

WIRRAL COMMUNITY NHS TRUST
QUALITY & GOVERNANCE COMMITTEE MEETING

MINUTES OF MEETING

Monday 21 July 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:

Mrs Frances Street (FS)	Chairman
Mr Simon Gilby (SG)	Chief Executive
Mrs Alison Hughes (AH)	Trust Board Secretary
Mrs Julie Sheldrick (JS)	Senior Assistant to Director of Quality & Nursing (minute-taker)
Mrs Claire Wedge (CW)	Governance Manager
Mr Alan Wilson (AW)	Non-Executive Director

Reference	Minute
1. QGC14/15-055	Apologies for Absence: Dr Ewen Sim, Medical Director Mrs Heather Stapleton, Board Support & FOI Officer Mrs Paula Simpson, Head of Quality & Nursing
2. QGC14/15-056	Declaration of Interests: MF declared an interest as a practising Wirral General Practitioner and as such member of Wirral Clinical Commissioning Group who commission services from the Trust.
3. QGC14/15-	Chairman's Briefing The Chairman's briefing was shared with the Committee.

057	<p>The following highlights were made:</p> <ul style="list-style-type: none"> • New patient safety data for all Trusts in the Cheshire Warrington & Wirral area had been released which gave Wirral Community NHS Trust a green rating for patient safety alerts. Alerts are a key way to help trusts improve the quality of care they provide, and give them an opportunity to demonstrate their accountability for the safety of patients. SC commented that there is very limited data for the organisation at present but this will change in due course. • Two staff members who were nominated have been successful in getting places on the AQUA Patient Safety Champions programme. • The latest Quality Forum meetings took place on 17 July 2014. • The heat wave plan for England has been released and will be presented as part of the agenda. <p>The committee noted the contents of the briefing.</p>
<p>4. QGC14/15-058</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. QGC14/15-059</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>6. QGC14/15-060</p>	<p>Quality Governance Assurance Framework Action Plan</p> <p>CW presented the QGAF action plan for June 2014.</p> <p>It was highlighted to the committee that there had been an oversight in the April and May 2014 Quality Governance Assurance Framework action plans around the summary of assessments. The overall score from April 2014 should read 2.5 and not 2.0 as stated in both action plans.</p> <p>SC confirmed that the error has been addressed within June's 2014 QGAF action plan.</p> <p>The Committee acknowledged the amendment and were assured on the progress reported.</p>
<p>7. QGC14/15-061</p>	<p>Quality & Patient Experience Report - June 2014</p> <p>SC presented the Quality and Patient Experience Report for the month of June.</p> <p>The report provides assurance to the committee on the delivery of safe, effective, quality services during the reporting period 1 - 30 June 2014.</p> <p>SC confirmed that the report will also be shared with the Education & Workforce committee to provide assurance specifically on section three, Our People.</p> <p>The Committee reviewed Section One: <i>Our patients and Communities</i></p> <ul style="list-style-type: none"> • Two community acquired grade 3 or 4 pressure ulcers were reported during the period: W7348 and W7363. These will each be reviewed at the Pressure Ulcer Multi-disciplinary review meeting, with an update being provided in the

July 2014 Quality Report

- Two IG incidents were reported via the Datix system during June 2014
- Two sets of records for clients in the stop smoking programme were reported as being missing. Following a thorough search the records could not be located. The clients have been contacted and informed of the missing records. Quality improvements in relation to Information Governance within the service have been identified.
- Each division has exceeded the monthly tolerance level for patient feedback received during June 2014.
- The Patients Friends and Family Net Promoter score for June has increased to **71**, this is based on 750 responses.
- CA highlighted concerns around the reporting of the Friends and Family test but confirmed that Jo Harvey, Director of HR and Organisational Development will be providing an update to the Education and Workforce Committee.

The Committee reviewed Section Two : *Our Services*

- Performance against the CQUIN schedule for June 2014 were all rated green
- 97% of Harm Free care delivered during June 2014
- Eight care homes have been recruited to participate in the CQUIN for the development of a pressure ulcer collaborative and are part or fully funded for Residential Care

The Committee reviewed Section Three: *Our People*

- It was confirmed that Jo Harvey Director of HR and Organisational Development will address this section at the Education and Workforce Committee.
- Progress is being made to clarify mandatory training requirements for 2014-16.

The Committee reviewed Section Four: *Sustainability*

- The sickness absence rate for June 2014 is 5.4%. 5.3% was previously reported for May however this figure has changed due to sickness being under reported making the actual rate 5.4%
- A paper is being presented to the Education and Workforce Committee in July 2014 which includes further details and actions identified to target business areas for action and improvement
- Wirral Community NHS Trust achieved Level 2 on version 11 of the I.G. Toolkit in the 2013/14 period
- Key milestones within the Practice Development Research Partnership (PDRP) portfolio continue to be met. Three areas of research are currently in progress in relation to: end of life care, leg ulcers and COPD
- Minutes from the quarterly PDRP Steering Group, are submitted to the Quality and Governance Committee for assurance

The Committee reviewed Section Five: *Analysis*

	<ul style="list-style-type: none"> • There has been an organisational reduction in the number of incidents and near miss patient safety incidents reported during June 2014 • Two Grade 3 and 4 community trust acquired pressure ulcers were reported during the reporting period. • Eight medication incidents were reported during June 2014. One incident has a medium risk rating, and has been progressed to an SBAR investigation • Following the continued reporting of community acquired grade 3 and 4 pressure ulcers the Quality and Governance Service are working collaboratively with Community Nursing teams to implement quality improvement initiatives. This 'deep dive' concept is reference in further detail in the Pressure Ulcer paper submitted to the Quality and Governance Committee in July 2014. <p>The Committee approved the Quality and Patient Experience report for the reporting period 1 June 2014 - 30 June 2014 and were assured of the delivery of safe, effective, quality services across the organisation.</p>
<p>8. QGC14/15-062</p>	<p>Risk Strategy 2014 SC presented the draft Risk Strategy for 2014 detailing the framework within which the Trust leads, directs and controls the risks to its key functions in order to comply with Health & Safety legislation and its strategic objectives.</p> <p>The committee noted the detail provided by the Risk Strategy and agreed to provide comments before it is submitted to the board for approval in August 2014.</p>
<p>9. QGC14/15-063</p>	<p>Medicines Optimisation Strategy 2014-19 SC presented the draft Medicines Optimisation Strategy 2014-2019 which outlines how the trust is committed to following the four principles for Medicines Optimisation as outlined by the Royal Pharmaceutical Society of Great Britain (2013).</p> <p>SC confirmed that the strategy aims to ensure the trust purchases the correct medicine for patients.</p> <p>AW asked about the process should a patient be on the wrong medicine and SC advised that this would be recorded as an incident and escalated to the trust's Risk Advisor. SC also advised that there is a Medicines Management Bulletin which is a useful channel to share lessons learnt across the trust.</p> <p>The committee noted the content of the strategy and was asked to provide any comments before it is submitted to Board for approval in August 2014.</p>
<p>10. QGC14/15-064</p>	<p>Open and Honest Care Project Briefing Report CW presented the Open and Honest report for May 2014 confirming that the project involves publishing a monthly report on the trust's public website covering a number of areas including pressure ulcers, a patient story and staff experience.</p> <p>BS noted inclusion of the patient story transcript and asked if it would be appropriate to edit it for sense and style prior to publication on-line. SC suggested</p>

	<p>that guidance would need to be sought from NHS England to also understand what other organisations do, but commented that it is extremely important to ensure the patient is accurately represented.</p> <p>The committee noted a few minor amends to be made including the image on the cover page and agreed for monthly reporting to the committee to scrutinise the detail prior to sharing at public board.</p>
<p>11. QGC14/15-065</p>	<p>Heatwave Plan 2014 JL presented the trust's heat wave plan 2014 for approval. The committee noted the assurances provided and approved the plan presented.</p>
<p>12. QGC14/15-066</p>	<p>Health & Safety (Sharp Instruments in healthcare) Regulations 2013 SC confirmed that the trust has implemented all actions identified in the action plan and is now compliant with the regulations. SC sought committee approval for this report to be the final report presented to the committee.</p> <p>The committee noted the compliance with the EU Directive and agreed to close the action plan.</p>
<p>13. QGC14/15-067</p>	<p>Compliance Assessment against the Care Quality Commission - Essential Standards of Quality & Safety Care Quality Commission Quarter 1 SC presented a paper to provide internal assurance on the organisation's compliance with the Care Quality Commission's (CQC) Essential Standards of Quality and Safety for the reporting period 1 April - 30 June 2014. This paper will be presented to the Committee on a quarterly basis.</p> <p>SC advised that the CQC has developed a self-assessment tool called the Provider Compliance Assessment (PCA) to support providers with their on-going compliance against the 16 Essential Standards of Quality and Safety.</p> <p>SC confirmed that all action plans are monitored at the Quality, Patient Experience and Risk Group and escalated to the Quality and Governance by exception.</p> <p>The Committee noted the contents of the report and was assured of the processes in place to support organisational, divisional and service level compliance with the CQC Essential Standards of Quality and Safety.</p>
<p>14. QGC14/15-068</p>	<p>Quarterly Internal Assurance Update: Care Quality Commission Essential Standards of Quality & Safety Quarter 1 SC presented a quarterly update on compliance with the Care Quality Commission's (CQC) Essential Standards of Quality and Safety for quarter 1 advising that the Quality and Governance Service completed 15 Frontline Focus visits during the reporting period to 15 clinical services.</p> <p>SC provided further detail confirming that full compliance with the CQC's Essential Standards of Quality & Safety was observed in 14 of the 15 visits with Infant Feeding being the exception due to an issue in relation to the use of pillows and infection control. SC confirmed that the issue has subsequently been discussed</p>

