WIRRAL COMMUNITY NHS TRUST

TRUST BOARD OF DIRECTORS MEETING

MINUTES OF MEETING

MONDAY 7 APRIL 2014, at 14:00

DUNCAN ROOM, OLD MARKET HOUSE

Members:

Mrs Frances Street	Chairman **(Chair)**	(FS)
Mrs Sandra Christie	Director of Quality & Nursing	(SC)
Dr Murray Freeman	Non-Executive Director	(MF)
Mr Simon Gilby	Chief Executive	(SG)
Dr Ewen Sim	Medical Director	(ES)
Mr Alan Wilson	Non-Executive Director	(AW)
Mr Steve Wilson	Director of Finance and Development	(SW)

In Attendance:

Mr Paul Edwards	CCG Executive Board Member	(PE)
Mrs Diane Hill	Healthwatch Representative	(DH)
Mrs Alison Hughes	Trust Board Secretary	(AH)
Mrs Heather Stapleton	Board/FOI Officer	(HS)

Reference	Minute
1. WCT14/15-001	**Patient Story - Heart Support Service** SC introduced an audio recording and storyboard, relating to a patient who, after raising a concern, described her experience of having a 24 hour ambulatory blood pressure test provided by the Heart Support Service. The patient reported that the cuff became increasingly uncomfortable throughout the night and she reported having a rash on her arm. SC advised that as part of the action plan, clarification would be sought that the single use protective sleeve was 100% latex free. FS stated that it would be interesting to see how, in the future, this could result in a positive change for the patient and SC advised that an update would be provided in the next patient safety tracker which was received by the board on a quarterly basis. The annual Patient Experience Report and Quality Account would also provide further confirmation of change. SC would request the team to provide more detail on the actions taken in future reports and to review the terminology used in the action plan. The board noted the patient story and were assured that the implementation of the action plan would improve the delivery of high quality, safe and effective services.

Reference	Minute
2. WCT14/15-002	**Apologies for Absence** The Board received apologies from: Mrs Chris Allen, Non-Executive Director Mrs Phillipa Compson, Chair, Staff Council Ms Judy Fairbairn, Vice Chair, Staff Council Ms Jo Harvey, Director of HR and Organisational Development Mr John Lancaster, Director of Operations Mr Brian Simmons, Non-Executive Director
3. WCT14/15-003	**Invitation for Public Comments** There were no members of the public present.
4. WCT14/15-004	**Chairman's Announcements** The chair made the following announcements: • The annual returns for members Declarations of Interest were due to be completed and returned to the Chairman for signature. • The trust's two year business plan had been submitted to the Trust Development Authority and business plan events were being arranged for staff. • The NHS staff survey results had been published and the trust had a good response rate with positive results. These were in the public domain and a paper had been submitted to Education & Workforce Committee and would be monitored quarterly. • Merseyside's Lord Lieutenant and High Sheriff had joined the trust to celebrate local services and organisations achieving 'Young People Friendly' status and certificates were presented at the awards ceremony. The services and organisations awarded this status included the trust's Speech and Language Therapy Service, Community Dental Service and the Livewell Programme, as well as Forum Housing, Terrence Higgins Trust and Wirral Metropolitan College. • The Livewell Team had hosted an event to celebrate the excellent work local nurseries and children's centres had been doing around health and wellbeing. Certificates had been awarded to organisations who shared their good news stories about what they had been doing to improve the health and wellbeing of local children and their families. • An Equality and Diversity Strategy launch had taken place for staff to attend. Representatives from Wirral's Mencap, Lesbian Gay Bisexual Transgender (LGBT) Network, Healthwatch and Cultural Diversity Group were also present. Staff support networks had also been launched for LGBT and Black Minority Ethnic (BME). • The trust now had 23 work experience placements which had attracted 47 applications from nine schools and colleges across Wirral. The placements would be taking place during June and July. • The Family Livewell Course was a new course, commencing mid-April, for local families focusing on healthy eating, preparing meals, physical activity and ways to help families make changes one step at a time. • National No Smoking Day had been supported by the Livewell Team to encourage people to take the first step to becoming smoke free. • The Heart Support Service would be delivering another 'Cardiology in Practice' course at the Wirral Heart Support Service. The course was suitable for anyone interested in working in cardiology, such as practice nurses, allied health professionals, paramedics and junior doctors. • Claire Wedge, from the Information Governance Team, had recently completed a six month training course in London to achieve her Information Governance Certificate.

Reference	Minute
5. WCT14/15-005	**Declaration of Interests** ES and MF declared an interest as practising general practitioners on the Wirral.
6. WCT14/15-006	**Minutes of the Previous Meeting** The minutes of the board meeting held on 3 March 2014 were approved.
7. WCT14/15-007	**Matters Arising** The board reviewed the action points from the previous meeting and noted that the actions had either been dealt with or were progressing satisfactorily. *(See separate actions/matters arising tracker.)*
8. WCT14/15-008	**Chief Executive's Report – March 2014** The board received the Chief Executive's report for March 2014 and the following key points were highlighted: • Links were provided within the paper to a number of reports which had been issued. The main themes were in relation to the shift from hospital based services to community care services and were consistent with the overall healthcare community and the trust's strategic plans and aspirations. • This also linked into the Vision 2018 work that was on-going and referred to in paragraphs 19–22 of the report. A further report on progress would be submitted to the June board. • A Better Care Fund (BCF) joint proposal had been submitted by Wirral Borough Council and Wirral CCG with the emphasis on shifting investment to community based services. This was of interest to the trust and should be seen as a driver to promote integration. • An update on the pay situation had been reported to Education & Workforce Committee. • A message to all NHS staff had been issued by the Secretary of State for Health and related to the changes implemented to support staff raising concerns about patient care and safety. The opportunity had been taken to remind staff of positive key changes made by the trust to encourage raising a concern. Following a request for further information relating to the BCF, PE advised that there were no new resource in the system but the BCF could be seen as a positive driver to promoting integration and primary care, providing opportunities to do things differently. The board noted the contents of the report.
9. WCT14/15-009	**Committee Reports – March 2014** The chairmen of the committees of the board which had met since the last board meeting provided a brief update before the approved minutes were submitted to board. This provided an early indicator on any issues raised at committees of the board. **Education & Workforce Committee – 17 March 2014** MF highlighted the following: • Sickness absence had increased slightly. An incremental approach to the overall target of 3.4% had been discussed and agreed. • The trust's results from the national NHS Staff Survey had been reviewed and on the whole, the feedback from staff was positive. A number of the key findings had scored higher than the national average. • The proposed divisional restructure had been discussed. Although approval had been given to implement the restructure once the HR framework had been established, more information had been requested.

