

WIRRAL COMMUNITY NHS TRUST
QUALITY & GOVERNANCE COMMITTEE MEETING

MINUTES OF MEETING

Monday 19 May 2014 at 11:00am

DUNCAN ROOM, OLD MARKET HOUSE

Members:

Mrs Chris Allen (CA) (Chair)	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 by tele-conference)

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
Mrs Paula Simpson (PS)	Head of Quality & Nursing
Mr Alan Wilson (AW)	Non-Executive Director

Reference	Minute
1. QGC14/15-026	Apologies for Absence: There were no apologies for absence.
2. QGC14/15-027	Declaration of Interests: MF and ES declared an interest as practising Wirral General Practitioners and as such members of Wirral Clinical Commissioning Group who commission services from the trust.
3. QGC14/15-028	Chairman's Briefing The chair of the committee made the following announcements: <ul style="list-style-type: none"> • The national Serious Incident Reporting Guidance was being reviewed and

	<p>updated and would be published in September 2014. SC and PS were aware of the key themes and the way information was received would change.</p> <ul style="list-style-type: none"> • Infection prevention and control was high on the agenda of NHS England and improvements would be made on the use of surveillance data, recording of clinical information and adherence to guidance to improve the quality of prescribing in both primary care and secondary care. • Quality Surveillance Groups (QSGs) had been established in advance of the new health and care system which went live on 1 April 2013. QSG's operated at two levels, locally and regionally with the aim of identifying risks at as early a stage as possible. <p>The committee were advised that the visit by the Care Quality Commission (CQC) would be taking place at the beginning of September. In view of this, the committee agreed to take agenda items 6 and 8 together.</p>
<p>4. QGC14/15-029</p>	<p>Minutes of the Previous Meeting</p> <p>The committee agreed that the minutes of the meeting held on 22 April 2014 were a true and accurate record.</p>
<p>5. QGC14/15-030</p>	<p>Matters Arising</p> <p>The committee reviewed the action points from the previous meeting held on 22 April 2014 and noted the actions had either been dealt with or were progressing satisfactorily. <i>(See separate actions/matters arising tracker.)</i></p>
<p>6. QGC14/15-031 and 8. QGC14/15-033</p>	<p>Summary of Mock Care Quality Commission (CQC) Assessment, GP Out of Hours, Arrowse Park Hospital</p> <p>Care Quality Commission Report Rapid Review</p> <p>PS presented the papers together and advised that as the trust were now aware that the CQC would be undertaking their inspection at the beginning of September, it was important to expedite progress against identifying and reviewing the actions that were organisation, division or service wide.</p> <p>In relation to the mock inspection of GP Out of Hours PS advised that although the framework now looked different, the learnings identified were still relevant and should be cross-referenced against the new inspection regime with the five key lines of enquiry. PS advised that key elements of the action plan would be shared across the whole trust and not service specific.</p> <p>The CQC rapid review report assured the committee of the processes in place to learn from recent reviews of community trusts. It also included an update of the actions identified in the rapid review and a review of two inspection reports using the new inspection methodology for community trusts.</p> <p>PS advised it was critical when looking at patient safety in the new framework that the information received by the committee was fit for purpose and linked to safe staffing. There was the requirement to test the culture of the organisation to ensure staff felt able to raise concerns in advance of the CQC inspection taking place.</p> <p>There was a recommendation that a CQC preparation task and finish group be established which would be led by the Head of Quality and Nursing. The group</p>

would have a detailed action plan in addition to the divisional and service action plans, to ensure they were well prepared for the inspection.

SC made reference to another report that had been published which focussed on the ward at a neighbouring community trust. The key issues related to the culture on the ward and staff not feeling able to raise concerns.

MF advised that he had been shadowing with the district nursing team in Wallasey and the team leader was positive in relation to information flows and the team briefing was an important vehicle to disseminate information.

SG stated that useful discussions had been held with colleagues in community trusts and with the deputy Chief Inspector for Community Trusts at the CQC. The following issues were highlighted:

- Attention to be paid to services and teams to demonstrate what the trust was doing
- A clear process should be in place for raising concerns and the handling of complaints

BS raised the issue of investment in training costs for staff on short term contracts and whether the process was sufficiently efficient. PS stated that there was a lot of proactive work taking place in relation to training for bank staff and SC advised that a new essential learning programme had also been introduced for GPs in Out of Hours as well as bank staff and was available on line.

ES advised that an induction pack for general practice was a requirement and was available for all GPs.

CA stated that a unified action plan would be essential and enquired as to the membership of the CQC preparation task and finish group.

PS advised that membership would include managers across the organisation including divisional managers, heads of communications, HR, infection control and safeguarding, risk manager and trust board secretary.

SC advised that the dates in the action plan would be revised to 1 September to ensure the actions were complete prior to the inspection. The information would be available electronically and the ability to share the plan with the CQC was important.

In relation to the inspection, there would be a large number of inspectors on site for approximately 4 – 5 days. SC suggested the use of volunteers and members to act as guides for the inspectors.

FS enquired as to how the trust would be communicating in relation to the forthcoming inspection and SC advised that at the moment, key people were aware. A meeting was due to be held with the communications team and a plan would be produced which would include communication with the media. Key stakeholders would also be informed and a communication issued to staff.

	<p>SC advised that the date was still awaited for the CQC themed inspection on safeguarding.</p> <p>The committee noted the contents of the reports and the assurances provided and approved the action plan update.</p>
<p>7. QGC14/15-032</p>	<p>Quality Governance Assurance Framework (QGAF) Action Plan SC presented the QGAF action plan which supported the implementation of QGAF in the organisation. This was the final report on last year's action plan and a new plan would be presented to board in June 2014.</p> <p>SC advised that several scores had been revised based on a review of the evidence and the actions were now closed where evidence was completed. Additions and updates were highlighted in red together with the reasons why actions were outstanding with suggested dates for completion for the committee to agree. New action plans would be based on evidence discussed at board development sessions and would take forward revised scores to be presented to board in June for approval.</p> <p>CA referred to page 41 of the committee papers in relation to succession planning and FS advised she had spoken to the TDA regarding Non-Executive Directors contracts as there were four terms of office due to expire. The TDA had advised these would not be reviewed until six months before the expiry date. The key point related to contracts for CA and FS which expired in 2015 and had transferred from the PCT.</p> <p>FS raised the issue of organising a board development day which would be externally facilitated. SG advised that the board development programme was reviewed on a quarterly basis and was divided by knowledge and skills, information sharing and team building.</p> <p>SC stated this would be captured on the action plan which would be submitted to board.</p> <p>ES referred to the committee's minutes from the meeting held on 22 April, reference QGC14/15-018, when it had been agreed that the Medical Director would fulfil the role of MHRA executive lead. ES confirmed this action had been addressed and SC stated that this would be captured and included as part of the board specific roles.</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>8. QGC14/15-033</p>	<p>Care Quality Commission (CQC) Report Rapid Review See agenda item 6, QGC14/15-033 above.</p>
<p>9. QGC14/15-034</p>	<p>Quality & Patient Experience Report April 2014 PS presented the report which was in a new format following discussions at board development sessions.</p> <p>PS referred to the quality dashboard which had been seen live on proDacapo and captured the four areas based on the trust's strategic objectives and quality goals.</p>

