

**WIRRAL COMMUNITY NHS TRUST**  
**TRUST BOARD OF DIRECTORS MEETING**  
**MINUTES OF MEETING**

**MONDAY 4 AUGUST 2014, at 14:00**

**DUNCAN ROOM, OLD MARKET HOUSE**

**Members:**

Mrs Frances Street	Chairman ( <b>Chair</b> )	(FS)
Mrs Sandra Christie	Director of Quality & Nursing	(SC)
Mr Simon Gilby	Chief Executive	(SG)
Mr John Lancaster	Director of Operations	(JL)
Dr Ewen Sim	Medical Director	(ES)
Mr Brian Simmons	Non-Executive Director	(BS)
Mr Alan Wilson	Non-Executive Director	(AW)
Mr Roy Jackson	Interim Director of Finance and Development	(RJ)
Dr Murray Freeman	Non-Executive Director	(MF)

**In Attendance:**

Mrs Alison Hughes	Trust Board Secretary	(AH)
Mr Dave Grundy	Head of Finance	(DG)
Ms Claire Patrick	Senior Assistant (minute-taker)	(CP)
Mr Jon Develing	Interim Accountable Officer Wirral CCG NHS	(JD)
Mrs Diane Hill	Healthwatch Representative	(DH)

Reference	Minute
<p><b>1.</b> WCT14/15-096</p>	<p><b>Patient Story - Community Nursing/Pressure Ulcers</b></p> <p>SC introduced an audio recording and storyboard, concerning a patient who described her experience in the treatment of pressure ulcers. The story demonstrated the importance of patients receiving reliable, quality and consistent care from staff.</p> <p>The patient explained that she had experienced positive care from her named community nurse but inconsistencies arose in her treatment when her named community nurse was on annual leave.</p> <p>SC confirmed that a comprehensive action plan is now in place to learn from this patient story. MF highlighted the importance of disseminating the lessons learnt to all members of staff and SC confirmed that the action plan will be shared with staff via the Staff Bulletin and the new patient safety bulletin which will be available from August. BS recognised that there is increasing pressure on nursing staff due to demand and complexity of cases.</p> <p>SG reflected on the importance of ensuring staff have sufficient time to care for patients appropriately noting the link to the Safe Staffing paper on the agenda.</p> <p>The board noted the patient story.</p>

Reference	Minute
<p><b>2.</b> WCT14/15-097</p>	<p><b>Apologies for Absence</b> The Board received apologies from:</p> <p>Mr Paul Edwards, CCG Executive Board Member Mrs Heather Stapleton, Board/FOI Officer Mrs Phillipa Compson, Chair, Staff Council Mrs Chris Allen, Non-Executive Director Ms Jo Harvey, Director of HR and Organisational Development</p>
<p><b>3.</b> WCT14/15-098</p>	<p><b>Invitation for Public Comments</b> There were no members of the public present. <i>Members of the team from Monitor were present to observe the board meeting as part of their Quality Governance Assurance Framework review.</i></p>
<p><b>4.</b> WCT14/15-099</p>	<p><b>Chairman's Announcements</b> The chair made the following announcements and introductions:</p> <ul style="list-style-type: none"> <li>• The trust welcomed Roy Jackson, new Interim Director of Finance, the team from Monitor observing the meeting and Jon Develing representing Wirral CCG.</li> <li>• FS welcomed JD and asked him to provide a brief overview of his role at the CCG. <ul style="list-style-type: none"> <li>- JD explained that his role was to lead the operational management of the CCG particularly in the delivery of its statutory duties. JD explained that John Berwick is leading the capability and governance review of the organisation due to complete at the end of August. JD highlighted the key challenge for the CCG moving forwards will be implementing amends to the constitution by November 2014, at the earliest, to create one single CCG.</li> </ul> </li> <li>• FS confirmed that the CQC Chief Inspector of Hospitals inspection will take place week commencing 1<sup>st</sup> September 2014</li> <li>• The trust's AGM will take place on 11 September at the Floral Pavilion, New Brighton</li> <li>• The trust's Annual Reports and Accounts for 2013/14 are available on the public website <a href="http://www.wirralct.nhs.uk">www.wirralct.nhs.uk</a>.</li> <li>• The Independent Living, Falls Prevention and Livewell Teams were all involved in the Pensions Fair last week, organised by Esther McVey</li> <li>• The SystemOne project team have been shortlisted for a prestigious accolade open to informatics services across the North West.</li> <li>• The work placement programme has concluded for this year and has been received extremely positively by both students and teams who welcomed students</li> </ul>
<p><b>5.</b> WCT14/15-100</p>	<p><b>Declaration of Interests</b> ES and MF declared an interest as practising Wirral General Practitioners and as such members of Wirral Clinical Commissioning Group (CCG) who commission services from the trust.</p>
<p><b>6.</b> WCT14/15-101</p>	<p><b>Minutes of the Previous Meeting</b> The minutes of the board meeting held on 7 July 2014 were approved.</p> <p>AH noted the following amend to be made to the minutes of the meeting held on 2 June 2014 - 'The Infection Prevention and Control Annual Report' - the minutes state that the report had been brought to board twice but AH clarified that it should note the report had been presented three times.</p>
<p><b>7.</b> WCT14/15-0102</p>	<p><b>Matters Arising</b> The board reviewed the action points from the previous meeting and noted that the actions had either been dealt with or were progressing satisfactorily. <i>(See separate actions/matters arising tracker.)</i></p>
<p><b>8.</b> WCT14/15-103</p>	<p><b>Chief Executive's Report - July 2014</b> The board received the Chief Executive's report for July 2014 and the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Preparations are on-going for the CQC Chief Inspector of Hospitals inspection with</li> </ul>

