

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

**MINUTES OF MEETING**

**Monday 18 August 2014 at 11:00am**

**DUNCAN ROOM, OLD MARKET HOUSE**

**Members:**

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

**Present:**

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| Mrs Frances Street (FS)                                    | Chairman                  |
| Mr Simon Gilby (SG) (present for agenda items 1 - 18 only) | Chief Executive           |
| Mrs Alison Hughes (AH)                                     | Trust Board Secretary     |
| Mrs Paula Simpson (PS)                                     | Head of Quality & Nursing |
| Mrs Heather Stapleton (HS)                                 | Board Support/FOI Officer |
| Mr Alan Wilson (AW)  | Non-Executive Director    |

| Reference                 | Minute   |
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| <b>1.</b><br>QGC14/15-086 | <b>Apologies for Absence:</b><br>None  |
| <b>2.</b><br>QGC14/15-087 | <b>Declaration of Interests:</b><br>MF and ES declared an interest as a practising Wirral General Practitioners and as such members of Wirral Clinical Commissioning Group who commission services from the Trust. |
| <b>3.</b><br>QGC14/15-088 | <b>Chairman's Briefing</b><br>The Chairman's briefing was shared with the committee. The following highlights were made:   |

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|                                   | <ul style="list-style-type: none"> <li>• Information was provided following a clinical audit to ascertain the level of compliance to complete a holistic health assessment of Looked After Children and Young People not in education. This was a statutory requirement and the NHS supported the Local Authority in ensuring this assessment took place within one month of becoming looked after. The results had been very positive.</li> <li>• The trust is part of an AQuA Mortality Network Collaborative, working with Wirral University Teaching Hospital and Wirral Hospice St Johns, to improve care.</li> <li>• An events calendar had been introduced and was accessible via the StaffZone and included dates of committee meetings, Leadership Walk Rounds and a wide range of staff and public engagement events. This had been introduced as part of the Quality Governance Assessment Framework action plan.</li> <li>• ES had been elected to the Committee of Medical Managers of the British Medical Association.</li> <li>• Quality Forum dates were now available.</li> <li>• The Patient Experience lead had presented work done by the trust on patient stories to the regional Local Area Team Directors of Nursing meeting. As a result of this, the trust had also been invited to be part of a discussion panel at the AQuA Patient Experience Network event being held in September. Best practice in patient engagement would be discussed with regional patient experience leads and members of Healthwatch.</li> <li>• A compliment of the week is now published in the weekly staff bulletin and one was shared from the Speech &amp; Language Therapy service.</li> </ul> <p>FS advised of her attendance at a drop-in with health visitors at Laird Street. The team were now working on SystmOne and provided, on the whole, positive feedback particularly in relation to training and support. The mock CQC inspection that had taken place had been a worthwhile experience.</p> <p>The committee noted the contents of the briefing.</p> |
| <p><b>4.</b><br/>QGC14/15-089</p> | <p><b>Minutes of the Previous Meeting</b></p> <p>The committee agreed that the minutes of the meeting held on 21 July 2014 were a true and accurate record.</p>   |
| <p><b>5.</b><br/>QGC14/15-090</p> | <p><b>Matters Arising</b></p> <p>The committee reviewed the action points from the previous meeting held on 21 July 2014 and noted the actions had either been dealt with or were progressing satisfactorily. <i>(See separate actions/matters arising tracker.)</i></p>  |
| <p><b>6.</b><br/>QGC14/15-091</p> | <p><b>Quality Governance Assurance Framework (QGAF) Action Plan</b></p> <p>SC presented the QGAF action plan which supported the implementation of QGAF in the organisation and provided an update on actions completed for the reporting period 1 – 31 July 2014. QGAF would be reviewed quarterly by the trust board.</p> <p>SC referred to the action plan which was attached as an appendix. All actions due to be completed for the reporting period were complete. Actions for the second</p>   |

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|                                   | <p>quarter had been reviewed with the leads to ensure they were on track for completion.</p> <p>BS stated that the score going up was a healthy assessment of learning from the framework.</p> <p>AW highlighted that reference to April 2014 in paragraph 7 should read April 2015.</p> <p>The committee noted the contents of the QGAF action plan and were assured that the essential standards of quality and safety were being delivered.</p>  |
| <p><b>7.</b><br/>QGC14/15-092</p> | <p><b>Information Governance (IG) Improvement Plan 2014/15</b></p> <p>PS presented the IG Improvement Plan which was a requirement of the IG toolkit and enabled the trust to handle personal and corporate information legally, securely, efficiently and effectively. The development of an Improvement Plan was a requirement of the IG toolkit. The actions required to demonstrate compliance and achieve improvements was attached to the report.</p> <p>PS was confident that a higher number of level threes could be achieved this year, however some of the issues were dependent upon other organisations and was an ongoing piece of work. PS also confirmed that the toolkit was reviewed monthly by the IG Group.</p> <p>AW asked whether all NHS organisations had to follow the IG toolkit and if so, was there any benchmarking available.</p> <p>SC advised that scores could be identified following submission, however as this was a self assessment exercise, benchmarking may not be as useful.</p> <p>CA stated that the committee would want to be assured and informed of progress and SC advised that as the next interim submission was due in October, a further update could be presented to the committee following that submission.</p> <p>The committee approved the annual Information Governance Improvement Plan for 2014/15.</p> |
| <p><b>8.</b><br/>QGC14/15-093</p> | <p><b>Quality &amp; Patient Experience Report July 2014</b></p> <p>PS presented the Quality &amp; Patient Experience report for July 2014 and confirmed that the committee would be reviewing sections 1 and 2 and Education &amp; Workforce Committee would review sections 3 and 4.</p> <p>The committee reviewed Section 1: <i>Our Patients and Community</i>. The following were highlighted:</p> <ul style="list-style-type: none"> <li>• Nineteen non-community acquired grade 3 and 4 pressure ulcers were reported during the reporting period, seven of which were from nursing funded care homes. As leaders in this area, joint work was ongoing to bring about a better patient experience and progress was being made with the nursing home CQUIN.</li> <li>• Other care providers are informed following incident reports made via the Datix system.</li> </ul>   |