It was important for staff to understand how their teams were performing against these areas and the report mapped through the specific goals. The appendix defined the tolerances against the dashboard.

The committee reviewed Section 1: *Our Patient and Communities*
The following were highlighted:

- There were no community trust acquired avoidable pressure ulcers, grade three and four, during April.
- There were four grade three and four pressure ulcers identified and these had been reported through StEIS.
- The tolerance for grade three and four pressure ulcers had been set at 12 for 2014/2015.
- There was a consistent downward trend for all pressure ulcers with the opportunity to provide more detail for grade two pressure ulcers.

MF and BS stated it would be useful to have more information on grade two pressure ulcers and the outcomes as to how they progress before becoming grades three and four.

- There were three medication errors during April, none of which met the threshold of serious patient harm. PS was working with EB to allow more data interrogation.
- There had been one health care acquired infection incident reported during April. This was under investigation to determine whether it was attributable to the trust.
- One information governance incident had been reported via Datix and rated as a medium risk. A request was made, from a context point of view, as to the number of files involved. An investigation was underway in relation to this incident, which was being managed by the Information Governance Group.

In order to provide assurance for committee members on the progress of investigations, a header would be included to indicate progress and lessons learned from investigations. SG stated this would indicate that an issue had been identified, with a robust process underneath for investigation, and assurance that appropriate actions were being taken.

- There was nothing to cause concern in relation to near miss patient safety incidents however the possible downward trend required monitoring.
- There were seven complaints made in April. There was a 'spike' seen in complaints in May 2013 as well as January 2014 which suggested an increase in reporting during holiday periods.
- The net promoter score was presented for the first time for friends and family together with a comparison against the previous methodology. 96% of respondents would recommend the trust's services to friends and family.

FS highlighted the four extremely unlikely responses and SC advised that these would be treated as concerns and if contact details were available, would be followed up by the appropriate service.

	<p>The committee reviewed Section 2: <i>Our Services</i> This section summarised progress against the CQUIN schedule. Leads were working on developing action plans and these would evolve over the next few months.</p> <p>The committee reviewed Section 3: <i>Report Analysis</i> The commentary and analysis had been discussed. FS suggested this section could include information on outstanding and completed investigations, together with key learning.</p> <p>Discussion took place throughout this report in relation to the layout, graphs and information received. These were noted and would be incorporated into next month's report.</p> <p>CA expressed thanks for the work that had been done on the report and noted the work still to do.</p> <p>The committee approved the Quality and Patient Experience report for the period 1 – 30 April 2014.</p>
<p>10. QGC14/15-035</p>	<p>Claims Report (E28) PS presented the report advising of a new claim which had been initiated and related to a claim for damages arising from an injury sustained during the course of the claimant's employment with the trust. The claimant alleged that as a result of a spillage of oil on the floor following a baby massage clinic, the claimant slipped and sustained an injury to their foot.</p> <p>A RIDDOR had been completed and the incident reviewed under the Situation Background Assessment Recommendation (SBAR) process. The claim was being managed using the NHSLA claims management process.</p> <p>The committee noted the contents of the report.</p>
<p>11. QGC14/15-036</p>	<p>Foundation Trust Self-Certification AH presented the report to request, on behalf of the trust board, the committee review the trust's Foundation Trust self-certification submission. The Finance & Performance Committee at their meeting in April had recommended to the trust board that the Quality & Governance Committee review the board statements related to clinical quality and governance making any recommendations if further evidence was to be included.</p> <p>The papers attached to the report formed part of the regular monthly submission completed and submitted to the TDA and outlined compliance against the set of board statements and of Monitor compliance licence conditions.</p> <p>Attention was drawn to page 109 of the committee papers which showed a detailed breakdown of the individual board statements and demonstrated evidence to highlight compliance against core areas. AH advised that the text highlighted in red showed the latest evidence against each of the board statements.</p> <p>AW stated that the Finance & Performance Committee had undertaken to 'drill down' further for assurance to board as the self-certification was submitted before the board meets.</p>

	<p>SC advised that for clinical quality, the TDA would look at the five lines of enquiry and match the evidence from their list that applied to the trust. SC agreed to share this with AH.</p> <p>SG stated that periodically a check should be made on the FT self-certification response sent by the trust and it was agreed this would be undertaken every 3 - 6 months.</p> <p>(SG left the meeting at this point.)</p> <p>The committee reviewed and noted the contents of the board statements related to clinical quality and governance.</p>
<p>12. QGC14/15-037</p>	<p>Quality, Patient Experience & Risk Group – 25 April 2014 The committee noted the minutes of the Quality, Patient Experience & Risk Group held on 25 April 2014.</p>
<p>13. QGC14/15-038</p>	<p>Information Governance Group - 11 April 2014 The committee noted the minutes of the Information Governance Group held on 11 April 2014.</p>
<p>14. QGC14/15-039</p>	<p>Safeguarding Operational Group - 25 April 2014 CA referred to page 142 of the committee papers and asked for an update on progress and implications of the two reported serious case reviews.</p> <p>An action plan had been drawn up and SC advised a strategic group had been formed to ensure serious case reviews were followed through. In future the incident number would be included in order that the committee would know that it had previously been submitted.</p> <p>ES reported that the Terms of Reference and membership of the Safeguarding Group had been reviewed and ES reported as the safeguarding GP. However this had not been referenced to within the minutes.</p> <p>SC stated that the review of the safeguarding services was on-going with commissioners and the purpose of the group and membership would be considered.</p> <p>The committee noted the minutes of the Safeguarding Operational Group held on 25 April 2014.</p>
<p>15. QGC14/15-040</p>	<p>Any Other Business Quality, Patient Experience & Risk Group Terms of Reference Review PS requested approval that the Terms of Reference for the Quality, Patient Experience & Risk Group would be reviewed as part of the CQC preparedness to ensure assurance was provided to the committee and board.</p> <p>The draft Terms of Reference would be submitted to the June Quality & Governance Committee.</p>
<p>16. QGC14/15-041</p>	<p>Items for the Risk Register There were no items for the Risk Register.</p>

Date & Time of Next Meeting:

The next meeting of the Quality & Governance Committee will take place on Monday 16 June 2014 commencing at 11.00 am.

