

Integrated Performance Report – Month 5 (August 2014)

Agenda Item:	16	Reference:	WCT14/15-166
Meeting Name:	Trust Board	Meeting Date:	8 October 2014
Lead Director:	Simon Gilby		
Job Title:	Chief Executive		

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

Performance against key indicators is core to the organisation's aim of provision of high quality services within a financially sustainable organisation.

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

Identified Risks:

Individual risks are identified in the appropriate sections of the report.

Assurance to Board:

To assure the board of the performance of services and action plans in place to deliver improvement as required.

Publish on Website: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Private Business: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Report History		
Submitted to	Date	Brief Summary of Outcome
Regular report submitted each month.		

Wirral Community NHS Trust

Integrated Performance Report – Month 5 (August 2014)

Purpose

1. This report presents the board with an overview of the trust's performance across all key performance areas at the end of Month 5 of the 2014/15 financial year, August 2014.
2. The report describes the trust's performance against the 4 strategic themes agreed as part of our strategic vision and values for 2014/15. These are:
 - Our Patients and Community
 - Our Services
 - Our People
 - Our Sustainability
3. The report includes a balanced scorecard (**Appendix 1**) which captures performance against the trust's strategic objectives.
4. The report summarises the individual reports received by the Finance and Performance, Quality and Governance and Education and Workforce Committees. Individual scorecards for the 5 clinical divisions have also been submitted to the Finance and Performance Committee.
5. Following the agreement of the trust's strategic objectives and operational goals within the two year plan, we will be reviewing the Integrated Performance Report on an on-going basis to ensure it continues to capture the appropriate information for the board's assurance on performance against these objectives.

Executive Summary

6. The Month 5 Integrated Performance Report reflects the position at the end of the fifth month of the 2014/15 financial year, August 2014.
7. The trust is now monitoring 152 of 174 contractually agreed KPIs (**Appendix 2a & 2b**). Of the remaining 22, 15 are awaiting confirmation of performance thresholds and trajectories with commissioners and 6 are in development. A final KPI is dependent on a system change by EMIS Web. Of the 6 KPIs in development, 3 will be delivered in September's report with the final 3 appearing in October. Across the 152 KPIs monitored in August, the majority are performing at either green or amber levels, with action plans in place for those reported at red to return to improved performance by the calendar year-end.
8. The financial position is very tight, year to date there is small surplus but the position would be worse were it not for the £287k non recurrent items employed to support the position YTD. The trust continues to forecast achievement of its £900k surplus target.
9. The trust's Cost Improvement Plans (CIPs) is behind its initial plan at the end of month 5 having achieved 54% of its original target; however it is £40k ahead of the revised plan developed to ensure our planned savings delivery is back on track by the end of December.
10. The trust has performed well against the indicators set out in our Quality Strategy.
11. The trust's sickness and absence rate for August has improved on levels seen in both June and July. The monthly absence figure is 4.5%, improving on the 4.91% seen in July and 5.37% in June and is also lower than the 5.42% for May. Sickness absence on a year-to-date basis now sits at 5.01%.

Month 4 Performance Overview

Strategic Theme 1 – Our Patients and Community

Introduction

12. The trust has performed well against this strategic theme and has achieved green/amber on all targets in Month 5.

Access Targets

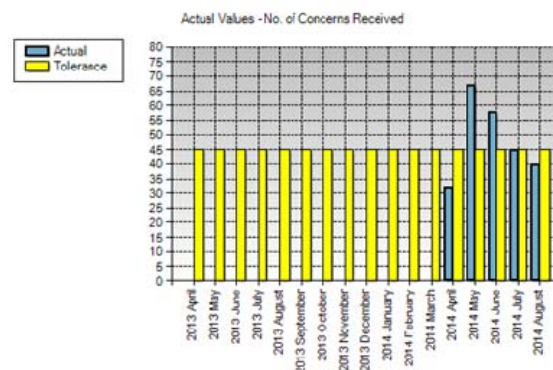
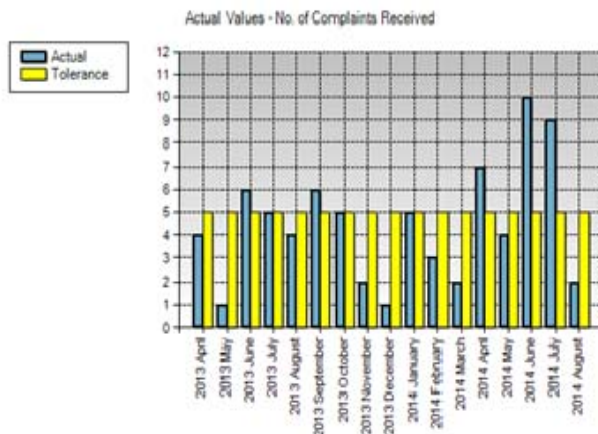
13. The trust is delivering on both its duty to treat non-admitted patients within certain relevant services within 18 weeks (100% achievement in August), and ensuring that at least 95% of patients visiting our Walk in Centres (WICs) and Minor Injuries Unit (MIU) are treated within 4 hours (August performance 99.82%).

Quality Indicators

14. The trust's Quality Dashboard (**Appendix 3a & 3b**) highlights the trust's performance against the individual quality indicators set out in the Quality Strategy.
15. The Quality Dashboard is in a revised format following work undertaken by the Quality and Governance Team and consideration and discussions at the Quality and Governance Committee. The dashboard is produced through the proDacapo system which will also allow live updates on performance at any time. The Quality Dashboard is reported on an in-month and year-to-date basis.

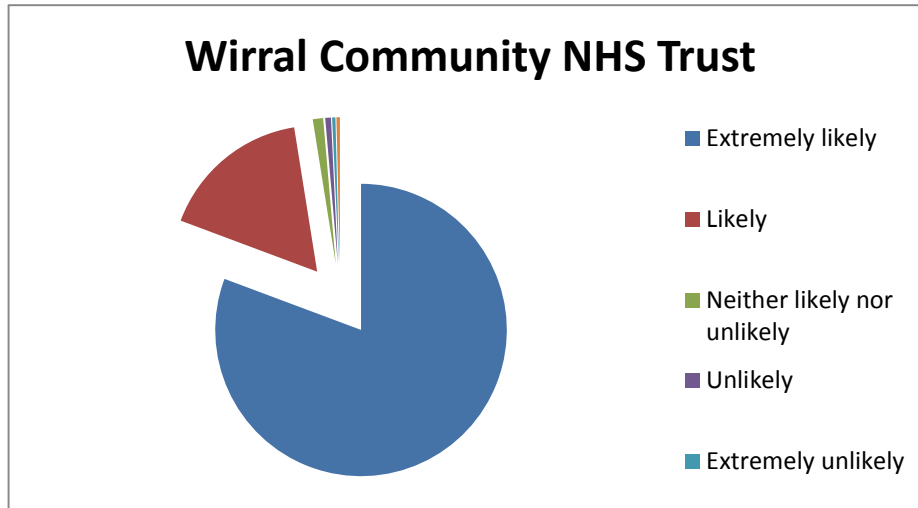
Patient Experience – Complaints and Concerns.

16. The graphs below shows the number of complaints and concerns received in month order. Twelve months of data are shown to enable the run rate to be better understood.



Friends and Family Test

17. Out of the 1026 patient experience contacts during the reporting period, 792 people responded to the FFT question 'How likely are you to recommend our services to friends and family if they needed similar care or treatment?'. 639 stated 'very likely' resulting in a trust wide Friends and Family Test (FFT) score of 79.

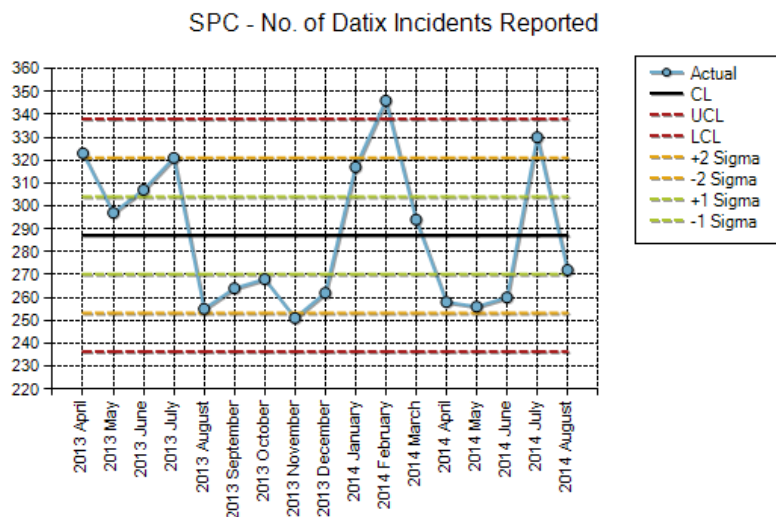


Litigation

18. There were 2 new litigation claims received for the reporting period August 2014.

Incidents

19. There were a total of 292 incidents reported in the month of August 2014. The graph below illustrates the run of incidents since April 2013.