Reference	Minute
	• The initiation of a staff story had been agreed at the start of committee meetings. **Quality & Governance Committee – 17 March 2014** In the absence of CA, SC highlighted the following: • The levels of patient experience feedback varied and each service had monthly quality goals to increase their patient feedback levels. • There had been an increase in the reporting of incidents and near miss incidents. • Concerns had been raised about staffing and medication incidents. • Four StEIS incidents had been reported, two grade 3 and two grade 4 pressure ulcers. The RCA had been completed and reported back to the committee. • Four high rated incidents had been reported and the details discussed. **Finance & Performance Committee – 24 March 2014** AW highlighted the following: • The focus remained on the delivery of the CIP. • Work was on-going to improve the performance of DNA KPIs. • Commencing in May, there would be further 'drilling down' on the FT self-certification return to provide extra assurance to the board. **Staff Council – 13 March 2014** In the absence of PC, SG highlighted the following: • A constructive discussion had taken place in relation to the staff survey. • Communication surrounding the administrative review had not been good but this had now been addressed.
10. WCT14/15-010	**Complaints and Concerns Report** SC presented the report which provided the board with assurance of the delivery of safe, effective, quality services for the reporting period 1 February – 28 February 2014. SC advised that three complaints had been received in February 2014 and a breakdown of the complaints received by division and subject was included in the report. The investigations for the complaints received in December and January had now been complete and one complaint had not been upheld and five complaints upheld, wholly or partially. Details of the complaints upheld were attached as an appendix to the report. SC advised that one complaint had been referred to the Health Service Ombudsman and the trust had been advised that their investigation was complete and they were satisfied that the trust had reasonably reviewed the complaint and therefore was not upheld. SC reported that 89 concerns had been received in February which was an increase from the previous month. A number of these related to the podiatry service which was undergoing a new service delivery model and had been raised with the commissioners. Information was available showing a breakdown of the number of concerns received in comparison to the number of contacts made and the majority related to waiting times in primary care. Work was on-going on how best to deliver the service and manage the expectations of patients. SC highlighted the appendix which provided a short description of complaints together with the learning and actions taken as a result. FS referred to complaint 136 (page 49 of the board papers) which related to the Contraception and Sexual Health Service.

Reference	Minute
	SC advised that it was thought this was a 1:1 appointment between a female patient and female doctor. There was no chaperone present as the patient had someone with them.
	The board noted the contents of the report.
11. WCT14/15-011	**CQC Quality Risk Profile** SC presented the report which assisted the trust in assessing where the risks lay within the organisation. SC highlighted paragraph 8 which detailed the changes in the report. SC had contacted the CQC for clarification in relation to Outcome 8 which had moved from high green to low green. MF requested clarification as to the source of the data and SC advised that the majority was from national data sources such as the NHS staff survey, returns to Public Health England and national incident reporting. The information provided enabled the board to be aware of any deteriorating trends. The board were assured by the continued estimate of low risk of non-compliance against each of the 16 essential standards of Quality and Safety presented in the CQC Quality and Risk Profile.
12. WCT14/15-012	**Leadership & Patient Safety Walk Rounds Quarterly Report** SG presented the report which focussed on walk rounds undertaken during the reporting period 1 January – 31 March 2014 and provided the opportunity for Non-Executive Directors to shadow clinical staff in their day to day roles and meet patients in the clinic or in the home setting. SG highlighted paragraph 9 which detailed the walk rounds that had taken place together with the number of completed questionnaires by staff and patients. The questionnaires were helpful in providing feedback on the services received and support for staff. Paragraphs 16 – 18 related to proposals covering the following three months (April – June 2014). A board development session had been held to review the process for the walk rounds. FS and AW raised the support for complex cases out of area and the handing over to another community nursing team. ES advised that there was the need to explore whether teams were aware they could pass over to other teams. The board noted the feedback from visits and were assured on the quality and impact of the trust's services.
13. WCT14/15-013	**Safe Staffing Levels Report** SC presented the first monthly report, setting out the current status regarding safe staffing levels within the trust. This forms part of the organisations Francis Public Inquiry Report action plan and the Trust Development Authority quality visit. SC advised that the safe staffing action plan had been presented in January 2014 to board and updated following the attendance by SC at a National Quality Board master class on safe staffing. As part of the masterclass a set of frequently asked questions had been developed. SC drew the board's attention to guidance attached on the publishing of staffing data which would be presented on a shift by shift basis and be available to the public. At present this applied only to NHS inpatient areas. SC highlighted the following: Walk in Centre: • The capacity and demand model detailed the recommended nursing shifts in the Walk In Centre and covered the skill mix required and medical input to