	<p>with the Health Visiting team and appropriate measures are now in place.</p> <p>The committee noted the report and were assured of the internal processes for monitoring compliance with the CQCs Essential Standards of Quality and Safety.</p>
<p>15. QGC14/15-069</p>	<p>Leg Ulcer Clinical Audit 2014/2015</p> <p>CW presented the report confirming that appropriate actions are in progress following the results of the leg ulcer clinical audit 2014/15.</p> <p>CW confirmed that the aggregated results of the 2014/15 leg ulcer audit when compared to 2013/2014 showed an improvement in the quality of care for patients, with a 50% increase in the number of standards against which the trust is now compliant.</p> <p>CW added however, that when the data was examined for each team it demonstrated variations in care with a number of teams scoring 69% or below against some of the standards. As a result, CW advised that an action plan has been developed and is included in the paper at appendix 2.</p> <p>CW noted that two Community Nursing teams have not demonstrated the same sustained and continued improvement as other teams and a deep dive review with these teams will take place. The committee noted the Terms of Reference for the deep dive reviews at appendix 3 and CW confirmed that the action plans will be developed by 31 July 2014 and a report on progress presented to the committee in September 2014.</p> <p>CA queried if any update would be available to the committee in August 2014; SC suggested that September would be more appropriate to allow actions to progress appropriately.</p> <p>AW asked if the CQC would not expect to see further evidence before their inspection in September 2014; SC responded that it will be important to demonstrate to the CQC that actions are in place with defined timescales associated to each, rather than having all actions completed.</p> <p>BS noted that this level of data scrutiny is new for teams following the introduction of ProDaCapo. SC acknowledged that ProDaCapo allows for variations across teams to be identified and scrutinised in detail and confirmed that teams welcome this level of detail being available.</p> <p>The committee noted the detail in the report and was assured by the measures being taken to improve compliance with best practice clinical standards of care in relation to leg ulcer care.</p>
<p>16. QGC14/15-070</p>	<p>Pressure Ulcer Improvement Plan</p> <p>CW presented the Pressure Ulcer Improvement Plan to provide an update on the incidence of pressure ulcers across community nursing services within the Trust.</p> <p>Following discussions at the Quality and Governance Committee in June 2014 in relation to the importance of monitoring the improvement plan particularly in</p>

	<p>relation to RCA W6086, CW advised that this paper summarises information gathered which may have contributed to the poor clinical practice identified.</p> <p>Two teams are identified as outliers in relation to the number of pressure ulcers identified at grade 3 and 4 and compliance with other fundamental standards of care associated with leg ulcer management.</p> <p>The introduction of a pressure ulcer assessment tool, pressure ulcer multi-disciplinary review meetings and access to revised clinical training during 2013/14 has greatly improved the standard of clinical care relating to the prevention and management of pressure ulcers.</p> <p>Following discussion under the previous agenda item, CW confirmed again that the deep dive reviews in both teams will aim to establish the extent of the potential issues reported.</p> <p>The Committee was assured that appropriate processes are in place to identify early warning signs in relation to pressure ulcer care and agreed to share the Pressure Ulcer Improvement Plan with the TDA.</p>
<p>17. QGC14/15-071</p>	<p>Root Cause Analysis Incident Number W6086 Update on Action Plan</p> <p>Following the meeting of the committee in June 2014, CW provided an update on the RCA analysis associated with incident number W6086.</p> <p>CW confirmed that this incident related to a patient having two, grade 4 pressure ulcers. A planned deep dive review will be conducted to explore the culture and practice in more detail.</p> <p>SC also confirmed that the patient will be invited to take part in a patient story.</p> <p>The committee noted assurance on the investigation of the incident and the progress of all relevant actions according to the agreed timescales.</p> <p>The committee noted that a further update will be provided to the committee in August 2014.</p>
<p>18. QGC14/15-072</p>	<p>Root Cause Analysis Incident Number W6042 Outcome & Action Plan</p> <p>CW presented the report along with the action plan following a Root Cause Analysis into incident W6042 providing assurance to the committee that all relevant actions following the incident have been implemented.</p> <p>FS noted the detail of the case and asked what the trust can do to ensure this type of incident doesn't happen again.</p> <p>JL commented that as the patient was in 24-hour residential care, staff at the nursing home are also obliged to provide an appropriate level of care with appropriately skilled and trained staff. JL reminded the committee that nursing homes are required to register with the CQC and therefore must demonstrated compliance with essential standards.</p> <p>CW confirmed that the team leader has discussed the incident with the individual</p>

	<p>involved and between them they have worked through an individual professional development plan and lessons learnt have been shared at the Wirral Wide Community Nursing communications monthly meeting.</p> <p>The committee was assured that the incident had been fully investigated and appropriate action taken.</p>
<p>19. QGC14/15-073</p>	<p>Root Cause Analysis Incident Number W6249 Outcome & Action Plan</p> <p>CW presented the report along with the action plan following a Root Cause Analysis into incident W6249 providing assurance to the committee that all relevant actions following the incident have been implemented.</p> <p>SC and JL reminded the committee that a deep dive review will be conducted to explore the culture and practice in more detail.</p> <p>The committee was assured that the incident had been fully investigated and appropriate action would be taken.</p>
<p>20. QGC14/15-074</p>	<p>Root Cause Analysis Incident Number W6845 Outcome & Action Plan</p> <p>CW presented the report along with the action plan following a Root Cause Analysis into incident W6845 providing assurance to the committee that all relevant actions following the incident have been implemented.</p> <p>CW confirmed that the patient involved has participated in a patient story which will be presented to the public board meeting in August 2014.</p> <p>CA requested that future committee agendas include RCA investigation reports further up the agenda to allow for them to be discussed in more detail, as appropriate.</p> <p>The committee was assured that the incident had been fully investigated and appropriate action taken and learning shared, and noted that a further update will be provided to the committee in August 2014.</p>
<p>21. QGC14/15-075</p>	<p>Claims Report P26</p> <p>The Committee was notified of a new claim, noting an error on the agenda which should state P23.</p> <p>The Committee noted that the claim relates to a member of staff who received a knee injury on 11 March 2014 whilst at a community centre to deliver an exercise class. The incident was report on Datix and the trust's claims manager is following up with the community centre as appropriate.</p> <p>The Committee noted the report and were assured that the appropriate action is being taken.</p>
<p>22. QGC14/15-076</p>	<p>Slips Trips & Falls Policy (Staff & Others) HS25</p> <p>The Slips, Trips and Falls Policy was presented to the Quality & Governance committee for approval.</p>

