

WIRRAL COMMUNITY NHS TRUST
QUALITY & GOVERNANCE COMMITTEE MEETING

MINUTES OF MEETING

Wednesday 19 August 2015 2014 at 10:30am

DUNCAN ROOM, OLD MARKET HOUSE

Members:

Mrs Chris Allen (Chair) (CA)	Non-Executive Director
Mrs Sandra Christie (SC)	Director of Nursing & Performance
Dr Murray Freeman (MF)	Non-Executive Director
Ms Jo Harvey (JH)	Director of HR & Organisational Development
Dr Ewen Sim (ES)	Medical Director
Mr Brian Simmons (BS)	Non-Executive Director

In Attendance:

Mrs Amanda Adams (AA)	Risk Manager (present to agenda items 1 – 10)
Mr Julian Eyre (JE)	Deputy Director of Performance
Mr David Hammond (DH)	Membership & Engagement Manager
Mrs Karen Howell (KH)	Chief Executive
Mrs Paula Simpson (PS)	Deputy Director of Nursing
Mrs Heather Stapleton (HS)	Board Support/FOI Officer
Mrs Frances Street (FS)	Chairman
Mr Alan Wilson (AW)	Non-Executive Director

Reference	Minute
1. QGC15/16-094	<p>Apologies for Absence: Tony Snell, Associate Non-Executive Director Alison Hughes, Trust Board Secretary Claire Wedge, Head of Governance & Patient Safety</p> <p>Members of the Monitor Assessment Team were observing the committee.</p>
2. QGC15/16-095	<p>Declaration of Interests: ES & MF declared interests as practising Wirral General Practitioners and as such members of Wirral Clinical Commissioning Group who commission services from the trust.</p>
3. QGC15/16-096	<p>Chairman's Briefing The following key points were highlighted:</p> <ul style="list-style-type: none"> • Clinical scorecards had been released nationally by the NHSLA to provide

	<p>member trusts with an interactive analysis of their claims profile focussing on areas of high costs and/or volume. This visual tool provided the board with a clear heat map to interrogate the trust's picture of claims costs and harm. All of the trust's claims related to low harm, low cost claims and the advice from NHSLA was to continue to keep a watching brief on those claims. They did not release other organisations' scorecards for benchmarking.</p> <ul style="list-style-type: none"> • Articles on specialist topics had been published in the British Journal of Nursing by two staff members. • Good results had been received following a number of clinical audits undertaken. • A joint leadership walkround had taken place involving the trust's Head of Safeguarding and the Independent Chair of the Wirral Safeguarding Children Board, meeting with members of the 0 – 19 team. • The launch of the Wirral Community Prostate Cancer Nurse Service was due to take place and was a free event open to healthcare professionals and members of the public. <p>AW advised of an NHS provider event he had attended on behalf of FS which had included a presentation in relation to claims and trusts' use of the NHSLA. AW asked how the trust benchmarked against other organisations. SC advised that some trusts had moved away from the NHSLA but later returned. The trust uses NHSLA but this could be reviewed to ensure it remained the best approach.</p> <p>The committee noted the contents of the briefing.</p>
<p>4. QGC15/16-097</p>	<p>Minutes of the Previous Meeting - 22 July 2015</p> <p><i>Minute QGC15/16-074 - Risk Management Review Report - June 2015 - Sixth paragraph to read: 'SC stated that there was not a large risk from private providers for this service as they were small in numbers and consisted of individual practitioners who took low volume work.'</i></p> <p><i>Minute QGC15/16-080 - Quality & Patient Experience Report - June 2015 - First paragraph page 12 to read: '... there was the expectation that serious incident reporting would increase ...'</i></p> <p><i>Minute QGC15/16-075 - Fundamental Standards Report Quarter 1 - Sixth paragraph to read: 'CA referred to the length of time recorded for the anticipated date of compliance and asked for confirmation that they were appropriate.'</i></p> <p>FS referred to the June minutes of the committee (<i>Minute QGC15/16-055 - Board Assurance Framework</i>) and the recommendation that a Non-Executive Director be identified as the lead for complaints. FS advised that MF had volunteered to take up this role.</p> <p>Following the above amendments and comments, the committee agreed that the minutes of the meeting held on 22 July 2015 were a true and accurate record.</p>
<p>5. QGC15/16-098</p>	<p>Matters Arising</p> <p>The committee reviewed the action points from the previous meetings and noted the actions had been dealt with or were progressing satisfactorily. (<i>See separate actions/matters arising tracker.</i>)</p>

<p>6. QGC15/16-099</p>	<p>Quality & Patient Experience Report – July 2015</p> <p>PS presented the monthly Quality & Patient Experience report to provide assurance on the delivery of safe, effective, quality services.</p> <p>Two identified risks had been reported in the cover sheet to the report. One related to a second never event reported for a wrong tooth extraction and the second risk related to medication incidents. PS made reference to the new serious incident framework guidance which asked for concentration on repeat never events and the learning drawn from them. PS was confident learning had been implemented and asked whether the risk should be escalated. SC advised, for assurance to the committee, that an investigation had taken place and identified the procedures put in place (stopping, checking, pausing, moving forward) had taken place during the first stage of the procedure but not for the second. An alert had immediately been issued to every member of the team reminding them of the process. KH requested an update regarding regional trends and SC advised that CW was a member of the Safety Forum for NHS England and had shared presentations with board members. It had been identified that the tooth to be extracted was not marked in any way and the service would be willing to act as a pilot to trial this method. ES advised that he had been in collaboration with the service and marking the tooth to be extracted was not a straightforward process. BS was confident all the appropriate actions had been taken and staff would refocus on checking at every stage. The committee agreed that the risk should be escalated. The immediate action taken was recognised and the RCA undertaken with an external person to support it.</p> <p>The quality dashboard (page 23 of the boardpack) showed a red arrow for never events. There was another red which related to the TUPE of school nursing staff into the 0-19 service, with work taking place to mitigate the previous lack of staff supervision.</p> <p>A downward amber arrow was showing for the delivery of harm free care. Discussions had taken place regarding the national requirement and the question was asked whether all harms should be recorded on the dashboard. The dashboard would be revised to reflect the agreed changes from all community harms to new harms. The care the trust delivered needed to be reflected. SC advised that the detail would be included in the main body of the report. Discussions had been taking place as part of the Better Care Fund and the provision of support for residential and care homes. This could be the first step in addressing these areas.</p> <p>KH stated that a formalised way of capturing data for the use of the trust needed to be agreed. This could be done through Vanguard and discussion with commissioners regarding the sharing of data.</p> <p>PS provided an update in relation to grade 3 and 4 community acquired pressure ulcers (page 24 of the boardpack). There had been no avoidable pressure ulcers reported in July. A review had taken place of those reported in June and two had been converted to be deemed avoidable. The action plan for reporting community acquired pressure ulcers had been refreshed.</p> <p>BS referred to the incident W11250 which related to a malnourished patient who</p>
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was referred from their own home for assessment. BS asked whether the patient would be known to social services or other agencies; should this case have been identified earlier? SC stated that the team had been requested to investigate further trends of referrals from patient's own homes in order to build up an understanding of the data.

AW made the point that malnourishment happened over a period of time and the signs should have been picked up earlier. PS stated that a 'deep dive' could be done on this case and reported back to the committee.

PS reported there had been six medication incidents reported during the reporting period, two of which were insulin related. These were progressing to investigation and a Task & Finish Group had been formed. The action plan had been refreshed and the committee advised of the following:

- **W11206** - related to an incident regarding a missed visit. The Missed Visit tool was in place however the catch-up had not covered individual patients which was not usual practice for the team. The team had not been part of the 'safety huddle' work. The patient suffered no ill effects.
- **W11258** - related to an incident where two different insulin products were prescribed and were to be administered at the same time. The patient received only one of the prescribed insulin products and suffered no ill effects. A flag system had been implemented in SystemOne which indicated patients receiving two insulin products. For assurance, the incident had been escalated to the service lead and divisional manager for further attention. JE and PS were working on developing a new performance framework which would assist in escalating incidents sooner.

PS stated there were different learning points from both of these incidents. The 'safety huddle' had been piloted as a daily catch-up for teams and following evaluation, would be rolled out to all community nursing teams. The flag system on SystemOne would be shared as a learning process, with teams dealing with patients who were prescribed two insulin products. This should make a significant improvement moving forwards.

BS referred to the growing number of diabetic patients, and therefore increased workload, and whether the risk needed to be raised, although the discussion had provided reassurance. SC stated that the use of the Medication Safety Thermometer would prove to be beneficial in this area. This was currently under development and an update would be provided regarding the implementation date.

JH referred to the way in which the protocol worked for those staff on call or out of hours. PS advised that this would be applied in the same way, although an analysis of the days and times an incident occurred may be useful. There would generally be very few insulin injections administered out of hours but may occur over a weekend.

The number of insulin injections undertaken was requested and SC advised that EB was working on producing data for the CCG block contract regarding the number of contacts made by community nursing teams and SystemOne would assist with this.

