

WIRRAL COMMUNITY NHS TRUST
QUALITY & GOVERNANCE COMMITTEE MEETING

MINUTES OF MEETING

Wednesday 22 October 2014 at 11:00am

ROOM 510, OLD MARKET HOUSE

Members:

Mrs Chris Allen (CA) (Chair)	Non-Executive Director
Mrs Sandra Christie (SC)	Director of Quality and Nursing
Dr Murray Freeman (MF)	Non-Executive Director
Dr Ewen Sim (ES)	Medical Director
Mr Brian Simmons (BS)	Non-Executive Director

Present:

Mr Simon Gilby (SG)	Chief Executive
Mrs Alison Hughes (AH)	Trust Board Secretary
Mrs Paula Simpson (PS)	Head of Quality & Nursing
Mrs Julie Sheldrick (JS)	Senior Assistant (minute-taker)
Mr Alan Wilson (AW)	Non-Executive Director

Reference	Minute
1. QGC14/15-143	Apologies for Absence: Frances Street, Chairman John Lancaster, Director of Operations
2. QGC14/15-144	Declaration of Interests: MF and ES declared an interest as practising Wirral General Practitioners and as such members of Wirral Clinical Commissioning Group who commission services from the trust.
3. QGC14/15-145	Chairman's Briefing CA welcomed everyone to the Committee and highlighted how positive she felt after reading the papers which reflect the improvements being made across the organisation. The briefing was shared with the committee with the following points highlighted: A patient safety update is now accessible to all staff via Staff Zone which provides

	<p>an opportunity to share learning from incident reporting across the organisation.</p> <p>Learning from incident workshops are also being developed, jointly facilitated by the Quality and Governance Service and Clinical Services. The first workshop is booked for Monday 1 December 2014 2pm – 5pm.</p> <p>The Trust has entered the NHS England Compassion in Practice Awards based on the work by nurses within community dental services. The CQC report gave very positive feedback within Dental.</p> <p>The Mental Capacity Act had been picked up within the draft CQC report; the information had already been shared with the Local Safeguarding Board and had been highlighted as an issue nationally.</p> <p>The committee were pleased to see the first two successful bids from the clinical innovation fund had been awarded to Community Nursing to purchase three Dopplex machines and the Wheelchair Services to purchase a pressure mapping system.</p> <p>The feedback from the AQuA event was very positive. The event had been useful with some key learnings, particularly around consistency of approach. SG commented that the focus on safety and quality was useful with a list of actions to be considered pragmatically and at an appropriate pace. The nature of our business is that things will go wrong at times but the key is how we deal with them.</p> <p>CA wanted staff to know how proud the committee is following the CQC draft report and requested a message is circulated to all staff as soon as possible to praise them on all the good work that had been achieved. SG confirmed that he was already in the process of writing a blog to be shared with all staff and he would add the thanks of the committee.</p> <p>SC confirmed that the CQC action plan would be presented to the committee on a monthly basis for monitoring purposes, with a draft action plan to be shared at November’s Board and reviewed on a quarterly basis thereafter.</p> <p>The committee noted the content of the briefing.</p>
<p>4. QGC14/15-146</p>	<p>Minutes of the Previous Meeting</p> <p>The committee agreed that the minutes of the meeting held on 17 September 2014 were a true and accurate record.</p>
<p>5. QGC14/15-147</p>	<p>Matters Arising</p> <p>The committee reviewed the action points from the previous meeting held on 17 September and noted the actions had been dealt with or were progressing satisfactorily. <i>(see separate actions/matters arising tracker)</i></p>
<p>6. QGC14/15-148</p>	<p>Terms of Reference (TOR)</p> <p>AH presented revised ToR for the committee noting that they had previously been approved at the Committee in March 2014 to reflect the addition of the Practice Development Research Partnership Steering Group formally reporting to the committee.</p>

	<p>AH advised that recent updates included a few key changes around the monitoring of the QGAF action plan, the responsibility around clinical audit and the management of risk accordingly to the Risk Strategy.</p> <p>BS noted the amends around clinical audit and stressed the importance of linking with the Audit Committee.</p> <p>SC reflected on comments from Monitor in relation to clinical audit agreeing that the detail should be presented to the Quality & Governance Committee for approval and shared with the Audit Committee for monitoring.</p> <p>The committee approved the Terms of Reference after inclusion of some minor changes.</p>
<p>7. QGC14/15-149</p>	<p>Annual Review of Committee Performance and Effectiveness - Summary Report</p> <p>AH presented the summary report of the recent review of the committee's effectiveness and performance during 2013-14.</p> <p>The committee noted that feedback demonstrated satisfaction in many areas but with some areas still needing further focus, particularly in relation to the 'behaviours' section.</p> <p>The committee discussed the report in detail and highlighted that some of the scores were disappointing suggesting that a different approach having an open and honest discussion amongst committee members might be more useful.</p> <p>CA requested that committee members reflect on the responses and suggested that a session is held following the committee in November to tease out the key issues.</p> <p>SG agreed that such a discussion would be useful but also suggested that Non-Executive members could discuss any issues with the chair of the committee outside of the meeting, and offered for any Executive members to discuss with him directly.</p> <p>A recommendation from the review suggested that team leaders be invited to attend future committee meetings, particularly to discuss findings from RCA investigations. SC suggested the need to look at the divisional restructure so we know who will present the operational papers going forward.</p> <p>AH highlighted the need to clarify these issues before taking the action plan to board.</p> <p>The committee noted the summary report and agreed to schedule a follow up discussion accordingly.</p>
<p>8. QGC14/15-150</p>	<p>Corporate Governance Manual</p> <p>AH presented the updated Corporate Governance Manual following the annual review noting that the Audit Committee at its meeting in October had formally requested the Quality & Governance review the Standing Orders. AH noted that the Standing Financial Instructions (SFIs) would be reviewed the Finance &</p>

	<p>Performance Committee at the end of October, prior to the full manual being submitted to public board for ratification.</p> <p>The committee noted the key changes to the manual, highlighted in red text. AH made specific reference to the additional information included on the new regulations around Fit and Proper Persons and the Duty of Candour.</p> <p>AW asked for clarification around the good character test within the new regulations, particularly in relation to criminal offences. AH confirmed that clarification would be sought and an update provided.</p> <p>CA noted the amendment to the timelines for the circulation of board agendas and papers; AH advised that this reflected the timelines stipulated in the Terms of Reference and the change in corporate day with effect from September 2014.</p> <p>The committee provided no further comments on the Standing Orders and provided approval.</p>
<p>9. QGC14/15-151</p>	<p>Quality Governance Assurance Framework Action Plan</p> <p>SC gave a brief update on the actions completed in the reporting period 01 September 2014 - 30 September 2014, confirming that all actions were on track.</p> <p>The committee were assured that the essential standards of quality and safety are being delivered by the organisation.</p>
<p>10. QGC14/15-152</p>	<p>Quality & Patient Experience Report September 2014</p> <p>PS presented the Quality & Patient Experience report to provide assurance on the delivery of safe, effective, quality services during the reporting period 1 - 30 September 2014.</p> <p>The committee reviewed Section One: Our Patients and Community. The following were highlighted:</p> <ul style="list-style-type: none"> • There has been an increase in frequency of Pressure Ulcer Multi-disciplinary review meetings in order to improve lessons learnt. • During August 2014, out of the eight incidents that were reported and reviewed, three were found to be avoidable and have been escalated to RCA investigations. One of these incidents was found to be in the Bebington Community Nursing Team who is supportive of the processes in place and it was noted a significant improvement has been made. • There had been eight non-community acquired pressure ulcers grade 3 + 4 reported during the month of September. • PS informed the committee over the past few months there had been a focus around non-community acquired pressure ulcers in the contract meetings with commissioners and key themes had been identified. Conversations with the CCG have been very positive and continue to move this forward. <p>CA asked if the commissioners are getting any feedback from nurses within the residential nursing homes. SC confirmed the need for service specifications for nursing homes that are commissioned to deliver nursing care. MF added that there is little consistency in the level of care provided suggesting it varies across the patch.</p>