Serious and Untoward Incidents Reported by Month

20. There were no Serious and Untoward Incidents (at STEIS Level 1 or above) reported for August 2014.

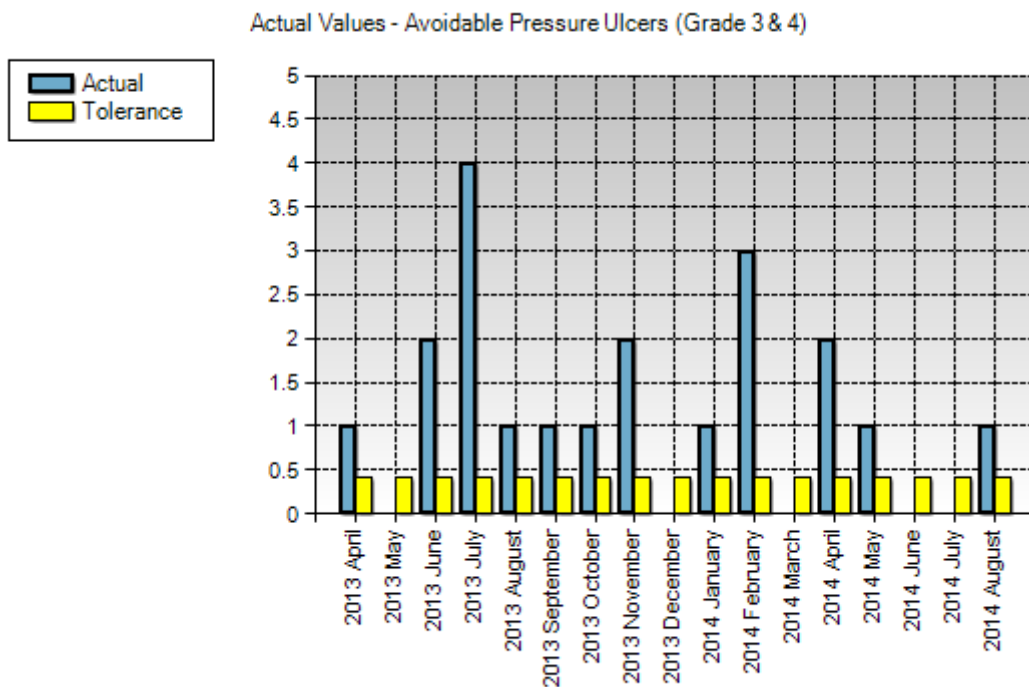
National Never Events

21. There were no nationally defined Never Events reported for the month of August 2014.

Local Quality Indicators

22. There were 6 community acquired pressure ulcers reported in August 2014.

23. Following review, one has been confirmed as being avoidable and is now subject to an RCA investigation.



2014/15 CQUIN Quality Indicators

24. Whilst it is very early in the financial year, the trust expects to deliver against all the targets identified by commissioners for CQUIN payments in 2014/15. Six CQUIN schemes are rag rated green with two rag rated as amber.

25. The two amber rated schemes relate to the Integration and Coordinated Care CQUIN and the Community Care Plan CQUIN. Commissioners have indicated that there will be no financial penalty applied as a result of the amber rating at this stage and have requested submission of additional evidence.

Strategic Theme 2 – Our Services

26. At the end of Month 5 of 2014/15, on a year-to-date (YTD) basis, 35 (23%) KPIs are rated as red and a further 13 (9%) are rated as amber out of a total of 152 reported KPIs. Please note in total the trust has 174 contractual KPIs (**Appendix 2a & 2b**), of the 22 KPIs not yet reported, 16 are awaiting confirmation of thresholds and targets with our Local Authority Commissioner and 6 KPIs are currently in development and will be available in September (3) and October (3).

Key Performance Indicators 2014/15							
Aug-14			Year to Date			Forecast	
Green	104		Green	101		Green	113
Red	35		Red	38		Red	32
Amber	13		Amber	13		Amber	7
Grey	22	Thresholds TBC by Commissioner (16) and KPIs in development (6)	Grey	22	Thresholds TBC by Commissioner (16) and KPIs in development (6)	Grey	22

27. **Specialist Palliative Care** – KPIs for this service have been reported for the first time in August and backdated to July 2014. Generation of these KPIs required lengthy work within the Information Team. This work has highlighted some data checking work the Information Team will need to undertake with the service during September. It is anticipated that following this work performance will improve on all the indicators. Further analysis will be undertaken to understand the likely year-end position and actions that can be taken to address this, however the current forecast is Amber. One indicator remains unreported for this service, % of patients on service list that are on the Wirral End of Life care plan recorded at time of death. The trust is currently involved in a review of End of Life Care Plans with Dr Cathy Lewis-Jones. Whilst a decision is made on the future provision of end of life care plans the trust is using its local Patient And Carer Assessment. Work is now being undertaken within the Information Team to create a reporting mechanism for monitoring this in the interim.
28. **Paediatric & Integrated Continence** – All KPIs for these services are now available. Performance on the majority of KPIs now show improvement as staff continue to work on the identified processes implemented in August. Historically performance on these KPIs has been reported as green via the old IT system and it is anticipated to return to green as the staff recording issues are address and improved. The service has been supported with weekly reports and this will continue until the service return to Green and the new processes are embedded. The % of referrals triaged within 24 hours is a target for both Adults and Paediatric continence services. Initial recording issues by the service are now being actively addressed and performance has improved. Processes have been revisited to ensure accurate reporting of triage response rates. The % of patient calls returned within 48 hours is an Adult only target. Work is still on-going to ensure clinicians respond quickly to electronic tasks sent for patient calls. Work is being undertaken to ensure that the response is within 48 hours and not 2 working days which is impacting on current performance. As above, weekly reports are being provided to the service to monitor recording practice. The volume of calls the service receives has increased and the service will look at alternative support through use of the Centralised Booking Service. Performance is improving and will be monitored on a weekly basis until performance is consistently green. % of patients seen within 28 days is a target for both Adult and Paediatric services. Initial recording issues by the service are now being actively addressed and performance has improved. Processes have been revisited to ensure accurate use of the service waiting lists. DNA rates are a target for both services, and to date have been a challenge to reduce. DNA performance within the Paediatric Service still provides the greatest challenge. Patient and clinic profiling for Paediatric patients is on-going within the service. Text reminders from SystmOne continue to monitor the effectiveness of these on an on-going basis. Patient Cancellations for the adult services are above the contractual tolerances but this has been due to system processes which have been addressed in August and performance is now expected to return to green.
29. **Heart Failure** – Whilst the heart services are performing well against all other contractual KPIs, DNAs continue to be reviewed within the service. The service are reviewing recording practices to ensure there are no issues there, however it is most likely DNAs rose slightly in August due to the holiday period.
30. **Cardiac Rehab** - % of patients referred onto an exercise programme has not been reported to date and has been raised as an issue with the CCG. In summary, whilst the trust holds

data around the number of patients referred on to necessary programmes, the current definition of the KPI is unclear and needs refining. This KPI will be reported within this report once agreement has been reached.

31. **Community Nursing Service – % of Leg Ulcer Patients treated in Clinic** aims to minimise patients treated at home whenever possible. The reporting of this KPI for August is rated red. It is a crude view on the basis it includes all leg ulcer types and all patients regardless of individual clinical circumstances. With the future development of EPR functionality within SystemOne the trust will have the ability to formally quantify the categories of Leg Ulcer patients and better understand performance where clinically appropriate. In the meantime the Information Team will look to work with the service to better understand current performance around clinical appropriateness of patients being treated at home.
32. **SALT** – Waiting times within the SALT service remain a challenge, particularly for the adult 2 week waiters. However the service has put together an action plan and performance is now improving. DNAs are being monitored and the Trust is shortly to introduce a new text reminder service.
33. **Podiatry** - The service is continuing to address access times for Podiatry. The new commissioning model for Podiatry introduced in 2013/14 required patients to be discharged back to their GP after a certain number of visits. These patients are now returning to the service as new referrals, having previously been managed as follow-ups. Under the model the service is also required to provide the patient with their next appointment at the end of each consultation. This has impacted directly on the availability of appointments for new patients and DNAs. The service is in talks with the CCG around this issue and is still awaiting the outcome.
34. **Nutrition & Dietetics** – The DNA performance is amber but is forecast to return to green once all Diabetes Xpert Group Talk data has been captured as the course runs over a 6 week period.
35. **Physiotherapy** – The service experienced a rise in demand at the end of 2013/14 and combined with a reduction in temporary staff generated an increase in the waiting list for the service. Physiotherapy has been recruiting additional staff to address the waiting times and these are expected to begin to fall over the next few weeks and months. The service is also working to ensure all appointment offers are clinical coded. They are now being supported and performance is expected to improve in September. There is a concern that GPs are electing to refer only the more complex cases to the trust and simple cases to competitors. The trust has become aware that the CCG has written to GPs to remind them who the alternative providers are without equally listing Wirral Community NHS Trust.
36. **Musculoskeletal Clinical Assessment Service (MCAS)** – The specialist management element of the service has seen a 25% increase in referrals since April 2014 and this is impacting on the availability of assessment slots. The service is also working to ensure all appointment offers are clinical coded. They are now being supported and performance is expected to improve in September.
37. **Livewell – Care Aware** - The current databases used by the service are unable to flag more than one attribute to individuals attending the service. For example it is not possible to flag that a service user is both a “Carer” and “Unemployed”. As a result the organisation is underreporting the number of carers it sees. This issue has been known to the service and will be addressed through the move to SystemOne. As service users revisit the service for planned follow-ups staff will check whether they are also carers and update the records accordingly. With this information we will be able to refresh previous months. At this stage it is unclear what the final year position will be, but the measure will be closely monitored as SystemOne becomes embedded in Livewell.