	<p>This is a new policy and is designed to ensure compliance with the Management of Health and Safety at Work Regulations and the Workplace (Health, Safety & Welfare) Regulations.</p> <p>The Committee approved the policy.</p>
<p>23. QGC14/15-077</p>	<p>Lone Worker Policy HS06 The Lone Worker Policy was presented to the Quality & Governance committee for approval.</p> <p>This policy has been in place for some time and the purpose is to provide management and guidance on the management of lone working situations.</p> <p>The Committee approved the policy.</p>
<p>24. QGC14/15-078</p>	<p>Local Security Management Policy HS18 The Local Security Management Policy was presented to the Quality & Governance committee for approval.</p> <p>This policy has been in place for some time and the purpose is to provide guidance and advise to all WCT staff, temporary and agency staff, contractors, volunteers and students for the management of security risks.</p> <p>The Committee approved the policy.</p>
<p>25. QGC14/15-079</p>	<p>Policy for the use of Personal Protective Equipment (PPE) Infection Prevention & Control Policy ICP3 The Personal Protective Equipment (PPE) Infection Prevention & Control Policy ICP3 was presented to the Quality & Governance committee for approval.</p> <p>The purpose of the policy is to provide assurance to the committee and the Trust Board of the process in place across the trust to ensure compliance with the appropriate use of PPE across the trust.</p> <p>The Committee approved the policy.</p>
<p>26. QGC14/15-080</p>	<p>Policy for the Prevention and Management of Clostridium Difficile Infection Prevention & Control Policy ICP13 The Prevention and Management of Clostridium Difficile Infection Prevention & Control Policy ICP13 was presented to the Quality & Governance committee for approval.</p> <p>The purpose of the policy is to provide assurance to the Committee and Trust Board of the process in place across the Trust to ensure compliance with the prevention and management of Clostridium Difficile Infection.</p> <p>The Committee approved the policy.</p>
<p>27. QGC14/15-081</p>	<p>Practice Development Research Partnership Steering Group The committee noted the minutes of the Practice Development Research Partnership Steering Group held on 03 June 2014</p>
<p>28. QGC14/15-082</p>	<p>Information Governance Group The committee noted the minutes of the Information Governance Group held on 20 June 2014.</p>

<p>29. QGC14/15-083</p>	<p>Infection, Prevention & Control Group The committee noted the minutes of the Infection Prevention Control group meeting held on 14 May 2014.</p>		
<p>30. QGC14/15-084</p>	<p>Any Other Business None.</p>		
<p>31. QGC14/15-085</p>	<p>Items for the Risk Register It was confirmed that Pressure Ulcers are already on the risk register. Action: The Director of Quality and Nursing to confirm the risk rating score for pressure ulcers at the next Quality and Governance Committee on 18 August 2014.</p>		
<p>Date & Time of Next Meeting: The next meeting of the Quality & Governance Committee will take place on Monday 18 August 2014 commencing at 11.00 am.</p>			
<p>Paper submission deadline: Friday 8 August 2014.</p>			
<p>Board - Chair Approval</p>			
<p>Name:</p>		<p>Date:</p>	
<p>Signature:</p>			

The meeting concluded at 1.15pm

WIRRAL COMMUNITY NHS TRUST
EDUCATION & WORKFORCE COMMITTEE MEETING
MINUTES OF MEETING
MONDAY 21 JULY 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)
Mr Alan Wilson	Non-Executive Director	(AW)

Present:

Mrs Emma Ashley	Deputy Head of HR	(EA)
Mr Simon Gilby	Chief Executive	(SG)
Mrs Alison Hughes	Trust Board Secretary	(AH)
Mr Brian Simmons	Non-Executive Director	(BS)
Mrs Frances Street	Chairman	(FS)
Mrs Karen Walkden Smith	Head of HR	(KWS)
Mrs Ashley Zepeda	HR Project Support Advisor – minute taker	(AZ)

Reference	Minute
1. EWC14/15-044	<p>Staff Story - Leg Ulcer Initiative Community Nursing</p> <p>SC introduced a service story which highlighted the advantages Community Nurses had found in using a Dopplex machine in the treatment of leg ulcers. The team had taken part in <i>a study to assess healing rates with 2 and 4 layer bandages</i> and the new Dopplex machine which accesses the patients circulation. The presentation highlighted many of the advantages of the new system.</p> <p>SC explained that Community Nursing would be applying for funding through the innovation fund to purchase one machine for each team.</p> <p>The committee discussed the cost of the new equipment agreeing that the investment could easily be recuperated through the savings in time and money.</p> <p>BS proposed that if the machine proved successful in community nursing it might be possible to get nursing homes and other carers to use it.</p>
2. EWC14/15-045	<p>Apologies for Absence:</p> <p>Dr Ewen Sim, Medical Director Mrs Heather Stapleton, Board Support and FOI Officer</p>
3. EWC14/15-046	<p>Declaration of Interests</p> <p>MF 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.</p>

<p>4. EWC14/15-047</p>	<p>Minutes of the Previous Meeting The committee agreed that the minutes of the meeting held on 16 June 2014 were a true and accurate record.</p>
<p>5. EWC14/15-048</p>	<p>Matters Arising: The committee reviewed the action points of the meeting held on 16 June 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> <ul style="list-style-type: none"> • Podiatry Strike – JH advised that a day of action had taken place in June. Although the new structure was in place, Staffside had informed that they were still in dispute regarding the downbanding of staff. The Society of Podiatry had suggested consulting with ACAS in order to find a way forward and the trust had agreed to this. ACAS had been contacted to arrange discussions and JH stated she would provide an update to the committee in August.
<p>6. EWC14/15-049</p>	<p>Draft Clinical Strategy</p> <p>SC presented the strategy which is still in the consultation phase. As it is one of the underpinning strategies of the business plan and clinical forum, SC explained that a one page leaflet summarising the strategy would be produced for staff. It had also been suggested using the website to demonstrate examples of where staff are putting the 6Cs into practice.</p> <p>AW advised that the formatting needed to be reviewed. BS congratulated SC saying that it was a very easy to read strategy. JH proposed in the section 'developing and supporting staff', making reference to the new appraisal system which includes the 6Cs.</p>
<p>7. EWC14/15-050</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 highlighted the following matters:</p> <ul style="list-style-type: none"> • The sickness absence rate for May had been underreported. The correct figure had been 5.4% and KWS gave apologies for this inaccuracy. The sickness absence rate had remained the same for June at 5.4%. • 55% of sickness related to long term episodes. 19 members of staff had returned from long term absence in June. Seven staff had returned in July and would be reflected in the August figures. • Stress and anxiety remained the highest reasons for absence. There had been a reduction in the number of gastrointestinal cases in May but an increase in the number musculoskeletal cases. • Cancer accounted for 8% of all absences although the figure had decreased from May when it was 10%. • A scheduled timetable of support for managers was underway led by the trust's managing attendance/wellbeing lead and supported by the HR Advisors. • Meetings with managers had highlighted a lack of understanding of the policy and its application, of how to carry out a risk assessment and of the initiatives in place to support to staff. Key themes have started to be identified and addressed. A training session on how to undertake a risk assessment took place on 10 June with team leaders from community nursing. Other bespoke training sessions were being arranged. • Short term absences were being scrutinised in more detail to ensure staff were on the appropriate stage of support and had engaged with a health trainer. • Absences exceeding three months would be forwarded to the relevant divisional manager or head of service. 17 such cases were due to be escalated. • There were two cases of staff absent for longer than 12 months. One case had returned. It was likely that the other would result in the conclusion of employment.

	<p>MF stated he was assured that there was a robust action plan in place. CA enquired whether the actions being taken had had an effect in helping people return to work. KWS responded that the results of these actions had not yet been seen and that it was more likely that they had been planning to return to work. JH added that each situation was different with some staff returning to work anyway and others returning as a result of managers being proactive and encouraging them to do so. HR was now working with other managers to help develop good practice and to support staff back to work. AW stated that although pleased to see that meetings have taken place with managers, he was surprised that they had not been happening previously.</p> <p>AW asked for clarification on point 3 of the paper 'the increase in short term absences could be attributed to staff returning to work from long term absence'. KWS explained that when a member of staff is off for the full month, this is classed as long term. If they return during the first week of a month, ESR registers this as a short term absence. JH stated that this reporting method needed to be challenged as it appeared to misrepresent the short term absence. EA advised it was possible to override this reporting by inputting manually and KWS stated that she would raise this with payroll.</p> <p>CA remarked on the benchmarking data in table 11 which showed WCT as having a higher than average sickness absence rate when compared against other community trusts and a higher rate than all but one of the acute trusts. She enquired why acute trusts should have less short term sickness absence. JL stated that it could be because of the staff mix.</p> <p>AW noted that sickness absence in Health Visiting was low but it was high in Community Nursing. JL stated that the services were quite different as HV was easier to manage and not a 24-hour service.</p> <p>JH stated it was interesting to see the low recording of absences in the medical groups. KWS advised that although the information was from ESR, there had been some cynicism around these groups not logging their absences.</p> <p>BS stated that going into greater detail had shown that what was thought to be happening was not happening across the board.</p> <p>JH stated that with the wealth of information there were actions that could be put in place in the medium to long term and other areas that could be looked at. SC advised that future staff stories would reflect where managers had been flexible in supporting staff to get them back into work</p> <p>The committee noted the contents of the report.</p>
<p>8. EWC14/15-051</p>	<p>Organisational (Divisional) Reconfiguration Update</p> <p>JL presented the paper which provided an update of the plan and progress of the divisional restructure and also provided a verbal update on the following points:</p> <ul style="list-style-type: none"> • A saving of 90K identified on the PID would come from changes to the Divisional Manager, Deputy Divisional Manager and Project Management Officer posts. • The JD had been developed and an AfC panel arranged following which, recruitment of the two DM posts would commence. • The new proposal is that the role of PMO (band 8c) would be replaced by someone on a lower band dedicated to redesign and focussing on cost improvement rather than the whole programme. • Skills of existing staff in Q&G would be used for the service redesign with some of this work being carried out by clinicians. This would have an effect on the Q&G team but would not affect the divisional restructure. The relationship between Q&G and service delivery would be developed and there would be a focus on the quality theme. • The first phase would be implemented by the end of September. • A potential saving of £106k had been identified.