	<ul style="list-style-type: none"> • There were four medication incidents reported in September by the Community Nursing Service relating to the administration of insulin. Three of these incidents resulted in missed administration of insulin, whilst one incident related to a duplicated administration. There was no known patient harm associated with these incidents. Two of these incidents occurred within the same team. • The incidents are currently being investigated and a risk - ID 326 has been added to the organisational risk register. This risk will be reviewed further following the results of the investigation process. <p>SG asked how the Trust is assured there would be no long term affects from these incidents and SC confirmed that the Trust's protocol details the process for the patient to be monitored should an incident occur.</p> <ul style="list-style-type: none"> • Care, free from community harm was received by 96% of the patients surveyed during September 2014 with the overall rate YTD at 94%; below the national target of 95%. It was noted that this is the second consecutive month since April 2014 where the rate had fallen below the national target. <p>CA suggested that the Trust should be clear when defining Trust targets against the national targets, bearing in mind the nursing home issues. It was agreed to offer some suggestions at forthcoming contract meetings.</p> <ul style="list-style-type: none"> • The friends and family test score for the Trust was 74, based on 757 responses. <p>The committee reviewed Section Two: Our Services. The following were highlighted:</p> <ul style="list-style-type: none"> • Operational risks rated at 15 or above are escalated to the Quality and Governance Committee to review. • Significant progress has been noted since the introduction of the new tracking tool and WCT has achieved a risk management health score of 95.0%. • Risk ID 296 and 182 were both highlighted to the committee. <p>The committee approved the Quality and Patient Experience for September 2014 and was assured by the delivery of safe, effective, quality services across the organisation.</p>
<p>11. QGC14/15- 153</p>	<p>RCA Incident Numbers W6086, W6790, W6845 - Update on action plan and deep dive summary</p> <p>In September 2014 the first Deep Dive assurance report resulting from work conducted by the Heswall Community Nursing team was submitted to the Quality and Governance Committee.</p> <p>PS updated the committee on the action plan into incidents W6086, W6790, W6845 following the submission of the initial deep dive.</p> <p>PS informed the committee that good progress was being made. The quality and governance team are engaging with frontline staff who are feeling very positive</p>

	<p>and supported.</p> <p>PS explained that the deep dive work has been rolled out in a phased approach across the Community Nursing Service, and was currently in progress with the Bebington Community Nursing team.</p> <p>PS added that work was underway to review the Cultural Safety Barometer and amend it to incorporate learning gained from work conducted with Heswall Community Nursing Team.</p> <p>BS suggested this work is shared across all teams and services and at the Education and Workforce committee.</p> <p>It was proposed and agreed for the updated assurance report to be presented on a monthly basis to this committee.</p> <p>The committee noted the action plan update and were assured that the action plan is in progress for implementation with the agreed timescales to improve patient safety.</p> <p>SG left the meeting at 12.30pm.</p>
<p>12. QGC14/15-154</p>	<p>Safe Staffing Escalation Procedure</p> <p>GP13 the Safe Staffing Escalation Policy was approved at the committee in August 2014. The committee asked to see an example of the accompanying service procedure when complete.</p> <p>PS presented the paper for the Walk In Centre Safe Staffing Escalation Procedure for information and assurance that the policy is being implemented within services.</p> <p>PS explained that the policy ensures that all staff employed by Wirral Community NHS Trust have a clear understanding of the Trust's expectations regarding safe staffing and associated escalation processes.</p> <p>The term safe staffing had led to some unnecessary escalation of staffing incidents within the organisation and therefore it was confirmed at October's Board that the term 'Right Staffing' would be adopted, also reflecting the national guidance from NICE.</p> <p>The committee noted the contents of the report.</p>
<p>13. QGC14/15-155</p>	<p>Quarterly Internal Assurance Update - Care Quality Commission Essential Standards of Quality and Safety</p> <p>PS presented the quarterly internal assurance update on compliance with the Care Quality Commission's (CQC) Essential Standards of Quality and Safety for quarter 2. SC advised that data and evidence is collated via Frontline Focus initiative.</p> <p>PS confirmed that 16 Frontline Focus visits, to 16 clinical services were completed during the reporting period. Full compliance with the essential standards of quality and safety were observed in 14 of the 16 Frontline Focus visits undertaken.</p>

	<p>The committee noted the process for monitoring of the action plan.</p> <p>PS advised the committee on the new fundamental standards that will come in to force from April 2015; there will be 11 new regulations to replace the current 16 essential standards. Comparisons of the current and new regulations were shared with the committee.</p> <p>The committee noted the new approach to assessment piloted during 2014 based on the CQC mock inspection. SC advised that, with committee endorsement the Front Line Focus visits will cease at the end of March 2015 and will be replaced by this new internal assurance framework, using the mock inspection process and centred on the CQC 5 key lines of enquiry (KLE) and 11 new regulations.</p> <p>The committee were assured by the content of the report and approved the recommendation made in relation to further development of the mock CQC inspection programme to support the organisation in evidencing compliance with the CQC Essential Standards of Quality and Safety.</p>
<p>14. QGC14/15- 156</p>	<p>Assurance Processes Care Quality Commission - Essential Standards of Quality and Safety</p> <p>PS presented the paper to update the committee on the changes to CQC essential standards of quality and safety and propose a new model for providing assurance in the context of the new guidance.</p> <p>PS advised that new regulations will come in to force from April 2015 which will consist of 11 new fundamental standards.</p> <p>PS also advised of the new statutory Duty of Candour which requires healthcare providers to ensure patients, and where appropriate their families, are told openly and honestly when unexpected things happen in the course of their treatment that cause moderate or serious harm.</p> <p>MF sought clarity around the action 'to declare the situation and advise board' when a service reaches level 5 within the escalation flowchart.</p> <p>ES asked if we had a flu epidemic and a lot of staff off sick would the escalation process cover such a situation; SC confirmed that a situation like this would sit alongside the major incident plan.</p> <p>The committee noted the contents of the report.</p>
<p>15. QGC14/15- 157</p>	<p>Safeguarding Audit Tool 2014/2015</p> <p>PS presented a paper to provide an update in relation to implementing the safeguarding children and safeguarding adult action plans presented to the committee in August 2014.</p> <p>Two action plans had been developed and those actions due for completion by the end of September 2014 were shared with the committee.</p>

	<p>PS advised that 25 out of 27 actions due for completion in September had been successfully closed in the safeguarding children action plan.</p> <p>Two additional actions were due for completion during September. The timescale for completion of these two actions had been extended to ensure that the review incorporates CQC inspection feedback and new CQC registration requirements regarding Duty of Candour.</p> <p>One action (3.14) had moved to a change status of 5 because WCT had been informed by the Designated Nurse for safeguarding children that the development of the Pan-Merseyside Policy has been paused. PS confirmed that further guidance is expected.</p> <p>The committee noted an amendment to be made to the safeguarding children's action plan - 17.4 should read action by date: 31 March 2015 not 2014.</p> <p>PS confirmed that all actions within the safeguarding adult action plan due for completion in September 2014 had been successfully closed.</p> <p>CA noted that the Safeguarding Supervision and Domestic Abuse Policies were due to be shared with the committee; PS advised that both policies are in draft form and are being shared with a number of groups for their input. PS confirmed that both policies will be presented to the committee in November.</p> <p>BS noted the focus by the CQC inspection team on children and young people's services and asked how the Trust can ensure it isn't left exposed with key policies being on hold.</p> <p>SC commented that the Trust is in the process of reviewing safeguarding processes and procedures; the revised team structure has been jointly developed with the CCG to ensure compliance with the new inter-collegiate document.</p> <p>The committee noted the contents of this report and associated documents.</p> <p>The committee were assured that a robust programme of work is underway and that all safeguarding standards are fully met.</p>
<p>16. QGC14/15- 158</p>	<p>Claims Report P24</p> <p>The committee received a report detailing a new claim related to a member of staff from the WUTH sterilising service unit.</p> <p>SC confirmed that the incident had been recorded on Datix (W8377) and a local investigation carried out. The claim is being managed through the NHSLA Claims Management Process.</p> <p>Noting the detail of the report and the circumstances of the incident, ES asked if the blades involved had escaped the sharp initiatives. SC agreed to check with Head of Infection Prevention and Control for clarity.</p> <p>The committee noted the content of this report and were assured by the actions taken.</p>

17. QGC14/15-159	Fire Safety Policy (HS10) The Fire Safety Policy (HS10) was presented to the Committee for approval noting that it had previously been approved at the Health, Safety and Wellbeing Group in October 2014. The committee approved the Fire Safety Policy.		
18. QGC14/15-160	Control of Legionella Policy (HS22) The Control of Legionella Policy (HS22) was presented to the committee for approval, noting that it had previously been approved at the Health, Safety and Wellbeing Group in October 2014. The committee approved the Control of Legionella Policy.		
19. QGC14/15-161	Quality Patient Experience & Risk Group – 21 August 2014 and 23 September 2014 (Draft) The committee noted the minutes of the Quality Patient Experience & Risk Group held on 21 August 2014 and the draft minutes held on 23 September 2014.		
20. QGC14/15-162	Infection Control Group – 17 September 2014 The committee noted the minutes of the Infection Control Group held on 17 September 2014.		
21. QGC14/15-163	Practice Development Research Partnership Steering Group – 10 October 2014 The committee noted the draft Practice Development Research Partnership Steering Group minutes from the meeting held on 10 October 2014.		
22. QGC14/15-164	Any Other Business None.		
23. QGC14/15-165	Items for the Risk Register None.		
Date & Time of Next Meeting: The next meeting of the Quality & Governance Committee will take place on Wednesday 19 November 2014 commencing at 11.00 am. Paper submission deadline: 10 November 2014.			
Board - Chair Approval			
Name:	<input type="text"/>	Date:	<input type="text"/>
Signature:	<input type="text"/>		

The meeting concluded at 12.55pm.

