 25 of the committee papers) with quarterly progress reporting to board and six monthly reporting of the strategy review. Annual review would take place thereafter.</p> <p>BS stated that the reporting provided reassurance due to the scale of the issues. EB would work with DH to develop a dashboard using Procapo.</p> <p>JH highlighted that the equality and diversity review needed to be incorporated into the strategy and would add value if the strategy could be added as one of the quality elements.</p> <p>The committee approved the Procurement Strategy 2014-2017 taking into consideration the comments made.</p>
<p><b>6</b> FPC14/15-006</p>	<p><b>Annual Review of Committee Effectiveness and Performance</b></p> <p>AH presented the paper which provided a framework questionnaire designed to review the committee's effectiveness and performance during 2013/14. It was agreed that AH would facilitate the process on behalf of the board and collate the results. If any particular issues arose, AH would liaise with the Senior Independent</p>

	<p>Director (SID) in the first instance.</p> <p>AH advised that comments had been made on the 'Behaviours' section as a result of which some of the questions would be redrafted, ensuring they were relevant to every committee. For consistency, a revised version would be issued to Non-Executive Directors.</p> <p>A summary report would be presented to the committee in September 2014 followed by a formal report to the trust board in October 2014.</p> <p>The committee noted the contents of the report and were assured of the review process.</p>
<p><b>7</b> FPC14/15-007</p>	<p><b>Finance Performance Report – Month 12</b></p> <p>SW presented the report for the month ending March 2014, highlighting performance against a number of key indicators including the statutory financial duties of the trust and the financial risk rating areas applicable to NHS Foundation Trusts. The report contained the provisional year-end figures which had been submitted in line with the required deadline.</p> <p>The following issues were highlighted:</p> <ul style="list-style-type: none"> <li>• The trust was showing an unaudited net surplus of £923k which was above the planned surplus of £900k and had met all of its statutory duties.</li> <li>• The cash position had improved and the trust held a cash balance of £3.4 million. This was linked to NHS bodies settling outstanding issues. Account had been taken of outstanding debts and factored in assuming payment was achieved.</li> <li>• A message had been conveyed to the directors briefing that any 'last minute' support for achieving Cost Improvement Programmes (CIPs) would not be available in the forthcoming year. There had been a total saving of £2 million. JL advised that timelines were now more robust, however there was the need to monitor delivery as some of the savings were not due to be delivered until later in the year. The PMO would monitor performance with key triggers in place for project plans.</li> <li>• JL advised that the nursing division would be holding an away day to finalise their plans, however their concern was in relation to safe staffing and the requirement to have a flexible system in place to avoid automatic referral to the bank.</li> </ul> <p>AW referred to appendix 3 (page 74 of the committee papers) which indicated the trust was 77 WTE below establishment. JL stated that strategically the trust needed to ensure it was fully aligned to the integration work on-going and ensure payment was made for the work done. JL believed the trust had the right number of staff but the challenge was to manage the change and culture of the organisation and he was confident the nursing division could deliver.</p> <p>AW advised that a paper would be submitted to committee regarding service line reporting to review where services could be more profitable and particularly look at the impact of safe staffing.</p> <p>BS asked and received assurance that the final financial position had not been achieved through deferred expenditure.</p> <p>The committee noted the financial position for the end of the financial year 2013/14. The report would be presented subject to the annual review of the trust's financial accounts by the external auditors.</p>
<p><b>8</b> FPC14/15-008</p>	<p><b>Key Performance Indicators – Month 12</b></p> <p>SW presented the report which provided the committee with an overview of performance against service KPI's agreed within the framework of the community contract, for the period of March 2014. On a year to date basis, 17 KPI's were rated red and 13 amber, although there was the potential for some movement.</p>