Paper submission deadline: Friday 6 June 2014.

Board - Chair Approval

Name:		Date:	
Signature:			

The meeting concluded at 1.05 pm

WIRRAL COMMUNITY NHS TRUST
EDUCATION & WORKFORCE COMMITTEE MEETING

MINUTES OF MEETING

MONDAY 19 MAY 2014

DUNCAN ROOM, OLD MARKET HOUSE

Members of the Committee:

Dr Murray Freeman (Chair)	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)
Mr David Hammond	Membership & Engagement Manager	(DH)
Mr Brian Simmons	Non-Executive Director (present by 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. EWC14/15-018	<p>Staff Story – Wallasey Village Community Nursing Team</p> <p>SC introduced a staff story told by a community nursing team leader based in the Wallasey Village team. The staff story consisted of an audio recording, including a storyboard and demonstrated some of the challenges faced when administering intravenous antibiotics in a community setting to maintain and promote safe patient care, closer to home.</p> <p>SC advised that discussions had taken place with commissioners as part of the contract arrangements in relation to the piloting of a clinical based IV clinic.</p> <p>AW asked about feedback from patients on the proposal and SC advised this would be popular with ambulant patients as it allowed them to be discharged from hospital sooner whilst being treated in a clinical setting.</p> <p>ES advised on positive feedback received from Clatterbridge Centre for Oncology patients regarding chemotherapy being delivered in a community clinic base rather than in the home. From a psychological point of view, the home would not be associated with sickness.</p> <p>JL stated this would be an essential part of complex care delivered by the community in the future.</p> <p>FS raised the issue of a patient being discharged from hospital but still very poorly and</p>

	<p>SC advised that a nursing assessment would be undertaken which would allow the focus to be on those who needed home visits.</p> <p>BS enquired whether transport services were provided for patients and ES advised that the CCG provided taxi transport for those patients who experienced difficulty accessing the services.</p> <p>The committee were assured of effective staff engagement for continuous quality improvements and safer patient care.</p>
<p>2. EWC14/15-019</p>	<p>Apologies for Absence: Mrs Alison Hughes, Trust Board Secretary</p>
<p>3. EWC14/15-020</p>	<p>Declaration of Interests ES and MF declared an interest as practising Wirral General Practitioners and as such members of Wirral Clinical Commissioning Group who commission services to the trust.</p>
<p>4. EWC14/15-021</p>	<p>Minutes of the Previous Meeting The committee agreed that the minutes of the meeting held on 22 April 2014 were a true and accurate record.</p>
<p>5. EWC14/15-022</p>	<p>Matters Arising: The committee reviewed the action points of the meeting held on 22 April 2014 and noted the status and ongoing actions. <i>(See separate actions/matters arising tracker.)</i></p> <p>In addition, the following were highlighted:</p> <p>EWC14/15-001 – Staff Story FS referred to the previous staff story and in particular the outcomes and lessons learned. JH advised that a review of StaffZone would be taking place and it was the intention to include staff stories in the review.</p> <p>EWC14/15-008 – Staff Survey 2014 JH referred to further wording to be considered to the ‘Key Deliverables’ and advised that a review of the strategy was proposed to identify opportunities to improve two-way communications and staff involvement.</p> <p>EWC14/15-010 – Quarterly HR Strategy Implementation Plan JH had available a ‘pen picture’ of each of the newly appointed Investigating Officers for information and this was shared with members of the committee.</p> <p>EWC14/15-016 – Any Other Business – Strike Action by Podiatrists JH provided an update to the committee and advised that the planned strike action had been averted. Discussions had been held with the full time officer and representatives. Concerns remained unchanged and related in the main to the downbanding of band 6 podiatrists to band 5 although there were other concerns emerging that related to the way in which the work was organised and day to day functions. Podiatrists were willing to be involved in further discussions and had requested the issue of downbanding be reviewed. JH advised that it had been agreed to defer any further discussions for a month whilst progress was reviewed and it had been made clear that any proposals for restructuring would need to meet the cost of providing the service, quality and skill mix moving forward.</p> <p>FS stated that the work undertaken in relation to averting the strike action was appreciated and enquired about the flexibility of the trust’s current offer of two years pay protection. JH advised this was a local policy and therefore allowed for some flexibility, subject to negotiation with staff side.</p>

<p>6. EWC14/15-023</p>	<p>HR Strategy Update of Goals and Action Plan</p> <p>JH presented the updated goals and action plan to support the trust's HR Strategy. The HR Strategy had been introduced in October 2012 and it was now timely to undertake a review to ensure measures and actions were up to date. The strategy was still relevant and achievements substantially unchanged. The internal vision and values had changed and the strategy would be updated to reflect this.</p> <p>JH advised that the priorities for action had been reviewed, taking into account key drivers such as the Staff Survey results and OD plan, ensuring the values were embedded and evident in everything the trust did. The appendices attached detailed the list of actions and goals, some of which had been amended.</p> <p>BS highlighted the fact that there was no reference to equality and diversity and JH advised this was a separate strategy with its own set of actions. However the link would be made to equality and diversity in the HR Strategy.</p> <p>The committee approved the revised HR Strategy goals and implementation plan and noted that progress would continue to be reported on a quarterly basis.</p>
<p>7. EWC14/15-024</p>	<p>Managing Attendance Update</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"> • The sickness absence rate for April 2014 was 4.9% which was a slight increase from the previous month. There were 156 episodes of absence which was a decrease of 22 episodes. 60% of the absences related to long term sickness. • There were ten teams showing absence rates above the revised target figure of 4.2%. • Stress and anxiety remained the highest reason for absence, although the number had reduced from 33 in March to 26 in April. Musculoskeletal problems remained the second highest reason, with a reported increase in cancer cases. • The number of work related stress cases had reduced monthly since September 2013. • The number of staff being managed under stage one of the Managing Attendance Policy was 19, 6 under stage 2 and 2 under the final stage. • There had been an increase in the number of individuals returning to posts other than their substantive post and one of these may be used as a staff story going forward. • An audit of the return to work meetings had been undertaken and 38% had been submitted during the period January – March 2014. There was evidence that the return to work meetings were taking place but proformas not being submitted. Managers were being contacted to ensure forms were returned. • Volunteers had been added to the OHIO system which would result in some savings being made. • A focus group had been formed and had their first meeting looking into manual handling and musculoskeletal issues resulting from the treatment of leg ulcers. • DNAs for the fast track physiotherapy appointments would be recharged for the first time to the divisions. • Reference was made to the revised increment trust target of 4.2% for sickness absence which came into place from April 2014. The RAG ratings for sickness rates would need to be revised. <p>AW referred to the cost of sickness absence as highlighted in Appendix 1, table 3 and the high short term absence in finance and nursing. The high levels of absence in HR, Sexual Health and Phlebotomy were also highlighted as being approximately 20% of the head count in those services.</p> <p>MF requested a 'drill down' to specific services and JH advised that whilst it would be possible to provide further detail, it was important that such scrutiny of individual</p>