Reference	Minute
	<p>a focus on encouraging staff to engage openly with the CQC team. SG reflected on the recent staff engagement with Monitor and noted the importance of ensuring regular contact is maintained between members of the board and staff delivering services.</p> <ul style="list-style-type: none"> <li>• Monitor and NHS England have published their tariff engagement documents, opening a consultation on their initial proposals for the 2015/16 National Tariff Payment System. SG drew attention to the FTN briefing attached to the report.</li> <li>• Progress continues to be made with the joint strategic work, Vision 2018. SG advised that funding arrangements for the new model will be reviewed over the next few weeks and a core priority will be to ensure the appropriate first stage changes are in place to ensure the management of activity pressures over the winter period.</li> <li>• The capability and governance review of Wirral CCG, established by NHS England remains in progress.</li> </ul> <p>The board noted the contents of the report.</p>
<p>9. WCT14/15- 104</p>	<p><b>Committee Reports - July 2014</b> The chairs of each of the committees of the board provided a brief update on the key topics discussed during the meetings in July and before the approved minutes were submitted to board.</p> <p><b>Quality &amp; Governance Committee - 21 July 2014</b> In CA's absence, SCh highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Quality &amp; Patient Experience report provided detailed information for monitoring. It was noted that there had been an increase in complaints and a reduction in the number of compliments received in June, however the Friends and Family Net Promoter score for June had increased to 71 based on 750 responses. It was noted that this reflects a significant increase in the number of returns compared to May 2014.</li> <li>• One community acquired grade 3-4 pressure ulcer reported in May 2014 had been converted to avoidable community trust acquired status following further investigation at the pressure ulcer multi-disciplinary review meeting.</li> <li>• A formal recommendation was made to conduct a 'deep dive' review in two community nursing teams, following concerns identified in their quality indicators. A report of findings will be presented to the committee in September 2014. DH suggested that it might also be useful to consider including a review of the environment in which the patient(s) is living.</li> </ul> <p><b>Education &amp; Workforce Committee - 21 July 2014</b> MF highlighted the following:</p> <ul style="list-style-type: none"> <li>• The sickness absence rate for June was 5.4%; the committee discussed the actions required to address the continued high level of absence. It was also noted that the 'deep dive' reviews in the two community nursing teams had highlighted a number of areas relating to management practice which could be shared across the organisation.</li> <li>• The results of the Q1 Staff Friends and Family Test were reviewed and the themes for action were noted.</li> <li>• The policies for secondment and work-related stress were approved.</li> </ul> <p><b>Finance &amp; Performance Committee - 28 July 2014</b> AW highlighted the following:</p> <ul style="list-style-type: none"> <li>• The committee received a report on the proposed CIP recovery plan which identified actions to deliver additional savings from both existing and new CIP schemes. The committee will continue to receive a monthly report on progress.</li> <li>• Further detail on the trusts activity levels over a 3 year period was received with the committee noting an increase of 12.3% since April 2011.</li> <li>• The committee referred a report on the procurement function for the trust to SMT.</li> </ul>