	<p>SW reported that Tissue Viability had achieved 100% in month as no patients breached the five day waiting time target, however the indicator remained amber on a YTD basis at 99.45%. The thresholds from April onwards had been amended to 98% to allow for a small number of breaches. All 100% targets had been reviewed with commissioners for 2014/15.</p> <p>The following issues were also highlighted:</p> <ul style="list-style-type: none"> <li>• Paediatric continence – There had been no breaches of the 28 day waiting time target since August 2014.</li> <li>• SALT – The waiting time targets for urgent and routine appointments in paediatrics had been met. The adult waiting list had been reviewed and although performance had improved, remained behind target. The residual issues were being addressed by reviewing the triage criteria and recruiting to vacancies.</li> <li>• Looked after children – Performance remained at 96% since December 2013.</li> <li>• Smoking cessation – Reduced targets had been agreed for the number of 'quitters' but with financial consequences. The CO validation target was believed to be unachievable and would be amended.</li> <li>• Other targets in lifestyles had been revised for 2014/15. The chlamydia target would be aligned to the national target of 2.4%. The percentage of tests to be completed in seven days was a difficult target to meet and a paper would be presented to commissioners as performance would be better based on ten days.</li> <li>• The breastfeeding target had been reviewed for 2014/15 and reduced as the service had not been able to control all elements of the target.</li> <li>• Health Visiting Service – The KPI's had been reported a month in arrears but expected to end the year on green.</li> </ul> <p>BS commented on the impact a couple of poor months could have on the overall YTD performance. JL advised that on occasion these were out of the trust's control, for example telephone lines being down in the call centre and the effect this would have on the KPI's for April.</p> <p>SW stated that a 'live' review of Prodacapo would be available at future committees for 2014/15 which would enable a focus on both the overall picture and the key areas. The committee were informed that all the 2014/15 contracts had been signed, with the exception of the local authority public health. However the finances had been agreed and the remaining outstanding issue related to infection, prevention control.</p> <p>The committee noted the contents of the report.</p>
<p><b>9</b> FPC14/15-009</p>	<p><b>Divisional Performance Scorecards</b></p> <p>SW presented the divisional scorecards for month 12 and highlighted performance by division against key indicators.</p> <p>The committee noted and were assured of the contents in the scorecards.</p>
<p><b>10</b> FPC14/15-010</p>	<p><b>FT Self Certification</b></p> <p>SW presented the trust's FT self-certification submission for March 2014 and advised that the trust were compliant against the indicators in the Board Statements and the Monitor Provider Licence. This self-certification would be submitted to board for noting.</p> <p>SW advised that a more in depth look would be made at the indicators on the Board Statements and the Monitor Provider Licence looking in particular at areas where the committee felt further assurance would be required. Further assurance would also be gathered from the Quality &amp; Governance Committee with the recommendation to the board that the Quality &amp; Governance Committee review the Board Statements which related to clinical quality and governance at its next</p>

	<p>meeting in May 2014.</p> <p>The committee reviewed condition G4 and agreed the trust was compliant and had procedures in place to support governor posts. Evidence could be provided that the TDA accountability framework was presented to board on a monthly basis and SW stated that the sub-set of Monitor guidance was followed appropriately by the trust.</p> <p>BS stated that the statement should be reworded to reflect that the trust were monitoring the Monitor conditions via the TDA.</p> <p>The committee reviewed condition G7 and lessons learned from recent CQC inspections would be included.</p> <p>JH stated that the lead for condition G8 – patient eligibility and selection criteria – should be JL and not JH.</p> <p>In relation to condition C1, there may be further work to be undertaken with GP practices. There was evidence that choice was offered but further work would be done on this.</p> <p>AW stated that the Board Statements would be submitted to board to show further assurance with the ability to further ‘drill down’.</p> <p>The committee approved the FT self-certification submission.</p>
11 FPC14/15-011	<p><b>Any Other Business</b></p> <p>None.</p>
12 FPC14/15-012	<p><b>Items for Risk Register</b></p> <p>None.</p>
<p><b>Date &amp; Time of Next Meeting:</b></p> <p>The next meeting of the Finance &amp; Performance Committee will take place on Tuesday 27 May 2014 at 11.00 am – 1.00 pm in the Duncan Room, Old Market House.</p>	

Committee – Chair Approval			
<b>Name:</b>		<b>Date:</b>	
<b>Signature:</b>			

The meeting concluded at 11.15 am.