	<p>services did not result in the level of confidentiality being breached.</p> <p>BS asked how 'short term' was measured and KWS advised it could be between one to twenty working days.</p> <p>FS enquired whether there was the facility of a 'turnaround' team to provide additional support to staff and managers and JH advised there was a health and wellbeing lead who worked closely with areas experiencing high sickness absence.</p> <p>JL advised that meetings were held regularly with divisional managers and the process for getting people back to work had been discussed.</p> <p>SG stated that he had been impressed by the level of understanding by divisional managers in terms of staff absence and breaking it down into smaller numbers was helpful.</p> <p>CA highlighted the support given to front line staff suffering with work related stress, but was unsure how this would be recognised or applied for non-clinical staff.</p> <p>SG stated it was the responsibility of the trust to manage the situation whether it was front line staff or corporate roles suffering stress. Staff should receive the right training and skills to enable them to manage their jobs and managers alerted to problems when they started to arise.</p> <p>The committee noted the contents of the report.</p>
<p>8. EWC14/15-025</p>	<p>Learning & Development Activities delivered with Health Education Northwest Financial Funding Streams 2014/15</p> <p>SC presented the report which outlined the initial spending plans for the financial streams provided by Health Education Northwest for the 2014/2015 financial year.</p> <p>SC highlighted paragraphs 4 and 5 of the report which detailed the funding streams accessible to the organisation together with two additional funding streams, preceptorship funding and MPET placement tariff, from which the trust would benefit in 2014/2015.</p> <p>A breakdown of the ring-fenced funding was attached as an appendix showing the particular modules and the development and training needs analysis with the summary of module requests from the TNA returns completed.</p> <p>Appendix 2 detailed the MPET cash allocation initial spending plans and JH supported the proposals in relation to working with people with learning disabilities and complex needs as this supported the Equality & Diversity Strategy.</p> <p>The committee approved the initial spending for the MPET CPD and cash allocations received from Health Education Northwest.</p>
<p>9. EWC14/15-026</p>	<p>Update on Implementation of Divisional Restructure</p> <p>JL provided the committee with a verbal update on progress being made in relation to the implementation of the divisional restructure.</p> <p>The restructure had been presented and discussed at Joint Forum. Since then the job descriptions had been reviewed for the new roles, submitted to the divisional managers and discussed both individually and as a group. The new structure was acknowledged as a sensible way forward and a completed project plan and job descriptions with bandings would be submitted to the June committee.</p> <p>JH stated that the HR framework needed to be finalised.</p> <p>The committee noted the update.</p>
<p>10. EWC14/15-</p>	<p>Changes to NHS Pension Scheme</p> <p>JH presented the report which provided an update on the forthcoming changes to the</p>

<p>027</p>	<p>NHS Pension Scheme.</p> <p>JH highlighted the three areas for updating and included:</p> <ul style="list-style-type: none"> • The introduction of a Total Reward Scheme (TRS) for staff. • The implementation of the new NHS Pension Scheme in April 2015. • Pensions Choice 2 exercise (post April 2015). <p>Total Reward Statements</p> <p>JH advised that the TRS was a new initiative and provided a personalised summary package including basic salary plus pension, annual leave and other benefits such as salary sacrifice schemes. Every employee would receive the TRS annually. TRS had been trialled in other areas and the preferred access route would be through the Government Gateway as staff could self-register onto the system with a user name and password. It was proposed that this would be available to the trust's staff late summer 2014. A sample of the TRS would be presented to the May meeting of Joint Forum.</p> <p>ES queried the statement of superannuation in relation to a staff member who had two separate roles in the NHS and JH agreed to look into this further for ES.</p> <p>The New 2015 Pension Scheme</p> <p>JH advised that changes had been proposed for some time and the implementation date for the new arrangements was 1 April 2015.</p> <p>The main change was that it would move to a Career Average Revalued Earnings (CARE) Scheme and would be based on individuals pay on a yearly basis and increased by a set revaluation rate linked to inflation for each year up to retirement or leaving. Members normal pension age would be the same as their state pension age and any changes would be automatically adjusted for members of the scheme. Contributions would continue to be made on a tiered basis on salary banding. There would be the option for members to give up some of their pension for a tax free lump sum.</p> <p>JH referred to paragraph 22 which provided details of protection for staff approaching retirement. For members not entitled to protection, pension benefits built up would be retained and calculated by reference to final pay at retirement.</p> <p>AW asked whether staff were aware of the changes and JH advised that the pension providers would be providing information, as well as the communications team.</p> <p>The Pensions Choice 2 Exercise</p> <p>JH advised that members who had decided not to transfer to the 2008 section previously and were not entitled to full protection at the implementation of the new pension scheme, would be given the opportunity to reconsider this option.</p> <p>The committee noted the changes to be made to the pension scheme and recognised these were being imposed externally.</p>
<p>11. EWC14/15-028</p>	<p>Safe Staffing Steering Group - 8 April 2014</p> <p>The committee noted the minutes of the Safe Staffing Steering Group held on 8 April 2014.</p>
<p>12. EWC14/15-029</p>	<p>Health Safety & Wellbeing Group - 21 March 2014 (Draft)</p> <p>The committee noted the draft minutes of the Health Safety & Welfare Group held on 21 March 2014.</p>
<p>13. EWC14/15-030</p>	<p>Any Other Business</p> <p>None.</p>

14. EWC14/15- 031	Items for Risk Register None.		
Date & Time of Next Meeting: 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. Paper submission deadline: Friday 6 June 2014.			
Board - Chair Approval			
Name:		Date:	
Signature:			

The meeting concluded at 3.35 pm.