WIRRAL COMMUNITY NHS TRUST
FINANCE & PERFORMANCE COMMITTEE MEETING

MINUTES OF MEETING

WEDNESDAY 29 OCTOBER 2014, 11.00am

Room 514, Old Market House

Members:

Mr Alan Wilson (AW) (Chair)	Non-Executive Director
Mr Roy Jackson (RJ)	Interim Director of Finance and Development
Mr Brian Simmons (BS)	Non-Executive Director

In Attendance:

Mr Simon Gilby (SG)	Chief Executive (present for Agenda Items 7, 8 and 14 only)
Mr Edd Berry (EB)	Head of Business Intelligence
Mr David Grundy (DG)	Head of Finance
Mr David Hammond (DH)	Membership & Engagement Manager
Mrs Nicola Auld (NA)	Executive Assistant to the Chairman and Chief Executive
Miss Laura Kennedy (LK)	Senior Assistant to Medical Director & Non Executive Directors

Reference	Minute
1 FPC14/15-089	Apologies for Absence Mrs Frances Street, Chairman Ms Jo Harvey, Director of HR and Organisational Development Mr John Lancaster, Director of Operations Mrs Alison Hughes, Trust Board Secretary Mrs Heather Stapleton, Board Support/FOI Officer Dr Murray Freeman, Non-Executive Director Mr Ian Hogan, Head of Information Technology
2 FPC14/15-090	Declaration of Interests There were no declarations of interest.
3 FPC14/15-091	Minutes of the Previous Meeting RJ shared some minor amendments made to the circulated minutes. Item 5 (FPC14/15-076) Para 2 – “underlying monthly” should be added to read “RJ advised that the trust’s underlying monthly deficit ...” Item 6 (FPC14/15-077) Para 8 – “procurement” should be added to read “RJ stated that the potential for procurement savings had been” Item 7 (FPC14/15-078) Para 7 – the wording in this paragraph to read “RJ stated ... using SLR as one of the tools to monitor these”. “it” to be removed.

	<p>Item 12 (FPC14/15-083)</p> <p>Para 2 – the wording in this paragraph to read “RJ presented ... mobile working or advance the project at this stage”. “interfere” and “as it was running” to be removed.</p> <p>SG noted a correction to the wording of an action relating to item 10 (FPC14/15-081), changing ‘board to board with WUTH to ‘board to board with the CCG. The committee agreed that the minutes from the previous meeting held on 24 September 2014 were a true and accurate record pending amendments.</p>
<p>4 FPC14/15-092</p>	<p>Matters Arising</p> <p>The committee reviewed the action points from the previous meeting and noted the status and ongoing action. (<i>See separate actions/matters arising tracker.</i>)</p> <p>Capital Programme - Estates Update</p> <p>AW requested that an update on the estates moves be provided for the Finance and Performance meeting in November.</p>
<p>5 FPC14/15-093</p>	<p>Annual Review of Committee Performance and Effectiveness</p> <p>AW discussed the annual review of committee performance and effectiveness, and requested feedback prior to the report being discussed at Board.</p> <p>On discussing the annual review, RJ noted that having internally agreed KPIs, as well as externally imposed ones, may reduce uncertainty around future inspections and inform the development of SQL queries from the data warehouse. It could also inform dialogue with commissioners about reducing the total number of KPIs. A new Monitor strategy toolkit includes a pick list of KPIs.</p> <p>AW agreed that externally imposed measures may provide external assurance but not provide useful management information. AW asked that the toolkit pick list be added to November’s Finance and Performance Committee agenda for further discussion. BS noted the increased complexity of treatment needed post-discharge and the implications for data collection. EB confirmed that SystmOne could be updated to provide diagnostic codes for treatment.</p> <p>RJ mentioned a separate tariff development paper, which notes the development of national quality measures, including community-specific ones.</p> <p>In respect of the Annual Review of Committee Effectiveness, AW requested that RJ complete this to share his thoughts from his time at the trust, acknowledging that he was in an interim role but that a response from the previous Director of Finance was not completed.</p> <p>The committee were assured by the contents of the report.</p>
<p>6 FPC14/15-094</p>	<p>Standing Financial Instructions</p> <p>The Committee reviewed the updated Standing Financial Instructions (SFIs). BS queried whether the trust reported on contracts awarded over £25k. DG agreed to look into this and report back at the next meeting. The committee approved the updated SFIs, pending the amending of wording around use of suppliers in Section D, page 27.</p>
<p>7 FPC14/15-095</p>	<p>Financial Performance Report - Month 6</p> <p>RJ presented the finance report for September 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 showing an YTD surplus of £8k, an improvement of £8k on the plan submitted to the TDA.</p> <p>RJ drew attention to paragraph 5, in which an underlying £50k monthly operational deficit was noted. Some target areas for improvement have been identified. These include a reverse contract variation request relating to the DVT service, for payment for in year CCG requested development activity. If payment was received for this work, a fifth of the deficit would be addressed.</p>

	<p>BS queried what would happen if the additional amount was not paid. RJ confirmed that the trust needed to be paid for its work and consideration would be given to stopping doing the work if payment was not received.</p> <p>RJ advised that the trust has achieved its planned CIP recovery figure for September; this was now approximately two thirds of the original planned figure.</p> <p>Reference was made to the outstanding debts (paragraph 25) and RJ noted the focus on reducing these figures. The outstanding balance with WUTH was settled in September, reducing the sum by £700k. A sum of £761k outstanding debt with Wirral Council has been paid; £40k was likely to be shortly paid and £170k invoiced in error by the trust had been written off against last year's accounting provisions. AW stated that the incorrect invoicing further highlighted concerns with regard to contracting processes within the trust. RJ said that due to planned process improvements he felt it unlikely that a similar issue would arise again.</p> <p>BS asked whether there was an audit review planned with regard to aged debt management and RJ confirmed that MIAA would begin their audit in November 2014.</p> <p>AW requested that the minutes record that the committee was pleased with the improvement in the outstanding debt provision.</p> <p>BS noted the potential challenges that would be presented to the trust during the handover period between RJ and the Director of Finance, Mark Greatrex. AW asked whether the trust being 2% ahead of plan would present any risk with regard to commissioners scaling back on expenditure and thus support for contracts towards the end of the year.</p> <p>SG said that this was not raised at the recent Board to Board meeting with the CCG. Whilst this happened with the Physiotherapy contract last year, this specifically related to an AQP issue. He added that the sexual health contract may come under pressure and the trust has started conversations with the Council although a reduction in service may create demand elsewhere.</p> <p>RJ stated that the shortfall in rental payment received from Cheshire and Wirral Partnership NHS Foundation Trust for accommodation at St Catherine's Health Centre had created a £120k risk for the year, as the forecast assumed the cost had been covered. It may be necessary to request arbitration. AW requested clarification of when this issue would be resolved. RJ confirmed that he hoped this would be resolved within the next month and he would feedback to the committee when he had more information.</p> <p>AW asked for an estates update to be presented to the Finance and Performance committee in November, identifying the amount of available space.</p> <p>The committee were assured by the contents of the report and noted the update.</p>
<p>8 FPC14/15-096</p>	<p>2014/2015 Cost Improvement Programme (CIP) Recovery Plan</p> <p>RJ presented the Cost Improvement Recovery Plan Report which updated the committee on actions taken and proposed to improve CIP performance within the trust. The position as at week ending 24 October was provided.</p> <p>RJ confirmed that the trust had overachieved against its recovery target for September, with £731k now secured. This is 67% of the original plan profile.</p> <p>One option being considered to increase savings was to hold posts unfilled for one or two months. This would require QIA and would increase the level of non-recurrent savings.</p>