## STAFF COUNCIL MEETING: Action Plan and Outcomes Summary

**Date:** Thursday 13<sup>th</sup> March 2014

**Duration:** 10.00 am -12.00 pm

**Location:** Duncan Room, OMH

<b>Members:</b>	
Debra Ollerhead	Continance Service (Staff Council Member)
Frieda Rimmer	Heart Support (Staff Council Member)
Jo Harvey	Director of Human Resources & Organisational Development
Judy Fairbairn	Sexual Health (Staff Council Member) <b>(VICE CHAIR)</b>
Sandra Christie	Director of Quality and Nursing
Simon Gilby	Chief Executive
Fiona Fleming	Senior Communications and Marketing Manager
Tom Meade	Wirral Heart Support (Staff Council Member)
Danielle Burton	MDT Co-Ordinator (Staff Council Member)

<b>In Attendance / Guests:</b>	
David Hammond	Membership and Engagement Manager
Claire Patrick	Senior Assistant to Director of HR and Organisational Development

<b>Apologies:</b>	
Amy Sclater	Communications and Marketing Officer
Ewen Sim	Medical Director
Helen Lundy	Community Nurse Discharge Team(Staff Council Member)
Helen Norris	Head of Communications and Marketing
John Lancaster	Director of Operations
Robbie Howard	Stop Smoking Service (Staff Council Member)
Yvonne Joyce	Community Therapy Services (Staff Council member)
Dominique Gill	Senior Assistant, Corporate Team(Staff Council Member)
Phillipa Compson	Primary Care (Staff Council Member)
Stephanie Ball	Community Night Nursing Service (Staff Council Member)
Stephen Parry	Integrated Specialist Palliative Care (Staff Council Member)
Steve Wilson	Director of Finance and Development

No	Topic Summary	Outcomes / Actions	Lead (Date)
1.	<p><b>Introductions/Apologies</b> JF welcomed all to the Staff Council meeting and the apologies were noted.</p>		
2.	<p><b>Minutes of the previous meeting – 30<sup>th</sup> January 2014</b> The group accepted the minutes as a true record of the meeting.</p> <p><b>Matters Arising</b></p> <p><b>Pre-Retirement Course for WCT Staff</b> <b>Update:</b> To be discussed under AOB at today's meeting.</p> <p><b>Uniform Update</b> <b>Update:</b> JF confirmed that Sexual Health staff had received their uniforms and SC added that Nursing and Therapies have received theirs.</p>		
3.	<p><b>Social Committee</b></p> <p>DH provided an update on the Social Committee. The key points were:</p> <ul style="list-style-type: none"> <li>• <b>Book and Cake Sale</b> held on 7/2/13 in support of Heart Support Day. £300 was raised across the Trust, £140 from staff at OMH which has been donated to Wirral Heart Beat and British Heart Foundation.</li> <li>• <b>Next Social Committee event</b> is a Crazy Golf session taking place at The Championship Adventure Golf course on King's Parade, New Brighton on Friday 11 April. Details will be published in the Staff Bulletin</li> <li>• <b>NHS North West Games</b> on 6<sup>th</sup> July 2014 – has been promoted to staff in the Staff Bulletin with a list of events that staff can get involved in including Rounders, Netball, Running, Golf. The Social Committee are acting as a liaison between the Trust and NHS North West organisers but are awaiting for staff to nominate team captains' for the teams. The 5K Running Event will take place on 29<sup>th</sup> June in Princes Park, Liverpool. DH agreed to find out the process for registering for the running event. Further updates will be included in the Staff Bulletin.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>DH to find out the details for registering for the 5K Running Event</b></li> </ul>	<p><b>DH</b> <b>(24/04/14)</b></p>