- Two community acquired grade 3 pressure ulcers were being reviewed to determine whether they were avoidable and an update will be reported back to the committee.
- Last months reported pressure ulcers had been reviewed and deemed to be unavoidable. The information was shared with commissioners in order that any patterns forming would be highlighted.  
BS commented on the grading of the risk ratings scoring 9 and SC provided assurance that all incidents were reviewed on Datix and these had all occurred in other settings. Those with a risk score of 12 were of significant concern. The risk ratings had been scored by the staff member who initially completed the Datix incident, reviewed by the service lead and divisional manager and reviewed by the quality and governance service as part fo the datix process prior to submission to the committee.
- There had been a downward trend over the previous two months of grade 2 pressure ulcers. It was believed this was as a result of the processes put in place some months ago in relation to the review tool used and cross-working across the economy. PS made the point that by improving grade 2 pressure ulcers it would follow that there would be a reduction in grades 3 and 4.  
FS commented that there was a lot of information contained within the report and requested and received assurance that the information was being scrutinised with a robust pathway in place through the Quality, Patient Experience and Risk (QPER) Group.  
AW referred to the SPC graph demonstrating the number of incidents that had halved over the past 15 months (page 44 of the board pack) and asked where the trajectory was going.  
SC advised that the aim was to have zero avoidable pressure ulcers. Over the next three months, the sigma lines would be adjusted enabling the focus to be on continuous improvement and evidence of a downward trend.
- There had been two medication incidents reported during the reporting period. One had progressed to a complaint and was being investigated. SG advised that the complaint had been fully investigated and closed. Assurance was provided to the committee that all the issues had been addressed and the lessons learned would be shared appropriately.
- There had been three fax related information governance incidents reported and all were being appropriately managed with no harm to patients resulting from them. All fax related incidents were reported and managed by the Information Governance Group.  
AW asked about the quantity and trends of fax related incidents within the organisation and SC advised that NHS mail had been referenced as an alternative to data sharing. JL advised that work had been undertaken with teams to reduce the risk of fax related incidents and SystemOne would alleviate the need to fax internally. There would always be a risk when faxing to external organisations and safe haven fax numbers were used when faxing clinical data.

PS advised there was a plan to move away from the use of faxes and to explore more secure ways of communication and progress was being made. Each incident was reported and actions plans in place for the Information Governance Group to track. Alerts were sent out to teams to ensure the incident did not happen again.

CA stated that the number of information governance incidents had reduced significantly, however the occurrence of three in the last month was disappointing and further scrutiny was welcomed.

- There had been an increase in the number of patient safety incidents reported which was a positive trend and a direct result of actions taken to support teams and encourage an increase in reporting.
- Nine complaints had been received and all were being investigated.
- One claim had been received and this would be discussed later in the agenda.
- There had been a significant improvement in patient experience feedback, particularly in the nursing division.
- There had been an excellent family and friends score with the trust receiving a score of 75 against 738 responses. The nursing division had received a score of 91 based on 176 responses for the month of July.

SC suggested that the reporting between patient safety and near misses should be split within the report.

The committee reviewed Section 2: *Our Services*. The following were highlighted:

- The CQUIN schemes were on track. A mid-year report would be produced providing more detail regarding the programmes.
- An additional section would be incorporated in the report relating to risk management and would be reporting all operational risks scored 15 or above (page 62 of the boardpack refers).
- A new tracking tool provided each risk with a health score and 99.5% had been achieved during the reporting period.

CA referred to page 54 of the board pack in relation to the technical issues following the upgrade of Datix which affected the ability of the therapies division to save information when reviewing Datix incidents. PS advised that the Datix system had been recently upgraded and there had been some teething problems, some of which had required technical support.

CA also referred to the CQUIN framework 3.8 (page 61 of the board pack) in relation to health inequalities and requested clarification as to the agreement of the milestones. PS advised that these were agreed during contract negotiation with commissioners and further information would be included in the end of year report.

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|  | <p>ES advised that the Family Nurse Partnership meetings had developed a framework of engagement to target those areas where engagement was difficult and the outcomes were measured.</p> <p>FS referred to this issue which had been raised with health visitors who were considering different delivery models which would be tailored to specific areas.</p> <p>PS advised that in relation to 3.8, the first milestone would be to create a health equality analysis across the whole of the population and this would be shared in more detail.</p> <p>The committee approved the Quality and Patient Experience report for the reporting period 1 July – 31 July 2014 and were assured of the delivery of safe, effective, quality services across the organisation.</p>  |
| <p>9.<br/>QGC14/15-094 &amp;<br/>10.<br/>QGC14/15-95</p> | <p><b>W6790 Outcome and Action Plan Report &amp; W6086, W6790, W6845 Pressure Ulcer Action Plan Update</b></p> <p>PS presented the report providing an update on progress with the action plan following the Root Cause Analysis (RCA) into incident W6790. This also incorporated the report in the following agenda item and it was agreed to take these agenda items together.</p> <p>PS advised that all actions in the action plan for W6790 would be completed by the end of August. In addition, an overall action plan incorporating W6086, W6790 and W6845 had been developed and the actions would be completed within the agreed timescales.</p> <p>PS advised that a ‘deep dive’ had commenced to evaluate the practice and culture of the teams. As part of the process, a cultural barometer had been developed which was a useful tool to evaluate the culture within teams. The process was jointly managed by nursing senior managers and the Quality &amp; Governance service where additional support was available to the teams in question. Good progress had been made and it had been noted that there had been no avoidable pressure ulcers in June.</p> <p>SC stated that for the committee’s assurance, she had spent time with the teams and had been assured regarding the implementation of the processes and the close working with the team leader. The level of grip on patient care developed by the teams was evident.</p> <p>Further clarification was requested on the understanding within the team that was not present before.</p> <p>SC advised on the following:</p> <ul style="list-style-type: none"> <li>• The teams had further understanding of the reasons behind the data.</li> <li>• Both teams had a significant number of vacancies 12 months ago which had now been filled or were about to be filled.</li> <li>• Assured by the leadership and support of the team leaders.</li> <li>• There was support for the challenge of practice within the teams and support for this to continue.</li> <li>• The teams acknowledged that, due to the pressures, systems and</li> </ul> |

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|                             | <p>processes were not in place that should have been.</p> <ul style="list-style-type: none"> <li>• A significant change in relation to culture had taken place within the teams.</li> </ul> <p>SG advised that he had received an e.mail from a member of staff working in one of the teams who had shared the practices now in place.</p> <p>MF highlighted item 13 (page 72 of the boardpack) in relation to the PACA care plan and asked if there would be reaudits to ensure there was continued compliance. SC advised that the whole process was being supported by the team within the Quality &amp; Governance Service and over the following 12 months, deep dives would be taking place with other teams.</p> <p>BS stated that the link to the CQC inspection plan demonstrated a positive way of cross-working with teams and supported a positive environment.</p> <p>FS made reference to the action plan indicating the development of a staff handbook (page 78 of the board pack) and SC referred to agenda item 14 which presented the first patient safety bulletin which would be used to learn and share ideas.</p> <p>The committee noted the contents of the action plans and were assured that appropriate steps were being taken to improve patient safety.</p>   |
| <p>11.<br/>QGC14/15-096</p> | <p><b>Patient Safety Strategy 2014 - 2017</b></p> <p>PS presented the trust's Patient Safety Strategy 2014 – 2017 which was a key part of the Business Plan 2014 – 2019 and would be implemented alongside the Quality Strategy and the Patient Experience Strategy.</p> <p>Reference was made to page 95 of the board pack, which described the priorities and how the improvements would be monitored to achieve the goals. This was closely aligned to the national Sign up for Safety campaign and the Open and Honest Care Programme.</p> <p>BS stated that the document was an excellent and coherent strategy. However he commented that in the Foreword mention should be made of the high standard of patient care that was already being delivered and therefore building on success.</p> <p>SC advised that the strategy would be submitted to the board in September with the request to sign up to safety and would include details of actions being taken as an organisation under the five priorities. This would then be submitted to the Trust Development Authority.</p> <p>SG stated that the trust's journey towards improving patient safety should be formally recorded, together with achievements, with reference being made to the safety thermometer.</p> <p>The committee noted the contents of the report and were asked to provide feedback regarding the content. Members were asked to forward any comments to PS prior to submission to board.</p> |
| <p>12.<br/>QGC14/15-</p>    | <p><b>Open and Honest Care Project – Briefing Report</b></p> <p>PS presented the report which had previously been submitted to the committee for comments prior to submission to board for approval and subsequent publication on</p>  |

