

WIRRAL COMMUNITY NHS TRUST
QUALITY & GOVERNANCE COMMITTEE MEETING

MINUTES OF MEETING

Monday 16 June 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:

Mr Simon Gilby (SG)	Chief Executive
Mrs Heather Stapleton (HS)	Board Support/FOI Officer
Mrs Paula Simpson (PS)	Head of Quality & Nursing
Mr Alan Wilson (AW)	Non-Executive Director

Reference	Minute
1. QGC14/15-042	<p>Apologies for Absence: Mrs Frances Street, Chairman. Mrs Alison Hughes, Board Support Secretary (working on the IBP).</p>
2. QGC14/15-043	<p>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.</p>
3. QGC14/15-044	<p>Chairman's Briefing The chair of the committee made the following announcements:</p> <ul style="list-style-type: none"> • Clinical staff from the trust and Wirral University Teaching Hospital (WUTH) attended a Listening into Action Pressure Ulcer Event in May. This was seen as an opportunity for joint learning and a Harm Free Care Collaborative Group had been established which would be jointly chaired

	<p>by the trust and WUTH. Maria Hughes, Tissue Viability Lead Specialist Nurse, had had an article published which provided detailed information in relation to pressure ulcers and the discomfort this caused for patients.</p> <ul style="list-style-type: none"> • Two members of staff from the Quality & Governance Service had been nominated for the AQUA Patient Safety Champions programme. • Datix had been upgraded and a feedback e.mail would be automatically provided to reporters when an incident had been finally approved. • Quality Forum dates had been arranged for 27 June and 17 July 2014. These would be held in the Clinical Skills Laboratory at St. Catherine's Health Centre and Non-Executive Directors were invited to attend. <p>The committee noted the contents of the briefing.</p>
<p>4. QGC14/15-045</p>	<p>Minutes of the Previous Meeting</p> <p>The committee agreed that the minutes of the meeting held on 16 June 2014 were a true and accurate record.</p>
<p>5. QGC14/15-046</p>	<p>Matters Arising</p> <p>The committee reviewed the action points from the previous meeting held on 16 June 2014 and noted the actions had either been dealt with or were progressing satisfactorily. <i>(See separate actions/matters arising tracker.)</i></p> <p>Visit by Care Quality Commission – A letter had been received confirming that the visit would be taking place week commencing 1 September 2014. An information pack had been requested by the CQC, which would be submitted 23 June and included requests for corporate and clinical information. Following this, the trust would be advised as to the key lines of enquiry and a plan of areas to be focussed on.</p> <p>An action plan had been developed and SC advised of a NHS Trust Development Authority event that she had attended with ES and information gathered from this would be fed into the action plan. AH had been in contact with Bridgewater Community NHS Trust regarding lessons learned.</p> <p>MF asked about the process for informing staff and SC advised there was a standard briefing presentation which would be delivered to all staff. A section in the staff briefing would be development to focus on a key message each week. Staff would be supported and reassured throughout the process. Briefings and board development sessions would be arranged for board members prior to the inspection.</p> <p>SG stated that there would be outstanding issues within the trust, but there would be evidence that the trust was aware of them and actions were being taken to deal with them. It was proposed to move the trust board meeting scheduled to take place on Monday 1 September to Wednesday 3 September 2014 and appropriate notice would be given.</p>

	<p>SC advised that all board members would be expected to attend the presentation to the CQC.</p>
<p>6. QGC14/15-047</p>	<p>Quality Governance Assurance Framework Action Plan</p> <p>SC presented the QGAF action plan which supported the implementation of QGAF in the organisation. The paper provided an update on the actions completed for the reporting period of May 2014 and it was noted that all actions for June were on track to be completed.</p> <p>SC reported that the TDA had been in contact to advise that Monitor would be conducting a review of QGAF alongside the CQC inspection moving forward into the next stage of the process. From October 2014, QGAF would be changing to a well led framework used by CQC and NTDA.</p> <p>The Board Statement and Memorandum for the trust would need to be in place and would be submitted to the July board meeting for signature by the Chair. A board development session would be held to refresh board as part of the preparation process.</p> <p>SC advised that QGAF would be shared with the TDA and weekly meetings arranged.</p> <p>CA referred to the QGAF action plan and highlighted that some of the responsibility for actions were relevant to other board committees, with particular reference being made to Education & Workforce Committee, and wondered whether the quality report should be an item on their agenda in order that the relevant actions could be addressed.</p> <p>MF agreed that there were some significant issues that were more relevant to the Education & Workforce Committee and the most appropriate process would be discussed at their next meeting.</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>7. QGC14/15-048</p>	<p>Quality & Patient Experience Report - May 2014</p> <p>PS presented the report which provided assurance on the delivery of safe, effective, quality services during the reporting period for May 2014.</p> <p>PS advised the data was produced on 28 May 2014 and therefore was not a full calendar month. The quality dashboard indicated a downward trend in incidents overall. Serious Untoward Incidents were showing a downward amber arrow and this related to two community acquired pressure ulcers that had been reported, reviewed and classified as grade 3. There were two red flags within the dashboard that related to workforce issues and a decision would be made whether to review at Quality & Governance Committee or Education & Workforce Committee. The quality dashboard could be submitted to Education & Workforce Committee where appropriate to discuss further any issues.</p> <p>The committee reviewed Section 1: <i>Our Patients and Communities</i> The following were highlighted:</p> <ul style="list-style-type: none"> • There were no avoidable grade 3 and 4 pressure ulcers reported for May.