No	Topic Summary	Outcomes / Actions	Lead (Date)
4.	<p><b>*SystmOne Update</b></p> <p>DO feedback that her service were now utilising a lot of the processes in SystmOne e.g. triage, registration and appointments since go live on 10<sup>th</sup> February. Staff are now seeing how the system will work and the system is bedding in well. New staff are being trained on the system which is taking time and now phone calls are monitored (100+ a day) which is impacting on the teams workload but staff are learning as we go along. SC added that she has sought feedback from clinicians and staff which has been good and staff are seeing the benefits of the SystmOne.</p>		
5.	<p><b>Admin Staff Uniforms</b></p> <p>JF confirmed that she had been asked by staff to find more about the provision of staff uniforms for admin staff. DB added that a lot of admin staff within some services have been wearing the same uniform for 4 years and asked if there were plans to replace them as some are looking scruffy and damaged.</p> <p>SC queried that she wasn't sure where budget for non-patient facing staff would sit as the budget for clinical uniforms was secured as part of the outcomes of the Francis Report to ensure that patient facing staff were easily identifiable. JH added in principal every staff member who was patient facing were given uniforms but some teams were asked to decide if they wanted uniforms.</p> <p>SC and JH agreed to progress this to see where the budget for admin staff uniforms sits and which staff groups need a uniform and the process for replacing uniform.</p> <p>SC added that the Uniform Policy is being reviewed at the moment and will include clarity on which staff groups need a uniform and who does not. The revised policy will be presented at QPER for approval then will be shared with Staff Council.</p> <p>FF agreed to ensure that photographs were taken of staff in their uniforms to be used in Trust corporate publications/materials.</p>	<ul style="list-style-type: none"> <li>• <b>SC and JH agreed to progress issue regarding budget for admin staff uniforms and identify which staff groups need a uniform and the process for replacing uniforms</b></li> <li>• <b>Revised Uniform Policy to be shared with Staff Council once approved by IPC and QPER</b></li> <li>• <b>Uniform Policy to be added to agenda for next Staff Council meeting</b></li> <li>• <b>Photographs of Trust staff in their uniforms to be taken and used in Trust corporate publications/material</b></li> </ul>	<p><b>JH/SC (24/04/14)</b></p> <p><b>SC (ongoing)</b></p> <p><b>JH (24/04/14)</b></p> <p><b>FF (ongoing)</b></p>

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>FR added that charities provide uniforms for staff in Heart Support which have the Heart Beat logo on – can our staff continue with this arrangement? SC confirmed that this was fine.</p>		
6.	<p><b>Estates Review Update</b></p> <p>TM asked if Estates Review update could be a standing agenda item for Staff Council.</p> <p>TM added that some staff had raised an issue around the communication of the estates relocation scheme in particular around Service Leads not being included in the discussion around the changes. JL and Bev Futia meet with affected staff last week to discuss the estates relocation. After staff were provided with more information about the moves, there was a better understanding about why the moves are necessary. JH added that this was discussed at Senior Manager Team (SMT) meeting and there has been a lesson learnt to involve staff in discussions at the beginning of the process.</p> <p>TM added that it was important to get the process right for staff when change happens and ensuring that service needs and clinicians are included in the change process. FR added that staff had lots of ideas around the estates moves but they were not asked for their input and added that we need to trust our staff and their ideas. Patients also have good ideas and have great understanding and knowledge about our services. DO added that she would have been much better placed to answer staff queries if she had been included in the discussions and this would have helped to get staff on board and explain the rationale around the moves.</p> <p>SC added that the Trust will introduce staff stories similar to patient's stories to help learn from good and bad experiences. SC suggested that FR's team could be involved in this.</p> <p>JF added that some staff have raised concerns about running a Sexual Health clinics on Sundays from the 2<sup>nd</sup> floor of St Caths and the security arrangements. Staff would like to be reassured that where the service is located in the future is</p>	<ul style="list-style-type: none"> <li>• <b>Estates Review update to be a standing item on Staff Council agenda</b></li> <li>• <b>Staff Story to be compiled with staff from Heart Support</b></li> </ul>	<p><b>JH (ongoing)</b></p> <p><b>SC/FR (ongoing)</b></p>

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>as good as it is now. JF suggested that a more structured approach should be taken going forward with managers attending team meetings to explain to staff what is happening to help support staff.</p> <p>FR added that JL was coming to Heart Support to talk to staff this week and felt that staff in the service do feel listened to now but this needs to be the same for all services affected.</p> <p>SG suggested that if necessary it might be helpful to get 2 or 3 key staff from each service who are based or moving to St Caths to act as a spokesperson for the 4 or 5 services that are impacted by the estates moves to ensure that the right staff are talking to the right staff. This process might also be helpful for staff who are moving from Port Causeway in order to pick up any issues from staff and to ensure that the Trust is doing everything we can do to support the process.</p>		
7.	<p><b>Admin Review Update</b></p> <p>JH clarified that a Trust wide admin review wasn't going ahead but the Project Management Office (PMO) are conducting an admin review as part of a wider consideration of structures in the Trust. Admin functions form part of the divisional review of structure that is being undertaken by the PMO team to understand how services and structures fit together in support of safe staffing which includes admin roles as well as clinical to ensure that we have the right staff in the right services at the right time.</p> <p>SG confirmed that there was an action to communicate to services and staff about the admin review to provide clarity around this and this will be progressed. JF and PC agreed to review the communication to ensure that it is clear to staff.</p>	<ul style="list-style-type: none"> <li>• <b>Communication to be sent to staff to provide clarity around the Admin Review</b></li> <li>• <b>JF and PC to review the communicate to ensure it is clear to staff</b></li> </ul>	<p><b>JH</b> <b>(asap)</b></p> <p><b>JF/PC</b> <b>(asap)</b></p>
8.	<p><b>Organisational Update</b></p> <p>SG provided an organisational update and the key highlights were:</p>		