WIRRAL COMMUNITY NHS TRUST
FINANCE & PERFORMANCE COMMITTEE MEETING

MINUTES OF MEETING

MONDAY 27 MAY 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 (present via tele-conference)
Mr Alan Wilson (AW) (Chair)	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
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/FOI Officer

Reference	Minute
1 FPC14/15-013	Apologies for Absence Mrs Frances Street, Chairman
2 FPC14/15-014	Declaration of Interests There were no declarations of interest.
3 FPC14/15-015	<p>Presentation by Trustech</p> <p>AW welcomed to the meeting Bryan Griffiths, Commercial Services Manager and Kevin Moreton, Business Development Manager who were present to give a presentation from TrusTech.</p> <p>TrusTech was affiliated to the NHS and also worked within the industry sector and provided access for NHS trusts in the north west to develop new ideas and innovations. TrusTech welcomed the opportunity to become more embedded in the innovation agenda for the trust by seeking direction on key priorities over the next 12 months. Useful data had been forthcoming from the staff innovation questionnaire and these had been discussed with the CIP Programme Manager. The external innovation provided the opportunity to search for industry solutions to NHS trust's priority areas and to act as a 'buffer' between the two.</p> <p>The Friends & Family Testing (FFT) was highlighted as TrusTech had been involved and presented the trust with examples from industry of technologies used to increase the number of FFT responses. As a result of this, a business case had been submitted and an order placed for the technology.</p>

	<p>In relation to the delivery of the trust's objectives, TrusTech could assist in sourcing innovation which would be capable of assisting the trust to reach their objectives.</p> <p>TrusTech informed the Finance & Performance Committee that they could develop an Innovation Strategy 2014/2015 for the trust and details of this were attached with the committee papers.</p> <p>BS asked whether ideas from other trusts were being fed back and ideas disseminated.</p> <p>TrusTech advised that collaboration with other community trusts would greatly assist to create more robust systems and there was a drive towards sharing information and ideas.</p> <p>SW stated that innovation would feed into the work being undertaken and supported by the Clinical Forum which was led by SC and ES.</p> <p>SG advised that more definition would be given to the innovation stream of work with a clinical leadership link to innovation at each stage.</p> <p>The committee thanked TrusTech for the presentation.</p>
<p>4 FPC14/15-016</p>	<p>Minutes of the Previous Meeting</p> <p>The committee agreed that the minutes of the previous meeting held on 28 April 2014 were a true and accurate record.</p>
<p>5 FPC14/15-017</p>	<p>Matters Arising</p> <p>The committee reviewed the action points from the previous meeting held on 28 April 2014. <i>(See separate actions/matters arising tracker.)</i></p> <p>The following were also highlighted:</p> <p>Minute FPC14/15-005 – Procurement Strategy</p> <p>BS had attended the NHS Procurement Conference where the focus had been on delivery, with the key objective being to get 100% of purchase orders onto the system. This supported the trust's Procurement Strategy. BS had presentation material which he would share with SW and DH.</p> <p>SW advised that work was taking place on the implementation of the Procurement Strategy and specific actions would be issued based on the national publication.</p> <p>Minute FPC14/15-007 – Finance Performance Report – Month 12</p> <p>AW referred to the paper on service line reporting and it was confirmed that this would be submitted to the committee in June 2014.</p>
<p>6 FPC14/15-018</p>	<p>Financial Performance Report – Month1</p> <p>SW presented the report for the month ending April 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.</p> <p>The following issues were highlighted:</p> <ul style="list-style-type: none"> • The trust was showing a YTD net surplus of £1k which was behind the planned position for this stage of the financial year, which was a surplus of £142k. • The trust was delivering 6% of the cost improvements planned for this stage of the financial year. Progress against the plan would be monitored throughout the year and mitigations developed to ensure full delivery of the savings requirement. There was the opportunity early on in the year to ensure appropriate action could be taken in relation to CIPs. A robust discussion had taken place at the last meeting of the Programme Management Office regarding the under delivery of the CIP programme in month 1. QIA's were being finalised and due to be completed by the end of the month and reviewed in light of safe staffing. • Year two of the MAFS scheme would be launched. A MARS scheme would

	<p>be reconsidered for approval and deployment at a forthcoming Remuneration Committee. JH advised that the criteria of eligibility of a MARS scheme would need to be clear as well as the principle of backfilling posts, and reviewing the costs versus the recurrent savings. This would also be a key link to the safe staffing work.</p> <ul style="list-style-type: none"> • The cash position had reduced slightly in month. A breakdown of debtors would be provided at the June meeting of the committee. <p>BS made reference to the CIP and the fact this this year would be more challenging than last.</p> <p>SW advised that the message around CIPs was understood by divisional managers. There was the need to complete the safe staffing work with a clear understanding of how to deliver the required savings without compromising safety.</p> <p>JL advised that the divisional managers and PMO were constantly aware of CIP and as the director overseeing the services, was prepared to be challenged on the schemes. There was also the need to factor in demand versus capacity alongside the integration agenda together with the discussions with commissioners that would be required to be held as demand increased.</p> <p>AW asked whether discussions would be held at all levels and made reference to the involvement of Vision 2018.</p> <p>SG advised that progress on Vision 2018 would be reported at board within the Chief Executive report with reassurance that the Vision 2018 Programme Board would play a full part in all developments.</p> <p>JL would provide an update on the integration model. The point was made that as decisions would be made in relation to vacancies and recruitment the harder it would become to remove capacity from clinical services.</p> <p>The committee noted the contents of the report.</p>
<p>7 FPC14/15- 019</p>	<p>Key Performance Indicators – Month 1</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 April 2014. Live updates were also available on proDacapo.</p> <p>SW advised that on a year to date basis, 9 KPI's were rated red and a further 6 rated as amber. The new financial year had brought in new KPI's together with changes and adjustments from the Clinical Commissioning Group and the local authority. In view of this the KPI information for April continued to be validated and therefore reporting live would take place from month 2.</p> <p>The following issues were also highlighted:</p> <ul style="list-style-type: none"> • The performance against DNA targets had improved due to the adjustment in performance thresholds. • Paediatric and integrated continence services had breached the 28 day waiting target. • Waiting times in the SALT service were still a challenge as well as in podiatry. <p>AW asked about the SALT action plan being put in place and the cost involved. EB advised that work was ongoing internally to develop the action plan. In relation to podiatry, work was continuing to move forward and it was anticipated this would not be an outlier but date was not being shared from other providers.</p> <p>JL stated that duplication of KPIs would be challenged as these created more work. This was particularly prevalent in lifestyles.</p>