- The two reported the previous month had been reviewed and converted to an avoidable status. An RCA would be undertaken and reported back to the committee. The incidents had been escalated to the relevant Community Nurse Managers and an intensive improvement plan was in place. CA asked if more dialogue could be used in order to track the journey.
- JL stated that community nurse staffing levels, workload and sustainability also needed to be factored in. SC agreed and would advise the RCA team to include capacity and demand to identify where safely staffed. The caseload covered by the team would also be useful.
- There were four non-community acquired pressure ulcers identified. The detail for these would be reported in next month's quality report as the report had been run after the data became available.
- The trend graph indicated that there had been a reduction in reporting of grade 2 pressure ulcers over the last two months and further information was available in relation to the way the community acquired pressure ulcers were reviewed across the teams.
- Six medication incidents were reported during the reporting period and all were rated low risk with no patient harm caused. ES requested assurance that the cause of the missed visit had been identified. The effect may have been significant despite the fact that the incident received a low rating. PS stated that this would be further investigated
- There had been two Serious Untoward Incidents reported and not one as indicated in the report.
- One information governance incident had been reported and related to missing case notes. As this was a busy office, including a number of volunteers, CA requested assurance that staff handling records received sufficient training to support them in their task.
- The organisational dashboard for the number of patient safety incidents reported showed a downward trajectory, particularly between February and May. This would be highlighted to teams across the organisation.
- Four complaints had been received with a slight increase in the number of concerns received since the previous month. The emerging themes were associated with issues related to the phlebotomy service.
- JL explained that throughout the bid process, the service had continued and there had come a point when demand increased and the capacity to deliver the service reduced. Work had been ongoing with the service lead and GP's to refresh the model which would commence in July. Regular meetings were held with the commissioners and the majority of the concerns raised had been dealt with. The day to day demand appeared to be manageable and JL was confident the number of concerns would decrease.
- Primary care division exceeded target for patient experience feedback, however nursing division were below target and this would be addressed.
- 750 responses for Friends and Family Test had been received and the net promoter score was 69. Using the historic method, this would have achieved 93%.

The committee reviewed Section 2: *Our Services*

This section summarised progress against the CQUIN schedule and these were all

	<p>RAG rated green.</p> <p>The committee reviewed Section 3: <i>Report Analysis</i> PS drew attention to the key learning and improvements section. At the request of the committee, improvements made as a direct result of the incident review were incorporated.</p> <p>The committee approved the Quality and Patient Experience report for the period 1 May – 28 May 2014.</p>
<p>8. QGC14/15-049</p>	<p>Root Cause Analysis (RCA) W6704 Outcome and Action Plan</p> <p>PS presented the report and action plan following an RCA into incident W6704. The incident related to the diagnosis of Pseudomembranous Colitis recorded on Part 1 of a death certificate, which indicated that Clostridium Difficile infection was considered to be part of the sequence of events leading to Patient A's death.</p> <p>PS advised there was insufficient evidence to confidently determine the root cause of death and the committee were assured that the incident had been fully investigated and appropriate action taken. Positive feedback had been received in relation to the nature and depth of the investigation taken.</p> <p>CA requested information be included to indicate who the report had been shared with together with the learning as this would be beneficial.</p> <p>JL advised that Adastral had the facility to provide this information however it would be for the GP to do this.</p> <p>The committee noted the contents of the RCA and the action plan which had been shared with the CCG and Wirral Borough Council.</p>
<p>9. QGC14/15-050</p>	<p>RCA W6086 Outcome and Action Plan</p> <p>PS presented the report and action plan following an RCA into incident W6086. The incident related to a patient having two grade 4 pressure ulcers. This was reviewed at a multi-disciplinary review meeting which confirmed there was insufficient evidence to confirm that all clinical actions had been implemented and therefore the pressure ulcers were categorised as avoidable.</p> <p>PS advised that the key issues related to poor documentation, partly in relation to the initial assessments and the quality of the assessments. There was the inability to evidence an appropriate wound management plan and concern that the pressure ulcer had deteriorated from a grade 2 to a grade 4. There were four key recommendations in the action plan which had been escalated to the divisional and service manager. An indepth discussion had taken place and intensive improvement work initiated. A clinical case note review would be undertaken and learning from the RCA would be disseminated to community nursing meetings, as well as in the patient safety bulletin.</p> <p>JL advised that consistency issues across the services would be addressed. Discussions had been held relating to safe staffing and the CIP and ensuring the numbers and grades of staff in the community nursing teams was appropriate in order to deal with the workload. Processes also required streamlining and actions were underway to deal with this.</p>

	<p>AW referred to paragraph 26 and the reference to a lack of evidence within the patient's health care record. This would either tie in with poor practice or pressure of work.</p> <p>JL advised that there had been a reluctance to adhere to good practice for record keeping.</p> <p>CA stated that the situation would require monitoring and any changes needed to meet the requirements of the action plan to be put in place.</p> <p>The committee noted the contents of the RCA and the action plan and were assured of progress towards its completion.</p>		
<p>10. QGC14/15-051</p>	<p>Quality, Patient Experience & Risk Group - 21 May 2014 The committee noted the minutes of the Quality, Patient Experience & Risk Group held on 21 May 2014.</p>		
<p>11. QGC14/15-052</p>	<p>Information Governance Group - 23 May 2014 (Draft) The committee noted the draft minutes of the Information Governance Group held on 23 May 2014.</p>		
<p>12. QGC14/15-053</p>	<p>Any Other Business None.</p>		
<p>13. QGC14/15-054</p>	<p>Items for the Risk Register There were no items for the Risk Register.</p>		
<p>Date & Time of Next Meeting: The next meeting of the Quality & Governance Committee will take place on Monday 21 July 2014 commencing at 11.00 am. Paper submission deadline: Friday 11 July 2014.</p>			
<p>Board - Chair Approval</p>			
Name:		Date:	
Signature:			

The meeting concluded at 1.10 pm

WIRRAL COMMUNITY NHS TRUST
EDUCATION & WORKFORCE COMMITTEE MEETING

MINUTES OF MEETING

MONDAY 16 JUNE 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 Brian Simmons	Non-Executive Director	(BS)
Mrs Heather Stapleton	Board Support and FOI Officer	(HS)
Mrs Karen Walkden Smith	Head of HR	(KWS)