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| 097                              | <p>the trust website.</p> <p>The comments made had been incorporated with the exception of the rate of pressure ulcers per 10,000 population as this would be calculated with NHS England.</p> <p>The committee noted the contents of the report.</p>   |
| <p>13.<br/>QGC14/15-<br/>098</p> | <p><b>Internal Quality Assurance Update: CQC Standards of Quality and Safety (April 2014)</b></p> <p>PS presented the report which provided feedback following three mock CQC inspections that had taken place within the following clinical teams:</p> <ul style="list-style-type: none"> <li>• Integrated Specialist Palliative Care Team (ISPCT)</li> <li>• Bidston Health Visiting Team</li> <li>• Liscard Community Nursing Team</li> </ul> <p>PS advised that overall the services were rated as good with the patient safety culture evident across all teams and safeguarding procedures and training were also evident. The ISPCT demonstrated a strength of culture of care and compassion and evidenced safe advanced care planning. The health visitor care plans were well structured and assessments easily accessible by SystmOne. Staff were well supported by the team leader. Community nursing received a rating that required improvement but there were no unsafe practices identified. The issues were in relation to inconsistent documentation and lessons learned. The point was made that community nursing were using SystmOne in a limited way at the moment. A risk had been raised on the risk register regarding the dual issue of documentation. A culture of care and compassion was noted, together with support from the team leader. Staff shortages were cited as a source of pressure and progress was being made to recruit to vacancies.</p> <p>PS advised that the process had been well received and there was the intention to roll this out as an ongoing programme with the action plan developed being monitored by the QPER.</p> <p>JL stated that demand was an issue and needed to be worked into the workstreams for integrated care and Vision 2018. The observation in relation to efficiencies had been recognised and safe staffing discussed. The divisional manager, SC and JL would be looking at this report as part of their discussions and to ascertain what support would be needed for the community nursing teams. All action plans were in place and additional support would be needed to help catch up.</p> <p>ES stated there were two clinical concerns relating to clinical record keeping and discharge from WUTH.</p> <p>The committee noted the contents of the report and follow up arrangements were in place.</p> |

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| <p><b>14.</b><br/>QGC14/15-099</p> | <p><b>Continuous Quality Improvement Patient Safety: Learning from experience update</b></p> <p>PS presented the draft Patient Safety: learning from experience update which formed part of the organisation's Sign up to Safety and Harm Free Care Programmes.</p> <p>The bulletin would be available monthly to staff with the facility to track the performance of the e.newsletter. Trends would be monitored to improve the quality of future updates and the effectiveness of the bulletin audited in due course.</p> <p>The committee approved the introduction of a monthly Patient Safety: learning from experience update.</p>   |
| <p><b>15.</b><br/>QGC14/15-100</p> | <p><b>MIAA Quality Health Check Report</b></p> <p>PS presented the report which presented the findings and action plan following an internal review of the organisation's safety, clinical and operational effectiveness processes. The areas selected were identified following a review of the CQC inspection report. Following a comprehensive review, an action plan had been developed to address the recommendations.</p> <p>PS advised that processes to monitor the MIAA action plans would be refined and clearly communicated. This would be submitted to the September Audit Committee.</p> <p>BS stated that a policy needed to be developed to formalise the process of reports being submitted to committees and PS clarified that although further reviews had taken place, there was no documentation to indicate this had been done. A policy relating to internal audit reports would be submitted to the Audit Committee in September.</p> <p>AW highlighted that from the eight actions, six had deadlines for the end of September and PS advised this was a realistic timescale as many of the actions were underway.</p> <p>The committee were assured of the trust's safety, clinical and operational effectiveness.</p> |
| <p><b>16.</b><br/>QGC14/15-101</p> | <p><b>Safeguarding Audit Tool</b></p> <p>PS advised that self-assessment against the Safeguarding Audit Tool was completed on an annual basis and the audit tool incorporated a number of new detailed standards. A thorough review had been undertaken and the completed audit tool was attached as an appendix to the report. The results of the process would be reported to Wirral Clinical Commissioning Group (CCG) at their September meeting.</p> <p>PS advised that the trust were rated amber against safeguarding strategies and the infrastructure regarding the safeguarding structure. A robust action plan was in</p>   |

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|                                    | <p>place and all actions were to be completed by the end of March 2015.</p> <p>MF stated that although detailed, there was nothing unexpected within the report. However there were a number rated red and standard 2.6 was highlighted as there was no safeguarding operational policy.</p> <p>CA expressed disappointment that the policy was not in place and had spoken to SC and PS in relation to this. PS stated that a work plan had been defined to ensure immediate action would be taken to ensure progress was made. Evidence from visits to teams and mock CQC inspection visits indicated that staff felt well supported and trained to a high standard with good practices in place.</p> <p>SC informed that safeguarding was linked historically to local authority policies and strategies. The standards were new for 2014 and the need for the trust to have its own strategy and policies in place was evident. All policies would be submitted to the Safeguarding Board as the overarching body.</p> <p>BS stated that the context of the reasons for standards rated as amber should be recorded.</p> <p>CA requested the action plan and submission be regularly monitored by the committee and SC advised this would be submitted on a monthly basis.</p> <p>The committee noted the report and were assured that a robust programme of work had been initiated to ensure all safeguarding standards were fully met.</p> |
| <p><b>17.</b><br/>QGC14/15-102</p> | <p><b>Section 11 Safeguarding Audit Submission 2014</b></p> <p>PS presented the completed guidance and audit form for Section 11 of the Safeguarding Audit at the request of the Wirral Safeguarding Children Board. The trust had a statutory duty to ensure that in discharging its functions, appropriate regard was given to promoting the welfare and safety of children.</p> <p>Following a thorough assessment, actions reflected those drawn out of the audit tool action plan. PS proposed that, due to the overlap with the safeguarding audit tool, one report updating on progress would be submitted to the committee in September.</p> <p>The committee agreed and noted the contents of the report.</p>  |
| <p><b>18.</b><br/>QGC14/15-103</p> | <p><b>Child G Serious Case Review (SCR) Action Plan Update</b></p> <p>PS presented the report updating the committee in relation to progress made against the Child G Serious Case Review Action Plan.</p> <p>PS provided a brief review of the case which had involved the murder of a 17 year old female in May 2012. The SCR undertaken had brought together a multi-agency group to look into the circumstances surrounding the death of Child G. As a result of this a multi-agency action plan had been developed and there were six actions relevant to the trust, four of which were closed. The two still rated as</p>   |