	<p>BS stated that the trust would not want these changes to delay the CIP. He added that the changes made sense but there was already a quality improvement team and there was a risk of this disappearing in the coming months.</p> <p>JL advised that there was an interim manager in place but that the opportunity had presented itself to restructure a section that had been debated upon previously.</p> <p>CA stated that the committee would need to know what the implications of these changes were but the paper could be signed off by the executives. She enquired about the agenda for change review and if this was a way to increase the banding.</p> <p>JL advised that the DM posts would be more strategic than at present and they would need to be on a par with other 8cs in the organisation. There would be reviews lower down as the redesign progressed but the direction would generally be to down band. 30 team leader posts would be reduced to about 12.</p> <p>JH stated that there needed to be clear communication at every stage of the process around what the impact of the changes would be and which levels would be affected. There would be a perception that with more 8c posts it would cost more. The levels of anxiety in the organisation should not be underestimated and a good communications plan using the elements available would be needed to answer the anxiety before the rumours start and ensure that management decisions were clearly delivered.</p> <p>AW advised of a typing error in the document - point 18 'Sept 2015' should read '2014'.</p> <p>AW enquired whether the DM posts would be advertised externally or recruited from internally.</p> <p>JH advised that they would be advertised internally to see if the skills were available in the organisation. If internal applicants did not meet the criteria that the trust would look outside.</p> <p>AW stated that the process could be internal and external at the same time and that the best person should get the post.</p> <p>SG advised that the process would be looked at and that option considered.</p>
<p>9. EWC14/15-052</p>	<p>Quarterly HR Strategy Implementation Plan</p> <p>JH presented the plan and highlighted the following key points:</p> <ul style="list-style-type: none"> • Value based recruitment, linked to the Francis action plan – JH advised that the trust was participating in a national pilot for a pre-selection tool. EA reported that following the normal shortlisting process candidates would be invited to answer online questions. Scores from similar questions at interview would be assessed against the pre-selection tool. The information would not be shared with the manger before the interview but could be analysed afterwards. This process would increase the workload for the employment services team and managers. The pilot would run in nursing until the end of September. • Corporate Induction (CI) – the number of staff not attending CI was very small but affected the KPI. There were difficulties for some GP Out of Hours staff to attend the full day session. Other alternatives needed to be found for some members of staff. JH reported that the levels of satisfaction in CI remained high. • Electronic on-boarding had been delayed at the start of the year because of the CIP. JH stated that an action plan was needed weighing up the cost saving and investment of on-boarding and that a decision needed to be made whether to proceed, or as an alternative, to create something similar in-house. <p>SC advised that CQC would also be looking at the trust's induction process.</p> <p>KWS advised that the timescale for reporting on on-boarding would need to be adjusted to allow for an options appraisal. JH requested that it be reported on in September and the committee gave their approval.</p>

	<ul style="list-style-type: none"> • Local Induction - Continued good performance. • Quality Services - JH reported that sickness continued to be one of the priorities. Staff in post had remained static for one year. There had been recruitment to clinical roles but a reduction on recruitment of non-clinicians. JH advised that a paper would come to the August meeting of the committee. • Employee Relations - live cases had reduced and there had been very few new cases. JH stated that this was an interesting statistic as the concerns of staff had not resulted in new cases possibly because they were using the forums available to them to formally voice their concerns. There had been three formally raised raising concerns cases, two of which had been resolved. JH advised that the ET had been settled on Friday with no financial award to the person. • Appraisal - JH reported that the percentage of completed appraisals would be RAG reported in August. The target was last year's figure of 96%. There had been good feedback on the new paperwork with staff and managers finding it easier to use. A full audit would be done to see if staff reported any improvement in the quality of the process. KWS advised that the areas that would be targeted were those that had reported through the staff survey as having had poor appraisals. <p>JH asked that the committee be assured of the progress of the implementation of the HR strategy.</p>
<p>10. EWC14/15-053</p>	<p>Quarterly Learning & Development Report</p> <p>SC presented the report which included the following key points:</p> <ul style="list-style-type: none"> • Competent and Capable Staff - The two year cycle for mandatory training had been confirmed and the percentages of staff that had completed each of the training modules were reported in appendix 2 of the paper. • Safe and Effective Patient Care - the new training on the administration of insulin was reported. There would be a study day in September for Infection Prevention and Control to share good practice and enhance knowledge. • SC reported that the trust was being a productive as possible in the way training was delivered. • Mary Seacole programme was open for applications providing key training for staff. • Quality Improvement Training - the report provided details of workshops linked to the PMO office and developing wider skills and lean thinking. • The Learning and Development document had been agreed with Health Education NW, as had the sums of money. • Staff were being recruited to the specialist nursing programme for succession planning. <p>MF enquired about the supervisor self serve (ESR) paper, referred to on page 86 as being submitted to the committee as a separate paper. SC advised that the paper had not been submitted as a project plan was needed to show how it would be delivered. It was expected to report to the committee in September.</p>
<p>11. EWC14/15-054</p>	<p>Quality & Patient Experience Report</p> <p>It was noted that this was the first time the report had come to the committee from the Quality & Governance committee.</p> <p>JH stated that the two strategic themes of People and Services were being reviewed as some of the issues under these themes were addressed in other committee papers. The quarterly HR Strategy Implementation Plan would be interspaced with the Quality and Patient Experience Report which would report on a monthly basis.</p> <p>CA enquired whether elements from the other reports could be built in to the QPER report.</p> <p>JH stated that it would be reviewed on an on-going basis but it would be better to keep</p>

	them separate.
<p>12. EWC14/15-055</p>	<p>Staff Friends & Family Test - Quarter 1 Results</p> <p>JH presented the paper with the results for the first quarter and highlighted the following key points:</p> <ul style="list-style-type: none"> • The survey was only available for a short period. It had a response of 172 staff which was 12%. Staff Council had thought this level of response quite good. • The results differed greatly when presented as NSP scores and % scores. No decision had been made as to how the data would be reported nationally. A report had just come out which questioned the validity of the Patient Friends and Family Test as an instrument to measure quality. • The staff FFT showed that overall the results were positive. There was no comparative data although some trusts were starting to put the information on their websites. • There were many positive comments about the trust as a place to receive treatment. • The comments about the trust as a place to work were more evenly spread across the range of responses. It was important to focus on the positive comments as well as the negative ones. Themes in the negative comments were not new and had been raised through the Staff Council and listening events. Communication of the results needed to present a balanced view of the positive and negative themes and of how they would be dealt with. <p>JH stated that it was important to ensure that staff were using the outlets available to them such as the Staff Council and Staffside to raise any concerns they had as well as the more formal routes of the raising concerns policy and other policies.</p> <p>JH reported that an action plan from the Staff FFT had not been developed. She proposed that a staff feedback action plan be put in place to capture all themes of staff feedback from all sources and surveys in one place. This plan would be brought to the committee and to Staff Council and would be available to view on Staff Zone so staff could see what had been raised and what was being done about it.</p> <p>BS stated that the trust needed to think more strategically about how it would deal with the wider issues raised by staff as well as the individual issues. There was an increasing number of dissatisfied staff and the situation would get worse. He stated that it may not be sufficient to have information on Staff Zone.</p> <p>JH stated that it was not just about having a place to tell people what was being done, it was important also to get the communication right because that was one area of criticism.</p> <p>The committee discussed how staff might see and interpret the results and what constituted balanced feedback. AW requested a breakdown of the number of issues under each of the common themes in point 14.</p> <p>SG stated that the proactive action being taken was not coming across well enough. He advised caution on saying there were a lot of issues that needed addressing. The issues were very few and came from a small percentage of staff. There were specific themes on the agenda and communication was important to get all staff members on board. He agreed to share more information about the details.</p> <p>JH stated that the point about the balance was important – while it was natural to focus on the negative, there were many wonderful comments.</p>
<p>13. EWC14/15-056</p>	<p>Secondment Policy - HRP21</p> <p>The committee approved the policy.</p>