Reference	Minute
1. EWC14/15-032	<p>Staff Story – Livewell Programme</p> <p>SC introduced a service story which highlighted how staff from the Livewell Programme remained motivated whilst undergoing service redesign and had worked with managers to develop innovative solutions.</p> <p>The service story was told via video by the Livewell team and clients and covered the wide range of lifestyle activities and courses available.</p> <p>The committee agreed the video was inspirational and demonstrated learning regarding bringing about change and redesign in the workplace. The committee were assured of effective staff engagement fostering continuous quality improvements and safer patient care within the Livewell service.</p>
2. EWC14/15-033	<p>Apologies for Absence:</p> <p>Mrs Frances Street, Chairman Alison Hughes, Board Support Officer (working on IBP)</p>
3. EWC14/15-034	<p>Declaration of Interests</p> <p>ES and MF declared an interest as practising Wirral General Practitioners and as such members of Wirral Clinical Commissioning Group who commission services from the trust.</p>
4. EWC14/15-035	<p>Minutes of the Previous Meeting</p> <p>The committee agreed that the minutes of the meeting held on 19 May 2014 were a true and accurate record.</p>
5. EWC14/15-	<p>Matters Arising:</p> <p>The committee reviewed the action points of the meeting held on 19 May 2014 and</p>

036	<p>noted the status and ongoing actions. <i>(See separate actions/matters arising tracker.)</i></p> <p>In addition the following were highlighted:</p> <ul style="list-style-type: none"> • Quality Governance Assurance Framework - MF referred to a discussion that had taken place at Quality & Governance Committee which related to the Quality Governance Assurance Framework. There were some issues in the action plan that were more relevant to Education & Workforce Committee and therefore the quality report would be submitted to the next meeting for further discussion. JH advised that the dashboard would be submitted on a monthly basis to the committee in order to update on the relevant elements. • Podiatry Strike - JH advised that a meeting with union representatives and podiatrists aimed at resolving the dispute had been held the day before the proposed strike. Progress had been made on local issues regarding the running of the service but it was made clear there was no movement in relation to the structure which involved downbanding of some staff. The strike had therefore gone ahead and feedback from the union was that staff had wanted to make their feelings known. The implementation of the revised structure was going ahead and letters had been sent to staff regarding the downbanding. During discussions it was apparent from the union representatives that staff accepted the change to the structure but did not accept the consequential downbanding. <p>CA asked about the format and effect of the strike and JH advised that there had been a picket line at St. Catherine's Health Centre from 8.30 am – 2 pm consisting of approximately 8 – 10 members of staff. It had been a peaceful picket and no negative feedback had been received. Some clinics had run on the day but where they were cancelled patients were informed and provided with an alternative date.</p>
<p>6. EWC14/15-037</p>	<p>Staff Friends and Family Test</p> <p>JH presented the paper which proposed implementation of the NHS Staff Friends and Family Test (FFT).</p> <p>JH advised that all NHS organisations were required to implement the staff FFT between 1 April – 30 June 2014 and was in accordance with national guidance provided by NHS England. The staff FFT was a continuation of the patient FFT and was scored using the net promoter scoring method. Delivery of the staff FFT formed part of the national CQUIN payment and would work alongside the annual NHS staff survey. Staff FFT data was required to be collected and submitted quarterly to NHS England ensuring staff were given the opportunity to provide feedback at least once a year. This would be met through the staff survey in quarter three as it was the trust's practice to survey the whole trust. Future quarters may target certain groups and use equality and diversity information to form part of the survey process to develop better understanding.</p> <p>The methodology the trust would use to collect the data would be 'survey monkey' which would be accessible through e.mail and the StaffZone. The evaluation of results would be submitted to the committee via the Senior Management Team before being submitted to NHS England.</p> <p>A communications plan for both staff and patient FFT would be required, however the process had already started through the staff bulletin and discussion at Staff Council and was due to be discussed at Joint Forum.</p> <p>The committee noted the contents of the paper and were assured that the plans to implement staff FFT met the national requirements.</p>
<p>7. EWC14/15-</p>	<p>Managing Attendance Update</p> <p>KWS presented the paper which provided an overview of the current position in relation to sickness absence and the management of attendance across the trust and</p>

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highlighted the following matters:

- The sickness absence rate for May was 5.3% which was a significant increase from April. The year to date figure was 5.1% with 16 teams showing rates above the target of 4.2%.
- 64% of sickness related to long term episodes.
- Stress and anxiety remained the highest reasons for absence. There were 32 episodes of gastrointestinal cases reported which was an increase from the previous month. Musculoskeletal cases also remained high and there had been an increase in respiratory problems.
- Cancer cases remained high and accounted for almost 10% of absences.
- In order to address the continued high level of absence in the trust, it was proposed over the coming months to introduce a 'turnaround team' led by the Managing Attendance/Wellbeing lead, who would support and motivate teams experiencing high levels of absence. The focus would be on developing and sharing best practice across the trust and involve team working, reviewing actions and ensuring appropriate action and support was available.
- Absences exceeding three months would be forwarded to the relevant divisional manager or head of service for review.
- Divisional managers and heads of service would also hold four way meetings with HR business partners for assurance of actions being taken regarding individual cases.
- Proactive management of attendance would be required at every level of the structure.

MF enquired about return to work interviews and KWS advised these continued to be audited and forwarded to the Managing Attendance/Wellbeing lead.

JL stated that in the majority of cases, everything was being done by the managers to manage the absence levels within their teams and would welcome further support.

JH stated that the 'turnaround team' would provide support for the whole team, starting with the managers, and would be handled sensitively. It may be beneficial to involve the Quality & Governance Service to see how the teams operated from a service improvement perspective.

SG advised that it was important to ensure the resources were available to provide support and for managers to invite the 'turnaround team' early in the process. The appropriate level of support was important as the management of attendance was an operational issue.

AW agreed with the involvement of the Quality and Governance Service in order to provide a link between absence, morale and outcomes.

CA raised the issue of timelines and processes that were in place for staff on long term sickness and having a process in place that was more rapidly responding. The point was also made that although divisional managers were aware of absence within their teams, due to their own heavy workload further support would be welcomed.