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|                                    | <p>amber were reliant on other processes and organisations across the system before they could convert to green.</p> <p>The committee noted the contents of the report and were assured that the trust elements of the action plan would be completed by the end of December 2014.</p> <p>(SG left the meeting at this point.)</p>  |
| <p><b>19.</b><br/>QGC14/15-104</p> | <p><b>Claims Report C47</b></p> <p>PS presented the claims report C47 which related to a claimant alleging clinical negligence which had resulted in a lower amputation. The claimant alleged the injury was sustained by stepping on a step in the x-ray department at Arrowe Park Hospital and sustaining a cut to their left foot. The claimant was referred by their GP to the community nursing service for dressing of the injury.</p> <p>PS assured the committee that the claim was being progressed using the NHSLA Claims Management Process.</p> <p>The committee noted the contents of the report and were assured that the appropriate actions were being taken.</p> |
| <p><b>20.</b><br/>QGC14/15-105</p> | <p><b>Implementation of NICE Guidance Policy</b></p> <p>ES presented the revised Implementation of NICE Guidance Policy and advised that there were no major changes other than the addition of the Clinical Effectiveness Group.</p> <p>The committee approved the policy.</p>   |
| <p><b>21.</b><br/>QGC14/15-106</p> | <p><b>GP04 Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Adult Policy (Unified Policy)</b></p> <p>PS presented the Do Not Attempt Cardiopulmonary Resuscitation Adult Policy following updates reflecting national changes in guidance.</p> <p>The committee approved the policy.</p>   |
| <p><b>22.</b><br/>QGC14/15-107</p> | <p><b>GP10 Standards of Dress and Uniform Policy</b></p> <p>PS presented the Standards of Dress and Uniform Policy and formed part of the trust's implementation of the action plan following the Mid-Staffordshire NHS Foundation Trust Public Inquiry.</p> <p>SC advised that the appendix which described the uniforms worn by different bands of staff would be published on the website together with photographs to enable patients to identify who was treating them. Following a comment from BS, SC advised that the content of the policy was based on recommendations from the RCN.</p> <p>The committee approved the policy.</p>                                      |
| <p><b>23.</b><br/>QGC14/15-108</p> | <p><b>GP11 Safe Handling and Administration of Medicines Policy</b></p> <p>ES presented the Safe Handling and Administration of Medicines Policy and outlined the processes and systems for safe medicines management.</p> <p>The committee approved the policy.</p>  |

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| <p><b>24.</b><br/>QGC14/15-109</p> | <p><b>GP13 Safe Staffing Escalation Policy</b><br/>PS presented the Safe Staffing Escalation Policy which had been developed to support the safe staffing programme and enabled every service to develop their own escalation within the policy.</p> <p>CA requested the committee have sight of a completed escalation procedure when populated by a service.</p> <p>The committee approved the policy.</p> |
| <p><b>25.</b><br/>QGC14/15-110</p> | <p><b>ICP10 MRSA Policy</b><br/>SC presented the MRSA Policy which provided assurances of the processes in place across the trust to ensure compliance with the prevention and management of MRSA and followed national guidance.</p> <p>The committee approved the policy.</p>  |
| <p><b>26.</b><br/>QGC14/15-111</p> | <p><b>ICP07 Cleaning and Disinfectant Policy</b><br/>SC presented the Cleaning and Disinfectant Policy which was an existing policy and was reviewed as part of the regular process.</p> <p>The committee approved the policy.</p>   |
| <p><b>27.</b><br/>QGC14/15-112</p> | <p><b>Practice Development Research Partnership Steering Group – 3 June 2014</b><br/>The committee noted the minutes of the Practice Development Research Partnership Steering Group held on 3 June 2014.</p>  |
| <p><b>28.</b><br/>QGC14/15-113</p> | <p><b>Information Governance Group – 13 July 2014</b><br/>The committee noted the minutes of the Information Governance Group held on 13 July 2014.</p>  |
| <p><b>29.</b><br/>QGC14/15-114</p> | <p><b>Infection, Prevention &amp; Control Group – 16 July 2014</b><br/>CA enquired about the outstanding actions within the plan and SC advised that actions were discussed and escalated if necessary to the divisional manager and then on to JL.</p> <p>The committee noted the minutes of the Infection, Prevention &amp; Control Group held on 16 July 2014.</p>  |
| <p><b>30.</b><br/>QGC14/15-115</p> | <p><b>Safeguarding Operational Group – 12 June 2014</b><br/>AW commented on the large number of apologies and SC advised that a new Safeguarding Strategic Group would be introduced and would monitor the work of this group and report directly to the committee.</p> <p>The committee noted the minutes of the Safeguarding Operational Group held on 12 June 2014.</p>                                   |
| <p><b>31.</b><br/>QGC14/15-116</p> | <p><b>Quality, Patient Experience &amp; Risk Group – 24 June 2014</b><br/>The committee noted the minutes of the Quality, Patient Experience &amp; Risk Group held on 24 June 2014.</p>  |
| <p><b>32.</b><br/>QGC14/15-117</p> | <p><b>Any Other Business</b><br/>SC advised that she had been contacted in relation to plans for Ebola and the appropriate processes were in place.</p>  |

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| <p><b>33.</b><br/>QGC14/15-<br/>118</p>   | <p><b>Items for the Risk Register</b><br/>For information, PS advised that partial compliance on the safeguarding audit tool was on the risk register with a score of 12. In order to highlight to board, this issue would be included in the committee chair's briefing.</p> |                     |  |
| <p><b>Date &amp; Time of Next Meeting:</b><br/>The next meeting of the Quality &amp; Governance Committee will take place on Wednesday 22 October 2014 commencing at 11.00 am.</p> <p>AH advised that as a result of the corporate day moving from Monday to Wednesday, a new schedule would be issued.</p> <p><b>Paper submission deadline:</b> 13 October 2014.</p> |   |                     |  |
| <p><b>Board - Chair Approval</b></p>  |   |                     |  |
| <p><b>Name:</b></p>   |   | <p><b>Date:</b></p> |  |
| <p><b>Signature:</b></p>  |   |                     |  |

The meeting concluded at 1.10 pm

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

**MINUTES OF MEETING**

**TUESDAY 26 AUGUST, 11.00am**

**Duncan Room, Old Market House**

**Members:**

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| Mr Alan Wilson (AW) ( <b>Chair</b> ) | Non-Executive Director                      |
| Mr Roy Jackson (RJ)                  | Interim Director of Finance and Development |
| Mr John Lancaster (JL)               | Director of Operations                      |
| Mr Brian Simmons (BS)                | Non-Executive Director (via teleconference) |
| Mrs Frances Street (FS)              | Chairman                                    |