38. **Livewell – Lifestyle and Weight Management** – As previously discussed the issue of multiple databases also has an impact on the weight management service with information relating to service users being collected in the Health Action Areas Database and not being linked to the Weight Management database. This issue is particularly acute with the 12 month monitoring of adult reduction and maintenance. Activity is traditionally low at this time of year and the start of the new school year in September should provide a boost to the children’s element of the service. The service is currently undertaking manual audits of information held in all the service’s databases to ensure that data migration to SystmOne will represent the fullest picture of performance.
39. **Livewell – Stop Smoking Service** – So far the service has seen a 45% drop in footfall of individuals coming to the service which has represented a significant challenge to achieving the activity levels required by commissioners. A number of targeted initiatives are being put in place to promote the service such as leaflet drops in key areas, supporting national campaigns and initiatives such as National No Smoking Day, Stoptober, Lung Cancer Awareness Month and Men’s Health Month. It should be noted that in general the KPIs set by the Local Authority are volume rather than outcome focused. As a result a smaller number of individuals coming into the service makes achieving the absolute number levels for targets such as CO Validation undoable. However in terms of CO Validation as a rate in itself the trust is achieving high levels of performance with 80% of 4 week quitters being CO validated. 80% for CO validation is a quality outcome target for the service and is significantly higher than the UK average of 72% and 54% in the North West.
40. **Livewell – Specialist Health Promotion and Resource Centre** – KPIs for this year have been split between adult and children. As a direct result it is difficult to understand trends versus previous years, and the Trust is still awaiting confirmation of the trajectory splits between adults and children on two of the KPIs. However, given that there is a requirement for certain elements of the trust’s staff to undertake training in health promotion, it will be possible for the trust to achieve all targets set in this service.
41. **Livewell – Healthy Settings Team** – Two indicators are currently rated red “Number of Schools at milestones stage of achieving enhanced health status”, this is predicted to be green at the year-end as the service are currently engaged with 12 schools. However no more progress will be reportable until at least we are back into the School year in September. In relation to “Number of setting achieving ‘Young People Friendly’ status year to date” position is fully on target.
42. **Integrated Sexual Health Service** – The service has been set a target to see all drop-in patients within 2 hours of arrival. To date 51 (0.45%) out of the 11,444 attendances have waited 2 hours or longer. Performance on the target to offer appointments within 5 days for intrauterine and implantable contraceptives, has dropped in August as the service has changed its booking process. This is being actively looked at and performance should return to green on a year-end basis. Although there is limited data the trust saw exactly the same dip in Chlamydia performance in Q1 of 2013/14. The service has a number of actions in place to improve performance over coming quarters, these include campaigns during Sexual Health Awareness week in September, working with other services both internally (Walk in Centres, Family Nurse Partnerships and Livewell) as well as external partners (WUHT) to maximise Chlamydia testing of the 15-24 year old target groups. Performance will also be monitored on a weekly basis by the service. Communication of test results to patients has improved significantly since 2013/14. The service has been utilising text messaging of results with follow-up phone calls since 26 August. Equally the service is also ensuring staff are fully aware of test reporting deadlines as set out in the contract and stopping any “batching” of results which creates unnecessary delays for patients. The service is also reviewing its contract with the labs involved to understand if alternative providers could improve upon the current service received. The confidential nature of Sexual Health can make it challenging to link together the records to ensure that partners have been notified of any positive results

and undertaking testing themselves. The service is currently working on improving this measure and retraining staff where appropriate.

Strategic Theme 3 – Our People

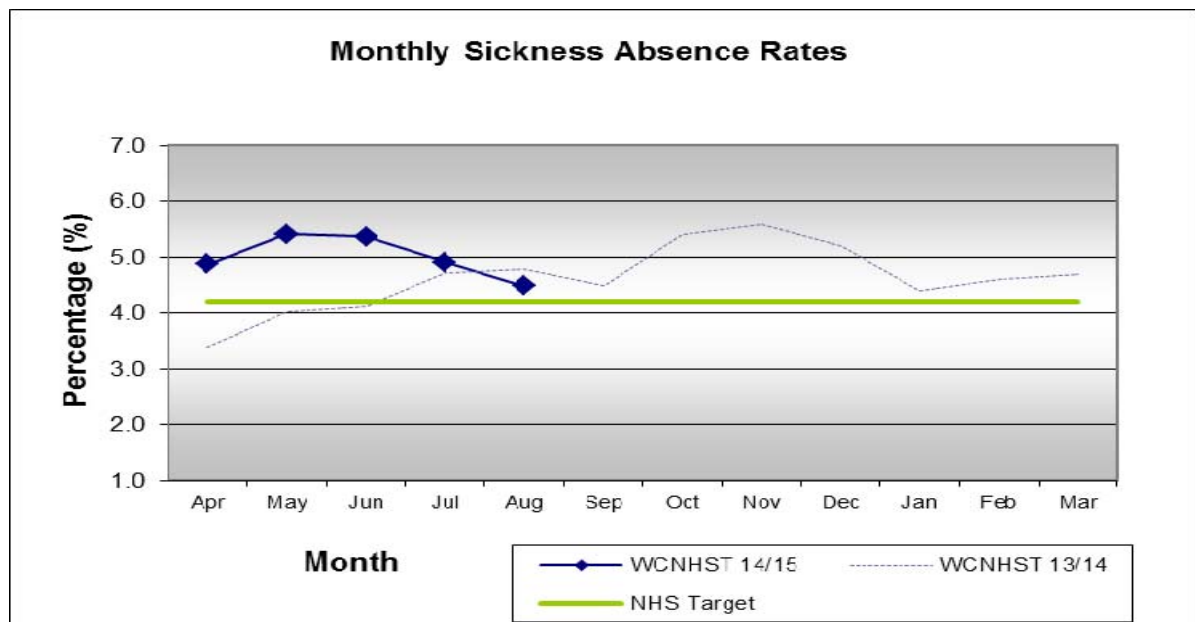
Introduction

43. The purpose of this section is to present to the board the workforce and related performance of Wirral Community NHS Trust for the period ended August 2014.

Workforce

44. The sickness absence rate for August 2014 is 4.5%. This is a decrease from July when 4.9% was reported. There were 137 episodes of absence during this period which is a significant reduction from July of 176 episodes. 57% of sickness absence in August related to long term absences.

45. The table below shows the year to date trend analysis for sickness absence. The year to date figure is 5% against a trust target of 4.2%.



46. 20 staff have been supported to return to work from long term sickness during August 2014.

47. Stress and anxiety remains our highest reason for absence in relation to the percentage number of days lost with 23 cases. This is a significant reduction from July 2014 when 32 cases were recorded.

48. The number of cancer cases has increased and they account for over 7% of all absences.

49. The cost of sickness absence for August 2014 was £117,881.50 and year to date figure is £684,303.03.

50. When reviewing sickness in relation to stress in August we have seen an increase in work related stress cases to six up from three last month.

Update on action being taken

51. As absence is higher than our target of 4.2% , divisional managers and heads of service are required to discuss divisional action plans with HR Business Partners at four way meetings to

ensure that direct reports are providing assurance of actions being taken in relation to individual cases.