KWS advised that the divisional managers and heads of service would have the appropriate information available with the actions taken.

ES stated that the method of delivery and pattern of absence should also be considered, whilst being mindful of the trust's vision and values for staff.

JL advised that some managers were working in a culture where, following a difficult conversation with a member of staff, sickness absence would follow.

SG stated that the managers the trust had invested responsibility in should be supported with the appropriate skills with the recognition that it was their responsibility to have

	<p>difficult conversations supported by HR and the director.</p> <p>JH confirmed that information on sickness absence data was shared on a monthly basis at directors briefing with the request that it was a regular item on team agendas.</p> <p>The committee noted the contents of the report.</p>		
<p>8. EWC14/15-039</p>	<p>Update on Implementation of Divisional Structures</p> <p>JL provided a verbal update on the implementation of the revised divisional structure. The project plan and the Project Implementation Document (PID) had been completed for the CIP. A written report would be available for the July committee.</p> <p>JL advised that two resignations had been received, which would not change the direction of travel of the divisional structure, but would require further consideration.</p> <p>JH advised that the HR framework would be required and engagement with staff side in order that they were informed of the detail. Staff Council had also requested an update on the rationale for the restructure.</p>		
<p>9. EWC14/15-040</p>	<p>Management of Pre-Employment Checks Policy (HRP9)</p> <p>KWS presented the paper which outlined the amendments to the trust's Management of Pre-Employment Checks Policy.</p> <p>KWS highlighted that the revisions included the introduction of guidance for pre-employment checks for agency workers and seconded staff and updated guidance for managers. The amended sections had been highlighted in red. The policy had been shared with staff side for information purposes.</p> <p>SC had advised JH by e.mail of a couple of further amendments.</p> <p>The committee approved the policy subject to the further amendments mentioned above being made.</p>		
<p>10. EWC14/15-041</p>	<p>HR Policy Review Group - 8 May 2014</p> <p>The committee noted the minutes of the HR Policy Review Group held on 8 May 2014.</p>		
<p>11. EWC14/15-042</p>	<p>Any Other Business</p> <p>None.</p>		
<p>12. EWC14/15-045</p>	<p>Items for Risk Register</p> <p>None. JH to check position on sickness absence.</p>		
<p>Date & Time of Next Meeting:</p> <p>The next scheduled meeting of the Education & Workforce Committee is to take place on Monday 21 July in the Duncan Room, Old Market House.</p> <p>Paper submission deadline: Friday 11 July 2014.</p>			
<p>Board - Chair Approval</p>			
Name:		Date:	
Signature:			

The meeting concluded at 3.15 pm.

WIRRAL COMMUNITY NHS TRUST
FINANCE & PERFORMANCE COMMITTEE MEETING

MINUTES OF MEETING

MONDAY 23 JUNE, 11.00am

Duncan Room, Old Market House

Members:

Ms Jo Harvey (JH)	Director of HR and Organisational Development
Mr Brian Simmons (BS)	Non-Executive Director
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
Dr Murray Freeman (MF)	Non-Executive Director
Mr Simon Gilby (SG)	Chief Executive
Mr David Grundy (DG)	Head of Finance
Mrs Heather Stapleton (HS)	Board/FOI Officer

Reference	Minute
1 FPC14/15-027	Apologies for Absence Mrs Frances Street, Chairman Mr John Lancaster, Director of Operations Mr Ian Hogan, Head of Information Technology Mrs Alison Hughes, Trust Board Secretary
2 FPC14/15-028	Declaration of Interests Dr Murray Freeman declared an interest as a practising Wirral General Practitioner and as such a member of Wirral Clinical Commissioning Group who commission services from the trust.
3 FPC14/15-029	Minutes of the Previous Meeting The committee agreed that the minutes of the previous meeting held on 27 May 2014 were a true and accurate record.
4 FPC14/15-030	Matters Arising The committee reviewed the action points from the previous meeting held on 27 May 2014. <i>(See separate actions/matters arising tracker.)</i>
5 FPC14/15-031	Financial Performance Report – Month 2 SW presented the report for the month ending May 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. SW advised that there had been no significant improvement since the previous month's reporting. The YTD net surplus of £2k was behind the planned position for this stage of the financial year and the in-month financial position was supported by a number of non-recurrent benefits. The recurrent run rate for month 2 was assessed as a deficit of £90k. The delivery of CIP would need to be addressed in the coming months in order to ensure the run rate moved to a surplus position. The cash balance of £4.8m was an improvement as a result of some year end invoices being paid. There were however, still some outstanding debts.

SW advised that approval was sought to request an increase in the trust's Capital Resource Limit (CRL) from the Trust Development Authority (TDA) to fund the capital scheme at St. Catherine's Health Centre as the final costs for the scheme were slightly higher than planned and included the recommended estate moves and change of location of services to St. Catherine's Health Centre. To facilitate these moves, additional work was required to accommodate heart support requirements. The committee approved an approach be made to the TDA.

SW referred to the possible challenge in relation to further work being undertaken at St. Catherine's Hospital as this was a new building. However the committee noted that savings of approximately £750k a year would be made as a result of facilitating the moves from Port Causeway and Hind Street.

SW drew the committee's attention to the position of the CIP which showed YTD savings at month 2 to be £39k against a planned £251k. This represented a 16% delivery. The Programme Management Office had reviewed individual schemes and pages 26 and 27 of the committee papers provided a breakdown of the financial forecast for 2014/15. The challenge facing the trust to deliver was evident and decisive action would be required.

BS raised the need for divisional managers to ensure services lived within their monthly budget and made the point that executive directors were making decisions regarding agency spend and staffing of posts as opposed to the divisional managers.

SG raised the following three points:

- The challenge facing the trust would get harder, however good work had been done on safe staffing and ratios needed to be included and consideration to be given in relation to the design of services and to continue to move forward with mobile working etc.
- Board engagement was to be encouraged where appropriate. Previously the possibility of the divisional managers attending the committee meeting had been raised and this should be further explored. This would not be an indication of lack of confidence in the managers but a means of support.
- A helpful and healthy debate regarding the challenge and moving forward would be supportive and emphasise ownership.