	<p>RJ outlined the mechanisms that would support future CIP planning, including the full deployment of Electronic Patient Records (EPR) and data warehousing. A data warehouse is expected to be operational early in Q4. Recruitment to support Service Line Reporting (SLR) was underway. The trust was making links with other trusts, including a trust servicing a similar population in Co. Durham, with regard to better benchmarking.</p> <p>BS drew attention to the issue of reference costs and the desirability of looking at these service by service, rather than by division or organisation.</p> <p>RJ noted that the increase in reference costs to 108 may confirm the potential for CIP delivery being attained in practice.</p> <p>BS and AW welcomed the progress being made with CIP recovery.</p> <p>SG stated that, although the figures involved were smaller, corporate costs were being considered with as much rigour as those related to direct service provision.</p> <p>BS requested that a board development session be planned for December to get the benefit of RJ's knowledge before he leaves the trust.</p> <p>SG advised that Wirral Council had given notice on the Community Equipment Store and Falls Prevention services. These notices were for less than six months but the council had asked if the trust would continue to provide the services if the tendering process was not completed in time.</p> <p>The committee was assured of progress to date and approved the plans identified.</p>
<p>9 FPC14/15-097</p>	<p>Divisional Performance Scorecards</p> <p>The divisional scorecards were presented to the committee for month 6 and highlighted performance by division against key indicators.</p> <p>EB noted a reduction in sickness absence for the trust. RJ identified significant variation, eg Phlebotomy being at 14% (20% YTD).</p> <p>AW suggested this was concerning, as previous explanations for the high level of sickness related to the new contract, which has now been resolved. He asked that this be dealt with in more detail at the November committee meeting.</p> <p>BS noted that the Education & Workforce Committee now receives more information about short and long term sickness and that the HR process for dealing with long term sickness appears to have improved.</p> <p>The committee was assured by the contents of the report and noted the update.</p>
<p>10 FPC14/15-098</p>	<p>Key Performance Indicators - Month 5</p> <p>EB presented the exception 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 September 2014. KPIs are included by exception.</p> <p>EB noted that there were 174 KPIs but four had been excluded as they were not ones were managed by the local authority. RJ suggested that it would be better to leave them visible so that it was clear to the trust, as well as commissioners, if they were rated red.</p> <p>EB said that 10 of the KPIs were not reported this month as Livewell services were in the process of moving to SystmOne. BS asked what was left to move over to SystmOne.</p> <p>EB responded that the Electronic Patient Record roll out in nursing will increase data quality, compared to EMIS and Adastral. It should lead to reduced duplication of effort and fewer trips to base, with base notes no longer required.</p>

	<p>EB noted that the quality of data should improve and there were opportunities to identify better measures, eg healing rate rather than treatment location for leg ulcers. With regard to Safeguarding, EB said that the team were working hard to cleanse the data and there is a trajectory in place for all staff.</p> <p>BS stated that progress seems to have been made and that it was critical to know whether the trust is under performing or under reporting.</p> <p>The committee noted the contents of the report.</p>
<p>11 FPC14/15-099</p>	<p>Activity Report and Analysis</p> <p>RJ presented the activity report which provided the committee with a monthly view of contractual activity levels against plan for 2014/2015 alongside a forecast outturn based on the profile of activity in 2013/2014.</p> <p>EB highlighted to the committee that the six month data lag that currently affects Community Nursing, when all data entry has been completed. Work was ongoing with teams to embed timely reporting practice. Based on existing data, activity appears consistent with last year.</p> <p>AW asked what the implications of poor reporting would be. BS noted that it may counter the received wisdom that workload has increased.</p> <p>RJ stated that the trust may have to revise its anticipation of commissioner investment to future actual growth only. Commissioners may question whether more resources are required in respect of past historical activity where a trust has both a surplus and is doing good quality work.</p> <p>EB noted that Tissue Viability activity will be examined in greater detail, as will the over-performance against contract of the DVT service. With regard to DVT, RJ stated that a contract variation would be raised.</p> <p>The committee noted the contents of the report.</p>
<p>12 FPC14/15-100</p>	<p>FT Self Certification - September 2014</p> <p>DH presented the trust's FT self-certification submission for September 2014 and advised that the trust was compliant against the indicators in the Board Statements and the Monitor Provider Licence.</p> <p>The self-certification was submitted to the committee for approval prior to being submitted to the Trust Development Authority and the Board for noting.</p> <p>The committee approved the self-certification submission and noted the update provided.</p>
<p>13 FPC14/15-101</p>	<p>Charitable Funds</p> <p>RJ presented the report about the trust's charitable funds,</p> <p>RJ said that, whilst Cheshire and Wirral Partnership NHS Foundation Trust (CWP) had historically allocated money to different 'boxes' within the wider fund, there were no 'restricted' (as opposed to general) funds within the £76k held. It was recommended that the fund be promoted so that any member of staff may request funds from it.</p> <p>BS asked about assurance arrangements. RJ stated that CWP had to check each request was for a charitable purpose and passed its public benefit test. CWP set the overall risk strategy applied to our funds' investment.</p> <p>Discussion took place around the advertising and promotion of the fund within the trust and the relative 'attractiveness' of different charities.</p>

	<p>RJ suggested an aim of 18 months for divesting of the fund so it would not be seen as sitting dormant. The funds should not be spent within one year, however. The overall aim CWP would wish to see would be matching income to expenditure.</p> <p>It was noted how the funds would be promoted would sit with SMT. AW asked that the Communications and Marketing team become involved.</p> <p>The committee noted the contents of the report and endorsed the approach outlined in the paper.</p>
<p>14 FPC14/15- 102</p>	<p>Organisational Reference Cost Index (RCI) Score</p> <p>RJ presented the paper, which showed that the organisation's RCI score had increased from 93 to 108. RJ stated that a more detailed paper would be presented to the committee in December or January. The committee requested further detail about what had driven this increase. RJ noted that some services may have a higher than expected reference cost, but this may be explained if related to a level of commissioner directed quality. The increased score would be in place for 12 months.</p> <p>BS queried whether agency costs related to Safe [Right] Staffing had driven the increase and it was noted that safe staffing would rather impact from 2014/15. RJ stated that the lower overall scores of other organisations may come from their higher community service scores being masked by those of other parts of the organisation.</p> <p>AW noted that the score had gone in the wrong direction, whilst the score of WUTH was heading in the right direction. Some other community trusts' scores had also increased. This may not be helpful to the trust from a competitive perspective.</p> <p>RJ commented that some services were excluded from the RCI calculation and that only once all services were included could there be an accurate comparison made between the trusts.</p> <p>SG asked why the predicted RCI figure was 105. DG responded that this was based on an increase applied to our last year figures before factoring in the relative movements of other trusts.</p> <p>SG raised concerns about data quality, for example, the trust's calculations of increased demand on services. EB noted that this year's figures were more reliable than ever. DG commented that some service figures were sometimes less accurate than they could be. AW stated that more accurate figures this year may mean that the RCI was falsely low before.</p> <p>DG confirmed that benchmarking data shows relative inefficiency in some areas.</p> <p>RJ commented that the downside of a higher RCI was that commissioners may wish to see additional work undertaken for the same price. Politically it was undesirable to be seen as relatively inefficient and it required strong narrative to explain the trust's plans and, in some cases, to justify higher costs. The dental tender, if won, could provide such narrative.</p> <p>SG stated that it was imperative that the trust had robust data so to be proactive and to be able to anticipate such issues.</p> <p>The committee noted the contents of the paper and were assured by the actions being taken.</p>
<p>15 FPC14/15- 103</p>	<p>Finance Performance and Efficiency Group - 14 August 2014 (Draft)</p> <p>The committee noted the minutes from the Estate Management Group held on 14 August 2014. BS commented that he was pleased to see CIP plans noted at the group.</p>

<p>16 FPC14/15- 104</p>	<p>Data Quality Improvement Group - 13 October 2014 (Draft) The committee noted the draft minutes from the Data Quality Improvement Group held on 13 October 2014.</p>
<p>17 FPC14/15- 107</p>	<p>Any Other Business None</p>
<p>18 FPC14/15- 106</p>	<p>Items for Risk Register Staffing resilience within the Finance Team was noted as an item to be added to the finance departmental risk register only.</p>
<p>Date & Time of Next Meeting: The next meeting of the Finance & Performance Committee will take place on Wednesday 26 November 2014 at 11.00 am - 1.00 pm in Room 510, Old Market House.</p>	

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

The meeting concluded at 12.25 pm.