52. Short term sickness absence has been mapped and the numbers of recorded informal counselling appears to be extremely low considering the levels of absence the trust has experienced. The numbers relating to those with first or second written warnings on file also appear to be low; this may be due to managers exercising caution where cases relating to disability are covered by the equality act.
53. The health trainer intervention continues to operate in Community Nursing, HR, Primary Care and Unplanned Care. Uptake has been poor (below 10% attendance) and has not achieved the desired reduction in short term absence as anticipated. The intervention will continue to be promoted within these teams and the return to work form will be amended to include space for the offer of the intervention to be recorded.
54. The return to work audit has been concluded and this will be replaced with an audit tool and reports will be provided quarterly to Education and Workforce Committee. These will be used to inform learning and support requirements going forward, ensuring appropriate use of resources.
55. Extensive work has been taking place to support managers within Community Nursing to enable staff to return to work from long term absences. It can be seen that the number of staff on long term absence has reduced considerably over past months. This figure is on target to reduce further by the end of September 2014.

May 2014	June 2014	July 2014	August 2014
30 cases	22 cases	15 cases	8 cases

It is essential that sickness absence is dealt with as a priority if such levels are to be maintained in future.

56. The managing attendance policy and toolkit will be reviewed. It is planned to make all template letters available on StaffZone.
57. The managing attendance training, now incorporated in to the management development programme, will be amended to include an enhanced section on the responsibilities of managers.
58. It should be noted that 480 staff have achieved full attendance in the last 12 months and have been congratulated by receiving 100% attendance letters. This represents a third of our employees and is comparable with Wirral University Hospital Trust who also have a third of employees with 100% attendance.

Strategic Theme 4 – Our Sustainability

Financial Performance

59. The trust is showing a year to date (YTD) net surplus of £2k for the period ending 31 August 2014. This is £2k ahead of the initial plan submitted to the TDA.
60. In month the trust made an operating loss of £256k of which £100k was a one off charge resulting from a change in the local authority position regarding funding over activity in psychosexual therapy within our sexual health service.
61. Overall the YTD position is supported by:-
 - a) A number of non-recurrent items, applied in the 1st quarter, totalling £237k,

- b) A rephrasing in Month 5 of impairment expenditure to bring it into line with the likely timing of any revaluations. The net effect of this adjustment is an improvement to the month 5 position of £208k &
- c) Application in Month 5 of NR historic provisions not now required of £50k

62. The recurrent monthly run rate at Month 5 is assessed to be a deficit of circa £50k, a small improvement upon the £55k/month level at July.

63. The trust has spent £780k of its capital programme, which has increased to £1,800k for the financial year to take account of the extended works at St Catherine's Health Centre and increased costs associated with the roll out of the agile working scheme.

64. An executive dashboard highlighting the key aspects of financial performance for the year is shown in **Appendix 4**.

NHS Trust Statutory Duties

65. The trust's performance against its statutory duties is shown below:

Statutory Duty	Target	YTD	Forecast
Trust Planned Surplus (before impairments)	£900K surplus	£2K Surplus	£900k Surplus
Capital Cost Absorption Rate	3.5%	3.5%	3.5%
Capital Resource Limit	£1,840k	£780K	£1,840k
External Financing Limit	£1,167k	£1,230k	£1,167k

Cost Improvement Performance

66. The trust's financial planning process identified a CIP requirement of £3,375k for 2014/15.

67. YTD savings are £448k against our initially planned position at the end of August of £825k. This represents a delivery of 54%, but the savings level was £40k higher than the recovery profile sum targeted for the end of August en-route to being back on track by the end of December.

68. The performance against planned target by division is shown below:-

Division	Plan Target		Target to August £'000	Savings to August £'000	Variance to August £'000
	2014/15	£'000			
Nursing		786	60	147	87
Therapies		309	122	66	(56)
Lifestyles		318	91	74	(17)
Unplanned Care		314	93	60	(33)
Primary Care		298	109	50	(59)
Estates		697	135	0	(135)
Corporate		653	215	51	(164)
Total		3,375	825	448	(377)

69. Actions are being taken to ensure both back on track performance and the full year delivery of the savings required. A significant part of the revised plans for 2014/15 though, circa £1m, will now likely be non-recurrent savings.

Income and Expenditure Position

70. YTD the trust is showing a surplus of £2k for income and expenditure. The position would be worse were it not for the £287k total non-recurrent items employed to support the financial position YTD.

71. Underlying operational performance is being mainly driven by the shortfall on planned CIP achievement. Apart from CIP other factors contributing to downward pressure on divisional performance are a higher than anticipated agency spend across divisions and a restatement of income to reflect a change in the local authority position regarding their (non) funding of over activity in our sexual health service. These are further summary considered below.

72. A review of operational financial performance to date has highlighted a number of areas where improvement action to correct a mix of longer standing underlying issues and some specific newer issues would improve the trust's overall monthly recurrent position.

In addition to ensuring planned CIP schemes are achieved, in summary these items are;

- Reducing the premium cost of agency staff usage by improved management of the underlying issues causing agency to be engaged and by increasing the flexibility/effectiveness of our bank staffing arrangements. Particular action is being taken to seek to substantively recruit to GPs in Minor Injury Units and reduce the reliance on agency in this area.
- Improved alignment between additional physiotherapy agency staffing engaged on cost per case work and clinic bookings.
- Reduction in service hours at the All Day Health Centre back to contract required levels.
- Increasing focus on consumables within the nursing services.
- Systemically addressing significant under commissioning (activity over performance) within sexual health services. The council has indicated that it will not be in-year supplementing psychosexual therapy funding for over activity in the manner it did last year as it is not contractually obliged to. This has placed £100k of unexpected income shortfall for the year on this particular service, and where there is a circa further £150k of annual under commissioning (activity over performance) occurring within sexual health services more generally for which 2014/15 funding is currently uncertain.
- Bringing to completion a number of unresolved development/contractual issues across our main local health economy partners

73. A summary income and expenditure account is set out in **Appendix 5** and a summary of performance by division is set out below. (A full breakdown is shown in **Appendix 6.**)

Divisional Performance for the period ended 31st August 2014

	Revised YTD Budget as at August 2014 £000's	YTD Actual as at August 2014 £000's	Variance Over/(Under) Spend as at August 2014 £000's
<u>Community Trust Summary</u>			
Corporate, Operations & Performance	3,971	4,059	88
Estates & SLA's	1,796	1,778	(18)
Income	(25,544)	(25,641)	(97)
Lifestyle	3,900	3,830	(70)
Nursing	8,021	7,953	(68)
Primary Care	2,415	2,619	204
Unplanned Care	1,657	1,948	291
Therapies	3,500	3,689	189
Operating Loss	(284)	235	519
Non Recurrent credits relating to 2013/14 re VAT, VCH Rent and cost per case income		(237)	(237)
Community Trust Total	(284)	(2)	282

NB: Our TDA submitted plan profile for Month 5 is breakeven, not a £284 surplus, due to the differing profile treatment therein of trust contingency. With the harmonisation last month of CIP profiles this is now the only variance item between the TDA Plan and internal budget monthly profiles.

74. The trust is forecasting it will meet its financial target of a surplus for the year of £900k before impairments. The best case and worst case scenarios together with the main risks and assumptions in relation to the forecast are set out below:

	Most Likely	Worst Case	Best Case
	£'000	£'000	£'000
Forecast	-900	98	-1,267

The main assumptions in the most likely forecast are that the trust will achieve its CIP; that there will be a reduction in agency usage and that the trust's contingency is fully utilised by end March. As we move through the year it is anticipated that the number of areas of uncertainty will diminish and the range of potential outturns forecast will narrow.

Risks Incorporated in Worst Case	£'000
Slippage of CIP	407
Forecast Agency Savings not Achieved	192
Lower Service Income as a result of non-CCG Commissioned Financial Pressures	150
Extra Staff required for Safer Staffing	50
Shortfalls on property rental income	120
Other	79
Total	998

Potential Upside included in Best Case

CIP savings are greater than forecast	-53
Greater than Anticipated Agency Savings	-22
Invoices provided for in 2013/14 are paid	-186
Additional Savings from SystemOne (CIP)	-50
Other	-56
	-367

Statement of Financial Position (Balance Sheet)

75. The trust's Statement of Financial Position (also known as the Balance Sheet) is shown in **Appendix 7**.

Cash Position and Cashflow Forecasts

76. The trust's cash flow forecast for the financial year is shown in **Appendix 8**. The figures for the first 5 months of the year are based on actual cash movements and the forecasts for the remaining year have been updated in line with latest expectations.

77. The trust currently holds cash balances of £3.6m and this reflects a cash figure which is deemed sufficient against on-going operations as it represents of 19.7 days of cash outgoings, i.e. in excess of the over 10 days deemed adequacy level.

78. **Appendix 9** shows the movement of the trust's cash balances alongside the working capital position.