	<p>PS referred to the upturn in patient safety incident reports in the nursing division (page 37 of the boardpack) and the fact that safety huddles had proved helpful. There was some concern in relation to the increase in Mediquip incidents and further analysis would be undertaken on the impact following the change across the system.</p> <p>Reference was made to the 93% Friends and Family Test net promoter score and the committee's attention was drawn to unplanned care which was rated as amber. TO would be reporting on actions taken to improve the score. Managing people's expectations was cited, particularly in relation to unacceptable waiting times. PS advised that patients were triaged within 30 minutes and all patients were seen within 2 hours 20 minutes, with few breaching the 4 hour KPI target. CA suggested a leadership walkround be arranged in unplanned care.</p> <p>JE stated that a number of the patients were phlebotomy patients and this was an area that had been raised with the CCG due to changes made and the move to block contracting. The service specification timescale was being met but whether this was acceptable to patients was another issue.</p> <p>KH informed that she had visited two Walk in Centres within the last two weeks and both had raised the issue of the frequency of ambulance service diverts. This created a risk and the data needed to be captured and the practice stopped.</p> <p>PS stated that four CQUIN schemes were fully compliant against all schemes at the end of quarter 1.</p> <p>The committee approved the report for the reporting period 1 – 31 July 2015 and were assured of the delivery of safe, effective, quality services across the organisation.</p>
<p>7. QGC15/16- 100</p>	<p>Innovations Fund</p> <p>ES presented the report which provided a brief outline of the applications funded by the innovation fund during 2014/2015. Approval was requested for a continued dedicated innovation fund accessible to staff by a competitive process.</p> <p>ES advised that the inaugural innovation fund was established with a budget of £50,000. A robust process for staff innovation applications was in place and the application process was governed by the Clinical Forum. Two application rounds had taken place and three successful applications reviewed and these were attached as an appendix to the report.</p> <p>ES drew the committee's attention to paragraph 10 which advised of an application to introduce the use of video consultations to deliver care remotely to patients in their own home or care setting and came with a funding request of £25,000. This had been shortlisted and the successful applications would be announced in September 2015.</p> <p>The committee were requested to approve a reduced fund of £25,000 for 2015/2016 as £50,000 had not been spent the previous year. This request was supported by the Executive Leadership Team.</p>

	<p>JH referred to previous discussions regarding the Recognition Awards of the North West Leadership Academy and suggested the successful teams be supported to apply for the Innovator of the Year award.</p> <p>FS noted the apparently low number of bids received and the encouragement needed for staff to come forward with their ideas and suggestions. ES advised that this was sometimes due to the idea not being immediately viable and would require additional development.</p> <p>KH stated that ideas were coming forward and in some cases being funded in different ways. They had to be sustainable and benefit patient outcomes as well as being safe and meeting certain criteria. Marketing this to staff needed to be considered.</p> <p>CA raised the issue of staff being supported through degree related research to increase their academic qualifications and then retaining these members of staff to assist others with innovative ideas. ES advised that these avenues were already available and CW was the link for the north west.</p> <p>JH stated that culturally, the trust had moved forward. Onboarding was now used and the ideas page on StaffZone which was currently considered by the Executive Leadership Team, may in the future be considered by the Senior Leadership Team.</p> <p>CA stated that the innovation work was appreciated and the committee agreed to reduce the funding to £25,000 for 2015/2016.</p>
<p>8. QGC15/16-101</p>	<p>Claims Report</p> <p>PS presented the paper notifying the committee of two new claims.</p> <p>PS advised that one of the claims (C58) was being jointly defended by WUTH and related to the claimant attending a physiotherapy outpatient appointment in October 2011. Following physiotherapy intervention, the claimant alleged they were unable to complete their post-operative exercises or climb stairs.</p> <p>The second claim (P42) related to a public liability claim involving a vehicle collision in July 2012.</p> <p>These claims were both being managed through the claims management process with the NHSLA.</p> <p>The committee noted the details of the report and were assured of the processes in place.</p>
<p>9. QGC15/16-102</p>	<p>Risk Management Review Report - July 2015</p> <p>AA presented the monthly Risk Management Review Report for July 2015 providing assurance that risks were being managed in line with the trust's risk management framework, as set out in the Risk Strategy.</p> <p>AA reported that the trust achieved an overall risk management health score of 82% during the reporting period which was a slight increase to the previous month. There were 80 – 85 additional risks to be added to the risk register. In future reports the CIP risks would be presented separately. From a quality</p>

perspective, CA requested some narrative be included.

MF requested clarification on the inconsistent approach to adding CIP risks to Datix (page 101 of the boardpack) and AA advised this related to using Datix outside its scope and the management of additional fields. A robust piece of work was being taken forward checking the input of CIP risks.

AA highlighted three new high level risks as follows:

- Speech and Language Therapy (ID487) which related to service users not receiving timely follow-ups.
- Community Nursing (ID182). The risk grading had been increased as there had been an increased number of avoidable community acquired grade 3/4 pressure ulcers.
- Primary Care Community Dental (ID639) related to an IT issue at Devonshire Park and the need to have an LES circuit fitted. This issue was with a third party which was causing a delay.

AA referred to the four current high level risks as follows:

- Speech and Language Therapy (ID483) which related to insufficient staffing to meet the ongoing needs of school age children with speech, language and communication needs. Some activity was taking place and additional staff put in place over the summer period.
- Physiotherapy (ID495) which related to increased demand for rapid response. Funding for additional posts had been identified from commissioners and recruitment was taking place.
- Unplanned Care Centralised Booking Service (ID344) which related to the Cisco telephone system being at full capacity and unable to take more telephone lines. The tender process had been approved and awaiting implementation with a revised date of 31 December 2015.
- Nursing Integrated Specialist Palliative Care Team (ID359) which related to the integration between Cerner and SystmOne and the duplication of patient records. JE reported he had met with service leads and identified two potential interim solutions to provide a safer outcome. This would be followed up with WUTH to identify a solution. KH reported she had met with the team and had spoken to the Chief Executive at WUTH as this could be resolved within the hospital environment. This had also been picked up through the Vanguard process as there were four different systems across Wirral. Cerner were optimistic they could resolve the interface solution. JE stated there needed to be a Standard Operating Procedure in place.

FS referred to ID526 which related to the slippage in relation to Devonshire Park and laptops not being available for Livewell staff. An update on the IT risks would be provided to the Finance & Performance Committee.

The CIP risk management was shown separately (page 99 of the boardpack) and would be expanded in the future. The risk rating for podiatry and community nursing had been reduced.

The key themes for risks were staffing and competence, patient safety and IT.

	<p>Business continuity was also starting to come through. Supporting groups were being utilised to ensure risks were monitored and appropriately managed. There were currently 15 risks associated with IT, nine of which had been input by services and the remaining six were part of the IT programme going forward. Two were high level risks and reflected in the report.</p> <p>There were a number of risks that had remained static for six months, although some progress had been noted but the risk rating remained unchanged. Further updates on these risks were being explored.</p> <p>CA agreed to discuss these with MG and KH with a view to moving these forward. The point was made that the template needed to be inputted in a timely manner in order that the information was available to the committee. Progress may have been made and the committee were not aware of it.</p> <p>JE stated that the new performance framework would include support and challenge for risks at divisional level ensuring accountability at the right level in the organisation.</p> <p>KH referred to the way the data was presented and the appropriateness of scoring using red. The presentation of risks needed to be understood.</p> <p>The committee approved the Risk Management Report for the reporting period.</p>
<p>10. QGC15/16- 103</p>	<p>Board Assurance Framework - August 2015</p> <p>SC presented the BAF to the committee following the agreement to present it to each of the board committees to consider controls, assurances and any proposed changes to risk ratings.</p> <p>The full BAF was attached as an appendix and changes made since the last committee were highlighted in red text. SC pointed out that as QGAF moved to the Well-Led Framework, any additional areas of assurance had been added to BAF and highlighted.</p> <p>Reference was made to paragraph 7 and the review of principal risk 01c – <i>Failure to deploy the right number of staff with the right skills</i> – and related to capacity and demand within the therapies division. This review was ongoing and would be updated and reported in September 2015.</p> <p>Attention was also drawn to paragraph 8 and principal risk 12b – <i>Failure to use business intelligence, information technology and finances to best effect</i> – this had been referred to the Finance & Performance Committee for further assurance.</p> <p>AW referred to principal risk 08a – <i>Failure to manage contractual relationships</i> – and requested an update on the agreement of the local authority KPIs. SC advised that the contract had been signed, however discussions were ongoing in relation to the KPIs. JE advised that he would be meeting with the local authority commissioners following the publication of the KPIs to discuss whether the metrics measured appropriately with the outcomes.</p> <p>CA thanked SC and AH for the work that had been done on these documents.</p>