WIRRAL COMMUNITY NHS TRUST
EDUCATION & WORKFORCE COMMITTEE MEETING
MINUTES OF MEETING

WEDNESDAY 22 OCTOBER 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)
Dr Ewen Sim	Medical Director	(ES)
Mr Alan Wilson	Non-Executive Director	(AW)

Present:

Mrs Alison Hughes	Trust Board Secretary	(AH)
Mrs Nicola Kettley	HR Business Partner	(NK)
Mr Brian Simmons	Non-Executive Director	(BS)
Mrs Karen Walkden-Smith	Head of HR	(KWS)
Mrs Ashley Zepeda	HR Project Support Advisor	(AZ)

Reference	Minute
1. EWC14/15-079	<p>Staff Story – Using Volunteers to Enhance Service Delivery</p> <p>SC introduced a staff story which demonstrated how a volunteer supporting the Speech and Language therapists was enhancing patient care.</p> <p>The volunteer, who was supporting adult inpatients at Clatterbridge, said that she had received lots of training and working with the SLT team had been a learning curve. She had a real sense of satisfaction in supporting qualified therapists through group work and on a one-to-one basis with patients, helping them to complete questionnaires and stimulating conversation.</p> <p>One of the Speech and Language therapist explained how the sessions ran more smoothly with the support of another person and how the volunteers helped patients to socialise and provided greater opportunities for them to communicate. She said she would recommend other services look at how they could be supported by volunteers.</p> <p>SC stated this story demonstrated how the team can support the volunteer and how the volunteer support the service. It was suggested that this, or a similar clip, be used on the website to support volunteer recruitment.</p>
2. EWC14/15-080	<p>Apologies for Absence:</p> <p>Mr John Lancaster, Director of Operations</p> <p>Mrs Frances Street, Chairman</p>
3. EWC14/15-081	<p>Declaration of Interests</p> <p>MF and ES declared an interest as a practising Wirral General Practitioner and as such members of Wirral Clinical Commissioning Group who commissioned services from the trust.</p>

<p>4. EWC14/15-082</p>	<p>Minutes of the Previous Meeting</p> <p>The committee agreed that the minutes of the meeting held on 18 August 2014 were a true and accurate record.</p> <p>MF reflected on the CQC visit and the resulting positive report, saying it was testament to the hard work of so many people.</p> <p>BS agreed that the report showed how strong the organisation was and reflected the good work being done and although there was more to do, it was tangible feedback.</p> <p>SC said that this could be seen in the feedback from staff, many of whom love doing their job and working for the organisation.</p> <p>The committee concluded that this was very heartening.</p>
<p>5. EWC14/15-083</p>	<p>Matters Arising:</p> <p>The committee reviewed the action points of the meeting held on 18 August 2014 and noted the status and ongoing actions. <i>(See separate actions/matters arising tracker.)</i></p>
<p>6. EWC14/15-084</p>	<p>Annual Review of Committee Performance and Effectiveness</p> <p>AH presented the paper outlining the results of the exercise reflecting feedback in the financial year 13/14.</p> <p>MF said he would like to see all 4s and if there were other scores would want to know why.</p> <p>ES asked why if the committee were satisfied with a '3' in the CQC report, were they not happy with a '3' in this report?</p> <p>The committee agreed that those who had contributed to the report should meet to discuss the scores they had given and their rationale and to discuss what worked and what didn't.</p>
<p>7. EWC14/15-085</p>	<p>Managing Attendance Update</p> <p>JH 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:</p> <ul style="list-style-type: none"> • The sickness absence rate for September had remained static at 4.5%. The year to date figure was 5% against a target of 4.2% • Ten staff returned from long term sick in September. Community Nursing figures had improved over past few months which would lead to a reduction in bank usage and improvement in morale. • Stress and anxiety continued to be the highest cause of sickness absence and was notably worse than in August. • Work was continuing with services with above 5% sickness. Case conferences had worked well in Community Nursing. • The return to work audit had been completed • The Managing Attendance policy and toolkit were under review • Beachcroft had provided a useful session around managing LTS and disability <p>KWS informed the committee that she hoped the October figures would reflect more staff returning from LTS and a reduction in the sickness rate. A cultural change was starting to be seen which was encouraging. She reflected that it would be interesting to see staff survey results in Jan around how managing attendance was being seen to be managed.</p> <p>JH said there had been positive comments in CQC report from staff about how their absence was being managed.</p> <p>The significant reductions in the sickness rates in nursing and phlebotomy were noted.</p> <p>SC commented on table 11 of the report saying that the rate from Bolton Community Practice appeared to skew the figures and details on their headcount would be interesting.</p>

	<p>ES asked that an error in the rag rating on table 3 be corrected.</p> <p>The committee noted the contents of the report.</p>
<p>8. EWC14/15-086</p>	<p>Quality & Patient Experience Report</p> <p>JH stated that all the points from section 3: 'our people' had been discussed in the previous papers in detail. No further updates were provided.</p>
<p>9. EWC14/15-087</p>	<p>Staff Friends and Family Test – Quarterly Update</p> <p>JH presented the paper which provided a comparison of Quarter 1 results against other NHS trusts and details of Quarter 2 results and highlighted the following:</p> <p>In Quarter 1</p> <ul style="list-style-type: none"> • The national response rate average was 14.3% against 12% for WCT. • Most trusts had tried online surveys and there was no evidence that one method was more effective than another. • WCT best score was for staff recommending the trust for treatment or care – top against other community trusts across the country and in the top 12% of all NHS trusts. It was noted that higher scoring trusts were mainly specialist trusts. • The poorest score for WCT was for staff who would not recommend the trust as a place to work <p>In Quarter 2</p> <ul style="list-style-type: none"> • The response rate for the trust was 10.1%. Thought would need to be given as to how the trust could improve this moving forward. • The free text comments had been broken down to similar themes. Some comments were very positive but there were also negative comments and the trust would need to show that it was acting on this feedback. • The anonymity of the survey meant that it was hard to pinpoint the service areas raising the concerns and those endorsing the good things being done. <p>SC enquired whether there was actually a need to identify which service areas the comments had come from. If the problem related to poor leadership, leadership across the trust should be improved and training opportunities such as Mary Seacole and MDP need to be highlighted possibly through the staff story.</p> <p>CA stated that to encourage staff to respond it was important to communicate to them that these results went into the public domain and that with a higher number of positive people responding the numbers would look better. A communication strategy was needed concentrating on the rational for asking staff these questions and explaining that the trust was being assessed as a whole on feedback from a very small number of people.</p> <p>KWS advised that a strong communication plan was needed explaining what was being done about the negative comments, and reminding people about the good things being done to address these issues.</p> <p>BS added that staff needed to be aware that, as with the CQC, it was important to tell the community how staff felt about the trust and that this could affect the future success of the organisation.</p> <p>The committee noted the contents of the report.</p>
<p>10. EWC14/15-088</p>	<p>Appraisal Update 2014/2015</p> <p>KWS presented the paper which provided a summary of the appraisal programme for 2014 /15 and highlighted the following:</p> <ul style="list-style-type: none"> • Managers had reported 100% completion rate of appraisals which should be reflected in this year's staff survey result. Last year WCT was the highest performing CT.

	<ul style="list-style-type: none"> • An audit had been completed via survey monkey with 95 responses giving feedback on the quality of the experience and how easy it was to use the documents • A quality audit to see if paperwork had been completed correctly and to assess the quality of objectives had been undertaken in areas where feedback from the staff survey had not been positive. • On reviewing the feedback there were no overarching concerns that would lead to changing the paperwork in a significant way. • Areas for further clarification and of good practice were identified. • Some further training was required for managers in setting smart objectives and aligning these to trust values. <p>The committee noted the contents of the report and were pleased with the success of the appraisal process for 2014/15.</p>
<p>11. EWC14/15-089</p>	<p>Resilience Action Plan</p> <p>JH advised that resilience and staff wellbeing had been identified as an area for concern in the 2013 staff survey and presented the paper and proposed action plan to support the Wellbeing Strategy and address resilience at a corporate, team and individual level and highlighted the following:</p> <ul style="list-style-type: none"> • There had been a stocktake of what was in place both at an organisation level and for individuals. There was already quite a significant level of support. • More could be done to raise staff awareness of this support through a resilience and wellbeing campaign communicating what has been done as well as doing some articles, producing a leaflet, promoting the PAM assist service and signposting staff to external organisations. • The Wellbeing Strategy would be relaunched. • Focusing on resilience would help prevent staff going of sick. • There would be a review of wellbeing champions and their effectiveness. • Resilience was part of the leadership framework on both a personal and team level. It was included in the Management Development Programme and managers could be contacted to see if they had used what they had learned about this topic on the programme. • It was hoped that the trust could join the ‘creating a mentally healthy workplace’ NHS initiative which was designed as a train the trainer scheme to implant support across the organisation • I-resilience would be rolled out to any member of staff and managers would be encouraged to use it in their teams. • The counselling service provided by PAM and CBT could be extended. <p>CA questioned whether the PAM Assist Programme had been providing as much support as the trust would have liked, when the contract was up for review and why there was a CIP on something that was supporting sickness levels.</p> <p>KWS advised that the contract had been extended and was 4 months into this extension. The trust was pleased with the contract and the service although there had been some issues in terms of KPIs and the trust may not have been as prescriptive as it might have been. PAM OH was keen to work with WCT and to deliver what was expected and asked for. The CIP saving was based on the difference between the previous and current provider.</p> <p>SC said that the quality impact assessment reflected the same or improved quality of service for the same money.</p> <p>The committee noted the contents of the report.</p>
<p>12. EWC14/15-</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"> • KPI for Corporate Induction was of concern as the target had not been met. There