SG agreed with the challenge that action needed to be taken sooner rather than later.

BS stated that it was frustrating that at the beginning of the year there was no sign of any fundamental change or improvement.

MF referred to unplanned care and the overspend on agency costs.

SW advised this related to non medical prescribers and approval had been given for the recruitment of nurses to undertake the prescribing on a fixed term arrangement. This was a good example of resolving to do things differently in order to make savings.

The inappropriate use of the Walk in Centres over weekends was highlighted when patients should possibly be attending the A&E Department.

SW stated that the delivery of change could be done within the scope of safe staffing. JH advised that in some cases safe staffing had shown that the same numbers of staff were required but with a different skill mix. This however could have possible implications on staff morale and sickness absence issues, although having the right skill mix could also alleviate pressures.

	<p>SG advised that a directors briefing was due to be held and the seriousness of the financial situation would be communicated to managers with the request that they cascade the information to their staff. SG suggested having a collective stocktake by considering inviting divisional managers to attend the first hour of the next Finance & Performance Committee meeting to discuss going forward. Confidence that the divisional managers were fully on board was stressed.</p> <p>SW referred to the debts greater than 120 days which would be followed up and there was the expectation that the Metropolitan Borough of Wirral debt would be paid as well as the NHS Wirral Clinical Commissioning Group, which centred around the extra cost of handling the 111 service at the request of the CCG. There were still some outstanding issues with WUTH and these would be addressed at a forthcoming board to board or discussed with the Director of Finance at WUTH.</p> <p>DG also advised that discussions had taken place with the PMO Director at WUTH and SG advised that collaborative working had also been discussed.</p> <p>The committee noted the contents of the report.</p>
<p>6 FPC14/15-032</p>	<p>Key Performance Indicators – Month 2</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 May 2014.</p> <p>SW advised that on a year to date basis, 11 KPIs were rated red and 7 amber out of a total of 100 reported KPIs.</p> <p>The following issues were highlighted:</p> <ul style="list-style-type: none"> • There had been issues for the paediatric and integrated continence service due to the bedding in with SystmOne and the information team were working with the service on a daily basis to validate the data. • The performance against the DNA rates had significantly improved following the adjustment in performance thresholds. • Staff were being recruited in podiatry to improve the access times. There were also service performance issues which were proving challenging and talks had taken place with the CCG, the outcome of which were awaited. • Waiting times with the SALT service remained challenging. An action plan had been produced and performance was improving. It was anticipated this would be green rated over the coming months. • Waiting time KPIs were reported for physiotherapy for the first time due to data quality checks taking place. An action plan was being produced to address the waiting time issues and would be reported on next month. <p>AW referred to the amount of downward trend red indicators and SW advised that the majority of these related to podiatry.</p> <p>MF referred to page 44 of the committee papers and the lack of target data for the integrated specialist palliative care services. EB advised that the data was available but would not be ready for a further few days due to the change to SystmOne. There were no problems envisaged and would be reported in the following month.</p> <p>SG advised that most services continued to perform well. Performance issues within podiatry would be addressed with the divisional manager and changes in the forecast outturn overall were anticipated.</p> <p>The committee noted the contents of the report.</p>
<p>7 FPC14/15-033</p>	<p>Divisional Performance Scorecards</p> <p>SW presented the divisional scorecards for month 2 and highlighted performance by division against key indicators.</p> <p>BS referred to short term sickness absence in nursing and unplanned care and</p>

	<p>asked whether there were any patterns forming around the two bank holiday weekends in May.</p> <p>JH advised this would be evident in ESR and the trend monitored by managers as a matter of course.</p> <p>The committee noted the contents of the divisional performance scorecards.</p>
<p>8 FPC14/15-034</p>	<p>FT Self Certification – May 2014</p> <p>SW presented the trust's FT self-certification submission for May 2014 and advised that the trust were compliant against the indicators in the Board Statements and the Monitor Provider Licence. This self-certification had been built on work done within the committee and in Quality & Governance Committee and would be presented to board for noting.</p> <p>The committee approved the FT self-certification submission.</p>
<p>9 FPC14/15-035</p>	<p>Service Line Reporting</p> <p>SW presented the report which followed a review which concluded that the current information system had reached the limits of availability to deliver the requirements of the trust. An options appraisal had taken place looking at alternative providers and this had resulted in the purchase and implementation of a proven service line reporting and patient level costing software solution.</p> <p>With a view to Vision 2018 consideration would need to be given to costs linking to patients pathways whilst staying in hospital and the trust costs taken to an individual patient level. SLR reporting would be submitted on a regular basis.</p> <p>SW advised that the report produced showed the results for 2013/14 and would in the future be produced from quarter 1 onwards. The report was broken down into divisions and overall had delivered a surplus of £923k in 2013/14. Unplanned care had delivered a significant loss in full costs and was concentrated on Outpatients & Minor Injuries, Phlebotomy and the Walk in Centre at VCH.</p> <p>The following were also highlighted:</p> <ul style="list-style-type: none"> • Community nursing - there had been a loss in community nursing which had broken even given the size of the service. This would be a useful area to look at with commissioners, linking to increase in activity levels. • GP Out of Hours - discussions had been held with commissioners regarding the 111 service which was not covering the full costs. • Podiatry – showed a small surplus based on 2013/14, however from quarter 1 there would be a loss which would eventually be offset although not fully following the reduction of costs in service redesign. <p>BS raised the point of the comparison of the trust's tariffs with a view to competition going forward. SW advised that the reference costs would provide this information.</p> <p>The committee noted the contents of the report.</p>
<p>10 FPC14/15-036</p>	<p>Data Quality Improvement Group – Terms of Reference</p> <p>SW presented for approval, the terms of reference for the Data Quality Improvement Group. The formation of this group had been highlighted within the Business Intelligence Strategy to assure the quality of data captured within the trust's core clinical IT systems.</p> <p>EB advised that the implementation of SystmOne had been successful however there were some issues with the way in which data was recorded on the system which needed to be addressed. The minutes from the group would be submitted to the committee on a monthly basis.</p> <p>AW referred to the seniority of membership from the various divisions and EB</p>