Reference	Minute
	<ul style="list-style-type: none"> <li>An update on the estates capital programme was presented with the committee noting concern around the increase in costs and requested a further update at the next meeting of the committee.</li> </ul> <p><b>Staff Council - April 2014</b> In JH absence, SG highlighted the following:</p> <ul style="list-style-type: none"> <li>Key discussions focused on the challenges related to organisational change, in particular the implementation of forthcoming estates moves. The members of the Staff Council provided useful feedback about how the communication and change process could be managed to improve staff morale and engagement.</li> <li>It was noted that the Staff Council could play a key role in acting as a sounding board for future key communications to staff. BS suggested that a recent visit to the Sexual Health service reinforces the message from the Staff Council around effective communications on organisational change issues.</li> </ul>
<p><b>10.</b> WCT14/15-105</p>	<p><b>Quality Governance Assurance Framework Review - Quarter 1 (April-June 2014)</b> ES provided a report on the Monitor Quality Governance Assurance Framework and the progress made by the trust during Q1. ES acknowledged the on-going review with Monitor. The board noted the action plan included at appendix 1 and in particular the change in date for an action around the development of a leadership framework which reflects the date in the HR strategy approved by board.</p> <p>The board approved the QGAF score for July 2014 of 2.5.</p>
<p><b>11.</b> WCT14/15-0106</p>	<p><b>Complaints and Concerns Report June 2014</b> SC presented the monthly report to provide assurance on the trends and themes analysis relating to quality and patient experience.</p> <p>The board noted there were 8 complaints received during the reporting period, an increase on the same reporting period in 2013/14. SC advised that further details on the complaints were included in appendix 1 of the report.</p> <p>There was an increase in the number of concerns received with a breakdown provided of concerns received by division. SC noted that challenges in the phlebotomy and podiatry services had an impact on patient experience feedback, but SC confirmed that of the concerns received in June 2014 none were considered high-risk (i.e. scoring 12 or above on the trust's risk scoring matrix).</p> <p>AW noted the data included in the report showing a breakdown of the number of concerns received in comparison with the number of contacts made to the Patient Experience Service. AW asked if there is a correlation between the number of contacts and the number of concerns.</p> <p>SC confirmed that the trust started to collect concerns in September 2013 therefore part of the increase could be due to the increased publicity. However, SC acknowledged that we are getting a higher number of concerns which would allow trends to be monitored. JL also noted that the reference to the number of contacts relates to the contacts made by the Patient Experience team and not the total number of patient contacts generated by the service.</p> <p>FS acknowledged the detail included in appendix 1 and welcomed the detail around learnings from complaints and concerns.</p> <p>AW requested further information on complaint 428; SC confirmed that an investigation is on-going.</p> <p>The board noted the contents of the report.</p>
<p><b>12.</b> WCT14/15-</p>	<p><b>Safe Staffing Levels Report - July 2014</b> SC presented the monthly report setting out the current status regarding safe staffing</p>

Reference	Minute
107	<p>levels within the trust.</p> <p>SC confirmed that an updated action plan was included in appendix 1 of the report advising that the safe staffing project for community nursing will be completing in September.</p> <p>SC confirmed that the NICE Safe Staffing Guidance had been published in July 2014 and whilst it doesn't apply to Community Trusts it does identify organisational and managerial factors required to support safe staffing.</p> <p>BS noted that it will be interesting to see the outcome of the community nursing review given the recent analysis of activity data and the increasing demand on the service.</p> <p>MF asked if the board are confident staff will raise concerns around staffing levels. SC confirmed there are a number of channels for staff to raise concerns also confirming that the quality visits are useful to identify any key issues. Staff are invited to raise any concerns direct with SC and more formally the escalation policy will be adopted locally by developing a service specific escalation procedure.</p> <p>JL added that he works closely with SC to ensure a robust assessment of demand to ensure that day to day the right level of staff is available to deliver the quality of care and contractual KPIs. JL acknowledged that the workload and complexity of cases within the Community Nursing team presents challenges and a greater risk.</p> <p>FS asked if further clarification on roles could be provided between the Director of Nursing and the Director of Operations.</p> <p>SC confirmed that a sound methodology of joint working had been developed; the Director of Nursing provides nurse leadership, the Director of Operations monitors the operational delivery of services whilst the Director of Finance continually monitors the financial challenge.</p> <p>MF asked what mechanisms are in place should the Community Nursing service reach capacity? JL advised that the demand, whilst increasing, is relatively predictable as the hospital discharges at a set rate. SC confirmed that the escalation policy will also address this issue.</p> <p>The board noted the contents of the report and were assured of the robust processes in place to develop the right systems to monitor staffing levels.</p>
13. WCT14/15- 108	<p><b>Quality Dashboard</b></p> <p>SCh presented the monthly report on the quality dashboard for July 2014 and circulated a copy of the ProDacapo dashboard taken live from the system reporting both YTD and in-month progress.</p> <p>SC drew attention to the key included on the dashboard highlighting the upward or downward movement of indicators. SC also confirmed that the dashboard is reported to commissioners together with actions plans for any areas of deterioration.</p> <p>The following key points were highlighted;</p> <ul style="list-style-type: none"> <li>- There was a slight improvement in trust-acquired pressure ulcers but overall pressure ulcer incidence was reporting red with an action plan in place, monitored via the Quality &amp; Governance committee</li> <li>- The sickness absence rate for the trust was being monitored via the Education &amp; Workforce committee</li> <li>- The corporate induction rates for temporary staff remained unchanged but work in on-going in HR to deliver the induction to temporary staff in a different way</li> </ul> <p>SG asked if the dashboard could be available 'live' at future board meetings to allow further analysis. FS agreed suggesting that a 'live' version and a hard copy would be useful.</p>