**In Attendance:**

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| Mr Edd Berry (EB)          | Head of Business Intelligence                        |
| Mrs Alison Hughes          | Trust Board Secretary                                |
| Mr Simon Gilby (SG)        | Chief Executive (present from Agenda Item 6 onwards) |
| Mr David Grundy (DG)       | Head of Finance                                      |
| Mrs Heather Stapleton (HS) | Board Support/FOI Officer                            |

| Reference                | Minute   |
|--------------------------|--|
| <b>1</b><br>FPC14/15-057 | <b>Apologies for Absence</b><br>Ms Jo Harvey, Director of HR and Organisational Development.   |
| <b>2</b><br>FPC14/15-058 | <b>Declaration of Interests</b><br>There were no declarations of interest.   |
| <b>3</b><br>FPC14/15-059 | <b>Minutes of the Previous Meeting</b><br><b>Minute FPC14/15-045 – Financial Performance Report Month 3</b> – The committee agreed to amend one of the paragraphs to read: BS queried if a MAR Scheme could be funded and DG confirmed it could be funded.<br><br>The committee agreed, following the above amendment, that the minutes of the previous meeting held on 28 July 2014 were a true and accurate. .   |
| <b>4</b><br>FPC14/15-060 | <b>Matters Arising</b><br>The committee reviewed the action points from the previous meeting held on 28 July 2014. ( <i>See separate actions/matters arising tracker.</i> )<br><br><b>IT Service Provision – Draft Options Appraisal</b><br>RJ provided an update in relation to the deployment of mobile working and SystemOne across the trust. RJ made reference to the issue of standardised risk assessment forms which appeared to be delaying the process of mobile working and RJ advised this was being addressed in order to resolve the problem.<br><br>AW requested a paper for the committee in September providing further detail on progress and options available. SystemOne was in place and it was frustrating for |

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|                                       | <p>staff that there was a delay in the mobile working aspect.</p> <p>RJ confirmed that feedback on SystemOne from staff was positive and the organisation needed to accelerate plans to move services from EMIS web to SystemOne.</p> <p>FS observed that the situation was unfortunate and stressed the importance to act quickly in order to speed up the mobile working element. RJ observed that in his experience, it was unusual to deploy the system and mobile working in different stages.</p> <p>JL reminded the committee that the delay in implementation had been due to funding and had been discussed previously by the committee and the way forward agreed. Funding had been provided by CSC after 18 months and the project had been introduced. Halfway through the project however the Project Manager had been released, again due to funding issues. There had been pressure on JL and SW to implement the system and the committee had agreed to a two-stage implementation process. The delay in the second stage was acknowledged, however this was mainly due to lack of capacity and the reasons for this needed to be understood.</p> <p>The committee required a full review of the process moving forward together with a project plan.</p>  |
| <p><b>5</b><br/>FPC14/15-<br/>061</p> | <p><b>Financial Performance Report - Month 4</b></p> <p>RJ presented the finance report for July 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> <p>RJ advised that the trust was £20k behind the revised plan and £54k behind the original plan submitted to the TDA. The trust had delivered £151k savings against YTD target of £620k which represented 24% against plan and was an improvement from the previous month. The TDA had stated the requirement for the trust to return to achieving its savings profile by 31 December 2014 and actions were being taken to ensure this would be achieved.</p> <p>AW referred to Appendix 7 – Analysis of Outstanding Debt – and in particular the GP surgeries at St. Catherine’s Health Centre. RJ advised that the service provided on debtors was disappointing and the finance team were following this up as a matter of urgency.</p> <p>AW stated that any further slippage on the FT risk rating would reduce to a score of ‘3’ and RJ advised that this would improve to a ‘4’ following improvement with the CIP.</p> <p>BS asked whether teams understood what was needed in relation to savings to be made. RJ stated that meetings had been held with divisional leads where the areas requiring improvement had been raised. Profiling at scheme level had taken place against the TDA profile, which would be the only phasing model used and distributed across the organisation.</p> <p>FS referred to paragraph 14 and the safe staffing establishment which had been completed, and requested further information as to whether safer staffing would cost more and whether there would be the ability to be more efficient with staff.</p> <p>JL advised that the safer staffing was an important national agenda and was based on work that had to be undertaken. SC, JL and divisional managers attended the Safe Staffing Group. Detailed work had been undertaken in divisions looking at activity, demand and skill mix and a staffing calculation had been calculated. There was the need to know what the model would look like in the future and work was ongoing with the divisional managers in unplanned care and nursing to design the</p> |

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|                                  | <p>structure of teams. Work with the commissioners was required in order to understand the demand and this would involve finance. In the future, either more staff would be needed to do more work or the same number of staff to work more efficiently. Safe staffing numbers needed to be calculated on the new model. This would be reported on a monthly basis to board through the Safe Staffing report.</p> <p>The committee noted the contents of the report.</p>   |
| <p><b>6</b><br/>FPC14/15-062</p> | <p><b>Key Performance Indicators - Month 4</b></p> <p>EB presented the report which provided the committee with an overview of performance against service KPIs agreed within the framework of the community contract, for the period of July 2014.</p> <p>EB reported that the trust was reporting on a total of 174 KPIs and it was noted that 29 remained grey as they were not reported currently. Eleven were awaiting confirmation of thresholds and targets with the Local Authority commissioner and 18 KPIs were unreported but most would be available for August's data with the last few present for September's data. EB explained that the EMIS system had been upgraded which had affected the weekly download of data and therefore this data was unavailable for inclusion in the report. The CCG had been made aware and the data had now arrived and was being processed by the team. There were 35 KPI's rated red, a large number of which were within the Local Authority contract and plans were in place across all. The Livewell service would be migrating to SystemOne in September and there was the expectation that performance being reported would improve as a result.</p> <p>RJ advised that a contract query had been issued to the trust due to the absence of data and the large number of red KPIs reported in the previous month's report. The data reporting profile would be back on track for September's data. A response from SG, together with an action plan, would be sent by the end of the week providing assurance to the commissioners.</p> <p>RJ stated that the board, at some point in the future, may want to instigate the development of its own internal KPIs as currently the focus is only upon the external KPIs as dictated by other organisation's agendas.</p> <p>BS recommended a discussion should take place on this issue at private board.</p> <p>JL stated that there were a number of reasons why some of the KPIs were not being achieved and included capacity and process issues in some of the services. JL agreed to circulate action plans for information together with an overall progress chart. This would be provided as a detailed pack for the committee.</p> <p>The committee noted the contents of the report.</p> |
| <p><b>7</b><br/>FPC14/15-063</p> | <p><b>Divisional Performance Scorecards</b></p> <p>RJ presented the divisional scorecards for month 4 and highlighted performance by division against key indicators.</p> <p>BS commented that in therapies the workload had not increased, yet the agency costs were higher.</p> <p>JL advised that the use of agency staff had been to ensure there was enough capacity to deal with the AQP and intermediate care discharge work that the service had been commissioned to do. JL advised that the service were recruiting to substantive posts and there was the expectation that the workload would increase due to the AQP.</p> <p>FS stated that the number of red KPIs in therapies was disappointing, particularly as the service was an AQP and therefore competing for business. JL advised that the action plans would provide more detail, including outcomes, and individuals would be held to account. The point was made that the podiatry service was still in</p>  |