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p><b>Update on Change and Redesign</b></p> <ul style="list-style-type: none"> <li>• Work is ongoing on the Trust's 2yr draft Annual Plan which is due end of April and then a 5 yr plan will be compiled by the end of June. The essence of the annual plan is to define our core business and to protect and grow the services that we provide with an emphasis on caring for patients in their own homes and how will be continue this over the next 2 years and 5 years. The draft Annual Plan contents have been shared with Service Leads, Clinical Leads and Divisional Managers. There are will be 3 x Annual Plan staff briefing events which will give the opportunity to share the details of the Annual Plan with staff and ask for their input.</li> <li>• The Trust is in the process of tendering for the Health Visiting and Public Health Wirral 0-19 Service which now includes School Nursing and we are working towards winning this contract.</li> <li>• The Quality Account is being compiled for the public and features our staff. This will be a local and identifiable document that looks at quality goals.</li> <li>• Our Clinical Strategy is being compiled and clinicians are being involved in this process to ensure that patient care is not impacted on.</li> <li>• Performance Management Framework is being developed in partnership with Staff Side colleagues and managers. Next year pay progression will be linked into staff objectives. Information on the pay progression framework will be communicated to staff and training will be provided to managers next year to ensure that there is a robust and consistent level in the quality of appraisals and to make the appraisal process. JH added that there will some small changes to the appraisal documentation and the purpose of the changes isn't about financial savings or to suppress staffs' pay but about staff doing what they need to do to perform well in their roles and to achieve our goals and to ensure our staff have the skills that they need to do their jobs.</li> </ul> <p>JH confirmed that appraisal paperwork for next year will include shortened version of Key Skills Framework (KSF) with objectives that are linked into the Trust's values and our strategic objectives. JH agreed to send the appraisal paperwork to Staff Council members before is it communicated across the wider Trust.</p>	<ul style="list-style-type: none"> <li>• <b>JH agreed to send the appraisal paperwork to Staff Council members before is it communicated across the wider Trust.</b></li> </ul>	<p><b>JH (asap)</b></p>

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<ul style="list-style-type: none"> <li> <b>Foundation Trust Application</b>            The Trust's FT Application is still on track The CQC has released its schedule of planned inspections between April and June, and Wirral Community NHS Trust is not on the schedule. We remain hopeful that this will happen in the not too distant future, as the CQC processes its learning form the pilot inspections it is carrying out with other community trusts.         </li> </ul> <p><b>Performance – Balanced Scorecards (Month 9 &amp; Month 10)</b>            The group reviewed the Balanced Scorecards for Month 9 &amp; Month 10 and noted the contents.</p> <p>JH reported that sickness absence rates had improved in January to 4.4% which showed a 0.8% decrease from December set against a national target of 3.4%. JH added that it was positive to see a reduction in sickness figures at this time of year.</p>		
9.	<p><b>Staff Survey Summary Results 2013</b></p> <p>JH referred the group to the Staff Survey Summary results document that had been distributed with the papers for Staff Council. The key points of the results are:</p> <ul style="list-style-type: none"> <li>Response Rate was 57%</li> <li> <b>Of the 28 Key Findings</b> <ul style="list-style-type: none"> <li>19 were better than average compared to other community trusts</li> <li>5 were average when compared to other community trusts</li> <li>4 were worse than average compared to other community trusts</li> <li>2 have improved compared to 2012</li> <li>2 have deteriorated compared to 2012</li> </ul> </li> </ul>		