	The committee noted the contents of the report.
8 FPC14/15-020	<p>Divisional Performance Scorecards</p> <p>SW presented the divisional scorecards for month 1 and highlighted performance by division against key indicators.</p> <p>SW advised the divisions were mapped into proDacapo and each had their own column to enable 'drilling down' and brought together the contractual KPIs.</p> <p>EB described the system specifically put together for Finance & Performance Committee which could be presented in the committee papers as a pdf.</p> <p>Reference was made to the high rate of absence in nursing and unplanned care and the low level of sickness in lifestyles and what lessons could be learnt. JL advised that these services were very different and could not be compared with each other.</p> <p>JH also stated that the ratio of managers to teams differed and therefore this would have an influence on the management and level of support provided to teams.</p> <p>The committee noted the contents of the divisional performance scorecards.</p>
9 FPC14/15-021	<p>FT Self Certification – April 2014</p> <p>SW presented the trust's FT self-certification submission for April 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 following discussion at April's Finance & Performance Committee and private board, additional assurance was sought in relation to the quality statements by the Quality & Governance Committee. The proposal was to continue reporting green against all board statements.</p> <p>The committee approved the FT self-certification submission.</p>
10 FPC14/15-022	<p>IT Service Provision – Draft Options Appraisal</p> <p>SW presented the report which reviewed the options for the delivery of IT support for the trust.</p> <p>IT was a recurring theme at business plan/staff listening events and SW advised that the SLA for 2014/2015 for the provision of IT services with the CSU was as yet unsigned. WUTH had also given notice and CCO were expected to follow. The merger with Greater Manchester CSU had the potential to add further changes and complexities. A piece of work had been undertaken scoping opportunities and an initial assessment prepared. As a result of this, there were six options to support the delivery of the trust's IT service provision for review and consideration. Following this, a business case would be prepared for Finance & Performance Committee approval.</p> <p>SW outlined the six options and scoring against the benefit criteria included in the report. The most favourable options were 4 and 5, followed by option 6. Further investigation on these options would be undertaken, ensuring there was an accurate cost provision. A formal business case would then be developed.</p> <p>BS stated that he agreed with the analysis of options and there was the need to be clear regarding the IT Strategy, particularly with remote and mobile working. Whilst the in-house option was cost effective, caution may be needed to ensure there would be resilience to support the service. The impact of third party provision on the in-house option would also need careful consideration, whilst sharing the service across Wirral seemed sensible. Robust contract management would be essential to support the delivery of the service.</p>

	<p>JH supported BS comments, particularly in relation to in-house provision. The need to ensure staff were recruited to the right level of skill was essential. It would be helpful if services within the trust could be involved with the needs and requirements to ensure all options had been explored. There would also be the need to link around registration authority which more IT services were now using.</p> <p>AW referred to a hardware refresh in option 3 and IH advised that hardware costs had been included in the options.</p> <p>AW referred to option 5 and asked and received confirmation that TUPE of staff would apply in any situation where a new service was used.</p> <p>SW stated that the success of recent systems had been partly due to the in-house/on-site support that was available. Consideration would need to be given to the support provided by system providers for both local tasks and across the infrastructure of the organisation.</p> <p>AW asked whether extending the current contract to October 2014 allowed sufficient time for options to be further explored. IH stated that as this was a rolling contract, in effect the timescale would be up to March 2015.</p> <p>The committee agreed to receive a further paper in July/August 2014.</p>
<p>11 FPC14/15-023</p>	<p>Estates Update</p> <p>JL provided a verbal update on progress being made in relation to staff moves and the following were highlighted:</p> <ul style="list-style-type: none"> • Staff would be moving out of Port Causeway and Hind Street in 2014. • There had been a period of staff consultation which highlighted some dissatisfaction and prompted a further review. • Cheshire & Wirral Partnership Trust would be moving out of Highfield in September 2014. • A plan was being developed which would detail dates, times and responsibilities. • In October 2014, some therapy services and specialist nursing would be moving out of Port Causeway and into the Highfield Centre at Victoria Central Health Centre. • The night nursing teams would move to Arrowe Park Hospital. • The Wheelchair Service, Independent Living Services and the Resource Library would be moving to the lower ground floor of St. Catherine's Health Centre. As a result of this, work would need to take place at St. Catherine's and consultations with staff would take place in June 2014. It was expected this work would cause minimum disruption for staff and patients. • Car parking at Hind Street was being investigated and in the short term an extension would be negotiated with Tesco. <p>AW enquired if there would be any costs associated with the moves and JL advised the total cost of upgrading St. Catherine's Health Centre would amount to approximately £350k. There would be a reduction in savings in relation to Port Causeway and the final impact on St. Catherine's Health Centre would require approval as the Heart Support Service and Sexual Health would be affected and incur costs. The Head of Estates would liaise with finance to understand the final costs and a decision would be taken on 28 May 2014. A revised review of the capital programme would be submitted to the Finance & Performance Committee in July 2014.</p> <p>The committee noted the verbal update.</p>
<p>12 FPC14/15-024</p>	<p>Estates Management Group - 15 April 2014</p> <p>The committee noted the minutes of the Estate Management Group held on 15 April 2014.</p>

13 FPC14/15-025	Any Other Business None.
14 FPC14/15-026	Items for Risk Register CIP performance to be kept under review.
Date & Time of Next Meeting: The next meeting of the Finance & Performance Committee will take place on Tuesday 27 May 2014 at 11.00 am – 1.00 pm in the Duncan Room, Old Market House.	

Committee – Chair Approval			
Name:		Date:	
Signature:			

The meeting concluded at 12.55 pm.