Reference	Minute
	<p>The board noted the number of pressure ulcers being reported by care homes and SC confirmed that it links to a specific CQUIN scheme and the role of care homes in the management of pressure ulcers.</p> <p>The board approved the quality dashboard and were assured of the delivery of safe, effective quality services across the organisation.</p>
<p><b>14.</b> WCT14/15-109</p>	<p><b>Update Report on the Implementation of the action plan (following Mid-Staffordshire NHS FT public inquiry), Quarter 1, April-June 2014</b></p> <p>SG provided an update on the action plan developed by the trust to address the recommendations of the Francis Inquiry Report (2013).</p> <p>SC highlighted the key points from the action plan as follows;</p> <ul style="list-style-type: none"> <li>- The Staff Friends and Family test had been rolled-out across the organisation</li> <li>- The new performance framework had been implemented as part of the annual appraisal process</li> <li>- The Patient Safety Strategy had been developed and was in the consultation stage with staff</li> </ul> <p>In summary SC confirmed that the trust is on track to complete all actions by April 2015.</p> <p>The board noted the contents of the report and the update provided and were assured of progress to complete all actions according to the agreed timescales. The board noted that the next update will be provided October 2014.</p>
<p><b>15.</b> WCT14/15-110</p>	<p><b>Foundation Trust Programme Update</b></p> <p>AH provided a monthly update report on the trust's progress with its application for Foundation Trust status.</p> <p>AH confirmed the following key milestones;</p> <ul style="list-style-type: none"> <li>- The TDA had provided approval on the 2 year plan submitted in April 2014. The 5-year Integrated Business Plan was submitted to the TDA in June and initial feedback from the TDA suggested there are no identified concerns with the plans submitted</li> <li>- The next key milestone involves the submission of a development support plan associated with the IBP. This will be submitted to the TDA by 30 September.</li> <li>- The trust is working with Monitor to undertake the Quality Governance Assurance Framework (QGAF) review. A confirm and challenge meeting will be held with Monitor on 8 September 2014.</li> <li>- Preparations are underway for the CQC Chief Inspector of Hospitals visit during the first week in September 2014.</li> <li>- The trust is re-engaging with members who have expressed an interest in becoming a governor.</li> </ul> <p>The board noted the report and were assured of progress made by the trust in its FT application and that the actions identified were consistent with existing timeframes.</p>
<p><b>14.</b> WCT14/15-111</p>	<p><b>Risk Strategy 2014</b></p> <p>SC presented the updated Risk Strategy 2014 for approval confirming that the strategy details how risk is managed and escalated through the organisation. SC confirmed that the strategy is reviewed annually.</p> <p>The board noted that the strategy has been approved by the Quality and Governance Committee, reviewed by the Staff Council and the Clinical Forum and all comments</p>

Reference	Minute
	<p>have been incorporated.</p> <p>The board approved the revised Risk Strategy.</p>
<p><b>15.</b> WCT14/15-112</p>	<p><b>Medicines Optimisation Strategy 2014-17</b> ES presented the Medicines Optimisation Strategy 2014-17 for approval.</p> <p>ES explained that the strategy outlines how the trust is committed to following the four principles for Medicines Optimisation as outlined by the Royal Pharmaceutical Society for Great Britain 2013. ES also acknowledged the support provided by Lisa Knight in the development of the strategy.</p> <p>The board approved the Medicines Optimisation Strategy 2014-17.</p>
<p><b>16.</b> WCT14/15-113</p>	<p><b>Clinical Strategy 2014-19</b> ES presented the Clinical Strategy 2014-19 for approval.</p> <p>ES explained that the Clinical Strategy articulates the organisation's vision for clinical priorities and engagement for the period 2014-19. SC clarified that the Quality Strategy outlines what the organisation aims to achieve, and the Clinical Strategy describes how it will be achieved.</p> <p>The strategy has been developed by the Medical Director, Director of Quality &amp; Nursing and members of the Clinical Forum. ES also advised that members of the Staff Council, SMT, Divisional Managers and the Quality &amp; Governance Committee had been invited to comment on the strategy.</p> <p>FS noted the involvement of the Clinical Forum and asked if the group is gathering momentum. ES reported that the group was forming well and had worked together to deliver an application process for the clinical innovation fund, of which four had been received and would be assessed by the members of the forum.</p> <p>SC also added that the forum had made helpful recommendations to develop examples of the 6Cs to support the annual appraisal process.</p> <p>The board approved the Clinical Strategy 2014-19.</p>
<p><b>17.</b> WCT14/15-114</p>	<p><b>Integrated Performance Report - Month 3 (June 2014)</b> SG presented the Integrated Performance Report for Month 3 which provided assurance on the performance of services and the action plans in place to deliver improvements as required.</p> <p>The board noted that the trust had performed well against KPIs at this stage of the year and performance against Wirral CCG contractual KPIs had seen improvement when compared to 2013/14 mainly due to a revision to the DNA indicators. SG noted that at the end of M3 work was still on-going to agree performance thresholds and profiles of the LA KPIs. The board noted the behind position status of the CIP plans and noted the trust's sickness and absence rate for June showed a stabilisation of the position for May.</p> <p>FS asked for more information on the red indicators related to Public Health. JL explained that new indicators had recently been agreed with commissioners and were therefore being reported for the first time.</p> <p>JL noted that the physiotherapy service is reporting red due to the service experiencing a rise in demand at the end of 2013/14. The service has been recruiting additional fixed term staff to address waiting times which are expected to fall over the next few weeks.</p>