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<ul style="list-style-type: none"> <li>- 23 have stayed the same</li> <li>• Areas where the Trust scored well against the national average were and * denotes the highest score for all Community Trusts: <ul style="list-style-type: none"> <li>- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months* WCT score 20% National Average 27%</li> <li>- Percentage of staff appraised in the last 12 months* WCT score 96% National Average 87%</li> <li>- Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months * WCT score 4% National Average 9%</li> <li>- Fairness and effectiveness of incident reporting procedures WCT score 3.65 National Average 3.53</li> <li>- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months WCT score 17% National Average 20%</li> </ul> </li> <li>• Areas where the Trust scored lowest against the national average were: <ul style="list-style-type: none"> <li>- Percentage of staff receiving health and safety training in the last 12 months WCT score 69% National average 76%</li> <li>- Percentage of staff able to contribute to improvements at work WCT score 66% National average 69%</li> <li>- Percentage of staff agreeing that their role makes a difference to patients WCT score 89% National average 91%</li> <li>- Staff motivation at work WCT score 3.85 National average 3.86</li> <li>- Percentage of staff reporting errors, near misses or incidents witnessed in the last month WCT score 88% National average 92%</li> </ul> </li> </ul> <p>The group discussed the scores in particular the scores appraisals as our Trust</p>		

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	<p>had the best score for all Community Trusts for staff receiving an appraisal in the last 12 months but the score for staff reporting having a well structured appraisal in the last 12 months was 43%. JH confirmed training for managers would help address this. The group discussed the lowest ranking scores in particular the percentage of staff reporting errors, near misses or incidents witnessed in the last month. JH added that one of our biggest staff groups who don't respond to the survey is Community Nursing and GPs and these are the groups of staff who are most likely to report near misses. Another area of lowest ranking scores was Staff motivation at work. The group felt that work pressures and changes to service may have affected this score and could be remedied by ensuring that staff are able to contribute into the change process.</p> <p>JH confirmed that a number of actions plan themes have been identified which will be put together in an action plan for the Trust to take forward and this information will be cascaded to staff. Each department will receive their own results via the full report to highlight any variations and to help to address this. JH asked the group to forward any comments on the Staff Survey results to her.</p>	<ul style="list-style-type: none"> <li>• <b>Action plan from the Staff Survey to be communicated to staff when available</b></li> <li>• <b>Group to forward any comments from the Staff Survey results to JH</b></li> </ul>	<p><b>JH</b> <b>(ongoing)</b></p> <p><b>ALL</b> <b>(ongoing)</b></p>
10.	<p><b>CIP Update 2014 /15</b></p> <p>The Trust continues to make progress in the delivery of the efficiency requirements for this financial year. The current forecast is for more than 90% of savings to be delivered. The Trust's financial performance for the year is still very challenging however and a number of financial pressures have emerged over the winter period which means further efforts to reduce expenditure over the last 6 weeks of the year. SC added that the Trust is looking to link CIP to Safe Staffing plans and the processes to make sure that CIP is not affecting patient care.</p>		

No	Topic Summary	Outcomes / Actions	Lead (Date)
11.	<p><b>Communications Update</b></p> <p>FF provided an update on communications and the key points were:-</p> <ol style="list-style-type: none"> <li><b>Staff Awards</b> – Feedback from the event was very good and attendees enjoyed the music quiz and commented what a great atmosphere there was. JH thanked all Staff Council members for getting involved in the judging panels, attending the event and congratulated any winners!</li> <li><b>Staff and Members Magazine</b> – the Spring edition of the magazine will be distributed early April and the main feature will be the Staff Awards.</li> <li><b>Staff Zone</b> – there is a new GP Update that will be sent to GPs along with a new GP section on our public website.</li> <li><b>WCT Public Website</b> – a new navigation system has been incorporated into our Public Website to ensure that information can be found more easily</li> <li><b>Health Matters Bi-monthly Feature in Wirral Globe</b> – this is being reviewed to ensure that this best use of our funding</li> <li><b>Staff Council Blog</b> – PC/AS will be progressing this and will be providing an update at the next meeting.</li> </ol> <p>FF asked the group to send through any ideas for future articles to <a href="mailto:communications@wirralct.nhs.uk">communications@wirralct.nhs.uk</a></p>	<ul style="list-style-type: none"> <li>• <b>Feedback/update on the Staff council blog to be provided at the next meeting</b></li> <li>• <b>Group to send through any ideas for future articles to <a href="mailto:communications@wirralct.nhs.uk">communications@wirralct.nhs.uk</a></b></li> </ul>	<p><b>AS/PC</b> <b>(24/04/14)</b></p> <p><b>ALL</b> <b>(24/04/14)</b></p>
12.	<p><b>Annual Plan</b></p> <p>SG provided an update under item 8 Organisational Update.</p>		
13.	<p><b>Safe Staffing- The Future</b></p> <ol style="list-style-type: none"> <li>1. SC updated that the Safe Staffing Group had met recently and a paper on Safe Staffing had been presented at Board which includes a full project plan. A monthly paper on safe staffing will be presented to the Board with the first monthly data on staffing levels in nursing, unplanned care and GP out of hours will be presented to the board in April. A proposal has been put forward for Walk-In Centre Nursing staff levels model which has included clinical input and has been tested and recommended. Rotamaster is now being used in Walk-In Centres to flag</li> </ol>	<ul style="list-style-type: none"> <li>• <b>Safe Staffing Project Plan and data collection to be shared with Staff Council at the next meeting</b></li> </ul>	<p><b>SC</b> <b>(24/04/14)</b></p>