090	<p>had been DNAs from bank staff in July and August and from 3 Community Nursing staff, due to staffing issues and annual leave. JH advised that the policy would be reviewed and issues of non-attendance would be alleviated through the on-boarding programme which it was hoped would be rolled out by the next financial year. JH reported that the levels of satisfaction in CI remained high.</p> <p>SC stated that the reasons given by Community Nursing for non-attendance at CI were not acceptable and should be escalated.</p> <ul style="list-style-type: none"> • Despite the increase in nurse and therapist recruitment, the overall impact had been a slight reduction in the headcount year to date. <p>AW observed that a staff turnover of above 10% provided an opportunity to make changes.</p> <p>It was agreed that the workforce plan would be brought to the committee on a quarterly basis and a separate report would be presented to the committee in December which would track changes to the workforce (starters, leavers – service, position, reason for leaving) and areas of movement and reduction in headcount. SC stated that this information would help to support risk.</p>
<p>13. EWC14/15-091</p>	<p>Quarterly Learning and Development Report</p> <p>SC presented the report and highlighted the following key points:</p> <ul style="list-style-type: none"> • Mandatory Training - A section on safeguarding had been included in order to move towards the goals set after the CQC inspection. • National Leadership Programme – 3 candidates had been accepted on to the Mary Seacole programme, 2 were on the waiting list for Elizabeth Garrett Anderson and no candidates applied for Nye Bevan. • The first NHS cadet placements (seven health visiting students and one district nurse student) had started in September. JH suggested that this could be promoted through the magazine. <p>SC advised that as part of the research and innovation strategy she was reviewing how the trust could access funding for training and get patients involved in research. The would be an event next year to showcase innovation and ideas that have been put forward.</p> <p>The committee noted the contents of the report.</p>
<p>14. EWC14/15-092</p>	<p>Redundancy Policy</p> <p>KWS presented the revised policy drawing the committee’s attention to the changes detailed in section 4. KWS confirmed that Staff Side had been consulted on the changes and EIA had been carried out.</p> <p>The committee approved the policy.</p>
<p>15. EWC14/15-093</p>	<p>HR Policy Review Group - 26 August and 25 September 2014 (Draft)</p> <p>The committee noted the minutes.</p>
<p>16. EWC14/15-094</p>	<p>HR Payroll Finance Group - 16 September 2014 (Draft)</p> <p>The committee noted the draft minutes.</p>
<p>17. EWC14/15-095</p>	<p>Joint Forum - 24 July and 18 September 2014 (Draft)</p> <p>The committee noted the draft minutes.</p>
<p>18. EWC14/15-096</p>	<p>Safe Staffing Steering Group - 16 September 2014</p> <p>The committee noted the draft minutes.</p>

19. EWC14/15-097	Health, Safety and Wellbeing Group - 3 October 2014 (Draft) The committee noted the draft minutes.		
20. EWC14/15-098	Any Other Business None		
21. EWC14/15-099	Items for Risk Register None.		
Date & Time of Next Meeting: The next scheduled meeting of the Education & Workforce Committee is to take place on Wednesday 19 November 2014 in Room 516, Old Market House. Paper submission deadline: Monday 10 November 2014			
Board - Chair Approval			
Name:		Date:	
Signature:			

The meeting concluded at 3:45 pm

STAFF COUNCIL MEETING: Action Plan and Outcomes Summary

Date: Thursday 23rd October 2014

Duration: 3.00 -5.00 pm

Location: Nightingale Room, OMH

Members:	
Amy Poole	Communications and Marketing Officer
Danielle Burton	MDT Co-ordinator (Staff Council Member)
Debra Ollerhead	Continance Service (Staff Council Member)
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 (Joint Chair)
Phillipa Compson	Primary Care (Staff Council Member) (Joint Chair)
Sandra Christie	Director of Quality and Nursing
Simon Gilby	Chief Executive
Stephanie Ball	Community Night Nursing Service (Staff Council Member)
Stephen Parry	Integrated Specialist Palliative Care (Staff Council Member)
Tom Meade	Wirral Heart Support (Staff Council Member)

In Attendance:	
Claire Patrick	Senior Assistant to Director of Human Resources & Organisational Development (admin support)
Helen Calveley	Community Nursing, West Kirby HC
David Hammond	Membership and Engagement Manager

Apologies:	
Judy Fairbairn	Sexual Health (Staff Council Member) (Joint Vice Chair)
Roy Jackson	Interim Director of Finance & Development
Ewen Sim	Medical Director
John Lancaster	Director of Operations
Robbie Howard	Livewell (Staff Council Member)

No	Topic Summary	Outcomes / Actions	Lead (Date)
1.	<p>Introductions/Apologies PC welcomed everyone to the meeting and apologies were noted. PC introduced Helen Calveley who attended Staff Council today as an observer.</p>		
2.	<p>Minutes of the previous meeting – 25th September 2014 The group accepted the minutes as a true and accurate record of the meeting.</p> <p>Matters Arising Staff Council Terms of Reference ACTION: PC to circulate revised ToR to Staff Council members for agreement UPDATE: PC confirmed that the revised ToRs have been sent to the group and the following comments were noted:</p> <ul style="list-style-type: none"> • Members term of office may need to be revisited once election has taken place • Could the 75% attendance rate be changed to reflect staff who work part time? • Frequency of meeting to be changed to 6 weekly from 2015 onwards rather than monthly <p>SystemOne ACTION: RJ to confirm if laptops will be available for Bank Staff in Community Nursing UPDATE 23/10 – JH updated that a review of laptops has been done to determine requirement. There will be one laptop available per base for bank staff to use. If more are required in specific bases this number will be increased if required. HL added that this information hadn't been shared with Community Nursing and JH agreed to feed this back. PC suggested sharing this information in the Staff Bulletin.</p> <p>Estates Update ACTION: JH to feedback issues raised by SC regarding relocation to the Highfield Centre UPDATE 23/10: SC updated that issues have been fed back and staff who</p>	<ul style="list-style-type: none"> • PC to update TORs to include amendments and circulate to the group 	<p>PC (20/11/14)</p>

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>have relocated to Highfield are being supported by a Business Manager and Head of Service. Interim solutions have been put in place until permanent solutions can be implemented.</p>		
3.	<p>*SystemOne Update</p> <p>The group discussed SystemOne and the key points were:</p> <ul style="list-style-type: none"> • DO explained that her team did not have access to SystemOne for a few days due to issues with the NHS spine. No warning was given and caused problems for the team who were unable to access patient record. The issue was escalated to the SystemOne support team who were able to get a few staff members back onto SystemOne. SG added that back up plans should be in place for incidents like this so that staff know what to do. • HL added that Ian Hogan had emailed her to confirm that a different provider will be organised for West Kirby HC so that staff are able to receive a more robust mobile phone signal. • 		
4.	<p>Promotion of Champions Role – Pin Badges</p> <p>PC suggested that pin badges could be used to help staff identify the different roles within the organisation e.g. Equality Champions, Staff Council members etc. JH agreed to take this suggestion away and look at the cost involved.</p>	<ul style="list-style-type: none"> • JH to look at costings to provide pin badges for staff 	<p>JH (20/11/14)</p>
5.	<p>Staff Council Election</p> <p>PC provided an update on the forthcoming Staff Council Election and the key points were:</p> <ul style="list-style-type: none"> • The group discussed which staff were eligible to vote in the election especially bank staff and staff working in integrated teams like Sexual Health. It was proposed that Wirral Community Trust employees can vote who hold a WCT contract of employment or are on a FTC of 12 months or more but this doesn't include bank or agency staff. If staff are employed by other organisations then they may work to different policies and may bring issues to staff council that we cannot support. • The group discussed whether volunteers would be able to vote. DH 		