Reference	Minute
	<p>FS asked if the trust benchmarks services against other AQP providers noting that some GPs offer an urgent referral with private providers. JL confirmed that under AQP there hadn't been a drop in demand and MF advised that whilst his surgery does offer AQP most patients prefer to wait for NHS services.</p> <p>The board noted the contents of the report.</p>
<p><b>20.</b> WCT14/15-115</p>	<p><b>Service Update - Specialist Palliative Care Team and Integration Programme</b></p> <p>JL presented a report to the board providing detail on the Specialist Palliative Care Team (SPCT) and an update on the integration programme.</p> <p>JL confirmed that the SPCT includes a team of specialist palliative care nurses and Allied Health Professionals (AHP). JL highlighted the aims and profile of the team. The board acknowledged that the team provide an excellent service and JL noted that there is a lot of interest in their work across the health and social care economy.</p> <p>SC provided feedback following a recent leadership walk round which presented an opportunity to review the patient-centred focus of the MDT meetings where there was some suggestion to include patients in the MDT meetings. MF queried if having patients involved in MDT would be appropriate; SC suggested that some of the delays in decisions around patient care could be made more efficiently if patients were involved in discussions about their care. MF added that he recently attended a meeting with an EoL patient and the contribution of the specialist nurse in attendance was excellent.</p> <p>ES noted a concern that leadership for this team could be perceived as coming from elsewhere, given their location at WUTH. FS suggested a further review of the team to ensure they are properly integrated in to the work of the trust.</p> <p>JL made reference to a review published in May by Wirral CCG on the Integrated Specialist Palliative Care Team. SG acknowledged the report and suggested a board session to review the detail of the report would be useful.</p> <p>JL also provided further detail on the integrated care programme confirming that trust staff are fully involved in all elements of the work. JL drew attention to the implementation plan included in appendix 1 and noted that an internal integration group had been established to ensure a clear and consistent approach is taken and that the work is fully aligned with the trust's overall strategic aims.</p> <p>The board noted the contents of the report.</p>
<p><b>21.</b> WCT14/15-116</p>	<p><b>High Level Risk Report</b></p> <p>AH presented the monthly high-level risk report compiled from the organisation's risk register detailing those with a current risk score of 15 and above. AH confirmed that the report outlines the process detailed in the Risk Strategy for escalation to board.</p> <p>AH reported that there were 2 high level risks and drew attention to the detail included in the report.</p> <ul style="list-style-type: none"> <li>- ID47 Financial challenges from Cost Improvement Programme</li> <li>- ID182 The number of avoidable community acquired grade 3/4 pressure ulcers</li> </ul> <p>AH also asked board to note that from the report in July one risk associated with the sluice at the ADHC at WUTH, had been downgraded and would therefore no longer be reported to board.</p> <p>The board noted the current position in relation to the high-level risks.</p>

Reference	Minute
<p><b>22.</b> WCT14/15-117</p>	<p><b>Membership &amp; Engagement Update</b> AH presented the update providing information relating to volunteer recruitment, work placements and membership development activity.</p> <p>AH advised that the trust's work placement programme had concluded with excellent feedback from students and supervisors with teams reporting a very positive experience of being involved in the placement programme. AH confirmed that this success will be built upon in the planning for the programme for next year. AH confirmed that the number of volunteers had increased to 39, with five volunteers having completed their recruitment since last month. A student from Liverpool John Moores University had started a placement with the Livewell service; AH noted that this is the first of the LJMU placements to be initiated.</p> <p>AH provided an update on membership numbers and engagement activities. AH confirmed that those members who had previously expressed an interest in the governor role had been informed of our upcoming CQC inspection and its significance in our Foundation Trust application. Following the CQC inspection AH advised that the team will be planning further governor information sessions to inform or remind those who are interested in the governor role what is involved and how the election process works.</p> <p>AH advised that the Community Panel had held its first meeting in early July to oversee the Trust's progress against its Equality Action Plan. The panel includes six public members.</p> <p>AH confirmed that the current public membership is approximately 4685; the long term target is 5000 public members by April 2015.</p> <p>The board noted the content of the report and acknowledged the good work of the Membership &amp; Engagement team.</p>
<p><b>26.</b> WCT14/15-118</p>	<p><b>Quality &amp; Governance Committee - 16 June 2014</b> The minutes from the Quality &amp; Governance Committee held on 16 June 2014 were noted.</p>
<p><b>27.</b> WCT14/15-119</p>	<p><b>Education &amp; Workforce Committee - 16 June 2014</b> The minutes from the Education &amp; Workforce Committee held on 16 June 2014 were noted.</p>
<p><b>28.</b> WCT14/15-120</p>	<p><b>Finance &amp; Performance Committee - 23 June 2014</b> The minutes from the Finance &amp; Performance Committee held on 23 June 2014 were noted.</p>
<p><b>29.</b> WCT14/15-121</p>	<p><b>Staff Council - 29 May 2014</b> The minutes from the Staff Council held on 29 May 2014 were noted.</p>
<p><b>30.</b> WCT14/15-122</p>	<p><b>Any Other Business</b> There were no items for discussion under any other business.</p>
<p><b>33.</b> WCT14/15-123</p>	<p><b>Items for Risk Register</b> SG suggested that relationships with the Local Authority should be monitored carefully and reviewed to establish if a formal risk should be raised.</p>
<p><b>Date and Time of Next Meeting:</b> The next Formal Trust Board meeting will take place on Wednesday 3 September 2014 at 2.00pm in Duncan Room, Old Market House.</p>	