No	Topic Summary	Outcomes / Actions	Lead (Date)
	up day to day staffing activity and to identify gaps.		
14.	<p><b>Staff Involvement</b></p> <p>JF confirmed that she had met with PC and JH and it was highlighted that the Trust does a lot of activity around Patient and Public engagement but felt that more should be done to encourage staff involvement and how could we progress this? The Trust has the Staff Survey but this is only done yearly.</p> <p>SC added that staff engagement will also be promoted via the Staff Friends and Family test that will be implemented shortly and methods of how we can capture feedback from staff is being explored such as kiosks at our bases which could be used for both staff and patient feedback. JH confirmed that the Trust will have to ask the Friends and Family test 4 times per year but we could use this to add in 2 or 3 local questions and asked the group to think about what we can incorporate these into the Staff Friends and Family test that could work in reality.</p> <p>JF confirmed that a survey via Survey Monkey will be going out to staff in Sexual Health which will feed into an away day in May which it is hoped that this will provide some valuable feedback both bad and good. Could this be used across the Trust? JF agreed to provide feedback on the survey at the next meeting.</p> <p>SC suggested the use of Staff Stories as well as the existing Patient Stories and asked the group to forward any ideas to Samantha Lacey.</p>	<ul style="list-style-type: none"> <li>• <b>Group to think about 2 or 3 local questions to add to Staff Friends and Family test</b></li>   <li>• <b>Feedback on Survey Monkey from Sexual Health staff to be provided at the next meeting</b></li>   <li>• <b>Ideas for Staff Stories to be forwarded to Samantha Lacey</b></li> </ul>	<p><b>ALL (ongoing)</b></p> <p><b>JF (24/04/14)</b></p> <p><b>ALL (ongoing)</b></p>
15.	<p><b>Future Agenda Items</b> None</p>		
16.	<p><b>Any Other Business</b></p> <p><b>Pre-Retirement Course</b></p> <p>DO referred the group to an action from the minutes of Staff Council meeting in January and asked for an update on the progression of the Pre-Retirement Course for WCT staff? JH confirmed that we are continuing with the Pre-Retirement Course provided by Cheshire &amp; Wirral Partnership Trust in the short term. JH agreed to take this away and come back with some proposals of what other options could be possible and timescales involved. JH added that SP and</p>	<ul style="list-style-type: none"> <li>• <b>JH to progress with options for proposals for alternative Pre-Retirement Course and feedback to Staff Council</b></li> </ul>	<p><b>JH (ongoing)</b></p>

No	Topic Summary	Outcomes / Actions	Lead (Date)
	TM could be involved in the process and could provide information and background.		
17.	<p><b>Date of next meeting:</b>  <b>Staff Council Members Pre-meeting</b>  Date: <b>Thursday 24<sup>th</sup> April on 3.00 - 5.00 pm</b>  Venue: <b>Training Rooms 3 &amp; 4, St Caths Health Centre</b></p> <p><b>Staff Council Meeting</b>  Date: <b>Thursday 24<sup>th</sup> April on 2.30 - 3.00 pm</b>  Venue: <b>Training Rooms 3 &amp; 4, St Caths Health Centre</b></p>		

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