Reference	Minute
	deliver a safe staffing model.
	• Some of the work undertaken had been shared with the CQC following their visit in September and they were agreeable with the approach the trust had taken.
	• Benchmarking with national data had taken place.
	• A clinical review tool was used to review the effectiveness of the staffing provided and included the quality of care and patient outcomes.
	• The skill mix between qualified and unqualified staff had been reviewed. The current ratio of registered/unregistered nurses in the Walk in Centre was 37:19 wte Registered Nurse to 3.5 wte Unregistered Nurse.
	Community Nursing Staff:
	• The initial work on establishing the methodology for setting the community nursing safe staffing establishment had been completed and had included a capacity and demand review completed by 10 of the 14 community nursing teams.
	• A roster system would be piloted in April with the Bebington and West Kirby community nursing teams and if successful would be rolled out to all community nursing teams. Further detail on establishment would be provided in May 2014.
	Effective Recruitment:
	• There were currently 20.66 wte vacancies within community nursing with the majority being on band 5.
	• The vacancies were being held until the establishment allocation had been agreed.
	Managing Absence:
	• Absence within the service was at 6.23% and would have an implication on the service being safely staffed.
	SG noted that logically if the correct levels of staffing were in place over time sickness levels should reduce and patient and staff satisfaction increase.
	SC stated that a safe staffing dashboard would be developed in order that monthly progress could be monitored.
	PE referred to the wider Wirral context in that each organisation should be communicating their plans and assumptions in order to build into the organisation's capacity.
	SC advised that a meeting was scheduled with Directors of Nursing to review their workforce plans. There was the need to also link this into primary care.
	SC referred to the action plan which had been revised based on national guidance and the updates had been highlighted in red. Assurance was provided that this exercise would provide the detail needed to ensure the organisation had the appropriate levels of staff.
	The board noted and agreed to the list of requirements in paragraph 53 of the report.
14. WCT14/15-014	**Foundation Trust Programme Update** SW presented the trust's current position in the Foundation Trust application process. The report outlined the general programme and work stream updates as well as the reporting requirements to the Trust Development Authority (TDA).
	SW advised that the TDA had provided feedback following submission of the trust's draft two year plan and the issues raised would be factored into the final draft which was due to be submitted on 4 April 2014. The trust was working on the five year Integrated Business Plan (IBP) and the Long Term Financial Model (LTFM) which were due for submission by the end of June 2014.

Reference	Minute
	The TDA reporting process was on-going and Finance & Performance Committee would be taking a more in-depth look at the self-certification process in line with the new financial year. The TDA had published a new Accountability Framework and Finance & Performance Committee and board would be updated on the requirements. The trust had been delegated a new relationship manager who would be the key point of contact within the TDA. AW requested an update on other community trusts going through the CQC process and SC stated that the CT model was still being worked on and in pilot stage. The board noted the contents of the report and were assured of progress made by the trust in its FT application process.
15. WCT14/15-015	**Two Year Business Plan** SW presented the final published two year business plan summary document entitled 'Our Future' and the five year plan summary publication entitled 'A guide to our five year business strategy 2014 – 2019'. The two year summary plan had been approved for submission to the TDA by the Finance & Performance Committee and was launched to staff at an event held on 3 April. The five year summary plan outlined the trust's vision, values and overarching business strategy and was aligned with wider organisational goals. FS stated that the quality of these documents were a credit to the communications team and PE confirmed this and stated that they captured the key messages. The board approved the two annual plan publications.
16. WCT14/15-016	**Financial Plans 2014/2015** SW presented the financial plans and budgets for the trust for 2014/15 and 2015/16 which had previously been approved by the Finance & Performance Committee and submitted to the TDA. SW highlighted the following: - The trust was planning to deliver a surplus of £900k in 2014/15 and 2015/16. - The delivery of the plan would be a significant challenge to the trust, including the delivery of cost improvements of 4.8% or £3.3m in 2014/2015 and £3.2m in 2015/16. - The trust has set out capital plans of £1,129k for 2014/15 and reduced the level to £500k for 2015/16. This figure had been reduced as the investment in IT mobile working would have been completed. Also as previously reported, the trust received funding from Safer Hospitals to support the delivery of capital funds. - Detailed contract discussions had not yet been held with commissioners for 2015/16 however there was local and national support for the trust's plans in the future. - The contract had been signed with the CCG for 2014/15 and the financial value agreed with the local authority, although there was further work to be done before this contract could be signed. - The bridge analysis on page 146 highlighted the changes to income and expenditure from 2013/14 to 2014/15. - The plans would deliver a monitor risk rating of four in each of the two years for capital servicing capacity and liquidity. Further details were included in the appendices attached to the report. FS requested clarification on why the Local Authority contract had not been signed and SW advised that the sexual health services was a three year contract, signed in 2013 and therefore only related to the Livewell element of the contract. The financial value had been agreed.