Board - Chair Approval			
Name:		Date:	
Signature:			

The Board of Directors Meeting closed at 4.50pm

# Wirral Community NHS Trust Formal Board Meeting

## Matters Arising

All actions from meetings held in **2012** are complete.  
 All actions from meeting held in **2013** are complete.  
 Actions from meeting held on **6 January 2014** are complete.  
 Actions from meeting held on **3 March 2014** are complete.  
 Actions from meeting held on **7 April 2014** are complete.  
 Actions from meeting held on **2 June 2014** are complete

### Actions from meeting held on: 7 July 2014

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
<b>Safe Staffing Levels</b>	WCT14/15-076	Safe Staffing Group to report fully in September 2014 as data complex.	S. Christie	September 2014	Full report to be submitted in September 2014. <i>See Agenda Item WCT14/15-134</i>
<b>Annual Reports 2013/2014 – Clinical Audit</b>	WCT14/15-080	Clinical Audit Annual Report to be reported to Audit Committee to ‘close the loop’.	S. Christie	September 2014	Clinical Audit Annual Report to be submitted to September Audit Committee. Report on agenda for September Audit Committee.
<b>Board Assurance Framework</b>	WCT14/15-089	Our Sustainability section to include further reference to HR reports submitted regularly.	A. Hughes/J. Harvey	October 2014	Specific reference regarding HR reporting to be included.

**Actions from meeting held on 4 August 2014**

<b>Topic Title</b>	<b>Minute Reference</b>	<b>Action Points</b>	<b>Lead</b>	<b>Due Date</b>	<b>Status</b>
<b>Quality Dashboard</b>	WCT14/15-077	Dashboard to be available 'live' at future board meetings for further analysis, together with a hard copy. .	S. Christie	September 2014	Live information to be presented at September board.

## Chief Executive's Report – August 2014

<b>Agenda Item:</b>	8	<b>Reference:</b>	WCT14/15-131
<b>Meeting Name:</b>	Trust Board	<b>Meeting Date:</b>	3 September 2014
<b>Lead Director:</b>	Simon Gilby		
<b>Job Title:</b>	Chief Executive		

<b>Link to Business Plan:</b>						
<b>Has an Equality Impact Assessment (EQIA) been undertaken &amp; attached?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<b>Has the Public &amp; Stakeholders been consulted?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<b>To Approve</b>	<input type="checkbox"/>	<b>To Note</b>	<input type="checkbox"/>	<b>To Assure</b>	<input checked="" type="checkbox"/>	

<b>Financial Implications:</b> <i>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.</i>			
None identified.			
<b>Overall Cost / Pressure:</b>	n/a	<b>Overall Income:</b>	n/a
<b>Additional Funding Required:</b>	n/a	<b>Funding Already Ring Fenced:</b>	n/a

<b>Identified Risks:</b>
That the board is not fully appraised of relevant national policy issues and local developments.

<b>Assurance to Board:</b>
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.

<b>Publish on Website:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>Private Business:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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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 – August 2014

### 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.

### Context

2. It has been an extremely busy period for the organisation over the past month, not least in terms of the demands on key areas of our service and we have been working hard internally and with commissioners to ensure we maintain focus on delivery of contractual commitments and financial targets (reported in more detail elsewhere on this agenda)
3. Alongside this we have welcomed Monitor into the organisation as it carried out a review of our Quality Governance Framework (QGAF), on which we will receive a report in early September, and have been preparing for our formal Care Quality Commission (CQC) inspection which is taking place week commencing 1 September 2014. In parallel the CQC is carrying out an inspection of our GP Out of Hours service.
4. The response of our staff in our clinical services and in our corporate services to these workload challenges has been very positive. Non-executive and executive directors have spent time on visits to frontline services, and the feedback has evidenced a positive readiness and welcome for the inspections. Alongside this I specifically want to acknowledge the huge contribution staff in Quality and Governance, Human Resources, Communications, Finance and the Corporate office have made to our preparations.

### Freedom to speak up review

5. Sir Robert Francis QC is currently leading an independent review into creating the open and honest reporting culture in the NHS. The Freedom to speak up review will gather information through inviting anyone with an interest to share experiences and ideas; conducting research projects and holding a number of seminars with individuals and relevant organisations to discuss issues and emerging themes. Using the evidence gathered, Sir Robert will make recommendations to the secretary of state for health by the end of November. As part of the review, NHS employees have been asked to complete a survey on whistleblowing procedures and practices in the NHS. The survey was open for responses until 31 August 2014. Wirral Community NHS Trust (WCT) staff were made aware of this. Further progress reports will be brought to Board when available.