	<p>The committee noted the detail included in the BAF.</p>
<p>11. QGC15/16-104</p>	<p>MIAA Focus Review: Sub Contracted Services for Dental (Bridgewater) and 0 – 19 Services (Barnardos)</p> <p>JE presented the report which detailed the findings and action plan following an internal review of the organisations systems and processes in relation to the contract management of two sub-contracting agreements for the dental contract (Bridgewater) and the 0 – 19 service (Barnardos).</p> <p>JE advised that the MIAA report was commissioned as a result of concerns the organisation had and as a move into a broader approach regarding the delivery of services and the development of partnerships.</p> <p>The objectives were related to ensuring the sub-contractor services were being delivered within the performance management framework and focussed on the delivery of high quality patient focussed service, ensuring there was compliance with contractual requirements.</p> <p>The MIAA report identified a number of weaknesses in the design and control of some processes, which resulted in a score of limited assurance. The action plan provided further assurance of improvements to systems to manage contracts more effectively and provided significant learning for the organisation.</p> <p>The key areas of enquiry related to contracting and mobilisation processes, contract performance management, patient experience monitoring and governance and risk management. The action plan was comprehensive with challenging timescales and would result in a more robust contract management approach in the future. The point was made that the review was commissioned prior to the appointment of the Head of Procurement and aspects of this work had already commenced.</p> <p>BS, as chair of the Audit Committee, stated that the report was thorough and the areas requiring attention had been looked at. The score of limited assurance was not a surprise. A decision needed to be made when the action plan would come back to the committee and it was noted that the report would be submitted to the Audit Committee in September.</p> <p>AW asked whether there was any work the trust needed to do in relation to risk management of partner organisations and SC advised there were clear governance arrangements built into the contract monitoring process. JE stated that the Head of Procurement would be reviewing this in the broader sense as well as analysing learning needs.</p> <p>SC stated that there was the need to ensure that contract information was fed into the committee.</p> <p>KH stated this this was a good report by MIAA and proved the governance processes were effective. However, as commissioners, there was the need to tighten up on contract monitoring arrangements. This was a good example of being aware when extra attention was needed on a particular area and doing</p>

	<p>something about it.</p> <p>The committee noted the contents of the report and were assured by the action plan in place.</p>
<p>12. QGC15/16-105</p>	<p>Annual Reports: Patient Experience</p> <p>PS presented the Patient Experience Annual Report which provided assurance as a summary of activity and improvements made throughout the financial year 1 April 2014 – 31 March 2015.</p> <p>The following key headlines were highlighted:</p> <ul style="list-style-type: none"> • The significant increase in patient feedback during the year was encouraging and the chart on page 183 of the boardpack showed the year on year increase. • The successful delivery of the Friends and Family Test (FFT) CQUIN had achieved the agreed FFT score of 95% throughout the year. • A Patient Experience Group had been established which would add value to the organisation moving forward. <p>FS asked whether the texting service was in place and SC confirmed this was being used and was working well.</p> <p>Reference was made to the role the Council of Governors would have regarding obtaining feedback from patients and SC advised that there was a piece of work to be done in relation to this by working closely with the governors, looking at processes and ensuring they were integrated.</p> <p>DH advised there was the need to ensure the governors were assured by looking at opportunities for them to be involved with the Patient Experience Group and Staff Council and potentially being involved in understanding the patients journey. Patient shadowing would be a beneficial role for them to be involved in as well as involvement in the CQC and inspection processes.</p> <p>Involving the volunteers in information gathering was also suggested and DH advised that volunteers were involved in a range of different activities, some more public facing than others but there was the opportunity to involve them in patient experience.</p> <p>The committee approved the Patient Experience Annual Report 2014/2015.</p> <p>Controlled Drugs - Amended</p> <p>Following the Controlled Drugs Annual Report being presented to the July board, two amendments had been made, as agreed and the amended report was presented to the committee for approval.</p> <p>The committee approved the amended Controlled Drugs Annual Report 2014/2015.</p>
<p>13. QGC15/16-106</p>	<p>Safeguarding Audit Tool 2015/2016</p> <p>PS presented the paper which updated the committee of the outcome of the safeguarding audit tool self-assessment undertaken in June 2015.</p>

	<p>PS informed the committee that Jo Chwalko, Safeguarding Named Nurse, was the lead for the safeguarding self-assessment tool and reported that significant improvements had been made over the past twelve months. The safeguarding children audit tool had rated 41 standards as green and 10 amber and the safeguarding vulnerable adults audit tool had rated 35 standards green and 2 amber. The results had been presented to the Safeguarding Strategic Group where they had been positively received and were assured by the progress made.</p> <p>There were three risks associated with the paper, one of which (252) had made significant progress over past few months. This had been left on the risk register with a low risk rating due to progress made. The other two risks (671 and 673) were new risks and related to the TUPE of school nurses and had been proactively progressed and there was the intention to reduce the risk rating. The associated action plans would be tracked through the Safeguarding Assurance report presented quarter to committee. It was agreed that specific dates would be included in the action plan.</p> <p>The committee noted the contents of the report and were assured that a robust programme of work was underway to ensure all safeguarding standards were met.</p>
<p>14. QGC15/16-107</p>	<p>Quality Patient Experience & Risk Group No minutes were available as the last meeting took place on 11 August 2015.</p>
<p>15. QGC15/16-108</p>	<p>Information Governance Group - 23 July 2015 (Draft) AW referred to item 8 - FOI Update and it was noted that these were managed by the IG Group. The committee would be made aware of any trends.</p> <p>The draft minutes of the Information Governance Group held on 23 July 2015 were noted.</p>
<p>16. QGC15/16-109</p>	<p>Safeguarding Strategic Group No minutes were available as the last meeting took place on 7 August 2015.</p>
<p>17. QGC15/16-110</p>	<p>Infection Control Group There were no minutes available.</p>
<p>18. QGC15/16-111</p>	<p>Practice Development Research Partnership Steering Group This meeting is currently under review.</p>
<p>19. QGC15/16-112</p>	<p>Mortality Review Group There were no minutes available.</p>
<p>20. QGC15/16-113</p>	<p>Resilience Group - 27 July 2015 The minutes of the Resilience Group held on 27 July 2015 were noted.</p>
<p>21. QGC15/16-114</p>	<p>Any Other Business None.</p>
<p>22.</p>	<p>Items for the Risk Register</p>

QGC15/16-115	<p>JH referred to the issues in the MIAA report on sub contracted services for dental and 0 – 19 services and the limited assurance received. The committee would receive a further report in October here.</p> <p>PS referred to the risk regarding the never event.</p>
<p>23. QGC15/16-116</p>	<p>Summary of Actions and Decisions DH provided a summary of actions and decisions taken during the meeting.</p>
<p>Date & Time of Next Meeting: The next meeting of the Quality & Governance Committee will take place on Wednesday 23 September 2015 commencing at 10.30 am.</p> <p>Paper submission deadline: Monday 14 September 2015.</p>	
<p>Board - Chair Approval</p>	
<p>Name:</p>	<p>Date:</p>
<p>Signature:</p>	

The meeting concluded at 1 pm.

WIRRAL COMMUNITY NHS TRUST
EDUCATION & WORKFORCE COMMITTEE MEETING

MINUTES OF MEETING

WEDNESDAY 19 AUGUST 2015

DUNCAN ROOM, OLD MARKET HOUSE

Members of the Committee:

Dr Murray Freeman (Chair)	Non-Executive Director	(MF)
Mrs Chris Allen	Non-Executive Director	(CA)
Ms Jo Harvey	Director of HR & Organisational Development	(JH)
Dr Ewen Sim	Medical Director	(ES)
Mr Alan Wilson	Non-Executive Director	(AW)

Present:

Mr Julian Eyre	Deputy Director of Performance	(JE)
Mr David Hammond	Membership & Engagement Manager	(DH)
Mr Brian Simmons	Non-Executive Director	(BS)
Mrs Paula Simpson	Deputy Director of Nursing	(PS)
Mrs Heather Stapleton	Board Support/FOI Officer	(HS)
Mrs Frances Street	Chairman	(FS)
Mrs Karen Walkden-Smith	Head of HR	(KWS)

Reference	Minute
1. EWC15/16-092	<p>Staff Story – The role of the School Nurse in supporting children with special needs</p> <p>The staff story demonstrated the range of work undertaken by school nurses and the knowledge and experience required when working with children who had special needs. This also involved the handling or directing of controlled drugs.</p> <p>The story was positive and highlighted the excellent communication skills and support necessary for the children to enable them to lead fulfilling lives within the school environment.</p> <p>The committee were assured that a quality service was provided for children with special needs and the strategic objectives and values of the trust were demonstrated through the delivery of the trust’s nursing strategy and the national 6C’s.</p>
2. EWC15/16-093	<p>Apologies for Absence</p> <p>Sandra Christie, Director of Nursing & Performance (due to Monitor visit) Mrs Karen Howell, Chief Executive Alison Hughes, Trust Board Secretary</p>
3. EWC15/16-094	<p>Declaration of Interests</p> <p>MF and ES declared an interest as practising Wirral General Practitioners and as such members of Wirral Clinical Commissioning Group who commission services from the trust.</p> <p>CA declared an interest as a Council Member and Foundation Governor of the University of Chester.</p>