Reference	Minute
	The board noted and approved the financial plans for 2014/15.
17. WCT14/15-017	**Draft Quality Strategy** SC presented the draft Quality Strategy 2014–2019, together with the quality goals. SC advised that the comments made at the Quality & Governance Committee had been incorporated. The strategy built on the successful delivery of the previous Quality Strategy and Quality Accounts and covered the board's commitment to quality. The quality model linked to the objectives which formed the basis of the strategy. The culture of continuous quality improvement was addressed within the strategy and other areas covered were: • Patient engagement and experience • Clinical engagement and leadership • Safe staffing • Sustainability and delivering cost effective services Widespread consultation had taken place with staff, Healthwatch, CCG and other partners and positive feedback had been received. A dashboard based on the quality goals was being developed by EB which would be taken through to team level. AW referred to the review date of March 2019 although the strategy would be refreshed on an annual basis to bring the strategies in line with the business planning process. FS highlighted some formatting issues which would be addressed. SW stated the need to ensure the strategy was linked through the Quality Impact Assessment on the CIP process. SC advised that the Quality Strategy would be launched at an event on 23 April focussing on the goals and continuous quality improvement. The ProdaCapo dashboard would be available to staff within their teams with the facility to compare progress with other divisions. The board approved the draft Quality Strategy and goals.
18. WCT14/15-018	**Organisational Development Plan** SG presented the Organisational Development (OD) Plan for the trust for 2014–2016 which identified gaps in organisational capability and put in place actions to address these. SG advised that a detailed board development session had taken place using the online Organisational Capability Assessment Tool (OCAT) where key areas had been identified and related to: • Communication • Talent management planning • Succession planning • Information technology These key areas had been developed into the attached action plan and included timescales for specific activities. The OD Plan would be incorporated into the trust's Integrated Business Plan and reviewed in six and twelve months' time in line with the annual planning process. ES stated this had been a time consuming and complex task to complete and to put into a meaningful and succinct format was a positive step. The board approved the OD plan for inclusion in the Integrated Business Plan.

Reference	Minute
19. WCT14/15-019	**Integrated Performance Report – Month 11** SG presented the Integrated Performance Report which provided assurance on the performance of services and the action plans in place to deliver improvements as required. SG advised that the trust's performance against the indicators was broadly positive although the end of year prediction would still show some indicators on amber or red. Divisional review meetings had been used to stress the importance of maintaining rigour in the monitoring of targets, particularly in relation to performance against CIP and sickness absence rates. There had been a significant improvement with performance against the CIP plan since November/December 2013 and the trust were forecasting, without mitigating actions, 91% of the target savings for the year. With the mitigating actions identified, the trust would deliver the CIP in full. SW advised that the breastfeeding and stop smoking targets continued to present challenges in contract negotiations. A lower target for breastfeeding had been agreed for 2014/15. In relation to smoking cessation, fewer people were coming through the stop smoking service, partly due to e.cigarettes, and KPIs had been set for four week and twelve week quitters. Some adjustments had been made as the figures were below target compared to the previous year and the contract would be linked to performance by results. SW advised that a lot of work had been undertaken on DNA rates linked to benchmarking across the country. Paediatric services continued to be the most likely to have DNAs despite introducing text reminders. The board noted the contents of the report.
20. WCT14/15-020	**Equality & Diversity Review Action Plan Update** SG presented a paper on progress made to the Equality and Diversity action plan following the Mersey Internal Audit Agency review. SG referred to appendix 1 (page 251 of the board papers) which set out the overview and demonstrated by use of a flowchart, the work undertaken to bring all the different elements together. The action plan was attached at appendix 2 and showed 3 actions on green, 6 on amber and 33 on red. However it was noted that the prediction indicated that by July, several areas would be moved from red to amber or green. SG highlighted paragraph 10 of the report, which referred to the brand developed to support the strategy and raise the profile of equality and diversity issues. This would continue to be used as part of the publicity materials and had been well received. MF commented on the high number of red actions and thought there was a gap between the action plan and what the trust was already doing. SC stated that the trust needed to collect the evidence to show these actions were being done and systems were being put in place to record against the nine protected characteristics. It was noted that these were already built into SystmOne. The board noted the contents of the report and were assured action was being taken to address the gaps outlined in the review.
21. WCT14/15-021	**High Level Organisational Risk Report** AH presented the monthly high level organisational risk report compiled from the risk register, including the FT risk register, with a score of 15 and above. AH reported there were three high level risks to report: • Unplanned care re ADHC being left without a practically accessible sluice following refurbishment work – this had been reported the previous month and short term measures had been put in place. A longer-term decision was required regarding the requirement for a utility area. • Tthe trust is unable to access any corporate records archived with

Reference	Minute
	Dataspace – this had been reported the previous month and had been discussed at the Information Governance Group. This was a national issue and was being actively pursued. An urgent meeting was being arranged to discuss the implications. • The trust does not have a specialist MDT for bariatric patients as defined by NHS England guidance – ES was in regular communication with commissioners and the support group to alleviate concerns. AH also highlighted a risk in relation to the FT programme which had been previously reported and had now been reduced from its initial risk rating score of 20 to 15. The progress made was highlighted in red in the action plan and related to the roll out of the ProdaCapo system to support the quality of data gathered. The board noted the position.
22. WCT14/15-022	**Membership & Engagement Update** AH presented the update providing information relating to volunteer recruitment, work placements and membership development activity and highlighted the following: • 23 work experience placements had been planned for June/July and 47 students had applied. 41 of the applications had come from the four schools involved, however six further applications had been received from young members of the trust. Work was on-going with the divisions to review the applications and all the students would be informed as to whether or not they had been offered a placement by the end of April. • Volunteer placements across the trust had been identified. The trust had recently been recognised in a Health Education North West 'Hot Topic' briefing on the recruitment and management of volunteers in trusts across the region. • The current membership was currently 4,590 against a target to recruit 5,000 public members by April 2015. Further public recruitment was planned this month. In support of the trust's Equality, Diversity & Human Rights Strategy, relationships had been extended and strengthened with groups who represented people with protected characteristics. The board noted the contents of the report.
23. WCT14/15-023	**Board Governance Assurance Framework** AH presented the quarterly review of progress against the original recommendations of the BGAF. Additional evidence had been included against each of the recommendations. AH advised that the trust continually collated evidence to ensure BGAF was a 'living' document and the additional evidence further strengthened and supported the recommendations since the last board review in January. This progress had been highlighted in red, the blue highlights indicated the updates reported in the previous quarter. AH highlighted the update regarding the Clinical Forum (page 300 of the board papers) and advised this should refer to the Business Development Group that AW was a member of. A further board development session on BGAF was proposed in order to gain more detail as well as receiving the quarterly updates. The board noted the additional evidence provided.
24. WCT14/15-024	**Quality Governance Assurance Framework Review** SC presented the QGAF review, which was an assessment tool for boards to review their governance arrangements, ensuring essential levels of quality and safety were met whilst continuously driving forward for improvement. SC advised that the action plan at appendix 1 had been updated and revised and all actions due for completion in the reporting period were complete with the exception of the action relating to the implementation of the recommendations in the European