	<p>advised that the terms of reference had been shared with FPEG and it had been agreed that senior service leads be invited to attend in the first instance as opposed to divisional managers.</p> <p>The committee approved the terms of reference for the Data Quality Improvement Group.</p>
11 FPC14/15-037	<p>Estates Management Group – 15 May 2014</p> <p>The committee noted the minutes from the Estates Management Group held on 15 May 2014.</p>
12 FPC14/15-038	<p>Information Management & Technology Programme Board - 22 May 2014</p> <p>MF requested clarification in relation to agenda item 10 – Heart Service – configuration redesign.</p> <p>SW advised that the key issue had been that the heart support service used Millennium which had raised a number of problems that had now been resolved. A further issue in relation to systems used for scheduling requests and reports for diagnostic tests done by WUTH had arisen as two systems had to be used for a time. Resolving this was now near completion with one issue outstanding.</p> <p>SW advised that decisions had to be made in relation to the mobile working solution not replacing full client. The decision had been taken to use full client in a mobile way rather than hold up the system. Laptops would be issued within the next couple of weeks.</p> <p>The committee noted the minutes of the Information Management & Technology Programme Board held on 22 May 2014.</p>
13 FPC14/15-039	<p>Any Other Business</p> <p>None.</p>
14 FPC14/15-040	<p>Items for Risk Register</p> <p>None.</p>
<p>Date & Time of Next Meeting:</p> <p>The next meeting of the Finance & Performance Committee will take place on Monday 28 July 2014 at 11.00 am – 1.00 pm in the Duncan Room, Old Market House.</p>	

Committee – Chair Approval			
Name:		Date:	
Signature:			

The meeting concluded at 12.35 pm.

STAFF COUNCIL MEETING: Action Plan and Outcomes Summary

Date: Thursday 29th May 2014

Duration: 10.00 am -12.00 pm

Location: Duncan Room, Old Market House

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)
Steve Wilson	Director of Finance and Development
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)
Simon Gilby	Chief Executive
Danielle Burton	MDT Co-Ordinator (Staff Council Member)
Robbie Howard	Stop Smoking Service (Staff Council Member)
Tom Meade	Wirral Heart Support (Staff Council Member)

In Attendance / Guests:	
Claire Patrick	Senior Assistant to Director of Human Resources & Organisational Development

Apologies:	
Ewen Sim	Medical Director
Stephanie Ball	Community Night Nursing Service (Staff Council Member)
Sandra Christie	Director of Quality and Nursing
Phillipa Compson	Primary Care (Staff Council Member) (Joint Chair)
John Lancaster	Director of Operations
Yvonne Joyce	Community Therapy Services (Staff Council member)

No	Topic Summary	Outcomes / Actions	Lead (Date)
1.	<p>Introductions/Apologies PC welcomed all to the Staff Council meeting and apologies were noted.</p>		
2.	<p>Minutes of the previous meeting – 24th April 2014 The group accepted the minutes as a true record of the meeting.</p> <p>Matters Arising Admin Review Update: JH tabled a draft editorial regarding Safer Staffing Admin Audit for the group to review before this is included in the Staff Bulletin. The group asked for more clarity around ‘the clinical team establishments’ as some admin roles are very standalone and support services not just clinicians.</p> <p>Staff Survey Update Update: JH tabled the Staff Survey action plan and asked for any comments from the group to be fed back to JH before the action plan is communicated across the wider organisation.</p> <p>Staff and Family Test ACTION: Staff Council were asked to forward 2 or 3 local questions to add to Staff Friends and Family test to JH. UPDATE: JH clarified that this was about the standard friends and family test questions that feature in the Staff Survey. Nationally as a Trust we have to ask these 2 questions but the Trust wants to add in some more localised questions for our staff that will be used in our kiosks that will be located in our bases. Staff Council suggested ensuring that the wording of the questions was considered in order to make staff aware of the engagement that has already happened e.g. Staff Business Planning Events, Staff Council, Staff Bulletin and training opportunities.</p> <p>Staff Council Review/Annual Staff Council Report PC and AP have met to progress with a survey to go on Staff zone to evaluate what staff want from Staff Council. JH will continue to compile a monthly Staff</p>	<ul style="list-style-type: none"> • JH to circulate the Staff Survey action plan to the group. • Staff Council to feedback any comments on the action plan to JH by 19/06 	<p>JH/CP (asap) ALL (19/06/14)</p>

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>Council summary for Board.</p> <p>Post Meeting Update: PC and JH have discussed the approach to the Staff Council review. It is proposed that this is led by Staff Council members who should set the term of reference for the review and determine how it will be conducted.</p> <p>Pre-Retirement Course</p> <p>ACTION: 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> <p>UPDATE: FR attended a 2 day Pre-Retirement course run at WUTH. FR has fed back to KWS but added that most of the content could be delivered in-house.</p> <p>Review of Social Group Role</p> <p>ACTION: Survey to be set up on the Staff Zone to gain consensus whether the social group continue as a group</p> <p>UPDATE: Matter was discussed under agenda item 3.</p> <p>Feedback from Leadership Events</p> <p>SG updated that the majority of the feedback from staff who attended the recent Staff Business Planning Events was positive. All feedback and an action plan will be communicated to staff.</p> <p>SystemOne Update</p> <p>ACTION: TM raised the security of iPads and laptops at home in relation to patient data.</p> <p>UPDATE: Ian Hogan provided an update by email ' We have encryption and security policies in place to mitigate against these risks. iPads have 256 bit data encryption and a security policy that wipes all data from the device after 5 failed password attempts, we can also remotely wipe the devices (as long as they have power). Laptops are encrypted using Safeboot and was part of a national drive regarding mobile security. Both aspects of security meet the IG toolkit requirements. This does not however wholly replace human intervention, passwords should be suitable complex and not shared, devices should be</p>		