14. EWC14/15-057	Management of Work Related Stress Policy - HRP29 The committee approved the policy.
15. EWC14/15-058	Joint Forum - 22 May 2014 The committee noted the minutes of the Joint Forum held on 22 May 2014.
16. EWC14/15-059	Safe Staffing Steering Group - 17 June 2014 The committee noted the minutes of the Safe Staffing Steering Group held on 17 June 2014.
17. EWC14/15-060	HR Policy Review Group - 26 June 2014 (Draft) The committee noted the draft minutes of the HR Policy Review Group held on 26 June 2014.
18. EWC14/15-061	Health Safety & Wellbeing Group – 1 July 2014 (Draft) The committee noted the draft minutes of the Health Safety & Wellbeing Group held on 1 July 2014.
19. EWC14/15-062	Any Other Business JH advised that a MAR scheme had been discussed and agreed upon at the PMB meeting. The process would be to gain approval for the scheme from the TDA before seeking approval from the Remuneration Committee. The committee agreed that should it not be possible to arrange a date for the Remuneration Committee to meet, the scheme could be approved by email. JH reported on discussions from a recent meeting of the National Staff Council. Unions had notified employers that they were in dispute with them about the recent pay deal, wanting a 1% increment and the cost of living increase in 2015/16. They were not willing to negotiate. JH advised that this national decision would have an impact at local level and on the programme that the trust was intending to take forward. CA enquired how many staff at the trust were below living wage. JH stated that those at the bottom of band 2 fell into this category but that moving them up would cause a situation of leapfrogging. She advised the number of people affected would be looked into but that as the trust did not have foundation status it would not be able to go outside the national guidelines.
20. EWC14/15-063	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 18 August in the Duncan Room, Old Market House. Paper submission deadline: Friday 8 August 2014.	
Board - Chair Approval	
Name:	Date:
Signature:	

The meeting concluded at 4 pm.

WIRRAL COMMUNITY NHS TRUST
FINANCE & PERFORMANCE COMMITTEE MEETING

MINUTES OF MEETING

MONDAY 28 JULY, 9.00am

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 John Lancaster (JL)	Director of Operations

In Attendance:

Mr Edd Berry (EB)	Head of Business Intelligence
Mrs Alison Hughes	Trust Board Secretary
Mr Simon Gilby (SG)	Chief Executive
Mr David Grundy (DG)	Head of Finance
Miss Dominique Gill (DG)	Senior Assistant
Mrs Chris Allen (CA)	Non-Executive Director (from 10.15am)

Reference	Minute
1 FPC14/15-041	Apologies for Absence Mr Steve Wilson, Director of Finance and Development Mrs Frances Street, Chairman Mrs Heather Stapleton, Board Support/FOI Officer
2 FPC14/15-042	Declaration of Interests There were no declarations of interests to raise.
3 FPC14/15-043	Minutes of the Previous Meeting The committee agreed that the minutes of the previous meeting held on 23 June 2014 were a true and accurate. <i>Minute reference FPC14/14-031</i> - it was confirmed that AW and BS had also attended the PMO extraordinary meeting with three divisional managers who made good contributions to the discussions. It was also highlighted that the committee requested a capital expenditure update in relation to progress made in Estates.
4 FPC14/15-044	Matters Arising The committee reviewed the action points from the previous meeting held on 23 June 2014. <i>(See separate actions/matters arising tracker.)</i>
5 FPC14/15-045	Financial Performance Report - Month 3 DG presented the finance report for the month ending June 2014. The report highlighted 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>DG advised that there had been no significant improvement since the previous two month's reporting. The CIP tracking is reporting a shortfall with 16% delivered. The trust was reporting a break even position for income and expenditure in M3 and the YTD net surplus showed a break even position due to non-recurrent items. The main reason for the reduced surplus was the failure to deliver the expected CIP's in the first quarter of the financial year.</p> <p>DG advised that 44 individual schemes have been identified, now being managed through the Programme Management Office. All schemes would be measured against the safe staffing models being established for urgent care and being developed for nursing.</p> <p>The CapEx programme had increased to £1.8 million and had been submitted to the TDA. The increase was due to extra costs on the St Catherine's Health Centre moves. BS asked if the increase was funded and DG confirmed it is.</p> <p>BS expressed disappointment that no more progress had been made since month 3 and was concerned that focus was only on big schemes with little evidence of teams delivering on individual schemes, demonstrating cost savings and limiting spend DG advised that cutting back on agency spend or non-pay expenditure would help the situation and further into the year an option would be to implement discretionary spend only.</p> <p>AW expected that the July position would demonstrate some improvement in spend for the trust.</p> <p>JL commented that divisional managers spend a considerable amount of time focusing on CIP schemes, highlighting that the main issue was that the majority of the trust's spend relates to staffing and as such the correct approach is to review the skill mix, staffing levels and agency spend which is work already underway but the cost savings will not be realised straight away.</p> <p>BS queried if a MARS scheme could be funded and DG confirmed it could be funded.</p> <p>AW noted that the Lifestyle division balance scorecard illustrated a number of red KPIs despite it being in an under-spend position. EB suggested that it would be useful to discuss this further when reviewing the KPI report as it is the first reporting of these indicators for the Lifestyle division.</p> <p>DG confirmed that WUTH have agreed to pay their outstanding debt which would decrease the outstanding amount of debt owed.</p>
<p>6 FPC14/15-046</p>	<p>Key Performance Indicators - Month 3</p> <p>EB presented the KPI report providing the committee with an overview of performance against service KPI's agreed within the framework of the community contract, for the period of June 2014.</p> <p>The report confirmed that there were no significant changes to the exception report and most services were continuing to perform well against contracted KPI's. At the end of M3, and on a YTD basis, 26 KPIs were rated as red and a further 9 were rated as amber out of a total of 118 reported KPIs.</p> <p>The key points highlighted from the report included:</p> <ul style="list-style-type: none"> - The Tissue Viability service threshold had changed and is now more achievable - The number of KPIs for the LiveWell service has reduced this year <p>EB noted that the report provides a 'worst case scenario' and suggested a more detailed review at next month's committee.</p> <p>The committee noted the contents of the report.</p>

<p>7 FPC14/15-047</p>	<p>Divisional Performance Scorecards The committee reviewed the divisional scorecards for M3 highlighting performance by division against key indicators.</p> <p>The scorecards highlighted that most red KPIs were caused by sickness/absence.</p> <p>AW acknowledged the previous discussion and the proposal to review the Lifestyle division indicators reporting red in August 2014.</p> <p>The committee noted the contents of the divisional performance scorecards.</p>
<p>8 FPC14/15-048</p>	<p>FT Self Certification - June 2014 AH presented the trust's FT self-certification submission for June 2014.</p> <p>The report detailed the trust's self-assessment against the board statements established by the Trust Development Authority (TDA) to monitor NHS Trust's progress to achieving FT status as well as performance against a subset of Monitor's Provider License Conditions which had been specified by the TDA.</p> <p>The committee approved the FT self-certification submission.</p>
<p>9 FPC14/15-049</p>	<p>Cost Improvement Programme Recovery Plan Following an extraordinary PMO meeting on 17 July, AW noted the revised CIP plan produced which is approximately two-thirds of the original. The committee noted that there still remains a significant shortfall but acknowledged that the revised plan includes revised confidence levels and probabilities against each scheme.</p> <p>BS commented that the meeting had been productive and it was also useful to review the corporate figures and schemes.</p> <p>The committee reviewed the CIP recovery plan report which provided an update on actions to ensure the slippage on the CIP programme seen in the first quarter was recovered and the trust was in a position to deliver the 2014/15 financial plan in full. The report identified the work to be undertaken, set out the revised CIP schemes and expectations and outlined the next steps for delivery.</p> <p>The committee also noted the useful benchmarking exercise for corporate services which had calculated an approximate overspend of 900k when compared to other NHS organisations. The committee noted caution when analysing the data and comparing it against organisations of different sizes and turnover.</p> <p>SG noted that the scale and pace to implement changes associated with the corporate services review needs to be considered but the expectation was to implement agreed plans by March 2014. SG also advised that in some areas there will need to be board level involvement and decisions taken on what activity and/or function can be stopped to achieve savings.</p> <p>JH agreed adding that whilst there are opportunities to save money, there will be consequences and the committee should remain cited on them.</p> <p>JL advised that the message to teams continues to be that any savings beyond 4.5% are really helpful and any further appropriate savings that could support other teams who might be struggling would be welcome.</p> <p>SG suggested that the pace to implement CIP schemes is going to be critical.</p> <p>BS acknowledged the communication approach to teams but added it will be important to have a robust plan in place ready for any enquires from Monitor. BS noted however, that following the extraordinary PMO meeting he felt more assured by the approach being taken.</p> <p>AW concluded that any change needs to be transformational to ensure the savings achieved are recurrent.</p> <p>The Committee approved the CIP recovery plan.</p>