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>confirmed that he would check the NHS Constitution and circulate any information to PC. DH confirmed that the test for staff membership is a permanent or a staff member who is on a fixed term contract of 12 months.</p> <ul style="list-style-type: none"> • Staff who have applied for MARS who may be interested in nominating themselves for Staff council are advised to nominate themselves as the outcome of the MARS applications will not be confirmed for a number of weeks and some applications may have to go to the TDA. • AP updated that to date 5 Staff Council nominations had been received and the closing date is 31st October. • AP will resend the promotional poster to DO and SP and asked Staff Council members to display these in their staff areas. • A reminder about the Staff Council election will be included in Staff Bulletin • Feedback from the Staff Council Roadshows held at OMH and St Caths was mixed as some staff seemed reluctant to nominate for fear of not getting any votes. JH confirmed that the number of votes that candidates receive will not be publicised. Some staff said they couldn't afford the time to commit to Staff Council. • PC confirmed that she had also visited Riverside Call Centre and attended a Community Nursing meeting to promote Staff Council. 	<ul style="list-style-type: none"> • DH to check information in the NHS Constitution on voting rights for members 	<p>DH (20/11/14)</p>
<p>6.</p>	<p>Out of Hours IT Issues</p> <p>PC followed up on the IT issues for Out of Hours query and asked for clarity around what IT support is available for Out of Hours? JH confirmed that confirmed that in-house IT support will be provided for Out of Hours on an on call basis by the end of October for password resets. JH agreed to ask RJ to confirm what IT support will be available for hardware issues.</p>	<ul style="list-style-type: none"> • RJ to confirm what IT support will be available for hardware issues for Out of Hours 	<p>RJ (20/11/14)</p>
<p>7.</p>	<p>E- Learning</p> <p>HL updated that the issue with staff completing their IG e-learning is ongoing specifically around staff achieving a pass but the system is registering their result as a fail is still ongoing. Staff are concerned about timescales as 96% of staff need to complete their IG training by the end of March 2015 and some passes aren't being recorded as a pass. HL has met with IH and PCs that</p>		

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>have the right software for e-learning have now been stickered so staff are aware of which PCs to use. SC suggested tracking numbers against the target on a monthly basis to get a clear idea of numbers of staff experiencing issues which may be a small number. There have been issues around staff knowledge of using the E-learning system, slow responses in reporting any issues and staff not remembering passwords and we are asking staff to feedback any issues to Ian Hogan, contact Training Champions who can support staff who are having problems, log any problems on DATIX and allowing staff to complete their e-learning from home. SC confirmed that there have been some cases where staff have completed the IG training but the system is reporting is incomplete in these cases L&D are able to manually log it as complete. SC asked staff to contact the L&D to raise this issue so it can be resolved. There are also laptops available for staff to use to complete their IG training and L&D staff can support staff if needed. SC suggested that HL should contact Cindy Freeman to help solve this and added that an update on the solutions suggested should be highlighted to all staff via the Staff Bulletin.</p>	<ul style="list-style-type: none"> • HL to contact Cindy Freeman to progress specific issues with e-learning • Update on solutions to be communicated to staff via the Staff Bulletin 	<p>HL (20/11/14)</p> <p>SC (20/11/14)</p>
8.	<p>Relocation of Staff Car Parking</p> <p>PC updated that staff have raised some concerns with the security arrangements at the new staff car parking site at Conway Park. AP confirmed that there is a traffic enforcement officer who will check car parking permits. Staff car parking permits will be issued to staff before 24th November.</p> <p>JH added that there have been some specific issues from staff which have been forwarded to the Estates Team and JL. Staff car parking at OMH will be reviewed in the next few weeks to ensure that the allocation criteria is appropriate. The group agreed that a communication should go out to all staff to advise staff of the new arrangements before 24th November.</p>	<ul style="list-style-type: none"> • Communication should go out to all staff who currently park at Hind Street to advise of the changes and the new arrangements before 24th November. 	<p>JH/JL/ Comms/Estates Team (20/11/14)</p>
9.	<p>Organisational Update</p> <p>SG provided an update which included:</p> <ul style="list-style-type: none"> • NHS England have published their 5 year plan and there has been lots of focus on this in the media. 		

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<ul style="list-style-type: none"> • Mark Greatrex joins the Trust on 5th January 2015 as the Director of Finance and Performance and Roy Jackson will leave before Christmas • John Lancaster will be taking early retirement and will leave at the end of January 2015 • The Trust has put on hold the organisational restructure to review this at Board level and apologises to staff for the disruption. <p>Update on Change and Design</p> <ul style="list-style-type: none"> • Dietetics is currently undergoing redesign <p>Foundation Trust Application</p> <ul style="list-style-type: none"> • The Trust continues to move along the FT pipeline. The Trust has received a letter from Monitor in respect of QGAF which was very positive but there are some actions to take forward. • The draft CQC report has now been received. The Board wanted SG to express to staff how proud they are of all staff and wanted to celebrate the good work. • A Quality Summit will take place on 11th November where the CQC report will be presented and discussed with the Local Authority and CCG and other stakeholders. Following this the report will be shared with staff. • The Trust's 5 year plan is due to be refreshed along with our financial plan for this year. • <p>Balanced Scorecard (Month 5)</p> <p>RJ provided an update on the Balanced Scorecard and the key points were:</p> <ul style="list-style-type: none"> • The trust's financial position has improved and CIP is in line with the recovery plan to achieve £320k of savings need to be delivered by the end of December 2014 . The good news is that work is being developed this year that will affect our savings next year. • Sickness Absence - The sickness absence rate for September was 4.5%. This figure has remained the same from August when 4.5% was reported. 	<ul style="list-style-type: none"> • 	

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<ul style="list-style-type: none"> The group discussed the impact of the divisional restructure will impact on the savings plan and SG confirmed that financial benefit will affect 15/16 plans and the impact of MARs scheme will impact on this year's and next year's plan. <p>Estates Update</p> <p>SG provided an update on the estates relocation moves and the key points were:</p> <ul style="list-style-type: none"> Port Causeway has now been vacated. Independent Living/Wheelchair services are relocating to St Caths Issues are being addressed from staff who have relocated to the Highfield Centre. DO reported that she had raised concerns over space allocation for staff at Highfield but did not feel listened to despite attending the Relocation Task & Finish Group. SG confirmed that staff have been liaised with and interim arrangements are in place to address issues until permanent solutions can be found. 		
10.	<p>*Update on CQC Inspection</p> <p>SC updated that the outcome from the CQC inspection was positive and we have been rated as 'Good' which is a hugely positive position for us to achieve, and reflects the excellence of our staff and the quality of the services you provide across the trust. The reports will be made public by the CQC following a quality summit meeting organised by the CQC on 11 November to which Local Authority, CCG and Healthwatch representatives will be attending. Once the report has been release it will be available on CQC website, WCT Staff Zone and WCT public facing site.</p> <p>Feedback from the inspection as that:</p> <ul style="list-style-type: none"> Feedback from patients, relatives and families was overwhelmingly positive Staff across all the core services we inspected were caring and compassionate. We observed this approach not just from nursing staff but from a range of clinicians administrators and volunteers. We saw that staff worked hard, were polite and welcoming and in the majority of cases epitomised the 6Cs. 		

No	Topic Summary	Outcomes / Actions	Lead (Date)
	HL thanked SC and Paula Simpson for their leadership during the CQC inspection process.		
11.	<p>Leadership Walkrounds and Patient Experience Questions</p> <p>DH presented a paper on the Leadership Walkrounds and Patient Experience Questions and explained that going forward the patient experience questions used on these Leadership Walkrounds will be collected on an Ipad so this is an opportunity to relook at the questions and check that the questions are as appropriate as possible. SC confirmed that we want the process to be as meaningful as possible for staff.</p> <p>Key points were:</p> <ul style="list-style-type: none"> • NEDs and Executive Team conduct the visits with a focus on patient safety • On average 1 visit takes place per week and all answers are given confidentially using a set process • There are 2 sets of questions in place on for patients and one for staff. • The group felt that the Leadership Walkrounds were a good and gave staff the opportunity to ask questions and give honest feedback. • Could we ask staff about patient safety in their setting and ask for their ideas how to improve this? • Suggestion made to reduce the number of questions asked as it's a bit daunting and some questions could be amalgamated e.g. raising concerns questions or put in a go to question 2 format if some questions aren't applicable. • The group felt that the momentum needs to keep going on these visits as staff can often be apprehensive about them but see the benefit from them afterwards and it makes staff feel valued. SG added that staff and services can always contact the Exec Team and arrange for them to visit a service or attend their team meeting and they will attend if they can. FR added that this is positive as it increases visibility of the Exec team to staff and also needs to apply to all managers. SC confirmed that this will be followed up on as this was mentioned in the CQC report. • JH suggested changing the wording of some questions to 'you and your team' rather than just one person to include non-clinical staff. • HL suggested sharing the questions with patients to seek their 	<ul style="list-style-type: none"> • Group to forward any further feedback 	DH