Analysis of Outstanding Debt

79. **Appendix 10** shows the aged debt for the trust. Aged debt levels are too high for a trust of Wirral Community Trust's turnover level; too aged, and deteriorating. Debts of £2,746k (£2,100k at July) owed to the trust have been outstanding for more than 90 days, some considerably beyond this period. The aim is to eliminate this as soon as possible and move the focus of the trust upon minimising any debt still outstanding after 60 days. At the end of August debt above 60 days (inc >90 day element) stood at £3,798k (£2,857k at end July).

80. Approximately 72% of debt over 90 days old is with our main local and social care partners. Agreement has been reached with one local health provider to settle the majority of debt outstanding between parties and this has been processed in September clearing over £700k of outstanding balances.

81. The scale of the debt is being urgently addressed by the Interim Director of Finance and Development and settlement of circa £1m of aged debt with Wirral Council has recently been resolved for likely payment processing in October.

82. In the first instance debtors control sits externally with SBS and the effectiveness of both this stage of the process, and the trust's subsequent debt control management processes, will be subject to an internal audit assurance review reporting back to the Audit Committee.

Capital Expenditure

83. The trust's YTD and forecast capital expenditure against the agreed capital programme are outlined in **Appendix 11**.

84. Work is progressing at St Catherine's Health Centre to enable the estates moves including the vacating of Port Causeway and Hind Street to proceed according to schedule.

85. The trust has requested increases in both the Capital Resource Limit of £711k and External Financing Limit of £1,534k both of which have been agreed in principle by the TDA. Formal agreement is expected to follow in the autumn in line with normal TDA practice.

Foundation Trust Continuity of Services Risk Rating

86. The trust continues to monitor its financial performance against Monitor's financial regime for FTs as well as the statutory requirements of an NHS Trust. The in-month rating was 4 out of 4. (The best / lowest risk rating).

87. Assuming the trust can address the current CIP shortfall we do not foresee any concerns regarding the reporting framework and forecast the rating to remain at 4.

Conclusion

88. The trust has delivered a year to date surplus of £2k at the end of Month 5. Whilst this is £2k ahead of plan it has been delivered with the non-recurrent assistance of prior period items.

89. Whilst in Month 5 the trust has achieved the YTD CIP target sum it had set itself in bringing its profile of savings back into line by the end of December, the sum delivered represented only 54% of its original plan.

90. The trust continues to forecast that it will achieve its planned surplus and statutory financial duties.

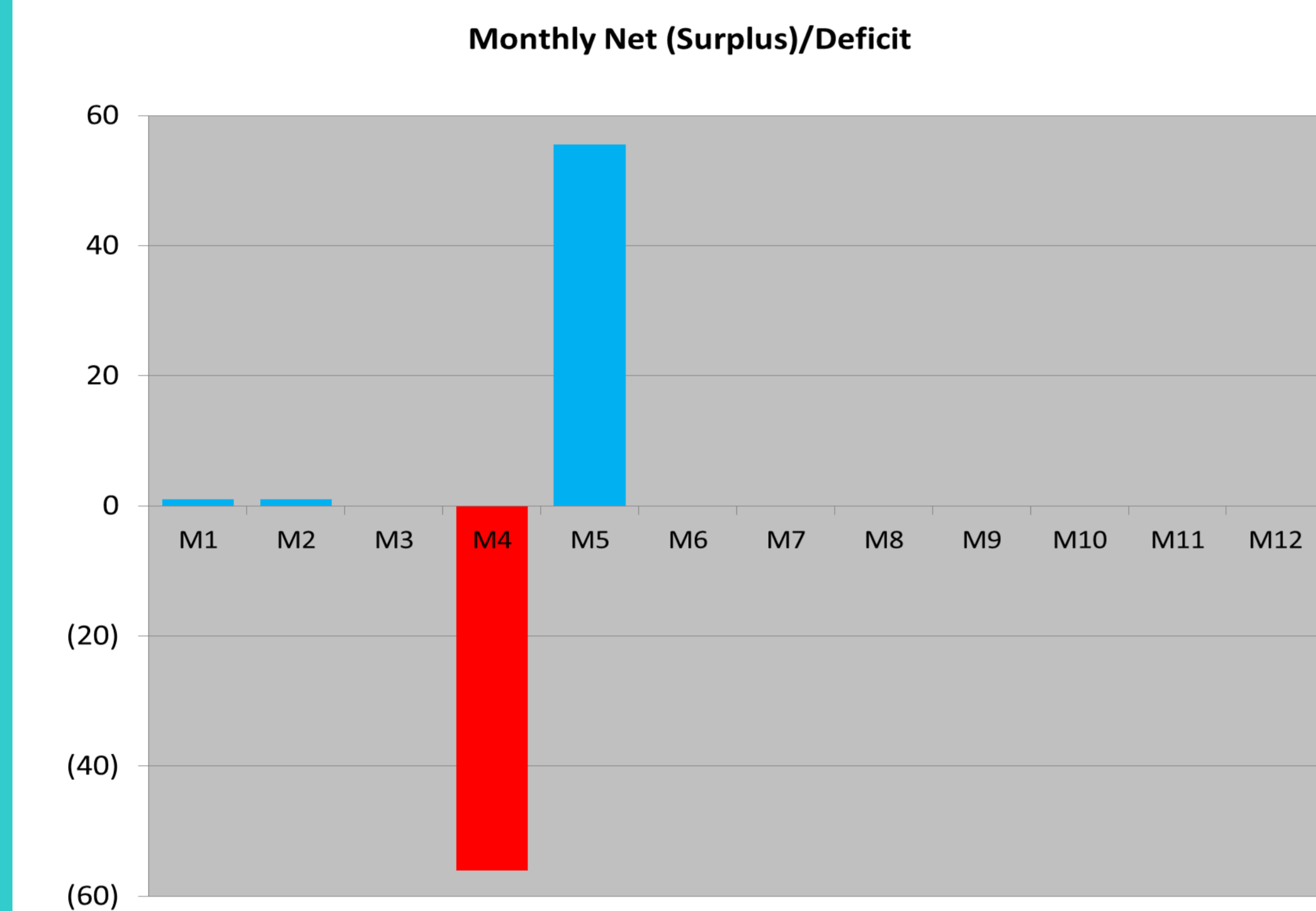
Board Action

91. The trust board is asked to note the trust's performance for August 2014.

Simon Gilby
Chief Executive

Financial Overview as at 31st August 2014

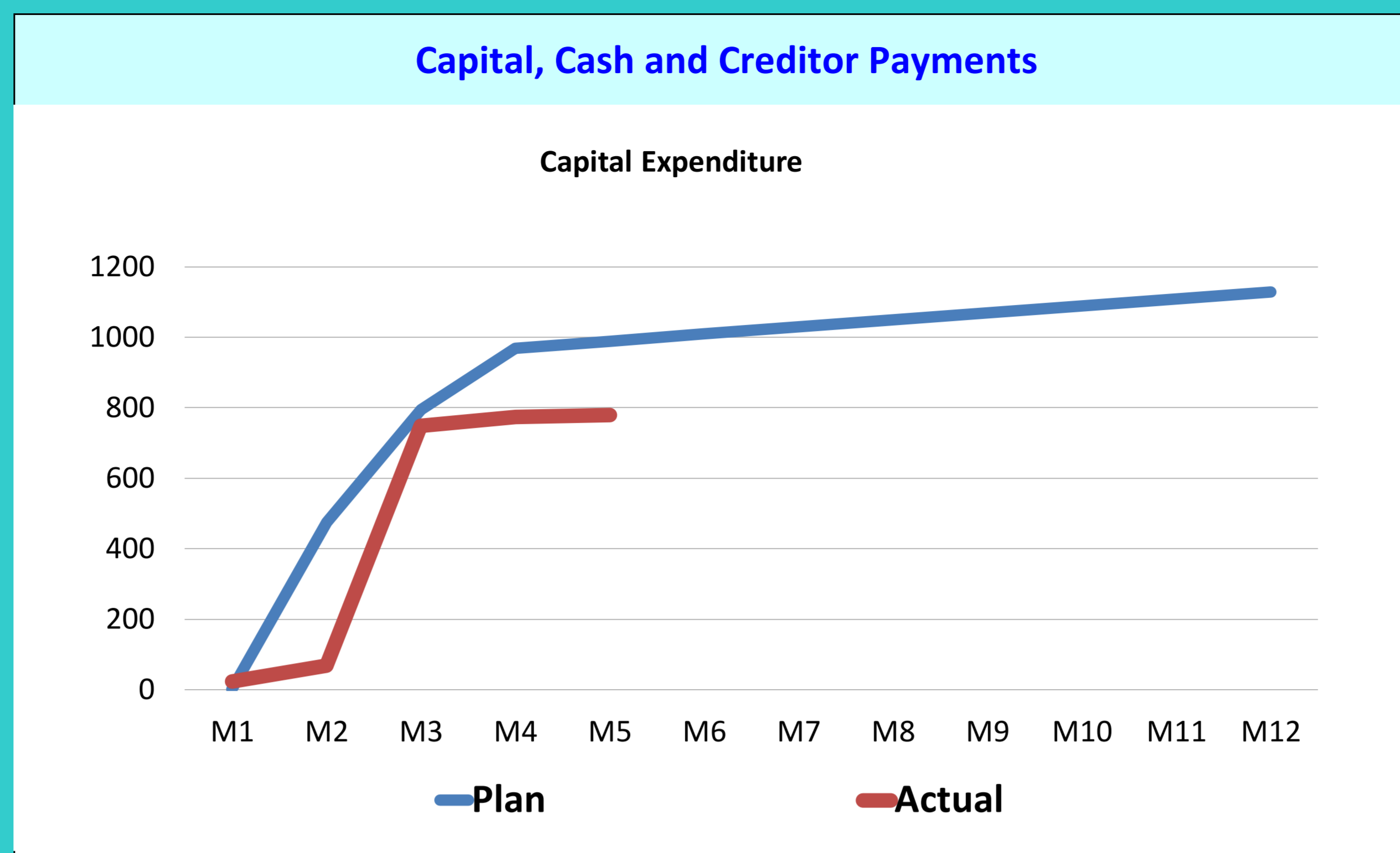
Income and Expenditure					
KPI	YTD Plan	YTD Actual	Annual Plan	F/C Actual	RAG*
Net Surplus (£)	0	2	900	900	↑
Net Surplus %	0.0%	0.0%	1.3%	1.3%	↑
EBITDA (£)	722	735	2,656	2,656	↑
EBITDA (%)	2.6%	2.6%	3.9%	3.9%	↑
Return on Assets	3.1%	2.9%	6.9%	6.9%	↑