STAFF COUNCIL MEETING: Action Plan and Outcomes Summary

Date: Thursday 24 April 2014

Duration: 3pm -5pm

Location: Clinical Skills Lab, SCH

Members:	
Phillipa Compson	Primary Care (Staff Council Member) (Joint Chair)
Amy Poole	Communications and Marketing Officer
Dominique Gill	Senior Assistant, Corporate Team(Staff Council Member)
Helen Lundy	Community Nurse Discharge Team(Staff Council Member)
Stephanie Ball	Community Night Nursing Service (Staff Council Member)
Stephen Parry	Integrated Specialist Palliative Care (Staff Council Member)
Debra Ollerhead	Continence Service (Staff Council Member)
Frieda Rimmer	Heart Support (Staff Council Member)
Jo Harvey	Director of Human Resources & Organisational Development (Joint Chair)
Judy Fairbairn	Sexual Health (Staff Council Member) (Joint Vice Chair)
Sandra Christie	Director of Quality and Nursing
Tom Meade	Wirral Heart Support (Staff Council Member)

In Attendance / Guests:	
Laura Kennedy	Senior Assistant to Medical Director and Non-Executive Directors

Apologies:	
Ewen Sim	Medical Director
Simon Gilby	Chief Executive
Danielle Burton	MDT Co-Ordinator (Staff Council Member)
John Lancaster	Director of Operations
Robbie Howard	Stop Smoking Service (Staff Council Member)
Yvonne Joyce	Community Therapy Services (Staff Council member)
Steve Wilson	Director of Finance and Development

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>Pre-Retirement Course Update: FR to attend a Pre-Retirement course as an observer to evaluate whether the course provides staff with the information they requested such as a better balance between finances and preparing for cultural changes.</p>	<ul style="list-style-type: none"> FR to attend the pre-retirement course as an observer 	(asap)
3.	<p>Update on Social Group</p> <p>Review of Social Group Role Discussion took place regarding whether the group is still wanted by the staff of the trust. The consensus from the discussions was that the group was no longer required however the best way to gauge views were to let staff vote on the decision.</p> <p>NHS North West Games The Group advised the chair that there was no interest in taking part in the games from their service areas.</p> <p>Wirral Coastal Walk This item wasn't discussed following the discussion on the role of the Social Group</p>	<ul style="list-style-type: none"> Survey to be set up on the Staff Zone to gain consensus whether the social group continue as a group 	PC (29/05/14)
4.	<p>*SystemOne Update</p> <p>The feedback from the group was that SystemOne is working well and feedback has been positive in the Community Nursing team and is now being rolled out to phlebotomy.</p> <p>A concern was raised about the community nursing team moving to Arrowe Park due to the nurse's shifts starting when visitors are leaving the site. A suggestion was made for the nurses to go straight from home. SC will liaise with Ian Hogan to see where the team are on the laptop rollout.</p>	<ul style="list-style-type: none"> SC to ascertain where Community Nursing sits on the laptop rollout SC to liaise with Ian Hogan and ensure 	SC (asap)

No	Topic Summary	Outcomes / Actions	Lead (Date)
	TM raised the security of iPads and laptops at home in relation to patient data.	that the record keeping policy is up to date	SC (asap)
5.	<p>Feedback from Leadership Events/Plans for Staff Events</p> <p>Feedback from staff who attended the above event was positive from the leadership event which launched the Business Plan. The feedback from staff was that they wanted more networking at future sessions.</p> <p>There are 200 places at each of the next two staff events taking place on Thursday 8 May and Tuesday 20 May 2014. The agenda will consist of business planning, priorities for the future, challenges for the future and opportunities going forward.</p> <p>The group felt that there was great value from these events taking place and they supported these events taking place twice a year. Staff Council felt this would be a good forum to gauge what the staff want from Staff Council.</p>		
6.	<p>Staff Council Review/Annual Staff Council Report</p> <p>Discussion took place regarding the work of the Staff Council meeting going forward. The group agreed that a survey on the Staff Zone could confirm what staff want from the group.</p> <p>JH explained how the Staff Council links into the Board. She asked for the groups' views on providing a monthly summary on the work the group is doing for Board? The group agreed to take a monthly report to the Board.</p> <p>It was agreed to shorten the minutes of the Staff Council and that they would be completed quicker. It was also agreed that a short paragraph would go monthly (straight after the staff council meeting) into the Staff Bulletin explaining what items were discussed at the last meeting.</p>	<ul style="list-style-type: none"> • Survey to go on Staff Zone to evaluate what staff want from the meeting • PC and JF to put a paragraph into Staff Bulletin monthly explaining what staff council discussed at the meeting 	<p>JH/PC (asap)</p> <p>PC/JF (ongoing)</p>
7.	<p>Organisational Update</p> <p>Update on Change and Redesign</p>		

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>Phlebotomy – The service is moving to a different way of working due to contractual requirements i.e. working 7 days a week and mobile working.</p> <p>Podiatry – The consultation with Podiatry is completed and further discussions are taking place with staff.</p> <p>Foundation Trust Update There is no news on the Foundation Trust application at present however the Board is reviewing the lessons learnt from trusts who have already been inspected by the Care Quality Commission (CQC). The inspection team consists of Health Visitors, School Nurses, Midwives, Occupational Therapists and Community Nurses. The main areas they have previously focused on are services which run outside core hours, rehab services and services which involve children.</p> <p>A mock CQC inspection has taken place at OOH with the services knowledge. The report from this mock inspection is going to the Quality and Governance Committee to review the learning outcomes.</p> <p>Performance- Balanced Scorecard (Month 11) The patient, community and commissioners balanced scorecard is on green, The people and resources balanced scorecard – CIP Delivery is on amber due to year end. The sickness figures are on red, the figures were 4.6% for February and 4.7% for March. JH confirmed that the trusts target for 2014/15 is 4.2% average for the year. Incrementally the trust is going to reduce this to 4% in 2015/16 and 3.8% for 2016/17. JH also confirmed that our figures are one of the lowest figures in the local area. JH informed the group that the majority of trust sickness is due to long term conditions such as cancer, MSK and stress due to personal issues such as bereavement.</p> <p>Estates Review Feedback The group fed back to the Directors that the communication had been inconsistent with the teams affected by the estates moves. The group also said that communication informed them that Divisional Managers would be meeting</p>	<ul style="list-style-type: none"> • JH/SC to feedback to the Exec Team that the communication regarding the 	<p>JH/SC (asap)</p>