<p>4. EWC15/16-095</p>	<p>Minutes of the Previous Meeting – 22 July 2015</p> <p><i>Minute EWC15/16-072 - Quarterly HR Strategy Implementation Plan - First paragraph to read ‘KWS presented the paper’ and not JH.</i></p> <p>Second bullet point - Staff FFT - Final sentence to read ‘Plans were being put in place to address this.’</p> <p>Seventh paragraph, penultimate sentence to read ‘.... and would include SC, VM and KH’ and not KWS.</p> <p><i>Minute EWC15/16-074 - Workforce Plan 2014/15 - 2018/19 Update - Penultimate paragraph to read ‘KWS had requested ...’ and not JH.</i></p> <p><i>Minute EWC15/16-075 - Revalidation Update - Fourth paragraph to read ‘The risk had been raised with the Nursing & Midwifery Council ...’ and not Local Medical Committee.</i></p> <p><i>Minute EWC15/16-076 - Annual Report - Learning & Development – Fifth paragraph to read ‘A combined Education and Workforce Strategy would be developed It was anticipated this would be in place by April 2016.</i></p> <p>Following the above amendments being made, the committee agreed that the minutes of the meeting held on 22 July 2015, were a true and accurate record.</p>
<p>5. EWC15/16-096</p>	<p>Matters Arising</p> <p>The committee reviewed the action points of the meeting held on 22 July 2015 and noted the status and ongoing actions.</p> <p><i>(See separate actions/matters arising tracker.)</i></p>
<p>6. EWC15/16-097</p>	<p>Leadership Model Update</p> <p>JH presented the paper which provided a quarterly update on progress made in relation to the development of the Leadership Model. The project plan was attached which highlighted the developments that had taken place.</p> <p>The following updates were highlighted:</p> <ul style="list-style-type: none"> • The mapping exercise against the trust values had been completed. The Leadership Model was relevant to staff and easy to use and understand. Five levels had been identified and each member of staff would be able to map onto one of the levels. • The Leadership Model had been positively received by focus groups and the Staff Council. There was an appetite within the organisation for a developmental focus to enable staff to develop their skills and potential. • A values-based clinical leadership programme, based on the Leadership Model, was being developed and facilitated by the University of Chester. This would be piloted initially in nursing and a leadership programme developed and adapted for all employees in the organisation. <p>PS advised that a robust two day programme had been developed with the University of Chester and a cohort for the pilot identified. These members of staff had received a pre-course pack. It was anticipated that moving forward, this would be developed for non-clinical colleagues.</p> <p>JH advised of a further piece of work involving a mapping process to understand the leadership and development that was already in place and what the organisation could offer.</p> <p>Timescales had been amended from July to the autumn with the intention to launch in November 2015. An update confirming the dates would be provided to the next meeting of the committee.</p>

	<p>FS made reference to the fact that financial charges were now being made for the Mary Seacole and Elizabeth Garrett Anderson programmes and queried whether the trust would be able to continue to use these programmes. JH advised that these would be reviewed, however due to the cost involved, it was unlikely that the trust could continue to use them.</p> <p>The committee were assured that plans were in place to deliver a leadership framework and support the trust in meeting its strategic objectives.</p>
<p>7. EWC15/16-098</p>	<p>Talent Management Plan</p> <p>JH presented the proposed Talent Management Plan and succession planning process which formed a key part of the developing Leadership Model.</p> <p>JH advised that the plan had been developed initially at a high level and would ultimately be produced as a branded set of documents. There would be an area on StaffZone with clear guidance as to how the model worked and applied to staff and would form part of the appraisal process in a more structured way. The plan also ensured succession planning, with talent conversations held to enable staff to realise their potential and aspirations. It would also ensure realistic expectations were set. The point was made that this would not necessarily relate to promotion but was about personal development and the achievement of potential in the current role. It was important that this was made clear to staff.</p> <p>CA raised the issue of risk for staff who wanted to develop but were constrained by the grading within their job description role. KWS agreed but highlighted the need for staff to be developed in line with their aspirations.</p> <p>ES welcomed this as a way of managing organisational risk as there were some very specific roles undertaken by one or very few employees which creates potential issues if they chose to move on. There was the potential, if this related to a single post, to be recorded on the organisational risk register and to ensure succession plans were in place.</p> <p>JH referred to the cultural development on managing performance, being more focussed throughout the organisation and using the appraisal process to assist with this. The Annual Plan briefings had highlighted teams and individuals accountability through the KPI's.</p> <p>AW referred to the talent management grid (appendix 1) and queried the approach made for those members of staff who did not want to be developed. JH stated that if this was in relation to poor performance, the performance management procedure would be followed. The point was made that there had been occasions when staff had been managed out of the organisation quickly. It was anticipated that the development of providing opportunities across the whole of the trust for staff would take place. Each of the divisions would also have a succession template to identify names against roles covering the next 2 - 3 years which would be factored into the workforce process for the organisation, highlighting any gaps to be addressed. This would form part of the development and publication of the model when launched.</p> <p>Thanks were expressed from the committee to Clare Rostance, HR Business Partner, who had developed the Talent Management Plan.</p> <p>The committee approved the Talent Management Plan for use as part of the Leadership Model.</p>
<p>8. EWC15/16-099</p>	<p>Board Assurance Framework – August 2015</p> <p>In the absence of AH, JH presented the BAF which provided a structure and process that enabled a focus on the risks that might compromise the trust in achieving its strategic objectives.</p> <p>The committee reviewed BAF in July with particular reference to principal risk 04a - <i>Failure to comply with published information and data inequalities (eg JSNA)</i>. JH</p>

	<p>advised that an equality and diversity collaborative staff session was being organised with public health to raise awareness of the JSNA.</p> <p>In relation to principal risk 09a - <i>Failure to have an effective workforce plan</i> – JH advised that as part of the development of the healthy Wirral Vanguard programme, Health Education England would be sharing a tool used to provide support to system-wide workforce planning.</p> <p>The committee noted the detail included in the BAF, agreed that the risk ratings were appropriate and were assured by the key controls in place.</p>
<p>9. EWC15/16- 100</p>	<p>Workforce Report</p> <p>KWS presented the report which assured of the management of workforce risks associated with the delivery of the HR Strategy through the provision of workforce information.</p> <p>KWS advised this was the second report in the revised format and feedback was welcome. Supporting narrative had been included with the organisational and divisional scorecards.</p> <p>KWS highlighted the following key issues:</p> <ul style="list-style-type: none"> • Onboarding had met the KPI at 100% and positive feedback continued to be received. Information in relation to cost savings made by replacing induction with onboarding had been included in the report, as requested by the committee. Significant savings and benefits had been demonstrated by the new approach of staff undertaking onboarding prior to take up of their post. • There had been a reduction of 66 posts from the previous month. This was mainly due to the TUPE transfer of staff from the Community Equipment Service, the Independent Living Centre, the Falls Service and Leasowe Primary Care Centre. • The pay spend for July amounted to £3.2m. Information was included showing the breakdown for bank and agency spend. • A downward trend continued to be seen in relation to employee relations cases. Notification had been received regarding a claim of unfair dismissal with a disability element and this was being effectively managed. • There had been an increase in sickness figures for July to 4.6%, with the main reasons for absence remaining unchanged. • Information was provided in relation to timescales for the divisional restructure consultation together with an update on staff briefings for those directly affected. An appeal had been received from the Joint Union Staff Side (JUSS) with the challenge being around the meaningfulness of the consultation. JH advised that the appeal had not proceeded as there was no provision for this within the process. However this had not prevented dialogue continuing with JUSS. <p>FS made reference to the benefits of onboarding but raised the issue of people commencing employment in the organisation and not being fully inducted. There had been one member of staff out of 21 new starters who had not been inducted within the timescale. KWS advised this related to local induction where the form had not been returned within the six weeks deadline; the induction itself may have been completed. A verbal update on this would be provided to the next meeting.</p> <p>CA referred to the divisional restructure. As a Non-Executive Director she felt that she lacked some information. AW confirmed that the divisional restructure update and action plan was submitted to the Finance & Performance Committee, which was a committee not attended by CA. Information regarding the divisional restructure would be included at next month's committee.</p> <p>KWS referred to the divisional scorecards and highlighted the following:</p> <ul style="list-style-type: none"> • Corporate Services - There had been a decrease in sickness absence. As a result of organisational change, IT services would be transferred to in house

and not provided by the CSU. This would involve a transfer of approximately 7 - 12 members of staff. The TUPE implications were being reviewed.

- Quality & Governance - There had been an increase in sickness absence to 9.9% in July. The year to date figure of 6.1% was above the trust target. CA highlighted the fact that over a 12 month period, there had only been 4 months when the sickness target had been met and asked whether there were any extenuating circumstances. PS advised that the absence rate did create pressure within the service but assured the committee that the division were adhering to the policy and there were some issues that were being jointly managed with HR.
- Lifestyle - There had been a decrease in sickness absence. Formal notification had been received regarding the re-tendering process for Smoking and Weight Management Services. The East Cheshire mobilisation activity would impact on HR and across the organisation. An appeal against the decision to downband a group of nursery nurse staff to health trainers had been heard and a response was awaited.
CA referred to sickness absence in Sexual Health Services and reference made to the failure to close off a long term sickness. CA asked how this affected the overall figure and asked whether a culture within Sexual Health Services made absence more likely. KWS stated that such a culture had not been identified within the service. Prior to the committee information had been requested on the failure to close off the sickness and the reason why the figure had not been rectified. A verbal update would be provided at the next meeting.
- Nursing - Sickness absence figures had increased to 6.8% for July. Reference was made to a member of staff who had been out of work for more than 12 months with no expected return to work date. A final review meeting was due to take place in September.
AW made reference to the short term absences in July and whether this correlated with the school holidays. JH advised that the absence figure had fluctuated over the last 12 months and the higher level of absence did not appear to coincide with school holidays. The level of absence had decreased considerably in community nursing and progress was being made towards the target.
PS stated this linked to the Right Staffing report and underlined the opportunity presented by combining the Right Staffing and the Workforce Report. An indication could then be given regarding identification where the fill rate was low and a direct correlation be made from the patient safety risk perspective.
- Primary Care - There had been an increase in sickness absence and the detail was included in the report. The Community Dental Services restructure had been fully implemented without any redundancies being made. There had been a decrease in pay spend due to the TUPE transfer of staff from Leasowe Primary Care Centre.
- Therapy - The sickness absence rate for July had reduced to 2.9%.
- Unplanned Care - The sickness absence rate had increased to 5.8%. There were two long term cases and two short term cases in Phlebotomy. Assurance had been provided that these were being managed appropriately. AW referred to discussions at Quality & Governance Committee in relation to the flow of patients in phlebotomy and the opportunity to analyse and triangulate this information.
Notice had been given on the 111 service which would be transferring to the North West Ambulance Service from October and discussions were taking place to ascertain how many staff would be affected. JH advised there was the potential for significant concerns to be raised regarding relocation, changes in working hours etc. A challenge from JUSS was anticipated to protect their members involved in the TUPE process.