Comments
Wirral Community NHS Trust [WCT] is showing a net YTD surplus of £2k at the end of Month 5 which is £2k ahead of plan

Month 5 Agency costs remain high with Therapies and Unplanned Care significant users.

Key Indicator	July	August	RAG
Agency Costs	338	268	↑



KPI	YTD Plan	YTD Actual	Annual Plan	F/C Actual	RAG*
YTD CapEx	969	780	1,129	1,840	→
F/C CapEx	1,129	1,800	1,129	1,840	→
Liquidity [Days]	37.1	38.6	44.4	44.4	→
Cash Balances	2,400	3,600	2,750	2,750	→
EFL	17	1,230	(367)	1,167	→
BPPC	95%	91%	95%	95%	→

Comments
The Trust's Capital Resource Limit for 2014-15 has provisionally been increased from £1,129k to £1,800k (tbc) due to more extensive re-modelling work taking place at St Catherine's Health Centre and increased costs of the mobile working project.

KPI	YTD Plan	YTD Actual	Annual Plan	F/C Actual	RAG*
CIP Performance	825	447	3,375	3,375	↑

Despite behind profile performance year to date, robust action plans have been developed to ensure that the position is back on track by December 2014 and, at the end of August, the target in the Trust's recovery plan was exceeded by £40k

Overall Risk Rating →

Comments

WCT remains on track to achieve its planned surplus for 2014/15 of £900k before impairments. YTD the Trust is behind target for the delivery of its CIP plans. Mitigation plans are being developed to ensure the CIP plans will be delivered.

The CT is on track to deliver its statutory financial duty to achieve a capital cost absorption rate of 3.5%

The Trust has requested increases in both the Capital Resource Limit of £711k and External Financing Limit of £1,534k both of which have been agreed in principle by the TDA. Formal agreement is expected to follow in the Autumn in line with normal TDA practice. The CT is therefore on course to deliver its statutory duty to remain within its external financing limit and to remain within its capital resource limit.

Key Financial Drivers (Cumulative)

Division/Group	YTD Variance	F/C Variance
Lifestyle	(70)	(213)
Nursing	(68)	71
Therapies	189	272
Unplanned Care	291	384
Primary Care	204	279
Estates & SLA's	(18)	(18)
Corporate/Operations & Other	(9)	(775)

Income & Expenditure Account - August 2014

Description	Annual Plan	Current Month			Year to Date			Forecast Actual	Forecast Variance
		Plan	Actual	Variance	Plan	Actual	Variance		
Income	67,448	5,619	5,660	41	28,092	28,543	451	67,448	0
Operating Costs	(64,792)	(5,475)	(5,456)	19	(27,370)	(27,808)	(438)	(64,792)	0
EBITDA	2,656	144	204	60	722	735	13	2,656	0
EBITDA (%)	3.9%	2.6%	3.6%	1.0%	2.6%	2.58%	0.0%	3.9%	-
Net Interest	28	2	1	(1)	10	5	(5)	28	0
Depreciation	(1,031)	(83)	(93)	(10)	(420)	(451)	(31)	(1,031)	0
Return on Assets	1,653	63	112	49	312	289	(23)	1,653	0
ROA (%)	6.9%	3.2%	5.7%	2.5%	3.1%	2.9%	-0.3%	6.9%	0.0%
Dividend Payments	(753)	(63)	(57)	6	(312)	(287)	25	(753)	0
Net Surplus/(Deficit)	900	0	55	55	0	2	2	900	0
Exceptional Items - Impairment of assets	(500)	0	0	0	0	0	0	(500)	0
Net Surplus after exceptional items	400	0	55	55	0	2	2	400	0
% Net Surplus	0.6%	0.0%	1.0%		0.0%	0.0%		1.3%	

Wirral Community NHS Trust							
Finance Report for the period ended 31st August 2014							
	Annual Budget £000's	Revised YTD Budget as at August 2014 £000's	YTD Actual as at August 2014 £000's	variance Over/(Under) Spend as at August 2014 £000's	WORKFORCE		
					WTE Budget as at August 2014	WTE Paid * as at August 2014	WTE Variance as at August 2014
Community Trust Summary							
Corporate, Operations & Performance	11,323	3,971	4,059	88	130.0	120.0	(10.0)
Estates & SLA's	3,939	1,796	1,778	(18)	0.0	0.0	0.0
Income	(61,292)	(25,544)	(25,641)	(97)	0.0	0.0	0.0
Lifestyle	9,293	3,900	3,830	(70)	211.0	194.0	(17.0)
Nursing	18,678	8,021	7,953	(68)	453.0	468.0	15.0
Primary Care	5,638	2,415	2,619	204	85.0	88.0	3.0
Unplanned Care	3,895	1,657	1,948	291	129.0	135.0	6.0
Therapies	8,126	3,500	3,689	189	218.0	205.0	(13.0)
Operating Loss	(400)	(284)	235	519	1,226.0	1,210.0	(16)
Non Recurrent credits relating to 2013/14 re VAT, VCH Rent and cost per case income			(237)	(237)			
Community Trust Total	(400)	(284)	(2)	282	1,226.0	1,210.0	(16)

* Includes agency, bank and overtime

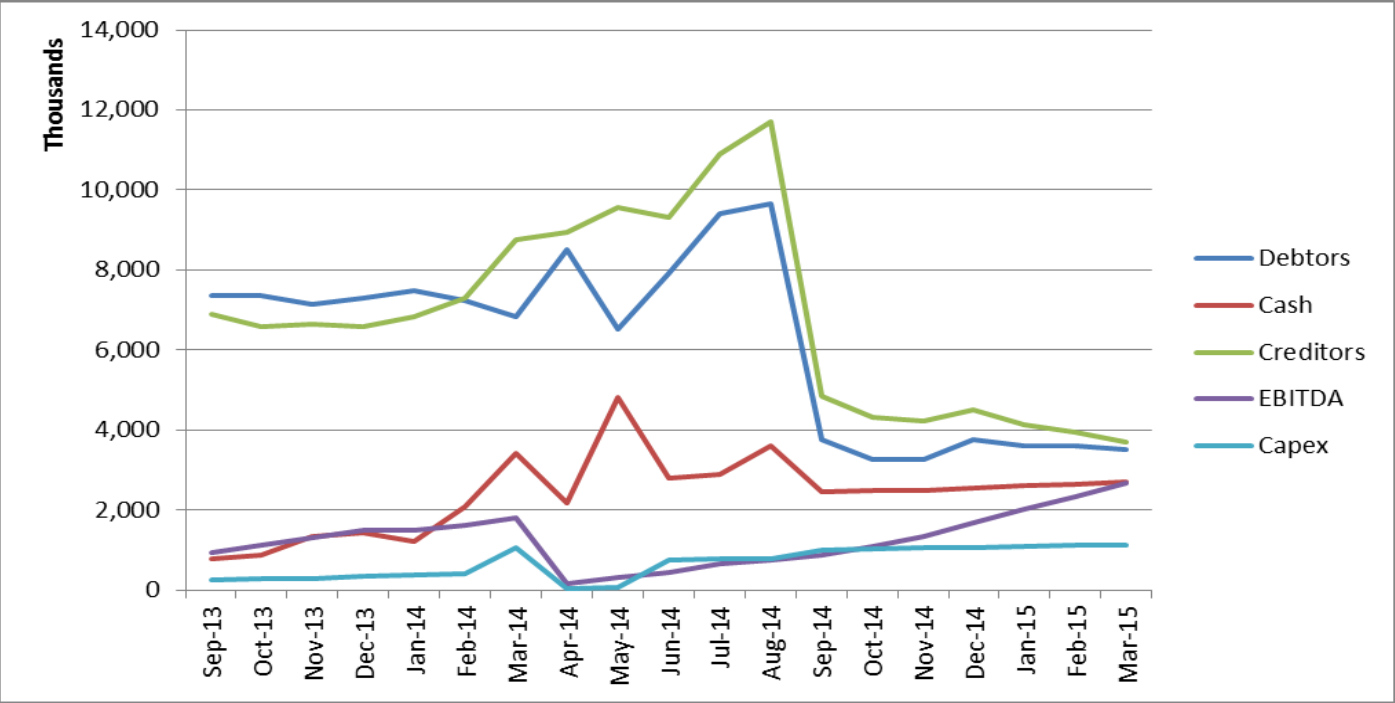
Monthly Statement of Financial Position - as at 31st August 2014