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>with them within 7 days of the email being sent but this had not taken place.</p> <p>Concerns were raised about informing patients of the moves. AP assured the group that the communication to patients would be proactive not reactive to patient concerns coming in.</p> <p>DO raised that the continence service will be put under additional pressure in September due to moving suppliers and bases in the same month</p>	<p>Estates moves hadn't been consistent</p> <ul style="list-style-type: none"> • AP to ensure communications to patients is sent out in a timely manner • JH/SC agreed to feed this back to JL 	<p>AP (ongoing)</p> <p>JH/SC (asap)</p>
<p>8.</p>	<p>Staff Uniform Policy</p> <p>SC brought the staff uniform policy to the meeting and assured the group that the policy followed the NMC guidelines. SC confirmed that the draft policy has been circulated to the following people:</p> <ul style="list-style-type: none"> • Divisional Managers • Heads of Service • Risk Manager • Health and Safety Advisor • Equality and Diversity Lead • Practice Education Facilitator • Clinical Forum members • Infection, prevention and control group members • Lead nurse group members • Allied health professional group members <p>SC confirmed that the Staff Council, QPER group and Joint Forum were the next set of groups to be involved in the consultation. SC needed all comments back to her by 5 June 2014.</p> <p>The areas the group fed back on were:</p> <ul style="list-style-type: none"> • Changing rooms -SC fed back that these would be considered when moving to better premises in the future. • Policing of the policy – SC confirmed that the policy wasn't being 'policed', it would be at the manager's discretion to decide if the staff were adhering to the policy. 	<ul style="list-style-type: none"> • All to provide SC with comments on the draft uniform policy 	<p>ALL (05/06/14)</p>

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<ul style="list-style-type: none"> • Wording of the policy – SC confirmed that the policy would be written clearly and concisely. • JF referred to the Brook uniform policy which does not require their staff to wear a uniform as they feel it creates a barrier between 18 – 25 year olds patients. JF queried whether this will cause confusion between our Trust and Brook to patients? 		
9.	<p>Staff Survey Action Plan</p> <p>JH confirmed that she will circulate the Staff Survey action plan once it has been finalised.</p> <p>There is going to be an increase in communications on well being through PAM and the Live Well team and hope to work alongside this with staff council to gage how effective this will be.</p>	<ul style="list-style-type: none"> • JH circulate the staff survey action plan when completed 	JH (asap)
10.	<p>Appraisal/Performance Management Framework</p> <p>JH confirmed that the final appraisal paperwork will be available shortly on the Staff Zone.</p> <p>JH informed Staff Council that this year's appraisal window will run from May to July 2014 in order to ensure everything is in place for the performance management framework.</p> <p>JH explained that the appraisal format has been changed to help maximise staff performance. JH ensured that, although staff increment pay scales are reflected through the appraisal performance, this is not designed as a way of saving money for the trust as the expectation is that all staff to go through the incremental progression. The new appraisal will ensure that all the Trust's objectives are aligned to everyone's jobs.</p> <p>JH advised that all managers will need to undertake training on the new appraisal system/format. Managers will have to complete an electronic workbook as part of the appraisal process. Drop in sessions will also be available for managers to attend to help with topics such as helping managers to understand how to set objectives for staff.</p>		

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>DO queried whether members of admin teams can undertake appraisals to other staff. JH confirmed that if it is not in their job description then staff should not be conducting appraisals and advised that the admin staff would not be required to undertake the new appraisal training unless they had formal responsibility for appraisals.</p> <p>JF queried whether completion of mandatory training is a reflection on whether staff will receive their increment. JH confirmed that this will be applied this year within some expectations in relation to organisational training, and next year would include service specific training.</p> <p>SB highlighted that the nurses on night duty have been experiencing problems with log in passwords therefore they are unable to log onto a computer to complete the mandatory training.</p>		
11.	<p>CIP Update 2014/15 SC confirmed that the trust has met its CIP target for 2013/14 and thanked everyone for their contribution towards that.</p> <p>SC explained that the trust will now be facing further challenges for 2014/15 which will be explained to staff at the Business Planning events being held where the trust's target figures will be discussed.</p> <p>SC added that the Board are always looking for more ideas from staff for effective CIP programmes to save money and any proposed CIPs are referred to herself and the Medical Director Ewen Sim to get authorised and signed off.</p> <p>SB made a suggestion that if staff knew how much the exact costs were of equipment, systems, products and processes within the trust this might make staff realise how important CIPs are and to be more cautious and work more cost effectively.</p> <p>SB added that this information could be added to the Staff Bulletin to make staff more aware of the costs.</p> <p>The staff council agreed this was a good idea and would take it into consideration and discuss at Board level.</p>	<ul style="list-style-type: none"> • Idea of highlighting to staff the cost of equipment, systems, products etc to be discussed at Board 	<p>JH/PC (ongoing)</p>

No	Topic Summary	Outcomes / Actions	Lead (Date)
12.	<p>Communications Update AP confirmed that the latest issue of the staff magazine has been released and is also available to view on staff zone.</p> <p>AP advised that the communications team are going to undertake a review of the magazine now that a number of issues have gone out to find out what the staff's views are of the magazine.</p>		
13.	<p>Safe Staffing- The Future SC explained safe staffing has been the main project in the WIC where average consultation times have been monitored and tested for a month which has then been matched to how many staff are on duty.</p> <p>SC explained that the aim of this safe staffing project is to ensure that the trust is placing the right staff with the appropriate skills in the correct shifts.</p> <p>SC confirmed that so far it has been a successful model which is now going to be tested on the community nurse service too and then hopefully rolled out across more services within the trust.</p>		
14.	<p>Information Exchange SC advised that a clinical innovation fund has been introduced which goes live in May 2014. This fund offers £50k to be spent on supporting patient care. SC added that further information will be explained in a paper which will be available to view on staff zone. SC confirmed that Claire Wedge and Natasha Cory will be working on this exciting new project to bring it all together.</p>		
15.	<p>Future Agenda Items N/A</p>		
16.	<p>Any Other Business N/A</p>		
17.	<p>Date of next meeting:</p> <p>Staff Council Members Pre-meeting</p>		

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>Date: Thursday 29 May at 9:30am Venue: Duncan Room, OMH</p> <p>Staff Council Meeting Date: Thursday 29 May from 10am-12noon Venue: Duncan Room, OMH</p>		