<p>10 FPC14/15-050</p>	<p>Activity Report and Analysis</p> <p>The committee reviewed the activity report analysis paper which presented activity levels in each division and service against contractually agreed levels, as well as detailing historic levels of contacts delivered over the past 3 years.</p> <p>The following points were highlighted:</p> <ul style="list-style-type: none"> • There has been a reasonable level of consistency across most services over the past three years with a 12% increase in activity reported. • Financial year 2013/14 presented the most reliable data. • The Lifestyle division activity figures have reduced as the Health Visiting service is now recording ‘actual’ contacts. • The next piece of work will be to compare productivity against other organisations. • Mapping of corporate services using activity data shows a different trend and presents useful triangulation of data demonstrating that for every contact by front-line staff there are more staff in corporate services. • AW referred to the summary of activity table on page 99 and suggested that a ‘payment per episode’ vs a ‘cost per episode’ analysis would be very useful. <p>BS noted the detail in the report but also suggested that a subjective analysis of the data will be important. BS suggested that commissioners need to be aware of the risk of AQP arrangements on services which could result in a nursing service that can’t be funded. BS confirmed that a strategic discussion would be useful.</p> <p>EB confirmed that a paper on activity is presented the CCG on a monthly basis.</p> <p>The committee noted the contents of the report.</p>
<p>11 FPC14/15-051</p>	<p>Strategic Procurement Implementation</p> <p>DH attended to present a paper seeking approval of a strategic implementation plan including proposed changes to the current procurement function and resource within the trust.</p> <p>DH summarised the proposal to serve notice to WUTH and establish an in-house function by employing at band 4 level to work alongside the Head of Contracting and Procurement to closely manage orders going through the system and to implement new systems.</p> <p>DH highlighted that there were currently 70 users of SBS within the trust which whilst it was a relatively small number, there was little control over the orders being placed.</p> <p>JH suggested that only having 70 users of SBS across the trust should enable for greater control, particularly as staff understand and regularly here messages about controlling spend and saving money.</p> <p>JL agreed acknowledging that the processes for ordering and storing items need to be reviewed across teams. JL suggested that there is an opportunity to affect future behaviour.</p> <p>AW suggested that the decision around the procurement function was a management decision and recommended that the paper be referred to SMT for further discussion. AW reflected that a sound decision could positively impact on CIP.</p> <p>SG noted that this issue will also be considered as part of the corporate services review and suggested that the interim Director of Finance (in post from 4 August) will work with DG to progress further.</p>

	The committee acknowledged the recommendations made in the report but requested the paper be referred to the SMT for a decision to be made.
12 FPC14/15-052	<p>Capital Programme Estates Update</p> <p>The committee reviewed the capital programme estates report which provided an update on the proposed changes to the trust's capital programme for 2014-15.</p> <p>The report explained that the initial capital plan, submitted to the Trust Development Authority in April 2014, had allocated £230k to the works at St Catherine's Health Centre (SCHC). However, this was an estimate as the tender for the works had not been completed.</p> <p>As a result, the overall capital costs of the works had increased from £230k to £843k. The issues below were highlighted as three key figures from the table in the report which had contributed to the extra costs:</p> <ul style="list-style-type: none"> • Costs from the final tender were over and above the original estimate (214k) • Cost of relocating sexual health within SCHC (126k) • Estimated final Escrow account payment (150k) <p>CA joined the meeting at this point and challenged the process to establish how it was considered acceptable for such an increase in costs.</p> <p>SG provided assurance that the approval of costs has been through due process.</p> <p>AW requested a further update on estates moves at the committee in August.</p> <p>The committee noted the contents of the report.</p>
13 FPC14/15-053	<p>Estates Management Group - 17 June 2014</p> <p>The committee noted the minutes from the Estates Management Group meeting held on 17 June 2014.</p>
14 FPC14/15-054	<p>Finance, Performance & Efficiency Group - 12 June 2014</p> <p>The committee noted the minutes from the Finance, Performance & Efficiency Group held on 12 June 2014.</p>
15 FPC14/15-055	<p>Any Other Business</p> <p>None.</p>
16 FPC14/15-056	<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 Tuesday 26 August 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 10.45am.

Clinical Forum: Action Plan and Outcomes Summary

Date: Tuesday 27 May 2014

Duration: 2-3pm

Location: Training Rooms 3 & 4, Old Market House

Members:	
Sandra Christie (Joint Chair)	Director of Quality and Governance
Dr Ewen Sim (Joint Chair)	Medical Director
Jo Chwalko	Health Visitor Team Leader
Sarah Crompton	Physiotherapy
Catherine Quayle	Nurse Prescriber
Jacqui Irving	Joint Interim Lead Speech and Language Therapy
Janet Jones	District Nurse
Linda Lowe	Physiotherapist
Sarah Palfreyman	Advanced Sexual Health Nurse
Amy Poole	Comms & Marketing Officer
Ken Price	Bio-Mechanical Podiatrist
Kathy Ryan	Clinical Director and Divisional Manager – Primary Care Division
Emma Stokes	Senior Community Dental Officer

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

Apologies:	
Kate Bannon	District Nurse
Natasha Cory	CIP Programme Manager
Francesca Daly	Clinical Director - Dental
Rose Galloway	District Nurse
Julie Griffiths	Physiotherapy Lead
Tracey Nenna	District Nurse
Pamela Power	District Nurse
Paula Simpson	Head of Quality and Governance
Alice Sutton	Acting Lead for Dietetics

No	Topic Summary	Outcomes / Actions	Lead (Date)
1.	<p>Declaration of Interest There were no declarations of interest.</p>		
2.	<p>Action Plan from the last meeting: Tuesday 15 April 2014 The action plan from the meeting held on 15 April 2014 was agreed as a true and accurate record.</p> <p>As agreed in the last meeting, a representative from the communications team will be attending the Clinical Forums meetings.</p> <p>Following the last meeting, the Quality Strategy has been approved and the information relating to the Quality Strategy will be disseminated to staff via a leaflet which includes the four quality goals.</p> <p>The Clinical Strategy is due back for comments by 5 June. All comments already received haven been incorporated into the strategy.</p>	<p>All to feedback comments on the Clinical Strategy by 5 June</p>	<p>All 5 June 2014</p>
3.	<p>Membership of Group The group discussed membership of the meeting; feedback was that community nursing was underrepresented. The chair confirmed that membership was represented in all areas.</p> <p>The group agreed that key messages need to be on staff zone to ensure staff are aware of the work the Clinical Forum meeting has done. The chair emphasised the important of the group feeding back to staff to ensure the messages staff receive are consistant.</p> <p>It was agreed that the agenda would be sent out to members prior to the meeting so that they could suggest agenda items. The group requested that once dates are set that they aren't moved and that meetings ideally take place as late as possible in the afternoon and are held at St Catherine's Health Centre.</p>	<p>LK/JS to circulate agenda for items prior to the meeting.</p>	<p>LK/JS ongoing</p>

No	Topic Summary	Outcomes / Actions	Lead (Date)
4.	<p>Final Draft of the Clinical Strategy (for comments) The rationale for having a clinical strategy was explained and the group was informed that the strategy would be submitted to the Trust Development Authority in late June.</p> <p>The strategy details:</p> <ul style="list-style-type: none"> • the overarching organisational priorities • the value of having the 6 C's • the objectives of the organisation <p>It was identified during discussions that we should state in the document what culture we want to create as an organisation. The group agreed that the document should be clear and explain how it can be used every day by clinicians and how clinicians relate to the document.</p> <p>Comments on the document were:</p> <ul style="list-style-type: none"> • Communication needs to be clear • 6C's are already happening throughout the organisation (This isn't something new) • How do we get the message through to bank/locum staff (getting the balance right between business sensitivity and becoming part of the organisation) • Availability of bank staff <p>The group asked for safe staffing and supporting leaders to be an item on the agenda at the next meeting.</p> <p>SC agreed to go through the 6Cs at the next meeting and discuss what barriers stop them happening. The group were asked to think of examples of when the 6C achievement is being challenged.</p>	<p>LK/JS to put safe staffing and supporting leaders on the agenda of the next meeting</p> <p>6Cs to be an agenda item at the next meeting</p> <p>The group was asked to think of examples of when the 6C achievement is being challenged</p>	<p>LK/JS 18 July 14</p> <p>LK/JS 18 July 14</p> <p>All 29 July 14</p>
5.	<p>Update on the Continuous Quality Improvement Programme and ACCLAIM This item wasn't discussed at the meeting.</p>		