	<p>MF stated that the format of the report was an improvement and easier to read.</p> <p>The committee noted the contents of the report.</p>
<p>10. EWC15/16-101</p>	<p>Right Staffing Report</p> <p>PS presented the report which provided information on the current status regarding right staffing levels within the trust for June and July 2015. Following a decision made at board in July, it was agreed this report be submitted to Education & Workforce Committee in the future.</p> <p>PS advised that, following discussion and to avoid confusion, some of the data from the appendices had been removed. The relevance of data to be included would be discussed with KWS as this report would form part of the Workforce Report going forward. It was also noted that this information would be relevant to the Quality & Governance Committee.</p> <p>The fill rate information was summarised for June and July. It was noted that, in Community Nursing, the registered nurse actual fill rate was 93.7% and 93.8% respectively. Three teams continued to be rated as amber and this information would be correlated against teams with high sickness absence rates. Staff were mobilised on a daily basis to mitigate potential risk.</p> <p>In urgent care, the fill rates did not correlate directly with sickness absence rates and therefore these services, which had smaller teams, may have employed temporary staffing to fill the gaps. The GP Out of Hours fill rate was 97% for June and 97.5% for July.</p> <p>PS referred to the letter published by the Chief Nursing Officer, NHS England, which described the next steps in guidance for safe staffing. The patient safety function would transfer from NHS England to a new body, NHS Improvement, to provide a multi-professional approach to safe staffing. A multi-stakeholder advisory group was to be established and SC and PS were considering joining the group.</p> <p>Following a question from FS, PS confirmed that a fill rate of 95% was safe, with 85 - 90% showing amber and anything below 85% red. The additional detail regarding fill rates would be included in the report for the next month. The information regarding teams with amber fill rates would also be circulated.</p> <p>The committee noted the progress made with the right staffing action plan. The committee were also assured of the robust processes in place to develop the right systems and processes to assess that there was sufficient staffing capacity and capability in place to provide high quality care.</p>
<p>11. EWC15/16-102</p>	<p>Professional Registration Policy</p> <p>KWS presented the revised Professional Registration Policy for ratification. This had been updated following the recent MIAA review. The following main changes were highlighted:</p> <ul style="list-style-type: none"> • The addition of guidance for staff who were registered with non-regulatory bodies • The inclusion of a yearly audit for professional registrations carried out by HR. • Clarity in relation to the procedure for monitoring professional registrations at recruitment stage and on an ongoing basis. • Additional guidance for both employees and line managers regarding the process for dealing with lapsed registrations. • A new section added on maintaining registration during periods of leave from the trust. <p>KWS advised of a further two areas not included which related to revalidation and nurses outside the EU undergoing English tests. These were out to consultation at the present time.</p>

	<p>JH advised that the process in relation to revalidation was complicated and JH and PS would follow up any anticipated revisions. The policy was to be approved as it stood with the caveat that a revised policy would be resubmitted once any further changes had been agreed with JUSS.</p> <p>ES highlighted some omissions in relation to medical doctors who needed a licence and registration. Also dental had not been included. ES agreed to liaise with HR regarding these amendments.</p> <p>CA requested and received clarification that the MIAA audit had been submitted to the Audit Committee.</p> <p>The committee approved the revised Professional Registration Policy.</p>		
12. EWC15/16-103	<p>Joint Forum There were no minutes available for this meeting.</p> <p>AW requested an update in relation to the JUSS view on car parking. JH advised that there had been no change and the issues raised were being picked up.</p>		
13. EWC15/16-104	<p>Learning & Development Group – 9 July 2015 (Draft) The draft minutes of the Learning & Development Group held on 9 July 2015 were noted.</p>		
14. EWC15/16-105	<p>Right Staffing Steering Group – 13 August 2015 The minutes of the Right Staffing Steering Group held on 13 August 2015 were noted. It was highlighted that the Right Staffing Steering Group would be dis-established and the agenda transferring to the clinical and lead professional forums.</p>		
15. EWC15/16-106	<p>Health, Safety and Wellbeing Group – 26 June 2015 (Draft) The draft minutes of the Health, Safety and Wellbeing Group held on 26 June 2015 were noted.</p>		
16. EWC15/16-107	<p>HR, Payroll and Finance Group – 23 July 2015 (Draft) The draft minutes of the HR, Payroll and Finance Group held on 23 July 2015 were noted.</p>		
17. EWC15/16-108	<p>HR Policy Review Group There were no minutes available for this meeting.</p>		
18. EWC15/16-109	<p>Any Other Business There was no Any Other Business.</p>		
19. EWC15/16-110	<p>Items for the Risk Register There were no items for the risk register.</p>		
20. EWC15/16-111	<p>Summary of actions and decisions taken DH provided a summary of actions and decisions taken at the meeting, confirming that the actions would be added to the committee action log.</p>		
<p>Date & Time of Next Meeting: The next scheduled meeting of the Education & Workforce Committee is to take place on Wednesday 23 September in the Duncan Room, Old Market House.</p>			
<p>Paper submission deadline: Monday 14 September 2015.</p>			
<p>Board - Chair Approval</p>			
Name:		Date:	
Signature:			

The meeting concluded at 4.05 pm.

WIRRAL COMMUNITY NHS TRUST
FINANCE & PERFORMANCE COMMITTEE MEETING

MINUTES OF MEETING

WEDNESDAY 26 AUGUST, 10.30am

Nightingale Room, Old Market House

Members:

Mrs Sandra Christie (SC)	Director of Nursing & Performance
Mr Mark Greatrex (MG)	Director of Finance & Resources
Ms Val McGee (VM)	Interim Director of Development
Mr Alan Wilson (Chair) (AW)	Non-Executive Director

In Attendance:

Mrs Chris Allen (CA)	Non-Executive Director
Mr Edd Berry (EB)	Head of Business Intelligence
Mr Julian Eyre (JE)	Deputy Director of Performance
Mr David Grundy (DG)	Head of Finance
Mrs Karen Howell (KH)	Chief Executive
Mrs Alison Hughes (AH)	Trust Board Secretary
Mrs Heather Stapleton (HS)	Board Support/FOI Officer

Reference	Minute
1. FPC15/16-090	<p>Apologies for Absence Mr Brian Simmons, Non-Executive Director Mrs Frances Street, Chairman Dr Murray Freeman, Non-Executive Director Mr Ian Hogan, Head of Information Technology</p> <p>The committee noted that since the appointment of JE, divisional managers would not regularly attend the committee but they would be available for any specific discussions as per the Terms of Reference.</p>
2. FPC15/16-091	<p>Declaration of Interests There were no declarations of interest.</p>
3. FPC15/16-092	<p>Minutes of the Previous Meeting <i>Minute EWC15/16-070 - Integrated Business Plan (IBP)</i> - DH presented the updated version of the trust's IBP, and not AH. DH also to be included in attendance at the meeting.</p> <p><i>Minute EWC15/16-071 - Quarterly Commercial Development Strategy Implementation Plan Update</i> - Fourth paragraph to read: 'SC stated that Service Line Reporting would be key for the board to demonstrate the contribution made by services over the next 2-3 years and would influence the plan.</p> <p>Following these amendments, the committee agreed that the minutes from the previous meeting held on 29 July 2015, were a true and accurate record.</p>
4. FPC15/16-093	<p>Matters Arising The committee reviewed the action points from the previous meeting and noted the status and on-going actions.</p>