Reference	Minute
	directive on the use of sharps. SC drew the board's attention to two actions: • Coding proxy audit to be completed – the audit trail had been traced and related to comments made by Grant Thornton that acute trusts had to complete and not community trusts. Wording to address this had been included in the action. • SBAR and RCA processes to be mapped against Monitor standards to demonstrate best practice – a form of words had been captured to indicate the reasons why actions had not been completed. SC advised that 26 actions were due to be completed in April 2014. The safe staffing action would be removed as this would be monitored as part of the safe staffing action plan. The board approved the revised QGAF score and were assured that the essential standards of quality and safety were being delivered by the organisation and the processes were being embedded throughout the organisation.
25. WCT14/15-025	**Board Assurance Framework** AH presented the quarterly report which assured the board on the management of risks within the organisation. AH advised that the report built on the recent board development session where it had agreed that BAF should be closely linked with the ProdaCapo system which had the ability to track, measure and report on the achievement of individual two year organisational goals by using a RAG rated dashboard. Enhancing this link would be further worked on during the next quarter to bring it in line with the annual plan. SW commented that it may be useful to include a front sheet to encapsulate and summarise each of the strategic objectives and target risk score. SG acknowledged the work completed including the valuable input of the Risk Manager and the Head of Business Intelligence. The board noted the contents of the report.
26. WCT14/15-026	**Board Terms of Reference** AH presented the revised terms of reference for the board which had been updated to reflect that the Clinical Forum were not reporting formally to board. The revised wording had been highlighted in red. The board approved the revised terms of reference.
27. WCT14/15-027	**Clinical Forum – 28 January 2014 (Draft)** The large number of apologies were highlighted and ES advised that a deputy system had been established in order that there would be representation from each clinical group. The draft minutes from the Clinical Forum held on 28 January 2014 were noted.
28. WCT14/15-028	**Quality & Governance Committee – 17 February 2014** SC advised there was nothing further to report. The board noted the minutes approved by the committee.
29. WCT14/15-029	**Education & Workforce Committee – 17 February 2014** MF advised there was nothing further to report. The board noted the minutes approved by the committee.
30. WCT14/15-030	**Finance & Performance Committee – 24 February 2014** AW advised there was nothing further to report. The board noted the minutes approved by the committee.
31. WCT14/15-031	**Audit Committee – 27 January 2014 (Draft)** There was nothing further to report and the board noted the draft minutes approved by the committee.

Reference	Minute
32. WCT14/15-032	**Any Other Business** None.
33. WCT14/15-033	**Items for Risk Register** None.
Date and Time of Next Meeting: The next Formal Trust Board meeting will take place on Monday 2 June 2014 at 2.00 pm in Duncan Room, Old Market House.	

Board - Chair Approval			
Name:		**Date:**	
Signature:			

The Board of Directors Meeting closed at 4.40 pm

Wirral Community NHS Trust Formal Board Meeting

Matters Arising

All actions from meetings held in **2012** are complete.
All actions from meeting held **January – October 2013** are complete.
Actions from meeting held on **3 March 2014** complete.

Actions from meeting held on: **2 December 2013**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Health & Wellbeing Strategy	WCT13/14-146	A further report to be brought to board once the proposed review of partnership forums has been completed.	S. Gilby	April 2014	**Complete** Report to be submitted to board. There has been no firm date set yet for the conclusion of the review. Further progress report to be submitted in April 2014. This review is currently on hold (Local Authority lead).

Actions from meeting held on 6 January 2014

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Quality Governance Assurance Framework Review	WCT13/14-177	When appropriate, text to be included explaining why the score has changed.	S. Christie	April 2014	**Complete** Text to be included in the action plan explaining changes to scores. *See Agenda Item WCT14/15-024*

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Leadership Safety & Patient Experience	WCT13/14-178	The potential to pilot welcome visits and leadership walkrounds involving members or Healthwatch colleagues as 'critical friend' to be explored further over the next quarter. Feedback to be given at board development session.	S. Christie	April 2014	Feedback from potential pilot to take place at board development session to be held on 14 April. Membership team have been in contact with Healthwatch to confirm attendance at membership events

Actions from meeting held on: 7 April 2014

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Patient Story	WCT14/15-001	More detail to be included on the actions taken in future reports.	S. Christie	May 2014	Detail to be included on actions taken.
Board Assurance Framework	WCT14/15-025	Front sheet to be included to summarise each of strategic objectives and risk score.	A. Hughes	July 2014	To include front sheet on next report.

Chief Executive's Report – April / May 2014

Agenda Item:	8	Reference:	WCT14/15-041
Meeting Name:	Trust Board	Meeting Date:	2 June 2014
Lead Director:	Simon Gilby		
Job Title:	Chief Executive		

Link to Business Plan:						
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	Yes	☐	No	☐	N/A	☑
Has the Public & Stakeholders been consulted?	Yes	☐	No	☐	N/A	☑
To Approve	☐	To Note	☐	To Assure		☑

Financial Implications:
E.g. What is the Impact on the Trust? Does it provide Value for Money?
All costs should be clearly explained in the section below.

None identified.