No	Topic Summary	Outcomes / Actions	Lead (Date)
6.	Innovation Fund and Applications This item wasn't discussed at the meeting.		
7.	Any Other Business There was no further business to discuss.		
8.	Items for Risk Register There were no items for the risk register.		
9.	Date and Time of Next Meeting: Tuesday 29 July 2014 1-2pm Training Room 3 & 4 St Catherine's Health Centre		

STAFF COUNCIL MEETING: Action Plan and Outcomes Summary

Date: Thursday 19th June 2014

Duration: 10.00 am -12.00 pm

Location: Training Rooms 3 & 4 St Catherine's Health Centre

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 Nursing - Bank (Staff Council Member)
Stephen Parry	Integrated Specialist Palliative Care (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
Sandra Christie	Director of Quality and Nursing
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
Debra Ollerhead	Continence Service (Staff Council Member)
Danielle Burton	MDT Co-Ordinator (Staff Council Member)
Robbie Howard	Stop Smoking Service (Staff Council Member)
Stephanie Ball	Community Night Nursing Service (Staff Council Member)
Steve Wilson	Director of Finance and Development
John Lancaster	Director of Operations

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 – 29th May 2014 The group accepted the minutes as a true record of the meeting.</p> <p>Matters Arising Staff Survey Action Plan Action: Staff Council to feedback any comments on the action plan to JH by 19/06 Update: Feedback from staff about the Staff Survey was still one of scepticism around the confidentiality of the Staff Survey as staff receive reminders if not completed. JH explained that reminders are sent automatically from Quality Health and the only relates to the return of the survey. The group added that staff would be more reassured if managers explained this to staff.</p> <p>Review of Social Group Role ACTION: Survey to be set up on the Staff Zone to gain consensus whether the social group continue as a group UPDATE: Matter was discussed under agenda item 3.</p> <p>Uniform Update ACTION: Staff Council to feedback any comment on the Uniform Policy to SC UPDATE: SC reported that lots of comments have been received from staff and this will be taken on board. ACTION: JH to check with SC on arrangements on how staff with limited uniform can access more and a uniform recycling system to be explore. UPDATE: SC is looking into this idea of developing a scheme whereby usable uniforms can be redistributed to staff and unusable ones are recycled.</p> <p>Parking/Booking Visitor Spaces at OMH ACTION: Suggestions made by Staff Council to be forwarded to CMSU (Anna Coyle)</p>		

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	<p>UPDATE: JF has emailed Anna about adding a sentence on visitor car parking confirmation emails reminding staff to cancel the visitor space if no longer needed. JF agreed to email SW any ideas relating to parking to the CIP suggestions inbox. The group suggested promoting other local car parks via Staff Zone. SG added that car parking is being reviewed as a wider project and options are being compiled as the lease for Hind Street expires in Nov 2014. SG agreed to bring a proposal back for discussion to Staff Council when available.</p> <p>Estates Review</p> <p>ACTION: Timetable for staff moving from Port Causeway to APH to be communicated once finalised. SW to liaise with JL.</p> <p>UPDATE: SG confirmed the Estates Relocation is ongoing but has been delayed to accommodate the move to Highfield Centre. Options have now been confirmed and over the next 2/3 weeks staff and services will be consulted and a timetable will be confirmed.</p> <p>Mandatory Training</p> <p>ACTION: JH to speak to Sandra Christie and Cindy Freeman regarding the issue of training cycles before the next Staff Council meeting.</p> <p>UPDATE: JH confirmed she had spoken to SC regarding mandatory training and the mandatory training matrix was discussed Learning and Development Group who agreed that this will be simplified. SC confirmed that the mandatory training cycle runs from April 2014 to March 2016. FR asked if the September – December time frame could be clarified as this differs on e-learning and paper learning record. SC confirmed that the December deadline will be removed to avoid confusion to staff and managers. SC highlighted that it is up to Divisional Managers, Managers and Service leads to ensure that staff can be released from clinical commitments to attend mandatory training and to ensure that attendance on mandatory is spread evenly throughout the 2 year training cycle as there is limited availability on sessions. A message will be sent to staff via the Staff Bulletin to clarify Mandatory Training requirements.</p> <p>The group added that Staff Council had resolved this issue.</p>	<ul style="list-style-type: none"> • Car Parking proposal to be discussed at Staff Council when available • Estates Relocation timetable and details to be communicated to staff and services early/mid July • Message will be sent to staff via the Staff Bulletin to clarify Mandatory Training requirements. 	<p>SG (ongoing)</p> <p>SG (ongoing)</p> <p>SC (asap)</p>

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3.	<p>Update on Social Group</p> <p>NHS North West Games PC updated that there had been great participation in this year's NHS North West Games event which will take place on 6th July 2014. All participants will receive Wirral Community NHS Trust T-shirts to wear. PC agreed to pick up the T-shirts from Communications Team.</p> <p>PC added that as attendance to the Social Group has been moderate and the last event was cancelled, a review will be undertaken as part of the Staff Council review. PC agreed to compile some questions to review the role of the Social Group and asked Staff Council to send these out to their teams for feedback.</p>	<ul style="list-style-type: none"> • PC to collect corporate T-Shirts for NHS North West Games participants • PC agreed to compile some questions to review the role of the Social Group Staff Council members to send these out to their teams for feedback. 	<p>PC (06/07/14) PC (17/07/14) ALL (17/07/14)</p>
4.	<p>*SystemOne Update</p> <p>Feedback from the last Staff Council meeting was reiterated again 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. SG suggested that a summary of the issues could be compiled and progressed with IT to see if solutions can be found.</p> <p>HL added that there are some concerns around SystemOne training for new staff members as dates for training have not been organised though it was noted that the team are focussing on the roll out to Phlebotomy at present. HL agreed to speak to Ian Hogan over future training dates for new starters.</p>	<ul style="list-style-type: none"> • Summary of issues with SystemOne for teams that work with other organisations to be compiled for solutions to be found • HL to speak to Ian Hogan over future dates for SystemOne training for new starters. 	<p>SP (ongoing)</p> <p>HL (ongoing)</p>
5.	<p>Gym Membership at OMH</p> <p>DG raised an issue on behalf of RH in respect of staff joining the gym at OMH. The gym is being promoted as a benefit to staff but the process for becoming a gym member is very lengthy and unclear. JH agreed to speak to Anna Coyle to clarify the process. FR suggested that there should be a specific time frame set for staff who wish to join the gym.</p>	<ul style="list-style-type: none"> • JH to liaise with Anna Coyle over the process for staff joining the Gym 	<p>JH (19/07/14)</p>

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6.	<p>Update on Divisional Changes</p> <p>JF reported that a few members of staff had contacted her stating that they were unclear about the proposed changes to the Divisional structure. JF read out an email from a member of staff.</p> <p>SG added that the proposed divisional structure was always part of the Trust's 5 year plan and will streamline our structure in terms of our business. This was brought forward as there are financial savings being made and we can share those figures with the group. Services should not be impacted on and the only change is that services will sit in a division in the future.</p> <p>SG reported that had agreed with JL that the full implementation won't be until September to ensure the process and the timetable is finalised. JH added that the proposed structure will align with the Vision 2018 agenda and will strengthen our position to respond to the requirements from a patient's perspective. The group discussed the importance of communicating the changes to staff so that staff are not left feeling unsure of where they will sit in the new structure. JH added that the proposed structure will be shared with Staff Council for feedback at the July meeting. SG suggested that a communication should be sent out to staff at the end of July to detail the staging, approach and HR framework so that staff will know where their service will sit. SG added that the new structure shouldn't impact on service models and the new structure will be more strategic and will support Directors and Divisional Managers being more accessible and visible to staff.</p>	<ul style="list-style-type: none"> • Communication to be shared with Staff Council at the next meeting with a view to sending to a staff end of July to provide detail of the Divisional Restructure. 	<p>SG/JL (31/07/14)</p>
7.	<p>Staff Retention Pressures</p> <p>FR raised an issue that had been forwarded to her by a service lead in Physiotherapy in relation to the Trust losing staff, both clinical and admin, to competitors due to lengthy recruitment processes and inflexibility to support staff request to reduce or increase hours of work. Four members of staff have left in the past 12 months and have found alternative employment with private providers. There is also the impact of the admin review on staff who want to progress and develop as the opportunities aren't available for admin staff to do this. Managers put time and effort into training into staff and admin staff are key</p>		