<p>5. FPC15/16-094</p>	<p>Board Assurance Framework (BAF)</p> <p>AH presented the BAF which provided a structure and process for the board to focus on risks that might compromise it achieving its strategic objectives.</p> <p>The full BAF was attached at appendix 1 with updates since the last committee highlighted in red text. The new high level risks had been escalated through the structure and mapped across to BAF.</p> <p>AH drew attention to paragraph 11 which highlighted risk 08b - <i>Failure to manage contractual relationships (Local Authority)</i> - as the most relevant risk to the committee. As agreed at the previous committee meeting, the risk had been split to acknowledge the different contractual relationships with the local authority and the CCG. The risk rating in relation to the CCG (08a), based on recent discussions, was 12 and the committee were asked whether there was any further assurance for this to be reduced. Also key controls had been added to the risk rating in relation to the local authority (08b) and the rating of 16 was proposed.</p> <p>SC agreed with the risk rating however queried the description of the principal risks 08a and 08b as the relationships were being managed and the issue was due to national changes.</p> <p>With reference to external factors, AH highlighted principal risk 06b - <i>Inability to respond and deliver competitively to market changes</i> - and the question was asked whether this risk should pick up the external factors and 08b relate specifically to the contract KPI's.</p> <p>KH referred to the financial risk with commissioners and the pressure to ensure there would be no financial breach of contracts. In relation to the local authority, there would be significant workforce transfer issues to be considered if social care was brought into the organisation. This would create a completely different relationship. The minimum wage would have a significant impact on the local economy in relation to contracts with smaller organisations. Assurance would be required that sub-contract arrangements were robust. SC stated that awareness would be required of principal risk 01a - <i>Patient safety risks are not recognised, reported or acted upon</i>.</p> <p>The committee agreed that principal risks 05a, 06b and 08b be updated to reflect the discussions on contract management, relationship management and external factors influencing contracting and commissioning decisions and discussions. The committee agreed that the revised risk rating for principal risk 08b would be recommended to board.</p>
<p>6. FPC15/16-095</p>	<p>Divisional Restructure Update</p> <p>JE presented the report which updated the committee on the progress to date with the divisional restructure, advising that it was currently running to plan. Although there had been some changes, the trajectory would be maintained for consultation to be completed by the end of September 2015. The following key issues were highlighted:</p> <ul style="list-style-type: none"> • All divisional manager posts had been successfully recruited to. • The job descriptions and personal specifications of proposed posts had been worked through and shared with JUSS and with those staff directly affected by the changed proposed. All relevant information would be provided through a shared drive so staff affected would have access to all the information pertinent to the consultation. • The consultation period with staff commenced on 3 August. An appeal was lodged by JUSS stating that the delay in developing job descriptions did not allow for a meaningful consultation period to take place. The appeal was not upheld but following discussions with JUSS it had been agreed to extend the collective consultation process by two weeks. This still allowed the consultation period to end on 30 September.

	<ul style="list-style-type: none"> The delay would have a small impact on some of the CIP schemes which could be mitigated and would have no impact on the reporting mechanisms by the three divisions which would take effect from October 2015. <p>AW asked whether the management information would be available from October and SC advised that a performance management framework had been developed by JE and PS with involvement from EB, looking at how the information would be managed through the divisions and up to committee.</p> <p>MG referred to an outstanding action regarding consideration of the integration of finance and HR business partners into the restructure and asked if this opportunity had been missed as job descriptions had now been distributed. VM advised that owing to the tendering activity taking place, it was not considered to be the right time to pursue this although it could be revisited in the future. SC stated that it was key to be aware of staff at risk in relation to the divisional restructure and this amalgamation would mean that more staff would be put at risk. The point was made that Monitor were paying close attention to the restructure to ensure it was implemented as agreed with the ability to deliver from October 2015. VM also stated that Monitor had raised the issue of capacity in corporate services, particularly in relation to dealing with tender opportunities as they arose and the impact these would have on the service.</p> <p>CA asked for further clarification on this discussion asking if this potential integration had been passed over and not considered in the process; CA suggested that a clear position would be required as this could be raised again.</p> <p>MG acknowledged the points raised by VM and SC and suggested that the action should have simply been closed earlier when it had become clear that it was not feasible in the current restructure. CA agreed and commented that the reasons presented by VM and SC were understood and was assured by having had the opportunity to discuss further.</p> <p>AW asked about the timescale for the deputy divisional managers to be in post and JE advised the process would commence at the beginning of October. There were a number of people at risk who could be considered for the roles and following the individual consultations, appointments to the new posts could commence.</p> <p>The committee noted the progress made with the divisional restructure.</p>
<p>7. FPC15/16-096</p>	<p>Financial Performance Report - Month 4</p> <p>DG presented the financial performance report for July 2015 and provided assurance that the trust's objectives to achieve its financial plan for 2015/2016 remained on target.</p> <p>The trust was showing a net surplus of £70k compared to a planned deficit of £3k. The reported YTD position was a surplus of £145k and £250k above the planned deficit of £105k, the key factor being the low pay cost. Pay expenditure was £40k below the plan in month.</p> <p>Non pay expenditure was £135k underspent in the month following the release of bad debt provisions. Clinical supplies were £70k above budget due to a higher than planned spend on dressings. Data was being gathered to understand what mitigations could be put in place to address this and it was thought this could be linked to a 10% increase in activity.</p> <p>DG stated that the drug spend had increased as there were more prescribers in the organisation and this had been raised at the last contract meeting with commissioners. SC advised that it was important to have a clear contractual agreement with commissioners to ensure the trust was being funded for the work done.</p>

DG drew attention to the table regarding Activity and Income (page 50 of the boardpack) and the non-patient related income which was showing as red. This reflected the shortfall in Cheshire & Wirral Partnership income. The main CCG contract was below plan and was principally due to queries raised in relation to physiotherapy CPC activity data. A prudent approach was being taken by accounts regarding cost per case physiotherapy activity.

KH stated that it was evident that progress had been made in understanding the trust's activity and asked how well the trust understood the activity that they should be paid for.

EB advised that there were issues with therapies as they remained on EMIS, however they would be moving onto SystmOne in the near future which would address any problems. By the end of Q3, uncertainty in relation to what the trust should be paid for would have been addressed. The culture within the trust to record activity was improving and KH confirmed that following service visits, her impression was that teams were extremely enthusiastic to accurately record their data.

SC referred to the physiotherapy audit and the activity not being as high as anticipated. This issue could be revisited with the service when reviewing performance and KPI's. JE advised that capacity and demand were the main problems being raised with the commissioners and how they would work together with the trust.

DG reported that four CIPs had achieved £584k year to date which was £32k above plan. However of this approximately 30% was non recurrent. The full year gap was slightly above £100k and a significant improvement from the previous month, however delivery remained essential.

The committee requested a more detailed plan to be included for the following month on how the impact of CIP schemes not delivering would be mitigated.

AW referred to the variance in the divisions and noted that nursing had identified half of their targeted plan. SC advised that the nursing CIP scheme value had been reduced due to the staffing levels required to ensure patient safety, however the Adult & Community Services Division as a whole had therefore considered alternative schemes.

Capital spend was slightly behind plan and MG stated that profiling of capital expenditure needed to be improved. Following questions regarding the provision for a backlog maintenance programme and refurbishment MG confirmed that there was approximately £1million built into the capital programme which was unallocated and therefore flexible.

The working capital had increased cash balances by over £900k following rental income received for overdue debts at St. Catherine's Health Centre and various suppliers and invoices were released for payment.

VM highlighted the issue of the review of the integrated teams which could have an impact on funding and cost implications as staff were moved around the trust. Any proposals would be required to be submitted to the Finance & Performance Committee for approval.

KH gave credit to the teams within the corporate functions for the on-going work to support services and ensure the trust was in a stable position with a firm business footing for the future.

The committee noted the detail included in the report.