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>feedback and input</p> <p>DH asked the group to forward any further feedback and suggestions to him.</p>	<p>or suggestions on the patient and staff questions to DH</p>	<p>(20/11/14)</p>
12.	<p>*Right Staffing Update</p> <p>SC provide an update on this item and the key points were:</p> <ul style="list-style-type: none"> • The Safe Staffing scheme has been renamed nationally to 'Right Staffing' rather than 'Safe Staffing'. • Issues in Community Nursing have been discussed with Adrian Evans and some staff have been trained on Rotamaster. PC raised a query with the number of licences for Rotamaster for the number of services that are using it now. It was confirmed that licenses will be addressed once pilots are completed as the Trust is testing Rotamaster on a smaller scale first. 		
13.	<p>Hello My Name is....</p> <p>SC updated that there is a paper available which will be sent to the group by way of an update. There are now downloadable posters available and SC asked if Staff Council could promote the campaign to staff. Badges are available which support the campaign and SC is exploring funding options at present. SC agreed to provide an update at the next Staff Council meeting.</p>	<ul style="list-style-type: none"> • Funding options for badges to be explored and update to be provided on Hello My Name is ... at the next meeting • Update paper to be emailed to the group 	<p>SC (20/11/14)</p> <p>SC (20/11/14)</p>
14.	<p>Information Exchange</p> <p>E&D Awareness Event</p> <p>JH confirmed that the E&D event on Hate Crime took place on 16th October and was very information and was well attended by staff. There is another event - Black History Month on 31st October. JH encouraged Staff Council to promote the event to their teams. Further information is available on Staff Zone here.</p> <p>Flu Vaccination Campaign</p> <p>SC updated that to date 684 staff have had the flu vaccination and a league table on Staff Zone here and the Trust will be working with some services to increase uptake.</p>		

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>Staff Awards 2015 AP updated that the Staff Awards 2015 will be launched at the end of October and a list of the categories, nomination forms are available on Staff Zone here. There is a new category this year 'Customer and Patient Care' award.</p> <p>Incident TM reported an incident that had happened at Eastham WIC recently whereby staff at the site had behaved outstandingly when staff tried to resuscitate a patient until paramedics arrived. Staff Council asked if the staff who were involved in the incident could be sent a letter by the Trust expressing their thanks. TM to provide the names to SG.</p>	<ul style="list-style-type: none"> • TM to provide names of staff at Eastham WIC to SG and letter of thanks to be sent to the staff involved 	<p>TM/SG (20/11/14)</p>
15.	<p>Key Messages</p> <p>The group agreed that the key messages from Staff Council this month were:</p> <ul style="list-style-type: none"> • Staff Election update • Right Staffing – highlight name change • CQC report • Update on Estates Relocation • E&D events • Leadership Walkrounds 		
16.	<p>Future Agenda Items</p> <ul style="list-style-type: none"> • Update on Hello My Name is..... • Ideas and innovation – SC to share the process • Update on MARS - JH • Please send any future agenda items to either PC, JF or CP 		
17.	<p>Any Other Business</p> <p>ICCT Teams DB reported that as she works in a newly formed ICCT she felt that some teams were not ready to go as there are issues with resources and the types of referrals coming through. SG agreed to take this away and feedback.</p> <p>Children's Continence Query DO raised a query about the Continence team being asked to return 40 children's nocturnal alarms which they have been told they can't accept as not in line with NICE guidance. The alarms were purchased with funds raised by</p>	<ul style="list-style-type: none"> • SG to feedback comments regarding ICCT teams • SC to progress query around the purchase of children's nocturnal alarms for Continence Service 	<p>SG (20/11/14)</p> <p>SC (20/11/14)</p>

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>the League of Friends. SC agreed to progress this outside of the meeting.</p> <p>General Comments Staff Council members thanked the management team for their support with Staff Council and comments were made such as:</p> <p><i>'I have been impressed by the exposure at Staff Council to the Senior Management team and I think that the organisation is in good hands'</i> <i>'Nursing is moving forwards under Sandra's leadership'</i> <i>'The CQC reports states that Sandra is visible, modest and puts in the extra hours'</i></p> <p>SG thanked the group for their positive comments</p>		
18.	<p>Date and Time of Next Meeting Thursday 20th November 10.00 -12.00 pm in Training Rooms 3 & 4, St Caths Pre-meeting for Staff Council members from 9.30 am</p>		

Clinical Forum: Action Plan and Outcomes Summary

Date: Tuesday 27 August 2014

Duration: 12-1pm

Location: Training Rooms 1 & 2 St Catherine's Health Centre

Members:	
Sandra Christie (Joint Chair)	Director of Quality and Governance
Dr Ewen Sim (Joint Chair)	Medical Director
Julie Griffith	Physiotherapy Lead
Claire Wedge	Governance Manager
Dr Kathy Ryan	Clinical Director Primary Care Division
Rebecca Smith	Speech and Language Therapy Service

In Attendance / Guests:	
Julie Sheldrick	Senior Assistant to Director of Quality & Nursing

Apologies:	
Alice Sutton	Interim Service Lead for Community Nutrition & Dietetic Service
Catherine Quayle	Nurse Prescriber
Janet Jones	District Nurse
Ken Price	Bio-Mechanical Podiatrist
Francesca Daly	Clinical Director - Dental
Pamela Power	District Nurse
Paula Simpson	Head of Quality and Nursing
Sarah Crompton	Physiotherapy
Sarah Palfreyman	Advanced Sexual Health Nurse

No	Topic Summary	Outcomes / Actions	Lead (Date)
1.	Declaration of Interest There were no declarations of interest.		
2.	Action Plan from the last meeting: 27 May 2014 The action plan was shared with the group prior to the meeting but was not discussed.		

<p>3.</p>	<p>CQC Inspection</p> <p>An update was shared with the group around the forthcoming CQC Inspection.</p> <p>A draft timetable had been devised and is available via staff zone. Services were advised, as although they may not be included in the timetable, unplanned visits are due to take place.</p> <p>Therapy focus groups are in process and services have been approached for volunteers to attend.</p>		
<p>4.</p>	<p>Innovation Funds and Applications</p> <p>Four applications had been received for the clinical innovation fund as follows:</p> <ul style="list-style-type: none"> • Wheelchair service – Introduction of Pressure Mapping • Continence Service – Multi-professional drop in clinics for the Parkinsons Disease patients on Wirral • Community Nursing – to demonstrate key areas of development and improvement for leg ulcer care • Wirral Heart Support – Body composition scale <p>Each application was discussed and scored in line with the application processes. The Wheelchair Services and the Community Nursing services both scored above the minimum score of 12 and are to be invited to an extraordinary meeting to present their application further.</p> <p>Those unsuccessful applications are to be contacted and given feedback of their scores.</p>	<p>Invite the successful applicants to do a presentation around their bid in order for the forum to make a decision around funding.</p> <p>To give feedback to those unsuccessful applications.</p>	<p>SC: asap</p> <p>CW: asap</p>
<p>5.</p>	<p>Staff Innovation Analysis Survey – TRUSTEC</p> <p>Wirral Community Trust has currently conducted a survey of staff to gauge innovation activities which has taken place within the Trust.</p> <p>The list of names is to be brought to the next Clinical Forum to discuss how take forward.</p>	<p>To bring list of names following the survey to the next meeting for discussion.</p>	<p>CW: 25.11.2014</p>

6.	Safe Staffing Nothing to report.		
7.	Supporting Leaders Nothing to report.		
8.	Clinical Strategy The Clinical Strategy was shared with the group for information.		
9.	Draft Risk Strategy The Risk Strategy was shared with the group for information.		
10.	Draft Medicines Optimisation Strategy The Medicines Optimisation Strategy was shared with the group for information.		
11.	<p>Patient Safety Strategy The Patient Safety Strategy 2014 – 2017 was shared with the group.</p> <p>The strategy is based on the five principles outlined in the ‘Sign up to Safety Campaign’ supported by NHS England, Care Quality Commission (CQC), NHS Trust Development Authority, Monitor, NHS Improving Quality and the NHS Litigation Authority.</p> <p>The forum was asked to review and feedback their comments as this group play a key role in this strategy.</p> <p>The Open and Honest Report will be available on the website shortly.</p>	<p>To feedback comments to the chair.</p> <p>To include the Patient Safety Strategy to the next agenda for discussion.</p>	<p>All: asap</p> <p>JS: 25.11.2014</p>
12.	Creating a Culture of Compassion and Care This was not discussed.		

13.	<p>Staff booking into Services as Patients</p> <p>The group were asked their views around Wirral Community Trust staff booking in to see a GP at the ADHC in staff working hours as the process should always be their own GP in the first instance.</p> <p>The chair advised for this to be picked up outside of this meeting with the HR department to resolve the issue.</p>	To work on a statement outside of this group.	KR/ES: asap
14.	<p>Any Other Business</p> <p><u>Terms of Reference (TOR)</u></p> <p>To review the TOR at the next meeting around membership.</p>	To review TOR at the next meeting.	All: 25.11.2014
15.	<p>Items for Risk Register</p> <p>There were no items for the risk register.</p>		
16.	<p>Date and Time of Innovation Fund Presentations only</p> <p>Wednesday 1 October 2014 3.30 – 5.00pm Training Room 3 & 4 St Catherine's Health Centre</p> <p><u>Date and Time of Next meeting</u></p> <p>Tuesday 25 November 2014 12.30 – 1.30pm Training Rooms 3+4 St Catherine's Health Centre</p>		