### Staff friends and family test

6. NHS England has announced that the first quarter results for Staff friends and family test will be published on 25 September 2014. The results will be presented in a new format, based on the percentage of positive (“extremely likely” and “likely”) and negative responses (“extremely unlikely” and “unlikely”). The results will be displayed for the “work” question and the “care” question for each provider.

### Urgent and emergency care review update

7. Monitor and NHS England have published an update on their joint work, led by Professor Keith Willett, on transforming urgent and emergency care. The proposals in the document “Reimbursement of urgent and emergency care: discussion document on options for reform” set out early thinking on a new approach to paying for urgent and emergency care. The payment mechanism would apply to all providers of urgent care services. Further consultation on these proposals is expected in the future, but no date is set currently. A copy of the full FTN briefing is attached at **Appendix A**.

## **Vision 2018**

8. The focus of the joint work between health and social care partners, within the Vision 2018 framework, continues to be on the three key areas of long term conditions/complex needs, urgent care and planned care. WCT continues to play a full and active role at the Strategic Leadership Group level and within each of the key workstreams. There is collective agreement to focus on a small number of core priorities and encouraging recognition that at least 50% of the “solution” lies with ensuring we have right capacity and capability in our integrated community services to deliver the objectives of caring for people appropriately in their own communities, and of reducing demand on hospital care and long term care have provision.
9. The supporting financial framework is more clearly established, with growing clarity about the size of the financial challenge to be addressed. There is agreement on appropriate project management capacity to drive the work, including alignment of appropriate CCG staff to the priorities, within a timescale that recognises the need to ensure some progress in advance of this winter’s pressures and as a firm context for next year’s contractual negotiations.
10. In this context, progress continues to be made in establishing the integrated care co-ordinating teams (ICCTs), with encouraging commitment to building the capacity of joined up primary, community and social care around the agreed locality model. Key additional elements of this are the joint work CCG is asking to pursue with our acute trust partners on early supported discharge and the urgent care pathway.

## **CCG review**

11. It is understood that the report of the CCG’s governance and capability review will be released sometime before the end of September 2014. WCT continues to work productively with the CCG in relation to our contractual commitments and on key areas of joint development, as described above.

## **Partnership review**

12. In relation to broader partnership relations, it has been agreed that the previously reported review of partnership arrangements in Wirral, supported by the Health and Well-being Board (HWB) and the Public Services Board (PSB), has been postponed to the autumn to run alongside the local authority’s “future council” work.

## **Recommendation**

13. The board is asked to receive this report.

Simon Gilby  
Chief Executive

28 August 2014

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## TRANSFORMING HOW WE PAY FOR URGENT AND EMERGENCY CARE



20/08/2014

Responding to Monitor and NHS England, *Reimbursement of urgent and emergency care: discussion document on options for reform*, Siva Anandaciva, head of analysis, Foundation Trust Network, said:

“Today’s update on the work Professor Keith Willett is leading to transform urgent and emergency care comes at a welcome time. Operational pressures on providers of emergency services last throughout the year with winter escalation wards kept open through summer and temporary staff drafted in to cope with rising activity. We urgently need a new approach to how urgent and emergency care is commissioned and funded.

“Today’s proposals show sensible early thinking on a new approach to paying for urgent and emergency care. The potential combination of volume-based capacity-based ‘keep the lights on’ payment elements would better support providers and commissioners to maintain the quality of essential services while investing in service improvements to move care closer to home where appropriate.

“The devil is in the detail however and to ensure the new payment system delivers for patients we must learn the lessons from failed previous approaches such as the marginal rate for emergency admissions. Today’s research shows that the marginal rate continues to underfund providers by failing to take account of the fixed costs in delivering emergency care services.

“We must set future payments at a level that reflects the true costs of service delivery, otherwise the new payment system will simply cut up the pie differently without addressing the fundamental problem. The payment system must also align incentives across the health and care system, including primary care, so that pressure is not placed disproportionately on one part of the pathway, and that providers of out of hospital services are given the resources they need to help prevent admissions.

“We must also ensure the future payment system operates on a long-term basis and provides a more stable platform for commissioners and providers to plan service improvements and share risk. The current approach and reliance on non-recurrent funding fixes is simply not sustainable.”

“Across the country providers are taking on considerable financial risk to build new emergency care hospitals, expand community-based crisis response teams, and extend out of hours mental health support. Monitor and NHS England have shown a commitment to developing new and evidence-based ways of paying for services which better support high quality patient-centred care. The development of this new payment system for urgent and emergency care must move at pace to support the essential service improvements NHS providers continue to deliver.”