<p>8. FPC15/16-097</p>	<p>Divisional Performance Report</p> <p>JE presented the divisional performance report for the reporting period 1 – 31 July 2015, highlighting performance by division against key indicators for the four strategic themes.</p> <p>JE reported that there had been significant improvement and progress made in relation to the CCG KPI's with seven moving to green status. However there remained areas of concern in relation to significant capacity and demand issues for the following services:</p> <ul style="list-style-type: none"> • Speech & Language Therapy • Physiotherapy • Podiatry • DVT <p>This had been discussed at length at the CCG contract meeting.</p> <p>Concerns also remained in relation to local authority KPIs and the definition and tolerances not being representative of the service being commissioned. This had been acknowledged and would be reviewed. Work also needed to be done internally in relation to the Weight Management and Smoking Cessation Services, particularly as they would be tendered in the near future. Further action was being taken with the Weight Management Service to identify how the referral rates could be improved into the service. Although the KPI for Smoking Cessation was on red, the trajectory had improved and further work had been done on the data quality and processes. A validation exercise had been completed with the local authority in relation to the KPI's on smoking quitters; the national target was six weeks and it was recognised this was difficult to achieve. Post six weeks quitters had not previously been reported and this was being reviewed as it would provide more positive reporting.</p> <p>VM stated that commissioners referred to outcome-based commissioning however the processes were not keeping up. There was the need to understand the impact of the registries in diabetes and respiratory with the CCG.</p> <p>KH stated that the commissioners could be offered the outcome based target which would become the measurement used to deliver more pace. Services were confident about what they were doing and wanted to move.</p> <p>SC advised that the outcome based measures were written into the Terms of Reference for the Clinical Forum to consider. In relation to CCG contracts, there was the need to consider how to publicise the work done with GPs, possibly by using the GP bulletin.</p> <p>CA referred to the patient outcome measures, particularly in relation to weight management and smoking cessation, and how the smaller changes that had an impact on the patient were measured. This needed to be considered as well as measuring the input and output, particularly bearing in mind the difference between the affluent and more deprived areas in Wirral.</p> <p>KH advised these conversations were taking place with public health by looking at the way in which the recovery model in mental health had a contract with patients regarding the outcome. This was excellent for patient expectations which could be different for each individual.</p> <p>AW referred to appendix 3 (page 78 of the boardpack) which detailed the trajectory for improvement, with a number showing green by July, but also a number that were not, for example integrated continence. A new iteration of the narrative was required to explain the reason for the trajectory for improvement not being reached and if not, what the expected date would be.</p>
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	The committee noted the detail included in the report.
<p>9. FPC15/16-098</p>	<p>Data Quality improvement Plan 2015/2016 EB presented the Data Quality Improvement Plan which identified current themes in data completeness and quality across the trust. The action plan would be monitored quarterly by the Data Quality Improvement Group.</p> <p>EB advised that the plan covered six of the nine protected characteristics and there was an ongoing debate in relation to transgender recording. It had been agreed not to report on this at the present time.</p> <p>The key data items consisted of a core set of items which the trust had to systematically collect across all of its systems and was linked into Service Line Reporting and service mapping.</p> <p>EB stated that therapies transition to SystmOne required highlighting to commissioners from a data recording perspective. The timeliness of when data was entered onto SystmOne was recorded and should be within five days following clinical contact. The Information Team would be creating a report which presented the % of data entered within this time.</p> <p>In relation to training, ad hoc work had taken place with the nursing services and routinely two services per quarter were checked to ensure nothing was being missed. SC stated this would be useful to link with the MIAA internal audit plan for the following year.</p> <p>SC expressed thanks to the Business Intelligence and Information Team for the progress made and the work that had taken place in relation to developing the Data Quality Improvement Plan.</p> <p>The committee noted the contents of the report.</p>
<p>10. FPC15/16-099</p>	<p>Activity Report and Analysis EB presented the report which provided the committee with an update on contractual activity levels against plan for 2015/2016.</p> <p>EB highlighted community nursing and DVT as exceptions to the CCG's use of last year's outturn activity levels whereby the planned level of activity from 2014/2015 had been retained. In community nursing, it was expected there would be 30,000 contacts over, which would cause considerable pressure for the service. Overall if the trend of over performance were to continue, the end of year position would be 50,000 additional contacts.</p> <p>KH highlighted the fact that the complexity and time taken with patients was not reflected and this needed to be raised with commissioners.</p> <p>VM stated that the discharge team were over performing which had an impact on the trust, linked to system resilience and the complexity of patients being treated.</p> <p>CA thought it would be useful for this information to be available and recorded at public board. KH suggested the purpose of the chair's brief could be reviewed and include this as requiring a board view.</p> <p>SC also referred to reviewing the Integrated Performance Report which brought together the information from all the committees. It was suggested a section be included that highlighted the risks or impact on the delivery of the strategy and at the end of each committee, consideration be given as to whether there was anything to be included in the report. VM stated that this would be key evidence to share with commissioners and JE advised that discussions were taking place with commissioners regarding the additional data that lay beneath the activity levels.</p>

	<p>CA referred to the need to ensure nursing teams knew that the board were aware of the increased activity and to provide them with answers as to the way in which this was being addressed.</p> <p>JE stated that he would be attending nursing communication meetings and would feed back to teams the work taking place around the increased activity and the solutions being investigated.</p> <p>The committee noted the detail provided in the activity report.</p>
<p>11. FPC15/16-100</p>	<p>FT Self Certification - July 2015</p> <p>AH presented the trust's FT self-certification submission for July 2015 and confirmed that the trust was declaring compliance against all indicators in the board statements and Monitor provider licence.</p> <p>AH drew attention to appendix 3 which detailed the evidence against each of the board statements and Monitor licence conditions. Additions made since last reported were highlighted in red text.</p> <p>SC referred to the section on Integrated Care (page 140 of the boardpack) and stated that for the September return, which would be submitted at the end of October, responsibility for this should be referenced as VM in her role as Director of Integration & Partnership.</p> <p>The committee approved the FT self-certification submission for July 2015.</p>
<p>12. FPC15/16-101</p>	<p>IT Update</p> <p>IH presented an update on key aspects of the IT agenda affecting the trust.</p> <p>MG referred to the decision made at the committee meeting in July to insource IT support for the trust. Transition meetings had commenced and the first HR meeting with the CSU was due to take place on 4 September.</p> <p>IH highlighted the following:</p> <ul style="list-style-type: none"> • Telephone System - the hardware had been ordered and the first full project meeting was due to take place week commencing 31 August. • SystemOne Deployment - work continued against the plan and training was in place. There had been a delay in the roll-out to the ophthalmology deployment and work was ongoing to ensure the correct information was being sourced. • SystemOne Mobile Working - roll-out continued and positive feedback had been received. • SystemOne Laptop Deployment - The third batch of 130 laptops was currently being configured. There had been a delay due to a member of the IT team leaving. • Risk 639 - Devonshire Network Link - the link had been inadvertently terminated by Cheshire & Wirral Partnership Trust and the ADSL lines installed were not suitable for the needs of the service. A LES circuit had been ordered but was dependent on BT Open Reach to install and they had a minimum 40 working day lead time regardless of the provider. SC advised that the third party relationship was causing difficulties as it prevented the integrated teams working properly. Contact would be made with BT to allow follow-up for a quicker response regarding this installation, stressing the need for patient care and safety.

	<p>AW referred to paragraph 8 and the feedback received from the district nurse regarding the mobile app versus paper notes. The suggestion was made that this would be a good question to ask when shadowing or on the leadership walkrounds.</p> <p>The committee noted the contents of the report.</p>
<p>13. FPC15/16-102</p>	<p>Business Efficiency Modernisation Group - 9 July 2015 Item 7 - Benchmarking status (Corporate Department Heads) - EB advised that progress was being made. Four trusts were involved and an event would be held in London providing the opportunity to meet. HR would be involved.</p> <p>The minutes of the Business Efficiency Modernisation Group held on 9 July 2015 were noted.</p>
<p>14. FPC15/16-103</p>	<p>Estates Management Group There were no minutes available.</p>
<p>15. FPC15/16-104</p>	<p>Data Quality Improvement Group There were no minutes available.</p>
<p>16. FPC15/16-105</p>	<p>Information, Management & Technology Group There were no minutes available.</p>
<p>17. FPC15/16-106</p>	<p>Any Other Business AW requested an up-to-date position in relation to car parking at St. Catherine's Health Centre.</p> <p>MG advised that information had been collated with regard to essential car users which required validating. Options needed to be considered for example, discounted rates.</p> <p>Following receipt of a letter from a councillor, DW had met with him and advised of the approaches being taken. This was a positive meeting and the councillor was satisfied with the arrangements made and would allay the concerns of local residents.</p> <p>The deadline to commence charging staff was 1 October and a proposal would be submitted to JUSS.</p> <p>CA stated that a view needed to be taken as to the way in which situations would be handled if employees raised issues outside of the organisation. A note of caution was raised in relation to DW being invited to attend a residents association meeting and the need to ensure there was appropriate support for her.</p> <p>KH raised the issue of being prepared in the event of the organisation being discredited, although there was no evidence of this happening at the present time.</p>
<p>18. FPC15/16-107</p>	<p>Items for the Risk Register None.</p>
<p>19. FPC15/16-108</p>	<p>Summary of Actions and Decisions AH provided a summary of the actions and decisions taken during the meeting.</p>
<p>Date & Time of Next Meeting: The next meeting of the Finance & Performance Committee will take place on Wednesday 30 September at 10.30am in Training Rooms 3 & 4, St. Catherine's Health Centre.</p>	

Committee - Chair Approval			
Name:		Date:	
Signature:			

The meeting concluded at 12.50 pm.

STAFF COUNCIL MEETING: Action Plan and Outcomes Summary

Date: Thursday 27th August 2015

Duration: 10.00 am -12.00 pm

Location: Nightingale Room, OMH

Members:	
Angela Price	Health Visiting (Staff Council Member)
Debra Ollerhead	Continence Service (Staff Council Member)
Dominique Gill	Senior Assistant, Corporate Team (Staff Council Member)
Jan Morris	Community Therapy Service (Staff Council Member)
Jo Harvey	Director of Human Resources & Organisational Development
Judy Fairbairn	Sexual Health (Staff Council Member)
Karen Howell	Chief Executive
Lindsey Booker	Communications Team on behalf of Fiona Fleming
Lindsey Gaffney	Quality & Governance Team (Staff Council Member)
Mel Johnstone	Business Manager, Dietetics (Staff Council Member)
Richard Lacey	Programme Manager, Livewell (Staff Council Member) (Joint Vice Chair)
Sandra Christie	Director of Nursing and Performance
Stephanie Ball	Community Night Nursing Service (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)
Dave Hammond	Membership Manager

Apologies:	
Ewen Sim	Medical Director
Fiona Fleming	Senior Communications and Marketing Manager
Helen Lundy	ICCT Manager (Staff Council Member) (Joint Chair)
June Sherlock	Community Nursing Admin (Staff Council Member)
Leann Davitt	Physiotherapy (Staff Council Member)
Mark Greatrex	Director of Finance and Resources
Paula Downie	Health Visiting (Staff Council Member)
Phillipa Compson	Business Manager – Lifestyle Service (Staff Council Member)
Val McGee	Interim Director of Development & Strategy and Deputy Director of Performance