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|                                   | <p>dispute with the trust. There was a commitment that KPIs would be green by the end of December 2014.</p> <p>The committee noted the contents of the divisional performance scorecards.</p>  |
| <p><b>8</b><br/>FPC14/15-064</p>  | <p><b>FT Self Certification - July 2014</b></p> <p>AH presented the trust's FT self-certification submission for July 2014 and advised that the trust was compliant against the indicators in the Board Statements and the Monitor Provider Licence. Additions made to appendix 3 were highlighted.</p> <p>BS referred to the finance section of appendix 3 (page 75 of the boardpack) and asked whether it was appropriate for this to be green in view of discussions with the TDA.</p> <p>RJ provided assurance that this was appropriate and the organisation could expect to conclude the financial year having delivered its £900k control total surplus.</p> <p>FS requested that SW initials in appendix 3 should be updated to read RJ prior to submission to board.</p> <p>The committee approved the FT self-certification submission.</p>  |
| <p><b>9</b><br/>FPC14/15-065</p>  | <p><b>Cost Improvement Programme Recovery Plan</b></p> <p>RJ presented the paper which updated the committee on the current organisational position of the trust's CIP for 2014/15 as at week ending 22 August 2014.</p> <p>RJ highlighted paragraph 9 of the report which referred to the meeting held with the TDA where the need for the trust to return to achieving its CIP savings profile by the end of quarter 3 (December 2014) had been made clear. A progress table to this effect was included at paragraph 14.</p> <p>RJ provided further details as follows:</p> <ul style="list-style-type: none"> <li>• The current shortfall would increase to £30k and the amount to be recovered by the end of December 2014 would be £380k.</li> <li>• The extra shortfall for 2015 would move to £1.1 million.</li> <li>• Following a meeting with divisions, a 3-stage process had been agreed and existing plans would be reviewed with rigour.</li> <li>• Opportunities would be sought for shorter non-recurrent savings.</li> <li>• In order to avoid being in the same place next year, the trust would prioritise its CIP planning for the next financial year plan sooner in 2014/2015.</li> </ul> <p>BS welcomed the paper and was encouraged with the earlier planning and the action plan that was in place.</p> <p>RJ referred to paragraph 23 which indicated that all opportunities to deliver the savings level would be considered, including a review of over-performance on contracts. A short term mechanism would be put in place whereby cover for annual leave and turnover of staff would not be replaced as quickly, whilst acknowledging that this would mean patients would wait longer than currently. The contractual KPI compliance and service quality would be maintained. RJ also advised that the TDA had requested sight of each month's CIP committee paper.</p> <p>RJ stated that further meetings would be taking place with divisions and he was confident that there would be sufficient new prompts in the system to identify CIP opportunities to a sufficient level in 2015.</p> <p>The committee noted the contents of the report.</p> |
| <p><b>10</b><br/>FPC14/15-066</p> | <p><b>Activity Report and Analysis</b></p> <p>EB presented the paper which provided the committee with a monthly view of contractual activity levels against plan for 2014/15 alongside a forecast outturn based on the profile of activity in 2013/14. An appendix was attached which detailed the activity levels by division and service for July 2014 and was based on one year of data profiling from 2013/14.</p>  |

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|  | <p>EB explained that the fourth column in appendix 1 showed the percentage of activity that would have taken place twelve months ago and the blue lines indicated those services that were cost per case.</p> <p>EB highlighted the following key issues:</p> <ul style="list-style-type: none"> <li>• Community nursing continued to increase in activity but was slightly lower than expected to be compared to the first four months of the previous year.</li> <li>• Tissue viability was significantly lower than the previous year and was due to the impact of sickness absence within the small team.</li> <li>• Minor Injuries Unit and the Walk in Centre activity had fallen compared to last year's level as the service was open for fewer hours. However there had been a significant growth in the Walk in Centre.</li> <li>• The Deep Vein Thrombosis and Single Point of Access had seen a significant growth in activity due to a change in the service.</li> </ul> <p>AW stated that the concern with community nursing activity was that the service was too busy to record activity and EB stated that it may be capacity with mobile working. SG stated that it would be helpful to have the information following meetings with individual teams.</p> <p>The committee noted the activity report for July 2014.</p>   |
| <p><b>11</b><br/>FPC14/15-<br/>067</p> | <p><b>Estates Strategy Update</b></p> <p>JL presented the report which provided an update on progress of service relocations and progress on the refurbishment of St. Catherine's Health Centre (SCHC).</p> <p>JL advised that work was progressing as planned and staff had been moved into SCHC, Old Market House and Bebington Civic Centre. The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• Refurbishment work continued at SCHC and physiotherapy and podiatry had now relocated there.</li> <li>• The Sexual Health Service had moved from the ground floor to the second floor.</li> <li>• The Health Visitor team from Bebington Civic Centre had moved to the first floor of SCHC.</li> <li>• The only risk currently was that Cheshire &amp; Wirral Partnership Trust were due to move out of the Highfield Centre, however there had been a delay. Formal written notification had been issued but the trust had not been notified of a date when they would be moving out. This would now be followed up further through the appropriate channels.</li> <li>• There had been improvement in engagement with staff in relation to the changes.</li> </ul> <p>JL advised that the next key issue would be in relation to car parking at Hind Street. The Executive Team had taken the decision to source local car parking in the short term with more robust action to be taken in the longer term. SG stated that there had been an indication that car parking would be reviewed overall due to the inconsistency across the organisation.</p> <p>Further accommodation moves and the potential to move more administrative staff into SCHC was raised. FS expressed concern that SCHC was always intended to be patient facing as opposed to office space. JL advised that not all the teams located in SCHC were patient facing and this was always the intention.</p> <p>FS queried the high cost of renting space in SCHC and JL advised that some services had moved in, e.g. the cataract service, however Cheshire &amp; Wirral Partnership Trust considered it to be too expensive and planned to move out.</p> <p>SG stated that the next stage would be to take stock of the Estates Strategy</p> |

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|                                   | <p>including the costs associated with SCHC together with other potential elements of the strategy including Old Market House occupancy and the Call Centre at Riverside, in the context of Vision 2018.</p> <p>A broader discussion would take place at the September committee to include the costs associated with SCHC and overall space etc.</p> <p>AW asked about feedback from staff in relation to the moves and JL stated that there had been some resistance but the issues had now been resolved. Some of the discontent had been in relation to car parking for staff moving out of Old Market House.</p> <p>The committee noted the contents of the report and the progress made in delivering the Estates Strategy.</p>   |
| <p><b>12</b><br/>FPC14/15-068</p> | <p><b>Information Management &amp; Technology Board – 19 June 2014 (Draft)</b></p> <p>The committee noted the draft minutes from the Information Management &amp; Technology Board held on 19 June 2014.</p>  |
| <p><b>13</b><br/>FPC14/15-069</p> | <p><b>Data Quality Group – 4 August 2014 (Draft)</b></p> <p>BS commented on the fact that EB appeared to be the only point of contact for responsibility in taking actions forward. EB advised this had been the first meeting of the group and the actions would in future be shared between members of the group.</p> <p>The committee noted the draft minutes of the Data Quality Group held on 4 August 2014.</p>   |
| <p><b>14</b><br/>FPC14/15-070</p> | <p><b>Any Other Business</b></p> <p><b>Healthy Lifestyles bid – West Cheshire &amp; Chester</b></p> <p>SG raised the issue of the bid for Healthy Lifestyles in West Cheshire &amp; Chester which had a financial envelope of £1.2 million per year over 3 years with the option of an extension. There were no KPIs available at the present time, but it was an outcome focussed approach. The service was very similar to the trust's Livewell service.</p> <p>SG advised the committee of the reasons why the trust were not pursuing the contract:</p> <ul style="list-style-type: none"> <li>• The need to ensure the trust 'had a grip' on their core business at the present time and were not overreaching in terms of contracts and capacity.</li> <li>• The current performance of the Livewell service. Feedback had been given to the service regarding their KPI's.</li> <li>• The capacity in the service and relevant experience.</li> <li>• The lack of footprint in Cheshire in these services.</li> </ul> <p>On balance and following a challenging discussion, the Senior Management Team had taken the unanimous decision not to pursue the bid at this time.</p> <p>JL advised that the service were not performing and commissioners had expressed lack of confidence to deliver. The service users thought this was a good service; however the team needed to focus on meeting the KPI targets.</p> <p>FS asked whether the bid would attract a lot of other bidders or was it the intention to retain the incumbent provider. SG stated that there was a challenge to the current providers but also provided the opportunity to revamp the service.</p> <p>AW asked whether the decision and reasons not to bid would be fed back to the Livewell team, particularly in the context of performance levels. JL advised that the service were aware of the improvements to be made and understood the service could be out to tender. Action plans were to be put in place to improve performance.</p> <p>SG advised it was the intention to submit a paper to private board on business</p> |