Overall Cost / Pressure:	n/a	Overall Income:	n/a
Additional Funding Required:	n/a	Funding Already Ring Fenced:	n/a

Identified Risks:

That the board is not fully appraised of relevant national policy issues and local developments.

Assurance to Board:

As part of recommended good practice, the Chief Executive's report to trust board meetings covers national as well as local issues as a means to keep members informed.

Publish on Website: Yes	☑	No	☐	**Private Business:** Yes	☐	No	☑

Report History		
Submitted to	**Date**	**Brief Summary of Outcome**
This is a regular monthly report on topical policy, strategy and business related issues		

Wirral Community NHS Trust

Chief Executive's Report – April / May

Purpose

1. The purpose of this report is to provide an update to the board with regard to national policy and local developments that affect the trust.

National

Care Bill

2. The Care Bill has been approved by Parliament and is now the Care Act 2014. The Act has been developed over the past four years and many of the recommendations resulting from the Law Commission's Adult Social Care Report 2011 will now be implemented into national legislation. The Act is designed to simplify the care system for people who need care and carers.

3. The Act requires a consistent approach to be adopted by all local authorities with standard minimum eligibility thresholds, so that local authorities will no longer be able to select their own criteria to determine whether an individual requires care. However, once it has been established that a person qualifies for care, there is an emphasis on providing care to meet the individual's needs through Personal Budgets. This is designed to give more power to those receiving care and aims to deliver a more efficient approach to the provision of care. The Act places greater responsibility on local authorities to provide the public with information and advice relating to care. The Act provides an obligation upon local authorities to consider the physical, mental and emotional wellbeing of individuals, as well as implementing requirements to take preventative action to reduce the need for care and maintain people's health and well-being for longer.

4. The Act introduces a financial cap on the amount individuals will pay towards their care. The cap of £72,000 will apply to all individuals when it comes into force in April 2016. Once the cap is reached, the State will meet the costs.

5. The Act is also designed to address some of the key issues arising from the Francis Inquiry into Mid Staffordshire NHS Foundation Trust Hospital. To increase transparency and openness, the Government aims to improve care standards in all areas of the country by making it easier for the public to identify good care. In addition to the information provided by local authorities, the Act has established provider profiles on the NHS Choices website. The Act provides greater regulatory powers to address bad care, with poor providers having to account to the Chief Inspector of Social Care for failures to meet the expected standard, which may ultimately lead to prosecutions.

6. The Department of Health (DH) intends to launch a consultation in respect of the draft regulations and guidance for Part 1 of the Care Act, the dates of which are still to be confirmed.

7. Implications of the Care Act are more immediate for local authorities but, as key partners, it is important that Wirral Community NHS Trust is informed about them, and there are clearly implications in terms of the second part of the Act in respect of regulatory process. The overall thrust of the Act, with its emphasis on support to people and preventative action, is consistent with the Wirral Vision 2018 programme.

The Dalton Review

8. Sir David Dalton, Chief Executive of Salford Royal NHS Foundation Trust, has revealed initial findings of his review into NHS Management which include a series of management options to support failing trusts including loose federations of trusts sharing back office functions, the establishing of joint ventures for specific services such as surgical interventions, national chains of hospitals such as those in Germany or a system of franchising for successful trusts.

9. He outlined some of the areas he will be considering to make better use of such approaches, which include "credentialing" of "excellent providers" ready to provide support to others, temporary ring-fencing of balance sheets and performance metrics of the excellent provider to allow support without detrimental effect on existing business. The review is due to report to Jeremy Hunt, Secretary of State for Health, in October 2014.

Local

Vision 2018

10. The joint strategic work across the health and social care community continues to develop through the Vision 2018 programme. Work on developing models of care across primary, community and secondary care is progressing. At the heart of this is a real momentum that has been generated in respect of the integrated care agenda around meeting the needs of those users of our services, predominantly older people, who have long term conditions and complex needs. The detail behind this progress is addressed in the Director of Operation's service update report (Item 21 - WCT14/15-054).

11. With the support of external consultants, health and social care partners have been refreshing the priority areas for Vision 2018, and the supporting governance arrangements. This includes establishing a strategic leadership group comprising chief executives or equivalent to oversee the process and the establishment of a programme office to drive implementation. The capacity required to support this programme office, and the source of associated financial resources as required, are under discussion. A copy of the draft governance structures will be made available to board members.

Wirral Public Service Board

12. Alongside the Vision 2018 programme which, by agreement, formally reports to the Wirral Health and Well-being Board, the Public Service Board (PSB) continues to oversee key elements of the wider economy partnership agenda. The PSB has agreed to carry out a full review of the partnerships that exist in Wirral (as previously reported, then put on hold) to ensure best fit and minimal duplication. Detailed consultations with partners are proposed for July 2018. The local authority is also reviewing its priorities in relation to appropriate links with the vision for health 2018 work.

13. Other areas of work initiated by PSB include on health-related worklessness, through a multi-agency working group led by Cheshire and Wirral Partnership NHS Foundation Trust, and on neighbourhood resilience, through a behaviour change steering group to be established in June 2014, chaired by Sue Higginson from Wirral Metropolitan College.

Wirral CCG

14. Wirral CCG has announced that, at the CCG's request, NHS England will be carrying out a capacity and capability review of the CCG. Whilst the review is carried out, interim arrangements have been put in place with Jon Develing, Regional Director of Operations and Delivery, NHS England North, supporting the CCG as Interim Accountable Officer and Dr Peter Naylor taking up the role of Acting Chair. The review is expected to take 3-4 weeks. The CCG has given its assurance that it is committed to ensuring business continues as usual at the CCG and that the delivery of excellent health care services to local people remains the key focus.

Recommendation

The board is asked to receive this report.