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### Reports from Committees - August 2014

<b>Agenda Item:</b>	9	<b>Reference:</b>	WCT14/15-132
<b>Meeting Name:</b>	Trust Board	<b>Meeting Date:</b>	3 September 2014
<b>Lead Director:</b>	Simon Gilby		
<b>Job Title:</b>	Chief Executive		

<b>Link to Business Plan:</b>						
<b>Has an Equality Impact Assessment (EQIA) been undertaken &amp; attached?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<b>Has the Public &amp; Stakeholders been consulted?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<b>To Approve</b>	<input type="checkbox"/>	<b>To Note</b>	<input checked="" type="checkbox"/>	<b>To Assure</b>	<input type="checkbox"/>	

**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.

<b>Overall Cost / Pressure:</b>	n/a	<b>Overall Income:</b>	n/a
<b>Additional Funding Required:</b>	n/a	<b>Funding Already Ring Fenced:</b>	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.

<b>Publish on Website:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>Private Business:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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**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 18 August 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 July 2014 was presented to the committee for approval and the committee noted the following items for the reporting month:
  - Development of avoidable community trust acquired grade 3 and 4 (EPUAP) pressure ulcers remains on the risk register (ID 182), risk rated as 16.
  - Nineteen non-community trust acquired grade 3 and 4 pressure ulcers were reported, seven of which were on discharge from hospital.
  - The two community acquired grade 3-4 pressure reported in June 2014 have been deemed as unavoidable following review at the pressure ulcer multi-disciplinary review meeting. The evidence to support this decision making will be submitted to the Commissioning Support Unit for review by the Clinical Commissioning Group.
  - Two medication incidents were reported during July 2014. One incident has a medium risk rating, and is being investigated via the complaints procedure.
4. Three safeguarding papers were presented to the committee:
  - Safeguarding children and adults self-assessment audit tool
  - Section 11 of the Children Act 2004 Audit tool
  - Child G action plan

The committee discussed concerns in relation to the actions still to be completed within each of these papers but received assurance that the majority of actions related to moving from a reliance on another organisations policies and procedures to developing a suite of safeguarding documents for the trust; the majority of which will be in place in September 2014. Further assurance is provided for the board in the quarter one safeguarding assurance paper which is on this board's agenda.

### Any formal recommendations

5. That a paper outlining progress with the three safeguarding audits is received at the committee monthly until the action plans are complete.

### Chris Allen

Chair, Quality and Governance Committee  
21 August 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 18 August 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

The following key agenda items were discussed:

- **Workforce Plan**
- **Managing Attendance Update**
- **Staff Survey Action Plan Interim Report**
- **Maternity, Paternity and Adoption Policy**
- **Dignity at Work Policy**

### Outcomes and actions agreed

3. The trust's workforce plan was discussed and in particular the continued changes that are presented in relation to safe staffing and the increase in demand in some services. The plan included the key strategic drivers for service development and the education and learning support that will be put in place to ensure the workforce has the right skills to deliver high quality services.
4. The committee were updated that the absence rate for July had improved by 0.5% to 4.9%. Actions to continue to address high levels of absence were discussed, and it was noted that there would be an ongoing focus on working closely with those teams with the highest levels of absence to provide support and guidance in implementing the trust's Managing Attendance Policy.
5. The policies for Maternity, Paternity and Adoption and Dignity at Work were approved.

### Any formal recommendations

6. No formal recommendations.

**Murray Freeman**

Chair, Education and Workforce Committee  
22 August 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 26 August 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 and AOB items were considered by the committee in July:
  - **Financial Performance Report – Month 4**
  - **Key Performance Indicators – Month 4**
  - **Divisional Performance Reports – Month 4**
  - **FT Self Certification – July 2014**
  - **Cost Improvement Program Recovery Plan**
  - **Activity Report and Analysis**
  - **Estates Strategy Update**
  - **Reasons why the Trust was not pursuing a particular new business tender**

### Outcomes and actions agreed

4. The committee approved/noted the following:
  - (i) The trust's financial position at the end of Month 4 of the 2014/15 financial year (July 2014) was a deficit of £54k. This is £20k behind our revised plan, and £54k behind our original plan submitted to the NHS Trust Development Authority.
  - (ii) Despite agreements having been reached to settle some issues, at the end July there was still £2,099k owed to the Trust that had been outstanding for more than 90 days. The scale of debt is to be urgently addressed by the Interim Director of Finance & Development.
  - (iii) The committee received a further report on the trust's CIP recovery planning which noted a circa 75% improvement, from £1,229k to £320k, in the level of still to be identified CIP savings for 2014/15. All £320k needs to be secured by end December 2014 for the trust to meet the TDA's performance expectation and to thus continue to maintain the TDA's confidence in our FT trajectory. It was noted that in achieving the current year's £3.375m savings target a significant element, of c.£1m, would likely only be achieved non-recurrently. The committee was advised that individual service CIP reviews were already scheduled and underway, although the first of these that had met immediately prior to the committee had indicated a circa £100k deterioration on the headline forecasts of currently anticipated CIP achievement included within the paper.
  - (iv) In reviewing divisional service performance the committee was advised of the CCG's recent issue of a contract performance notice to the trust regarding 29 KPIs where no data had been provided in the CCG's June contract monitoring report and its request to be advised as to when Red rated service KPIs would achieve a Green rating.

### Any formal recommendations

5. There were no formal recommendations from the committee.

### Alan Wilson

Chair, Finance & Performance Committee  
29 August 2014