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|   | development and forward planning on priorities and bids. |
| <b>15</b><br>FPC14/15-<br>071   | <b>Items for Risk Register</b><br>None.                  |
| <b>Date &amp; Time of Next Meeting:</b><br>The next meeting of the Finance & Performance Committee will take place on Wednesday 24 September 2014 at 11.00 am - 1.00 pm in the Duncan Room, Old Market House. |  |

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

The meeting concluded at 12.55 pm.

## STAFF COUNCIL MEETING: Action Plan and Outcomes Summary

**Date:** Thursday 21 August 2014

**Duration:** 10.00 -12.00 pm

**Location:** Boardroom, Bebington Civic/Medical Centre

| <b>Members:</b>  |   |
|------------------|---|
| Amy Poole        | Communications and Marketing Officer  |
| Dominique Gill   | Senior Assistant, Corporate Team (Staff Council Member)                         |
| Frieda Rimmer    | Heart Support (Staff Council Member)  |
| Helen Lundy      | Community Nursing - Bank (Staff Council Member)                                 |
| Jo Harvey        | Director of Human Resources & Organisational Development ( <b>Joint Chair</b> ) |
| Judy Fairbairn   | Sexual Health (Staff Council Member) ( <b>Joint Vice Chair</b> )                |
| Phillipa Compson | Primary Care (Staff Council Member) ( <b>Joint Chair</b> )                      |
| Roy Jackson      | Interim Director of Finance & Development                                       |
| Sandra Christie  | Director of Quality and Nursing   |
| Simon Gilby      | Chief Executive   |
| Stephen Parry    | Integrated Specialist Palliative Care (Staff Council Member)                    |
| Tom Meade        | Wirral Heart Support (Staff Council Member)                                     |

| <b>Apologies:</b> |  |
|-------------------|--|
| Claire Patrick    | Senior Assistant to Director of Human Resources & Organisational Development |
| Danielle Burton   | MDT Co-ordinator (Staff Council Member)                                      |
| Debra Ollerhead   | Continence Service (Staff Council Member)                                    |
| Ewen Sim          | Medical Director   |
| John Lancaster    | Director of Operations   |
| Robbie Howard     | Stop Smoking Service (Staff Council Member)                                  |
| Stephanie Ball    | Community Night Nursing Service  |

| No | Topic Summary   | Outcomes / Actions | Lead (Date) |
|----|---|--------------------|-------------|
| 1. | <p><b>Introductions/Apologies</b></p> <ul style="list-style-type: none"> <li>• PC welcomed RJ to his first staff council meeting and introductions around the group were made.</li> <li>• Apologies were noted.</li> </ul>  |                    |             |
| 2. | <p><b>Minutes of the previous meeting – 17 July 2014</b><br/>The group accepted the minutes as a true and accurate record of the meeting.</p> <p><b>Matters Arising</b></p> <p><b>Sexual Health moves -</b><br/>ACTIONS</p> <ul style="list-style-type: none"> <li>• JH/SC agreed to check on the response to this issue around security arrangements for weekend Sexual Health clinics at St Caths</li> <li>• SG suggesting progressing the issues around the Sexual Health relocation</li> </ul> <p>UPDATE</p> <ul style="list-style-type: none"> <li>• JF confirmed that everything ran very smoothly on the day of the move and the service are happy with the new arrangements and office space</li> </ul> <p>ACTION</p> <ul style="list-style-type: none"> <li>• Extraordinary Staff Council meeting for the group to discuss the divisional changes in more detail.</li> </ul> <p>UPDATE</p> <ul style="list-style-type: none"> <li>• JH had emailed the staff council group to advise that on reflection, it was not appropriate to share information more widely about a restructure that is going to directly affect senior staff, until there has been an opportunity to speak to as many of those affected first, even if the information is in its' very broadest form.</li> </ul> |                    |             |



| No | Topic Summary  | Outcomes / Actions   | Lead (Date)              |
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|    | <p>should be in a few months time</p> <ul style="list-style-type: none"> <li>RJ advised he would get a message sent to comms regarding the issues with mobile working to be included in the staff bulletin</li> </ul>  | <ul style="list-style-type: none"> <li>RJ agreed to provide an update statement on the mobile working issues to the communications team</li> </ul>         | <p>RJ<br/>(ongoing)</p>  |
| 4. | <p><b>Future staff council election</b></p> <p>The group discussed the process for the new Staff Council election and agreed the following</p> <ul style="list-style-type: none"> <li>Decide which remaining staff council members want to be re-elected and then can identify how many new members are required</li> <li>Look at services where there is no staff council representative such as age 18 – 30 Community Nurses and Health Visitors but understand it is difficult in their job roles to find the time to attend meetings</li> <li>Raise the profile of Staff Council and the election through various meetings such as E&amp;D team and other channels of communication</li> <li>Use similar process to the previous election combining a small group</li> </ul> | <ul style="list-style-type: none"> <li>Phillipa Compson email the staff council members to see who wants to be involved in the election process</li> </ul> | <p>PC<br/>(asap)</p>     |
| 5. | <p><b>Revised Terms of Reference</b></p> <ul style="list-style-type: none"> <li>PC advised that she has made the various changes to the ToRs as discussed in the previous meeting and will circulate them to be formally agreed by the staff council</li> </ul>  | <ul style="list-style-type: none"> <li>PC to circulate revised ToR to Staff Council members for agreement</li> </ul>                                       | <p>PC<br/>(18/09/14)</p> |
| 6. | <p><b>Organisational Update</b></p> <p>SG provided an update which included:</p> <ul style="list-style-type: none"> <li>The Trust are putting a hold on tender submissions for the time being, with the exception of where existing CT services are being tendered</li> <li>Estates moves have improved and now running more smoothly due to listening to staff and acting on the responses</li> <li>CQC inspection is a critical time for the trust and hope to receive the initial feedback to validate the trust's FT status by October 2014</li> </ul>   |  |                          |