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>locked and powered down when appropriate and should not be left logged in when away from the device'</p> <p>ACTION: SC to ascertain where Community Nursing sits on the laptop rollout.</p> <p>UPDATE: SW added that Community Nursing rollout will be done on a team by team basis and by the end of September the majority of CN teams will have laptops and access to electronic patient notes.</p>		
3.	<p>Update on Social Group</p> <p>NHS North West Games</p> <p>Though there was no formal update, DG added that details of the teams taking part in the NHS North West Games on 6th July and events had been communicated in the Staff Bulletin.</p> <p>The group agreed to conduct a survey to find out if staff want a Social Group and if so what type of events would they be interested in attending and would they be interested in getting involved.</p>	<ul style="list-style-type: none"> • Staff Zone Survey to be conducted to ascertain if staff want a Social Group 	PC (ongoing)
4.	<p>*SystemOne Update</p> <p>SW updated that SystemOne is at phase 2 of the Go live in three of our services: Health Visiting, Community Nursing and Specialist Nursing with Phlebotomy going live at the start of July at the start of the new contract. Public Health will be added into the programme. Other services will be looked at to see if SystemOne can be implemented across further areas. DO asked for clinicians could join the implementation group so that clinical pathways can be included on the SystemOne? SW agreed to look at backfilling clinical time to include their input.</p> <p>It was commented that SystemOne was time consuming in some of our services as some teams work with a number of different agencies, e.g. WUTH, CWP and GPs as information still needed to be emailed or faxed to these agencies.</p> <p>SW added that we are working with the Local Medical Committee (LMC) and GPs to discuss electronic transfer of data going forward.</p>		

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>JF added that SB had raised a query regarding night staff who we are still having problems with being logged out of computers. JF provided an update from Ian Hogan who has responded to SB and suggested that staff log on using Ward User accounts.</p>		
5.	<p>Uniform Update</p> <p>JF reminded the group to feedback any comments on the Staff Uniform policy to SC by 6th June. DO suggested including details of whether a role is a uniformed, non-uniformed or partially uniformed in job descriptions.</p> <p>JF asked for clarity around the arrangements for staff who have limited uniform to access more and asked if a uniform recycling scheme could be looked into. JH agreed to check with SC and updated</p>	<ul style="list-style-type: none"> • Staff Council to feedback any comment on the Uniform Policy to SC • JH to check with SC on arrangements on how staff with limited uniform can access more and a uniform recycling system to be explored 	<p>ALL (06/06/14)</p> <p>JH (19/06/14)</p>
6.	<p>Parking/Booking Visitor Spaces at OMH</p> <p>Staff Council raised the issue regarding the difficulty in booking a visitor car parking space at OMH for meetings and then visitor spaces being free when they arrive for meeting. The group discussed and the following suggestions were made:</p> <ul style="list-style-type: none"> • Include a sentence to remind staff to be courteous and cancel any visitor spaces if not needed on emails confirming visitor car parking to encourage staff to cancel unwanted spaces. • Audit to be undertaken of who is using the spaces and who is booking the spaces not using them. • Suggest that staff to use metered car parking for short 1 hr or less meetings as this costs £1.00 and use visitor car spaces for longer meetings as this is more cost efficient. • Use other sites for meetings rather than OMH such as St Caths. 	<ul style="list-style-type: none"> • Suggestions made by Staff Council to be forwarded to CMSU (Anna Coyle) 	<p>SW/JH (asap)</p>
7.	<p>Organisational Update</p> <p>SG provided an organisational update and the key points:</p> <p>Change and Redesign</p> <ul style="list-style-type: none"> • Health Visiting –our bid in the Wirral 0 – 19 Healthy Children tender has 		

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>been submitted</p> <ul style="list-style-type: none"> • Sexual Health – lots of new business opportunities are coming up. • Podiatry – skill mix restructure is on-going and discussions are on-going with staff and Trade Unions regarding possible Industrial Action • Phlebotomy – WCT won the contract and the new contract begins on 1st July. A consultation programme is underway with GPs and Practice Managers • Integrated Care – WCT is moving forward on implementing the new teams which will be based across 4 areas and will include Community Nurses, Social Services and mental health colleagues • Vision 2018 - This is moving forward around the Long Term Conditions agenda and lots of positive work is on-going around discharge plans for patients and delivering appropriate care for patients closer to home. • Divisional Restructure - Staff Council asked about timescales for the divisional restructure. JH confirmed that this will be in the next month High level Divisional Manager roles are being remodelled at the moment with job descriptions being finalised. A consultation will begin and Staff Side will be included in discussions. • FT Update- we are anticipating a date from the CQC confirming our inspection date any day and further communications will be sent out to staff to keep them updated. JH confirmed that there will be a timetable of the CQC inspection visit but they will also conduct unannounced visits. • SG added that SW will be leaving the Trust to take up a new post as Director of Finance Control at NHS England and thanked SW for his contribution over the last 3 years. • CCG Update – SG added that there had been articles in the local press over the over the senior leadership at the CCG. Both chair Dr Phil Jennings, and the chief clinical officer of Wirral Clinical Commissioning Group (CCG), Dr Abhi Mantgani, have voluntarily stepped down whilst – NHS England will carry out a full and thorough review. • Performance Balanced Scorecard (Month12) SW confirmed that the End of Year accounts are being audited and the Trust is showing an unaudited net surplus for the year ended 31 March 2014 of £923k. This is above the planned surplus of £900k. 53. The trusts cost improvement programme has delivered savings of £3,277k which is above the target of £3,275k. We have now commenced a new financial year, 2014/15, and as expected the Trust faces a significant 		

