

# **WOLVERHAMPTON CCG**

# GOVERNING BODY MEETING 10 OCTOBER 2017

# Agenda item 24

TITLE OF REPORT:	laint Negatiating Canatative Committee (INICC)		
AUTHOR(s) OF REPORT:	Joint Negotiating Constative Committee (JNCC)		
AUTHOR(S) OF REPORT.	Lisa Murray, Staff Side and UNISON Representative		
MANAGEMENT LEAD:	Mike Hastings		
PURPOSE OF REPORT:	To advise the Governing Body on discussions held at the last JNCC on 6 September 2017		
ACTION REQUIRED:	□ Decision		
	⊠ Assurance		
PUBLIC OR PRIVATE:	This Report is intended for the public domain		
KEY POINTS:	The CCG is committed to maintaining a motivated and high performing workforce.		
RECOMMENDATION:	To be noted		
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	[Outline how the report is relevant to the Strategic Aims and objectives in the Board Assurance Framework – See Notes for Further information]		
Improving the quality and safety of the services we commission			
Reducing Health     Inequalities in     Wolverhampton			
System effectiveness delivered within our			

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financial envelope	

# N.B. Please divide the rest of the report into Paragraphs, using numbering for easier referencing.

#### 1. BACKGROUND AND CURRENT SITUATION

1.1. To update the Governing Body and provide assurance of the continued commitment of WCCG work with staff side representatives and Staff to ensure their views are listened to and taken into consideration.

#### 2. UPDATE

- 2.1. The Staff Away Day was held on the 29 June 2017 where there was a focus on celebrating staff and the achievements of each department within the CCG over the last year. This was very well received by staff where Away Day evaluation forms stated that 100% of staff felt this was a highlight of the day.
- 2.2. JNCC confirmed that the Contracting Team have now been TUPE'd across to the CCG from the CSU.
- 2.3. The 2017 Staff Survey is currently being put together with an aim to be completed by the end of the year. The results will be taken to the Staff Forum where an action plan will be put together to ensure staff views are listened to.
- 2.4. The bi-monthly Staff Forums are well-attended with a staff representative from each department. The aim of the Forum is around the health and well-being of staff, and a number of proposals have been suggested and acted upon, i.e. fruit available for staff; suggestions box, hot tap and cold tap available etc.
- 2.5. CCG Departments continue to hold bi-monthly charity raising events in aid of Air Ambulance, which boosts staff morale and encourages staff interaction. So far staff have raised £6827.37 for Air Ambulance.
- 2.6. Staff PDRs are to be recorded directly onto ESR along with mandatory training and annual leave.

#### 3. CLINICAL VIEW

3.1. [If relevant, please include a clinical view on the report contents]

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#### 4. PATIENT AND PUBLIC VIEW

4.1. [If relevant include details of any patient or public views on the report or any engagement work that is planned.]

#### 5. KEY RISKS AND MITIGATIONS

- 5.1. Outline the key risks associated with the report; this should include any reputational risks, litigation etc. You should also highlight any controls or actions in place to mitigate these risks.
- 5.2. Highlight whether the report either specifically relates to risks included on the risk register or if any risks need to be escalated.

#### 6. IMPACT ASSESSMENT

# Financial and Resource Implications

6.1. [Outline any financial or resource implications arising from the report. If you have outlined any alternative options detail the associated issues. Please seek advice from the Finance team to complete this section if required]

## **Quality and Safety Implications**

6.2. [Outline any implications for quality and safety, including whether the report addresses existing concerns or introduces any new requirements. Please seek advice from the Quality and Risk Team to complete this section if required]

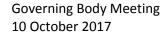
## **Equality Implications**

6.3. [Outline details of any equality impact assessment undertaken (if relevant). Include details of any mitigating action undertaken. Please seek advice from the Equality and Inclusion service to complete this section if required]

#### Legal and Policy Implications

6.4. [Outline any legal implications from the report (such as meeting statutory duties/ guidance etc.) including any Information Governance or privacy implications. Also highlight if this impacts on current CCG policies. Please seek advice from the Corporate Operations Manager/ IG Team to complete this section if required]

#### Other Implications









6.5. [Outline details of any impact on issues such as medicines management, estates, HR, IM&T etc. Please seek advice from the appropriate team to complete this section if required]

Name Job Title Date:

#### ATTACHED:

(Attached items:)

## **RELEVANT BACKGROUND PAPERS**

(Including national/CCG policies and frameworks)

# **REPORT SIGN-OFF CHECKLIST**

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk		
Team		
Equality Implications discussed with CSU Equality and		
Inclusion Service		
Information Governance implications discussed with IG		
Support Officer		
Legal/ Policy implications discussed with Corporate		
Operations Manager		
Other Implications (Medicines management, estates,		
HR, IM&T etc.)		
Any relevant data requirements discussed with CSU		
Business Intelligence		
Signed off by Report Owner (Must be completed)		