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	<p>to support service delivery to our patients.</p> <p>FR reflected she was also experiencing difficulty recruiting to vital admin posts because of a perceived admin freeze related to the on-going admin review , she had experienced rejection at the VC panel and that she perceived this was a barrier to a delivering a safe service and her ability to manage effectively.</p> <p>SG agreed to progress this issue outside of the meeting as it's important to receive this feedback from staff. JF asked if the admin was limited to clinical services or across the Trust? JH confirmed that there are 2 admin reviews on-going; clinical admin roles and a corporate admin review. The group discussed methods used for data collection during the admin review and fed back that there must be better methods of measuring admin roles rather than a motion study. The group highlighted that admin roles vary greatly and the same review methods are being used for very different services and suggested that methods should be have been discussed with service leads first. SG agreed to take these comments back and confirmed that the admin review has been put on hold due to the divisional review to ensure that the review is done consistently and in the right way across the organisation.</p>	<ul style="list-style-type: none"> • SG to review feedback from Physiotherapy lead regarding staff retention 	<p>SG (ongoing)</p>
<p>8.</p>	<p>Staff Council Review Update</p> <p>PC proposed that the group review the purpose of, objectives and expectation of our staff with regard to Staff Council and to reinvestigate our momentum and respond to staff better. PC suggested the following actions:</p> <ul style="list-style-type: none"> • Relook at the Terms of Reference for Staff Council • Look at what we want Staff Council to do and achieve such as be more responsive to staff and be more responsible and accountable as Staff Council members <p>The group discussed the importance of the Exec team working with Staff Council to promote communication and discussion about changes in the organisation before changes are implemented resulting in better outcomes for the Trust.</p> <p>SC added that is positive that our staff has a forum like Staff Council where staff can ask often difficult and challenging questions. The group added that the importance of managers realising the importance of staff council both for them</p>		

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	<p>and their staff. PC suggested holding a Staff Council Awareness week where drop in sessions and breakfast sessions can be held for staff to come ask talk to Staff Council members. JF suggested attending different bases over lunchtime to talk to staff and ensure that staff understand and aware of the role of Staff Council and to promote its achievements. The group discussed the problem of having the time alongside their day jobs to attend different sites for additional promotional Staff Council event. SG suggested that the Trust could support Staff Council as a team and suggested that the approach could be a balanced mix of update communications to staff alongside visits to base if members have the time to do this. AP added that the Staff Council update that features in the Staff Bulletin is working well and the blog. AP suggested that the group agree some key messages to go on these forums at today's meeting.</p>		
9.	<p>Organisational Update</p> <p>SG provided an organisational update and the key points:</p> <p>Change and Redesign Vision 2018 - Vision 2018 is progressing well and the Trust is at the heart of this with a real focus around what we do best which is really positive. CCG will be undertaking a review of urgent care and we will link into this through our presence in APH and Walk-In Centres.</p> <p>Podiatry – Industrial Action took place on 5th June. We will continue to implement the new structure and affected staff have been made aware of the changes. TM added that there were patients turning up for appointments and reception staff were not aware of the Industrial Action. JH added that all patients should have been informed and agreed to pick this up.</p> <p>Phlebotomy- We have now moved to the new contract 3 months late due to the Commissioners appeal. There have been some issues with patients not getting appointments and feedback from Practice Managers has listened to.</p> <p>Health Visiting –our bid in the Wirral 0 – 19 Healthy Children tender has been submitted</p> <p>Sexual Health – the service is receiving positive feedback and the contract has now been signed</p> <p>Corporate Update - CQC Inspection – The CQC have confirmed the date for our inspection which is 1st September for 1 week. Monitor now want to undertake a QGAF (Quality Governance Assurance Framework) assessment which is very</p>		

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	<p>positive. Steve Wilson will be leaving the Trust to take up a new role as Director of Financial Control for NHS England which is a great opportunity for him. The group wished Steve all the best for the future.</p> <p>Health Service Journal Awards – nomination period has been extended and SG encouraged services to look at submitting nominations.</p> <p>Sexual Health Bid for Cheshire West and Chester – The Trust have submitted a bid to provide Sexual Health services to Cheshire West and Cheshire.</p> <ul style="list-style-type: none"> <p>Performance Balanced Scorecard (Month1)</p> <p>SG confirmed that the Trust is performing well against all of our target though we are still reporting red against our KPI for Corporate Induction for new staff to receive their Corporate Induction within 6 weeks and reiterated the importance of managers the importance of new staff attending Corporate Induction. HL suggested that Bank staff should be taken out of this 6 week target but SC confirmed that this is a National Target set by NHS England. PC added that its often difficult for bank GPs to attend within 6 weeks. JH added that 'on boarding' will help as this takes away the element of tick boxing and allows a more flexible approach to Corporate Induction.</p> <p>Estates Review</p> <ul style="list-style-type: none"> <p>SG updated that the estates relocation is on-going with the main focus being on vacating our premises at Hind Street and Port Causeway. JF asked if an update can be provided to staff regarding the moves as consultations should be taking place soon and can staff who are directly affected be informed first before staff across the wider trust? SG agreed to ensure that any updated information would be communicated to staff via Staff Zone.</p> 	<ul style="list-style-type: none"> <p>Update on Estates relocation to be added to Staff Zone</p> 	<p>SG/JL (ongoing)</p>
10.	<p>CQC Inspection</p> <p>SC talked through the CQC Inspection presentation which had been circulated to Staff Council with the meeting papers. SC confirmed that our CQC inspection will take place for 1 week from 1st September 2014. SC asked if any Staff Council members would like to attend the CQC Task and Finish group or volunteer to join the Focus Group HL advised that she would attend the Task and Finish group and feedback at the next meeting. JF asked if a member of the Board will be with the CQC inspectors when they visit services? SC</p>	<ul style="list-style-type: none"> <p>HL to attend the CQC Inspection Task and Finish Group meeting and feedback at the next Staff Council meeting. HL to contact</p> 	<p>HL (asap)</p>

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	<p>confirmed that a Board member won't be present but the Service Lead will be there as the CQC want staff to be able to talk freely to staff and patients. SC confirmed that Service Leads will be delivering a presentation to their staff in the next few weeks to inform and clarify the details and what to expect during the CQC inspection. SG confirmed that there will be key messages and information on Staff Bulletin about the CQC inspection over the next 2 months but added that the CQC can visit any service or area that they wish to. Staff are encouraged to just do what they do every day and to talk freely and share any views with the CQC. SC asked for CQC to be a standing item on the agenda for Staff Council for the next few meetings.</p>	<p>Paula Simpson to arrange.</p> <ul style="list-style-type: none"> • CQC to be a standing agenda item for Staff Council for the next few meetings 	<p>SC/CP (19/07/14)</p>
<p>11.</p>	<p>Communications Update</p> <p>AP provided an update on Communications and the headlines were:</p> <ul style="list-style-type: none"> • Official Opening of the Community Centre at St Catherine's Health Centre which was opened by Frank Field. • Breast Feeding Roadshows – will be taking place in June in line with Breast Feeding month. • For You magazine – next issue will due out in July and there will be an interview with JF/PC and a regular Staff Council column. 		
<p>12.</p>	<p>*Safe Staffing</p> <p>SC updated that the next Staff Bulletin here contains a focus on Safe Staffing and there are key messages for staff included in this article with a link for staff click on to inform them of when services will be have their Safe Staffing Review undertaken.</p>		
<p>13.</p>	<p>Hello my name is...</p> <p>This item was deferred until the next Staff Council meeting.</p>	<ul style="list-style-type: none"> • Add Hello my name is.. to be added to the agenda for the next Staff Council meeting 	<p>SC (17/07/14)</p>
<p>14.</p>	<p>Staff Friends & Family Test</p> <p>JH asked Staff Council members to encourage their teams to complete the anonymous Staff Friends and Family test that has been sent out via email to all staff. A message will be sent out in Staff Bulletin also. It is important that we get a good response rate from staff and the test only takes a few mins to complete.</p>	<ul style="list-style-type: none"> • Staff Council to encourage their teams to complete the Staff Friends and Family test 	<p>SC (asap)</p>

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15.	Information Exchange None		
16.	Future Agenda Items JF asked the group to forward any future agenda items to JF, PC or CP SP gave his apologies for the next meeting	<ul style="list-style-type: none"> • Any agenda items for Staff Council to be sent to JF, PC, or CP • SP apologies to be noted 	ALL (asap) CP (19/07/14)
17.	Any Other Business Mandatory Training SC updated that the mandatory training matrix has been reviewed to be clearer to staff. This will be communicated to managers at the next Directors Briefing. SC confirmed that IG is mandatory and yearly and staff will need to complete IG training by March 2015 but the remainder of mandatory training is over 2 years. It is recommended that team leaders develop an annual team training plan to ensure that training is staggered across the year avoiding undue disruption to care delivery.		
18.	Date of next meeting Staff Council Members Pre-meeting Date: Thursday 17 th July 3.00-5.00 pm, meeting room 514, OMH Staff Council Meeting Date: Thursday 17 th July 2.30 - 3.00 pm, meeting room 514, OMH Staff Council Meeting		