Simon Gilby
Chief Executive
May 2014

Wirral Community NHS
NHS Trust

Reports from Committees – May 2014

Agenda Item:	9	Reference:	WCT14/15-042
Meeting Name:	Trust Board	Meeting Date:	2 June 2014
Lead Director:	Simon Gilby		
Job Title:	Chief Executive		

Link to Business Plan:	
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	Yes ☐ No ☐ N/A ☑
Has the Public & Stakeholders been consulted?	Yes ☐ No ☐ N/A ☑

To Approve	☐	To Note	☑	To Assure	☐

Financial Implications:
E.g. What is the Impact on the Trust? Does it provide Value for Money?
All costs should be clearly explained in the section below.

None identified.

Overall Cost / Pressure:	n/a	Overall Income:	n/a
Additional Funding Required:	n/a	Funding Already Ring Fenced:	n/a

Identified Risks:

Each committee monitors risk within its remit, as identified in the BAF and Risk Register.

Assurance to Board:

These reports provide on early indicator of any key issues raised at board committee in advance of formal minutes being received by the board.

Publish on Website: Yes ☑ No ☐	Private Business: Yes ☐ No ☑

Report History		
Submitted to	Date	Brief Summary of Outcome
Regular reports submitted each month.		

Wirral Community NHS Trust
Briefing from the Chairman of Quality and Governance Committee

Purpose

1. This is a brief report from the Quality and Governance Committee meeting held on Monday 19 May 2014. The ratified minutes of that committee meeting will be presented formally to the Trust Board in due course.

2. The Trust Board is asked to note the key issues identified by the Quality and Governance Committee for communication to the Board.

Significant Agenda Items:

3. The Quality and Patient Experience Report for April 2014 was presented to the committee for approval and the committee noted the following items for the reporting month:

    *   A change in the format of the report to include the use of statistical process control charting to highlight to the committee the variation that exists in the systems that they are looking to improve.

    *   The first Friends and Family Test score for Wirral Community NHS Trust which was 69, based on 359 responses. Based on historic methodology 96% of respondents would recommend our services to friends and family.

    *   An amber rating is recorded on the quality dashboard under the category 'Develop, deliver and embed a culture where staff feel able to raise concerns'. This is based on a limited data set and is largely attributable to a downward trend in incident reporting during the reporting period.

    *   No pressure ulcers identified as unavoidable at grade 3 and 4 occurred during April 2014.

    *   Four grade 3 pressure ulcers are currently under investigation via the pressure ulcer multi-disciplinary review process.

    *   One HCAI was reported during April and is currently part of a RCA investigation. There is no evidence that this infection is attributable to the trust.

    *   Three medication incidents were reported, none of which meet the threshold for inclusion in the quality dashboard and all of which are risk rated low or medium.

    These trends will continue to be monitored.

    All outcome goals and action plans are monitored via sub groups (Quality, Patient Experience and Risk Group; Infection Prevention & Control Group; Medicines Management Group, Information Governance Group).

4. The committee were provided with the results of a mock Care Quality Commission (CQC) inspection which took place in the Out of Hour's service on 22 March 2014 and a rapid review report of recent CQC inspections in other community trusts. The learning from all of these reviews will form the basis of an action plan developed by the Head of Quality and Nursing and implemented by a task and finish group. The committee was also informed of the date for the organisations CQC inspection.

5. A new claim was presented to the committee. Claim (E28) relates to a claim for damages arising out of an injury sustained during the course of the claimant's employment with Wirral Community NHS Trust as an Administration Assistant in June 2013. The claimant completed

an incident report (W3886). The committee received assurance of the immediate safety actions taken following the incident and that the RIDDOR reporting system had been followed. The claim is being managed using the NHSLA Claims Management Process.

Any Formal Recommendations

6. There are no formal recommendations to the board this month.

Chris Allen
Chair Quality and Governance Committee
22 May 2014

Wirral Community NHS Trust

Briefing from the Chairman of Education and Workforce Committee

Purpose

1. This is a brief report from the committee meeting held on 19 May 2014. The ratified minutes of that committee meeting will be presented formally to the Board in due course.

2. The Board is asked to note the key issues identified by the Committee for communication to the Board, pending receipt of these formal minutes.

Significant Agenda Items

3. The following key agenda items were discussed:

- **Managing Attendance Update**

- **Learning & Development Activities delivered with Health Education Northwest Financial Funding Streams 2014/15**

- **Update on Implementation of Divisional Structure**

- **Changes to NHS Pension Scheme**

- **Updated HR Strategy Goals and Action Plan**

Outcomes and Actions Agreed

4. It was noted that the absence rate had risen to 4.9% for April, a monthly rise of 0.2%. The major cause of this was long term sickness.

5. The committee noted the plans for distribution of the multi-professional training budget, with a focus on training staff to support dementia care and people with learning disabilities.

6. The introduction of annual Total Reward Statements was agreed.

7. The change to the NHS pension scheme from a Final Salary to a Career Average based pension was noted, including the arrangements for protection for some staff approaching retirement age.

8. The updated action plan and goals for the HR strategy were discussed. It was noted that the overarching strategy and themes remained relevant, and that the new actions drew upon the themes arising from a range of sources such as the Staff Survey, feedback from leadership events, Organisational Development Plan and the annual planning process.

Any Formal Recommendations

9. No formal recommendations.

Murray Freeman
Education and Workforce Committee

20 May 2014

Wirral Community NHS Trust

Briefing from the Chairman of Finance and Performance Committee

Purpose

1. This is a brief report from the committee meeting held on 27 May 2014. The ratified minutes of that committee meeting will be presented formally to the Board in due course.

2. The Board is asked to note the key issues identified by the committee for communication to the Board, pending receipt of these formal minutes.