| No | Topic Summary  | Outcomes / Actions   | Lead (Date)                 |
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|    | <ul style="list-style-type: none"> <li>The trust is working closely with the TDA to demonstrate we can deliver and can be trusted to deliver the trust's financial and quality service plans</li> <li>It was highlighted that there are more KPIs on red than we would like on the balance scorecards</li> </ul> <p><b>CIP Concerns</b></p> <ul style="list-style-type: none"> <li>FR raised her concerns around the messages being sent to staff about CIP as there seems to be a lack of clarity being fed to staff about what is happening with the CIP progress</li> <li>The negative messages being sent about CIP and asking staff to work harder even though everyone is could lower staff morale</li> <li>SG confirmed that the Executive team have recognised these concerns and have now had conversations on how to deliver the communication better to staff in the future</li> <li>RJ advised that meetings are going to take place shortly with divisional managers to discuss how to help achieve the CIP targets in the short term</li> </ul> <p>SG advised that after the next Director's Briefing meeting has taken place a clearer message will go out to staff on the main points raised on CIP at the meeting</p> | <ul style="list-style-type: none"> <li><b>SG advised that after the next Director's Briefing meeting has taken place a clearer message will go out to staff on the main points raised on CIP at the meeting</b></li> </ul> | <p>SG/ JH<br/>(ongoing)</p> |
| 7. | <p><b>*CQC Inspection Preparation</b></p> <p>SC updated on the forthcoming CQC inspection and highlighted the following points:</p> <ul style="list-style-type: none"> <li>Many teams had received a team briefing from the SC and the Q&amp;G team</li> <li>The final timetable will be posted on Staff Zone when confirmed with CQC and will include Community Nursing Services and Specialist Nursing but will include other unannounced visits too.</li> <li>If any staff member is asked to provide the CQC with any information please contact the Q&amp;G team to ensure that the information is the correct version and so that requests can be monitored</li> <li>Teams are to use clinical judgement on where some visits are</li> </ul>   |  |                             |

| No  | Topic Summary  | Outcomes / Actions | Lead (Date) |
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|     | appropriate to have patients there   |                    |             |
| 8.  | <p><b>Update on Divisional Restructure</b><br/>           JH provided an update on Divisional Restructure and the key points were:</p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> of two briefings has taken place on 19<sup>th</sup> August with another scheduled for 12<sup>th</sup> September.</li> <li>• Admin review will be undertaken within each new division and within each corporate service looking at the admin requirement for each service to ensure consistency and flexibility across the trust. Not a one size fits all approach as previously suggested.</li> <li>• Corporate Services review will be undertaken to look at how they support divisions and link into the CIP programme to ensure that the Trust is getting value for money in Corporate Services</li> </ul> |                    |             |
| 9.  | <p><b>*Safe Staffing Update</b><br/>           SC provided an update on Safe Staffing and talked through the key points of the monthly update paper for July that was presented at Board which were:</p> <ul style="list-style-type: none"> <li>• NICE Safe Staffing guidance has been published and although this make recommendations for acute trusts there are some useful and can be used for community nursing</li> <li>• A review and action plan for safe staffing is ongoing within Community Nursing will be complete by the end of September 2014 and this has identified a lot of variation across teams</li> <li>• A roll out plan has been developed for other services across the trust</li> <li>• Staffing incident reporting is ongoing</li> </ul>  |                    |             |
| 10. | <p><b>Mutually Agreed Resignation Scheme (MARs)</b><br/>           JH provided the group with an update on the MAR scheme and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The scheme is being launched to help achieve skill mix and to reduce teams where a reduction is needed</li> <li>• The scheme will need approval from the TDA first and, if approved, will be available from September</li> <li>• Applicants will have no right to appeal and applications will not be supported if the applicant's role is crucial to service delivery</li> </ul>   |                    |             |

| No  | Topic Summary  | Outcomes / Actions  | Lead (Date)   |
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|     | <ul style="list-style-type: none"> <li>It offers a 'severance' payment of up to a year's salary, depending on length of service</li> <li>Staff who are 'at risk' of redundancy are unable to apply for MARs</li> <li>Further information will be posted on Staff Zone once the scheme has been approved.</li> </ul>  |   |               |
| 11. | <p><b>Patient Safety Strategy</b></p> <p><b>SC presented the draft Patient Safety Strategy to Staff Council and talked through the key points which were:</b></p> <ul style="list-style-type: none"> <li>Patient Safety strategy set out our vision for patient safety which is supported by clear goals to provide safer community services to patients</li> <li>Staff Council are asked to note the contents of the strategy and feedback any comments to Claire Wedge</li> <li>SC has included a one page strategy summary, which was a suggestion made by Staff Council, which details the key points of the strategy</li> <li>Make the Patient Safety Strategy available for all staff and use our Trust incident reporting system DATIX to log any incidents</li> </ul>  | <ul style="list-style-type: none"> <li><b>Staff Council to note the contents of the strategy and feedback any comments to Claire Wedge</b></li> </ul> | ALL<br>(asap) |
| 12. | <p><b>Hello My Name is.....</b></p> <p>SC updated that this is a national campaign which began when a GP who was receiving treatment for cancer was frustrated that staff providing the care did not introduce themselves to her. SC asked the group to think about ideas and feedback from services on how to do something cost effective and easy to remind services to do this. Ideas were discussed as putting up a Board in clinical areas to advise patients who is on duty, including the Hello My Name is,, in Corporate Induction to raise awareness to new staff and also reinforcing the message to introduce yourself to bank staff. The group suggested that sometimes a verbal introduction isn't enough and suggested perhaps a badge on staff uniform too.</p> |   |               |
| 13. | <p><b>Information Exchange</b></p> <p>No items for information exchange were raised.</p>   |   |               |
| 14. | <p><b>Key Messages</b></p> <p>The group agreed that the key messages from Staff Council this month were:</p> <ul style="list-style-type: none"> <li>Staff Council Elections</li> <li>Further communication on CIP</li> </ul>   |   |               |

| No  | Topic Summary  | Outcomes / Actions | Lead (Date) |
|-----|--|--------------------|-------------|
|     | <ul style="list-style-type: none"> <li>Link in Dr Kate Granger's website for information on the Hello My Name Is.. Campaign and talk to our teams/staff groups about ideas on this</li> </ul>  |                    |             |
| 15. | <p><b>Any Other Business</b></p> <p><b>E-Learning</b><br/>HL raised an issue with staff completing their IG e-learning on a PC and achieving a pass but the system is registering their result as a fail. This issue has been raised with the L&amp;D team who have agreed to feed this back to the company who provide the software but they will not accept a print out of the screen to rectify their records.</p> <p><b>On Line Staff Survey</b><br/>The group suggested moving to an online Staff Survey in the future. It was agreed that the Trust would use a paper based version this year with a view to moving to an online survey next year.</p> |                    |             |
| 16. | <p><b>Date and Time of Next Meeting</b><br/><b>Thursday 25<sup>th</sup> September from 10.00 am - 12.00 pm Training Rooms 3 &amp; 4 St Caths, Health Centre</b><br/><b>Pre-meeting for Staff Council members from 9.30 am</b></p>  |                    |             |