No	Topic Summary	Outcomes / Actions	Lead (Date)
1.	<p>Introductions/Apologies JH welcomed all to the meeting and apologies were noted as listed above.</p>		
2.	<p>Minutes of the previous meeting – 23rd July</p> <p>The group asked for the additional text ‘on a divisional basis’ to be added to the last paragraph of page 7- ‘Divisional Restructure’ item. The group accepted the minutes as a true and accurate record of the meeting.</p> <p>Matters Arising ACTION 23/07: SC to feedback issue with quality of referrals from Orthopaedics to Physiotherapy to Julian Eyre. UPDATE 27/08: LG to liaise with Claire Wedge and feed this issue back.</p> <p>ACTION 23/07: Organisational Chart for the new Divisional Restructure to be shared with Staff Council UPDATE 27/08:JH to share Organisational Chart for the new Divisional Restructure when structure is finalised</p>	<ul style="list-style-type: none"> • Organisational Chart for the new Divisional Restructure to be shared with Staff Council when finalised 	<p>JH/SC (08/10/15)</p>
3.	<p>Update on Governor Elections Presentation</p> <p>Dave Hammond attended Staff Council to provide a recap and an update on the forthcoming Governor Elections. The key points were:</p> <ul style="list-style-type: none"> • Election process begins week commencing 3rd August and will be run by UK Engage as the election process needs to be run independently. The closing date for nominations is 1 October. • It was clarified that the governor elections are being promoted to 0-19 Service East Cheshire staff who are due to transfer to WCT as part of the TUPE process. • RL asked for a recap on the role of Staff Governors in relation to Staff Council. DH updated that discussions began around 2 years ago with a focus on promoting close working relationships between staff governors and Staff Council. • Any staff member, including any member of Staff Council can nominate themselves for election as a Staff Governor. New staff governors would become affiliate members of Staff Council if not already members; existing members could continue in both roles if appropriate. 		

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<ul style="list-style-type: none"> The Staff Council Terms of Reference will need to be revised to include the Staff Governors role in relation to Staff Council; it was suggested that Staff Council could discuss this at the next meeting There are Governor Sessions being held over the next few weeks and DH encouraged any interested staff member to attend. 		
4.	<p>Relocation of OMH Staff to St Catherine's HC</p> <p>The group asked JH if there was any update on the relocation of staff from OMH.</p> <p>JH provided an update and the key points were:</p> <ul style="list-style-type: none"> The relocation timetable is on track There is no further update on car parking and the final proposal will be discussed at ELT next week. SB noted that a recent Staff Bulletin had stated that a discussion had taken place with Staff Council and Joint Union Staff Side around car parking that gave the perception to staff that both groups are in agreement which has upset staff who feel that we are supporting the proposal. JH suggested that a communication should be shared with staff to clarify this as the trust has listened to all views across staff groups and ask for feedback from Staff Council but we aren't looking for endorsement as the Board will ultimately make the decision. 		
5.	<p>SCH Access Passes for Clinicians</p> <p>DO raised a query around car parking arrangements for clinical staff who have been advised to use the visitors car park at St Caths for clinics. Staff were concerned that they have to carry equipment for clinics, often over some distance, from the visitors car park. Some equipment such as bladder scanners are not easily portable.</p> <p>MJ also raised a query around access for SLT staff to the Intermediate Suite at St Caths. Staff have been asked to give back their access passes but staff need to access the Intermediate Suite at 8.30 am before reception staff have arrived. This means they have to carry equipment around to the main entrance.</p>	<ul style="list-style-type: none"> SC to progress issue with SCH access passes and car parking arrangements for clinical staff attending clinics at SCH 	<p>SC (08/10/15)</p>

No	Topic Summary	Outcomes / Actions	Lead (Date)
6.	<p>Update on Medequip</p> <p>JM raised a query regarding the new provider of the community equipment contract, Medequip, which began in July. The catalogue has not been set up properly which is resulting in the wrong equipment being delivered and badly fitting equipment. Staff have been logging incidents on DATIX. SC confirmed that the DATIX reports are being shared with the CCG as the joint commissioners of this service with the Local Authority and agreed to feedback to relevant staff. SC advised that if staff are experiencing genuine concerns around quality and patient safety please log incidents on DATIX with supporting evidence.</p>		
7.	<p>* Organisational Update</p> <ul style="list-style-type: none"> • Executive Briefing – SC updated that a new style Executive Briefing will be cascaded to staff via team leaders which includes key information for staff such as how well their service is doing against their KPIs. JH updated that the HR Update will be shared with staff via the Staff Bulletin and will be available on Staff Zone here. • CIP – SC reported that the Trust is doing well against the CIP target and we are down to less than 2% of the total that we need to find • Sickness Absence – The sickness absence rate was green in May. However figures rose to 4.6% in July and the year to date figure is 4.1% (just above target of 4%). • Foundation Trust Application – JH reported that Monitor are on site this week and will be here for several dates during September. Monitor will be meeting with staff within the Trust and Staff Focus groups will be held. There will be a Board to Board with Monitor on 13th November. KH thanked all staff and all teams for their participation and support during this process. JF feedback that some staff at the Staff Focus groups knew who their Divisional Manager was but did not know them by sight. SC agreed to pick this up. • Update on Bids, Tenders and Organisational Change <ul style="list-style-type: none"> – 0-19 East Cheshire Service – JH confirmed that 120 staff will TUPE across to the Trust on 1st October – 0-19 Warrington Service – as the service specification and budget for this tender has changed this has delayed the tender process – Livewell – The Stop Smoking and Weight Management services are going out to tender in September. – Physiotherapy – Physiotherapy Service will be tendered at the end of Q3/4 – Divisional Restructure <ul style="list-style-type: none"> • Communications have been shared with staff via the Staff Bulletin • Collective consultation is in progress with 1:1s with affected staff to follow and 	<ul style="list-style-type: none"> • SC to progress issue around visibility of Divisional Managers 	<p>SC (08/10/15)</p>

No	Topic Summary	Outcomes / Actions	Lead (Date)
	<p>meetings with Joint Union Staff Side are ongoing</p> <ul style="list-style-type: none"> Letters will be sent to all staff within each division to clarify where each member of staff sits within the division MJ feedback that staff within SLT and Dietetics wanted clarity around who their line manager would be and who would be giving clinical supervision. 		
8.	<p>Vanguard Presentation</p> <p>SC talked through the Vanguard/Healthy Wirral and the key points were:</p> <ul style="list-style-type: none"> The project is going well and there is a real sense of moving forward Cerner are involved to ensure that all IT systems communicate with each other. Jo Goodfellow is the Vanguard Lead who has been appointed by the CCG ICCT teams are in place and are working well Vanguard /Healthy Wirral to be a standing agenda item for Staff Council 	<ul style="list-style-type: none"> Vanguard/Healthy Wirral to be a standing agenda item 	<p>CP (08/10/15)</p>
9.	<p>Leadership Model</p> <p>JH provided an update on the Leadership Model and agreed to share a presentation with the group at the next meeting. The key points were:</p> <ul style="list-style-type: none"> The leadership model has now been agreed A process has been agreed for talent management which will be linked to the appraisal process Talent management reviews will be done by division which will link into succession planning and training will be provided for line managers There are 2 launch events planned to present the Leadership model to staff: Thursday 5th November at St Caths and Friday 20th November at VCH. A Leadership page will be set up on Staff Zone. 		
10.	<p>Key Messages</p> <p>The group agreed that the key messages from the meeting were:</p> <ul style="list-style-type: none"> Promote timelines around Governor Elections FT Update – update on timeframe and info on Monitor visiting the trust, thank you to staff for getting involved in Staff Focus groups 		

No	Topic Summary	Outcomes / Actions	Lead (Date)
11.	<ul style="list-style-type: none"> Relocation – key fobs <p>Future Agenda Items</p> <p>Please send any future agenda items to either HL, RL, JH or CP.</p>	<ul style="list-style-type: none"> Staff Council members to send any future agenda items to either HL, RL, JH or CP. 	<p>Staff Council members (08/10/15)</p>
12.	<p>Any Other Business</p> <p>Worklife Balance Policy LG highlighted a significant change in the Worklife Balance Policy whereby staff no longer receive paid time off to attend hospital appointments or receive hospital treatment. It was suggested that further clarity was needed around this as managers could offer lieu time or unpaid leave at their discretion. JH agreed to review this to provide clarity on this.</p> <p>Sending Emails from Home The group raised a query around a recent notice in the Staff Bulletin advising staff make sure that documentation is not sent from a trust email account to a personal email account. SC confirmed that this is around a network security issue about sending emails from home to work and the virus threat. LG agreed to liaise with Helen Partington to provide an update staff and include the information about encryption.</p> <p>Security Issue at Bebington Civic Centre JF raised a query regarding a recent theft incident at Bebington Civic Centre as several members of staff had bags and phones stolen. The team felt that they were not supported as a senior manager or immediate management did not visit the team to provide support. This was noted, although SC confirmed that a senior manager had visited the team to support them.</p>	<ul style="list-style-type: none"> JH to review the guidance on the Worklife Policy 	<p>JH (08/10/15)</p>
13.	<p>Date and Time of Next Meeting Thursday 8th October from 10.00 -12.00 pm in Training Rooms 3 & 4, St Caths Pre-meeting for Staff Council members from 9.30 am</p>		