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	<p>financial Challenge. The Trust has to deliver a Cost Improvement Plan (CIP) this year of £3,330k or over £9,000 per day.</p> <p>The Trust's sickness absence for the full year figure was 4.62% which is an increase in the rate seen in 2012/13 which was 4.51%. The sickness absence rate for April is 4.9%. Work is ongoing to tackle this and further communications will be sent out to staff. JH explained that Trust has been set incremental targets over the next 3 years.</p>		
8.	<p>Estates Review</p> <p>SW updated that the main focus is in the estates relocation is to vacate our premises at Hind Street and Port Causeway. Therapies staff will relocate to Highfield Centre at Victoria Central Health Centre. An open week will be held for staff moving to Highfield Centre. Wheelchair and Independent Living Centre services will relocate to St Catherine's Health Centre once costs have been finalised for refurbishment of their new accommodation. SW explained that the lease for Port Causeway has been extended until mid-October 2014. The group asked for communications to affected staff regarding the relocation to be done as early as possible and highlighted the importance of letting staff and services now first rather than by a general update in the Staff Bulletin. SP asked for an updated on the moves for staff relocating from Port Causeway to APH. SW agreed to liaise with JL and added that the timetable will be made clear to affected staff.</p>	<ul style="list-style-type: none"> • Timetable for staff moving from Port Causeway to APH to be communicated once finalised. SW to liaise with JL 	SW/JL (asap)
9.	<p>Draft Clinical Strategy</p> <p>SG talked through the draft Clinical Strategy and asked for any comments to be fed back to Sandra Christie by 6th June 2014. The group commented that the Clinical Strategy is good as it helps to keep our focus on patient care given the financial constraints and government influences and that it also incorporates the 6Cs.</p>		
10.	<p>CQC Inspections</p> <p>SG confirmed that over the next few week the Trust will communicate further details to staff about the CQC inspections so that staff are informed about what to expect. SC has a presentation on 'The New CQC Inspections' that will be cascaded across the wider organisation. DO confirmed she had attend the CQC presentation and asked if the minutes of Staff Council meetings could be</p>	<ul style="list-style-type: none"> • Approved minutes of Staff Council to be sent to Janice Evans 	CP (asap)

No	Topic Summary	Outcomes / Actions	Lead (Date)
	sent to Janice Evans after they have had been approved.		
11.	<p>Communications Update AP provided an communications update and the key points were:</p> <p>Business Plan events – all the planned events have now taken place. Nearly 420 staff from across the trust attended the three events. Top level feedback was predominantly excellent or good across all questions.</p> <p>For You Magazine – Summer edition is currently being drafted and will include an interview with JF/PC to highlight the role of Staff Council.</p> <p>Integration programme – Staff affected by the changes proposed by the Integration Programme are invited to a staff briefing event on Wednesday 4 June 2014 at Wallasey Town Hall. JF/ FR queried if they should be attending this event, SG confirmed that it should be community nursing, some therapy service and specialist nursing and confirmed he would ask for this to be reinforced via Divisional Managers.</p>		
12.	<p>Safe Staffing- The Future</p> <p>SG confirmed that this is making good progress and feedback in general is positive. SC to provide a further update at the next Staff Council meeting. SG confirmed that there is a regular paper on Safe Staffing paper that is presented at our Public Board meeting. SG asked for the paper to be forwarded to the group.</p>	<ul style="list-style-type: none"> • SC to provide an update on Safe Staffing at the next Staff Council meeting • Safe Staffing paper presented at Board to be sent to Staff Council monthly 	<p>SC (19/06/14)</p> <p>SC/CP (asap)</p>
13.	<p>Total Rewards Statements</p> <p>JH explained that the Total Rewards Statement is a summary of each staff member's yearly statement including details of further benefits available to staff. This scheme has been trialled at other NHS Trusts and can be accessed via a portal. JH asked the group for any further comments on the information that we wish to include on our Staff Benefits to be sent to JH by early June so that we can finalise our Trust specific information.</p>	<ul style="list-style-type: none"> • Staff Council to feedback any further comments on the information to be included in our Staff Benefits information for Total Rewards Statements 	<p>JH (19/06/14)</p>
14.	<p>Car Parking Review</p> <p>SW updated that there will be work done on a car parking review to help tackle the inequity of car parking within the Trust and to understand how the car park is</p>	<ul style="list-style-type: none"> • Staff Council to be included in the 	<p>SW</p>

No	Topic Summary	Outcomes / Actions	Lead (Date)
	being used . The lease for Hind Street expires in November 2014 and the Trust is currently reviewing other car parking options for staff. A survey will be undertaken with staff to get a clearer idea of how the car park is used and to invite ideas from staff. No decisions have been made about car parking equalities at other sites but this will be addressed. Staff Council agreed to review at any options with the Trust around future car parking arrangements.	review of any options around future car parking arrangements	(ongoing)
15.	Information Exchange None		
16.	Future Agenda Items JF asked the group to forward any future agenda items to JF, PC or CP	<ul style="list-style-type: none"> • Any agenda items for Staff Council to be sent to JF, PC, or CP 	ALL (asap)
17.	<p>Any Other Business</p> <p>Mandatory Training The group raised a query around a staff member who had attended the 1 day mandatory training session recently and was then asked to complete the online mandatory training before September. JF had received an email from Cindy Freeman to help explain the 201/14 training cycles but the group felt there was still confusion around this with some services having to pay staff to come in and complete the training to meet deadlines. JH agreed to speak to Sandra Christie and Cindy Freeman to help make this clearer to staff.</p> <p>Revised Appraisal System JH asked for any feedback from the group on the revised appraisal paperwork good or bad. RH confirmed that the workbook was helpful.</p>	<ul style="list-style-type: none"> • JH to speak to Sandra Christie and Cindy Freeman regarding the issue of training cycles before the next Staff Council meeting • Any feedback on the revised appraisal paperwork to be fed back to JH 	<p>JH/SC (asap)</p> <p>JH (asap)</p>
18.	<p>Date of next meeting</p> <p>Staff Council Members Pre-meeting Date: Thursday 19th June 9.30 -10.00 am , Training Rooms 3 & 4, St Catherine’s Health Centre</p> <p>Staff Council Meeting Date: Thursday 19th June 10.00 -12.00 pm, Training Rooms 3 & 4, St Catherine’s Health Centre</p>		