Description	As at Jul-14 £000's	As at Aug-14 £000's	Movement £000's	Forecast Mar-15 £000's
NON-CURRENT ASSETS:				
Property, Plant and Equipment	21,564	21,445	(119)	21,164
Intangible Assets	478	476	(2)	842
Other Receivables > 1 yr	84	103	19	230
TOTAL Non Current Assets	22,126	22,024	(102)	22,236
CURRENT ASSETS:				
Inventories	291	291	0	308
Trade and Other Receivables - NHS	7,170	6,621	(549)	3,500
Trade and Other Receivables - Others	2,236	3,038	802	1,500
Cash and Cash Equivalents	2,901	3,600	699	2,500
Total Current Assets	12,598	13,550	952	7,808
Non-Current Assets Held For Sale	0	0	0	0
TOTAL ASSETS	12,598	13,550	952	7,808
CURRENT LIABILITIES				
Creditors - NHS	(2,070)	(2,496)	(426)	(1,500)
Creditors - Others	(8,834)	(9,203)	(369)	(4,150)
Borrowings < 1 year	0	0	0	0
Provisions	(21)	(21)	0	0
Total Current Liabilities	(10,925)	(11,720)	(795)	(5,650)
NET CURRENT ASSETS / (LIABILITIES)	1,673	1,830	157	2,158
TOTAL ASSETS LESS CURRENT LIABILITIES	23,799	23,854	55	24,394
NON-CURRENT LIABILITIES:	0	0	0	0
TOTAL ASSETS EMPLOYED	23,799	23,854	55	24,394
TAXPAYERS EQUITY				
I & E Reserve	19,742	19,797	55	20,460
Revaluation Reserve	3,461	3,461	0	3,338
Public Dividend Capital	596	596	0	596
TOTAL	23,799	23,854	55	24,394

Cashflow Forecast 2013-14 as at August 2014

Description	Apr £000's	May £000's	Jun £000's	Jul £000's	Aug £000's	Sep £000's	Oct £000's	Nov £000's	Dec £000's	Jan £000's	Feb £000's	Mar £000's	Total £000's
	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Opening balance	3,417	2,186	4,810	2,802	2,901	3,600	3,350	2,983	2,870	2,920	2,970	3,020	3,417
Income	5,674	5,747	5,780	5,682	5,660	5,619	5,622	5,623	5,623	5,623	5,622	5,622	67,897
Staff costs	(3,813)	(3,881)	(3,857)	(3,858)	(3,891)	(3,929)	(3,846)	(3,843)	(3,726)	(3,749)	(3,745)	(3,739)	(45,877)
Other costs	(1,796)	(1,867)	(1,875)	(1,820)	(1,658)	(1,629)	(1,640)	(1,632)	(1,632)	(1,634)	(1,633)	(1,656)	(20,472)
Add depreciation	91	97	87	83	93	85	84	85	83	85	84	105	1,062
Capex.													
FIMS plan	(23)	(46)	(680)	(24)	(7)	(320)	(437)	(183)	(20)	(20)	(20)	(20)	(1,800)
Capex. re-phasing	0	0	0	0	0	0	0	0	0	0	0	0	0
PDC Received		0	250							0	0	309	559
Dividend	0	0	0	0	0	(376)	0	0	0	0	0	(377)	(753)
Working capital movements													
Tax / NI / Pension - paid following month	(1,382)	(1,387)	(1,353)	(1,346)	(1,340)	(1,382)	(1,382)	(1,382)	(1,382)	(1,382)	(1,382)	(1,382)	(16,482)
Other debtors / creditors and accruals	17	3,960	(361)	1,381	1,841	1,680	1,230	1,217	1,101	1,124	1,121	1,185	15,496
Interest													
Interest receivable - FIMS	1	1	1	1	1	2	2	2	3	3	3	3	23
Interest receivable - amendment	0	0	0	0	0	0	0	0	0	0	0	0	0
Closing balance	2,186	4,810	2,802	2,901	3,600	3,350	2,983	2,870	2,920	2,970	3,020	3,070	3,070

CASH MOVEMENT 2014/15



Analysis of Outstanding Debt as at 31st August 2014

Description	Current	1-30	31-60	61-90	91-120	121-180	181-360	361+	Total Debt
NHS CLINICAL COM GROUPS	67,444	3,853,557	4,368	724,934	4,031	(8,226)	23,578	0	4,669,686
NON NHS LOCAL AUTHORITIES	210	422,865	79,052	57,366	564,586	130,359	167,959	211,641	1,634,038
NHS FOUNDATION TRUSTS	656	116,240	169,555	262,080	0	243,523	698,751	112,338	1,603,143
NHS MISC	0	1,920	260	0	0	421,225	0	0	423,404
NHS ENGLAND	0	188,349	0	0	0	78,301	(12,718)	0	253,932
COMMISSIONING SUPPORT UNITS	0	0	4,368	0	0	54,000	0	0	58,368
NON NHS COMPANY	100	14,612	(890)	382	2,047	0	14,746	6,417	37,413
NON NHS PUBLIC BODIES	0	0	0	0	(1,790)	21,123	0	0	19,333
NHS ENGLISH TRUSTS	0	6,079	0	5,101	5,210	0	0	0	16,390
NON NHS HEALTH BODIES	1,807	25	2,293	0	(2,573)	8,433	0	0	9,985
NON NHS INDIVIDUAL	1,999	2,680	114	2,344	0	0	218	100	7,456
NON NHS PHARMACY TRADING	0	0	0	0	0	0	3,600	3,500	7,100
STAFF	0	0	0	82	537	1,187	383	585	2,775
NON NHS SOLICITORS	134	83	70	0	0	35	20	25	368
NHS ENGLISH PCTS	0	0	0	0	0	0	0	240	240
NON NHS INSURANCE COMPANIES	0	0	0	0	0	0	25	0	25
MISC	0	(689)	(1,015)	0	(7,296)	0	0	0	(9,001)
Total	72,351	4,605,721	258,174	1,052,289	564,752	949,961	896,562	334,846	8,734,655

Capital Program 2014/2015 - As at 31st August 2014

Capital Scheme	Annual Plan (£'000s)	Year to Date Position			Forecast Position		
		Plan (£'000s)	Actual (£'000s)	Variance (£'000s)	Plan (£'000s)	Actual (£'000s)	Variance (£'000s)
IT Investments	799	989	780	(209)	799	957	158
Estates refurbishment	230	0	0	0	230	843	613
Medical Equipment	100	0	0	0	100	0	(100)
Total	1,129	989	780	(209)	1,129	1,800	671

Organisational Development Plan

Agenda Item:	17	Reference:	WCT14/15-167
Meeting Name:	Trust Board	Meeting Date:	8 October 2014
Lead Director:	Jo Harvey		
Job Title:	Director of Human Resources and Organisational Development		

Link to Business Plan:	Yes – the OD plan supports delivery of the Trust’s vision and strategic objectives				
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>		
Has the Public & Stakeholders been consulted?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		
To Approve <input checked="" type="checkbox"/>	To Note <input type="checkbox"/>	To Assure <input checked="" 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.*

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

Identified Risks:

Assurance to Board:

The OD plan provides assurance that the trust has an understanding of the capability gaps in meeting its vision, and that actions are in place to address these.

Publish on Website: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Private Business: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Report History		
Submitted to	Date	Brief Summary of Outcome
No history		

Wirral Community NHS Trust

Organisational Development Plan

Purpose

1. The purpose of this paper is to provide a 6 month update to the board on progress in relation to the Organisational Development (OD) plan agreed at the trust board in April 2014.