Significant Agenda Items

3. The following significant agenda items were considered by the committee in May:

- **Presentation from TRUSTECH**
- **Financial Performance Report - Month 1**
- **Key Performance Indicators - Month 1**
- **Divisional Performance Reports – Month 1**
- **FT Self Certification April**
- **IT Service Provision – Draft Options Appraisal**

Outcomes and Actions Agreed

4. The committee approved/noted the following:

(i)   An informative and thought provoking presentation from TRUSTECH, the North West NHS Innovation service on the work they are doing to support the trust's innovation strategy.

(ii)   The trust's financial position at the end of month 1 the first month of the 2014/15 financial year (April 2014) was a surplus of £1k which was below the planned surplus for the month of £142k.

(iii)   The trust had delivered minimal savings against its CIP target in April. Whilst it is very early in the financial year, the poor performance and the tight financial position was noted and additional information and options were required for the month 2 report should the situation continue.

(iv)   The month 1 performance against contractual KPIs was reviewed and the committee noted that 9 Indicators were on red and 6 on amber for the year.

(v)   The committee received a draft paper outlining the options for the future delivery of IT support for the Trust. The committee noted the options and approved further work to develop the shortlisted areas.

Any Formal Recommendations

5. There were no formal recommendations from the committee.

Alan Wilson
Chair, Finance & Performance Committee
27 May 2014

Wirral Community NHS Trust

Briefing from the Chairman of the Audit Committee

Purpose

1. This is a brief report from the committee meeting held on 28 April 2014. The ratified minutes of that committee meeting will be presented formally to the Board in due course.

2. The Board is asked to note the key issues identified by the committee for communication to the Board, pending receipt of these formal minutes.

Significant Agenda Items

3. The following significant agenda items were considered by the committee in April:

- **Annual Effectiveness of Committee Performance**
- **Quality Improvement Clinical Audit Annual Programme April 2014 – March 2015**
- **Quality Account 2013/14**
- **Planned External Audit Fee 2014/15**
- **External Audit Plan 2013/14**
- **External Audit Progress Report and Emerging Issues and Developments**
- **Internal Audit Plan 2014/15**
- **Director of Audit Opinion and Annual Report 2013/14**
- **Internal Audit Progress Report**
- **Assurance Framework Review**
- **Internal Audit Follow up Review**
- **Counter Fraud Annual Report 2013/14**
- **Counter Fraud Annual Plan 2014/15**
- **Counter Fraud Update**
- **Security Management Annual Report 2013/14**

Outcomes and Actions Agreed

4. The committee approved/noted the following:

   (i)   Agreed the process for the annual review of the effectiveness of committees
   (ii)   Noted and approved the Quality Improvement Clinical Audit Annual Programme for 2014/15
   (iii)   Noted and approved the Quality Account for 2013/14
   (iv)   Approved the external audit fee
   (v)   Noted the External Audit plan and progress reports
   (vi)   Noted the Director of Audit opinion of significant assurance
   (vii)   Noted the internal audit progress report and other updates
   (viii) Noted and approved the Counter Fraud annual report and annual plan
   (ix)   Noted the counter fraud update
   (x)   Noted the security annual report

Any Formal Recommendations

5. There are no formal recommendations from the Audit Committee to the Trust Board.

Brian Simmons
Chair, Audit Committee
27 May 2014

Wirral Community NHS Trust

Briefing from the Chairman of Clinical Forum

Purpose

1. This is a brief report from the meeting held on 27 May 2014. The ratified minutes of that meeting will be presented formally to the Board in due course.

2. The Board is asked to note the key issues identified pending receipt of the formal minutes.

Significant Agenda Items

3. The following key agenda items were discussed:

- The Quality Strategy
- The Clinical Strategy

Outcomes and Actions Agreed

4. Membership of the group was discussed and was noticeably improved at this meeting with all professional groups well represented.

5. The clinical engagement model in the clinical strategy was agreed and the importance of staff engagement was discussed.

6. The group also discussed how to ensure the clinical strategy was meaningful to staff and represented the reality of working within the organisation. All agree the strategy represented the culture that would best support excellent clinical care and agreed the following items for next month's agenda:

- The six Cs
- Safe staffing
- Leadership at every level

Any Formal Recommendations

7. There were no formal recommendations to the board from this meeting.

Sandra Christie/Ewen Sim
Clinical Forum Joint Chairs
27 May 2014

Wirral Community NHS Trust

Briefing from the Chairman of Staff Council

Purpose

1. This is a brief report from the meeting held on 24 April 2014. The ratified minutes of that meeting will be presented formally to the Board in due course.

2. The Board is asked to note the key issues identified pending receipt of the formal minutes.

Significant Agenda Items

3. The following key agenda items were discussed:

   - Feedback from Leadership Event
   - Staff Council Review/Annual Staff Council Report
   - Staff Uniform Policy
   - Estates Review Update
   - CIP Update 2014/15
   - Safe Staffing

Outcomes and Actions Agreed

4. The first leadership event had been well-received. It was confirmed that the same information was being shared at each event and that feedback was that staff would like more similar events in the future.

5. It was agreed that there would be a short annual report from Staff Council outlining key areas of discussion and progress that would be submitted to the board and shared with the wider organisation.

6. Staff Council members agreed that it was timely to review the role and function of the Council to ensure it continues to meet the expectations of the workforce

7. Helpful feedback on the uniform policy was provided in relation to a range of practical issues.

8. Consistency in relation to the communications around the estates review was discussed.

9. In response to the CIP update, the innovation fund was discussed and the submission of ideas for cost savings was encouraged.

Any Formal Recommendations

10. No formal recommendations.

Jo Harvey
Staff Council co-chair
21 May 2014