Executive Summary

2. The current OD plan was established following an organisational capability review early in 2014 involving 22 senior managers, including all board members, divisional managers and corporate heads of service.
3. The results were reviewed by board members at a board development session in February 2014 where the key areas identified for priority action were:
 - 1) Communication of the trust vision and values to achieve better engagement and accountability
 - 2) Talent management planning
 - 3) Succession planning
 - 4) Information technology
4. The OD action plan with updates and RAG ratings on progress is attached at appendix one. It was agreed that this would be reviewed at 6 months and 12 months. All areas are either complete or in progress, and all will continue to be monitored through the relevant board committee in relation to progress.

Rationale and Implications

5. The delivery of the Leadership events to launch the Annual Plan was a significant and successful development in relation to staff engagement. They focussed on sharing the strategic direction of the trust with both managers and frontline staff, and provided a forum to discuss the opportunities and barriers to delivering our objectives.
6. The events were viewed extremely positively by staff, with over a third of the organisation able to attend one of the events. It provided an opportunity for two way discussion, with feedback being provided organisation-wide following the event, for those staff who weren't able to attend.
7. These events will now be held annually to provide a focus for staff on the current and forthcoming priorities and enabling discussion and involvement on how to tackle the key challenges.
8. The launch of the appraisal system was also highly successful, with the new paperwork providing clarity for all staff on the need to align their personal objectives with those of the trust. The importance of performance management and achievement of objectives, completion of mandatory training and delivering the trust's values (and the 6 Cs for all clinical staff), has also been reinforced through the linking of these elements to annual pay progression.
9. The work on talent management and succession planning is on-going, and the final strategy will be submitted to the Education and Workforce Committee in November 2014. Plans are in place to use knowledge and practice that is already in place from the North West Leadership Academy's Talent Management guidance to support the trust's approach. This will include annual discussions on talent management for every member of staff as part of their appraisal.

10. The issue of IT hardware provision review has been put back to coincide with the revised timetable for the rollout of SystemOne. The provision of this new system will revolutionise the access to IT for a significant proportion of staff, and it is important to take into account the impact of benefits such as mobile technology (laptops) when reviewing overall hardware requirements.
11. Initial work on the review of the wider IT support services has been commenced and will be concluded by the end of quarter 4. The opportunity to review the Service Level Agreement for these services needs to be aligned with the changes resulting from the Divisional Restructure and form part of the wider Corporate Services Review, to ensure there is both value for money as well as maximum benefit from the widest possible review. Nevertheless, where local priorities require it, changes have been implemented ahead of the wider review to ensure staff are able to deliver services with appropriate IT support.

Conclusion

12. The Organisational Development plan reflects the trust's priorities to build organisational capacity to deliver its vision and goals for the next two years. Significant progress has already been made in relation to key elements of the plan, and other areas are on track to be completed in 2014/15.

Board Action

13. The board is asked to be assured in relation to the progress in delivering the organisational development plan and the benefits this has and will deliver in terms of the trust's organisational capability.

Jo Harvey

Director of Human Resources and Organisational Development

Appendix 1

Organisational Development Action Plan

Organisational Priority	OD Actions	Target Date	Lead Officer	Measure	Progress	RAG Rating
1. Communication of Vision	Share Vision and two year plan with cross section of organisation through Listening Events	31 May 2014	SG/JH	Achieve 85% satisfaction through feedback survey	2 events held, one for managers, one open to all staff, in April/May. 100% of attendees rated the events satisfactory or better	
	Introduce Performance Management framework linking individual objectives to organisational goals	30 April 2014	JH	Audit 10% of appraisals	New appraisal framework introduced with manager training package. All objectives linked to organisational strategic goals. 98% appraisal rate achieved. 10% of appraisals audited, results to be reported to Education and Workforce Committee in November 2014	
2. Talent Management	Design a talent management strategy to identify talent at all levels of the workforce and talent pipelines into and within the trust.	31 October 2014	JH/SC	Monitor outcomes through HR Strategy updates	Work on-going to develop Strategy.	
	Inclusion of talent management discussions in annual appraisal cycle	30 June 2015	JH	Audit 10% of appraisals	Work on-going to update appraisal paperwork and provide guidance/training for staff and managers.	
3. Succession Planning	Design and implement succession planning, linked to talent management strategy and workforce plan	31 October 2014	JH	Monitor outcomes through HR Strategy updates	Work on-going to develop strategy	

4. IT	Review IT service provision to ensure service offers appropriate level of support in terms of quality and responsiveness as well as value for money	30 June 2014 31 March 2015	SW MG	<ul style="list-style-type: none"> – SLA KPIs – Option appraisal of IT support to Finance and Performance Committee 	Initial option appraisal for provision of IT services undertaken. Further work being undertaken to be re-presented to F&P Committee in Q4 14/15. Support to night nursing service to be transferred to Trust on-call IT staff by end of October to address a known issue.	
	Review IT hardware to ensure provision across all services is fit for purpose	December 2014 30 April 2015	SW MG	IT hardware audit following phase 2 of SystemOne	With full Electronic Patient Record now not being rolled-out in SystemOne until 26/2/15 the delay means a new review date of April 2015 arises.	

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Membership and Engagement Update

Agenda Item:	18	Reference:	WCT14/15-168
Meeting Name:	Trust Board	Meeting Date:	8 October 2014
Lead Director:	Simon Gilby		
Job Title:	Chief Executive		

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

N/A

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

Identified Risks:

Assurance to Board:

The trust is fulfilling its goals in providing work placements to inform and encourage young people with regard to NHS careers. The volunteer programme is developing to plan. Members are playing a role in our quality agenda and we are looking towards possible governor elections in early 2015

^b
Publish on Website: Yes No **Private Business:** Yes No

Report History

Submitted to	Date	Brief Summary of Outcome
		Regular report submitted to each public Board meeting.

Wirral Community NHS Trust

Membership and Engagement Update

Purpose

1. This paper provides members of the Board with an update on membership, governors, volunteering and work placements.

Executive Summary

2. Membership stands at 4800, just 200 below our long term target
3. Members are becoming ever more involved in representing the wider public and service users in Wirral Community Trust (WCT) groups.
4. Following a re-launch, the League of Friends, supported by the Membership & Engagement Team, has attracted thousands of pounds of requests for funding from WCT services.

Membership

5. Our public membership has risen to 4800 members, now only 200 away from our long term goal of 5000 by April 2015.
6. A programme of 10 recruitment events between now and December 2014 is expected to fill this gap. Recruitment is being focused in the South Wirral and Neston area to address an under representation of members from this area, relative to population size.
7. The Membership and Engagement Team is also working with a member of the Community Equality Panel to identify ways to attract more members from the Asian/Asian-British community, another area of underrepresentation.
8. The trust has advertised to the membership for patient representatives for the Medicines Management Group and Medical Devices Group and we will soon be holding informal interviews with interested members. The forthcoming Patient Engagement Group, which will also involve members, will bring the number of groups in which members are explicitly engaged to eight.
9. The trust's Annual General Meeting (AGM) on 11 September 2014 attracted around 130 staff and public members. The AGM feedback (provided by 19 of the attendees) rated the event generally Excellent or Good across all areas. (Almost all negative comments concerned the use of microphones and the consequent inaudibility of some speakers.) A fuller report will be provided in November's Quarterly Communications and Marketing Implementation Update.

Governors and governor elections

10. Governor elections could be held during April, May or June 2015, assuming the trust's foundation trust application is considered by the Trust Development Authority (TDA) in March 2015. The recognised best practice is for elections to be held during the Monitor assessment phase so that an elected/appointed council of governors is ready to begin work at the point of authorisation.
11. In advance of this date we will continue to keep our potential governors updated by email and letter. We plan to hold further governor information sessions for new aspirant governors and as a refresher for those who have attended a session previously.
12. We are maintaining contact with neighbouring FTs and the Foundation Trust Network to stay up to date with legislative and technical developments with regard to elections and trust governance. We will share these with Board members at an upcoming Board Development Session.

Volunteering

13. During 2014 the Membership and Engagement Team has worked with the League of Friends to implement a new, more high profile approach to inviting funding bids from WCT services in the Wallasey area. Consequently, by this year's closing date of 30 September, the League has received bids in excess of £10,000, significantly more than last year. They will consider which of these requests they can fund at their October meeting.
14. Over the past month we have advertised nine volunteer roles, including positions with Wirral HeartBeat, League of Friends, Community Nursing, Human Resources, Physiotherapy and Communications and Marketing. Current volunteer numbers are shown at appendix one.
15. Our first Liverpool John Moores University (LJMU) student project was completed over the summer and further projects are available to LJMU students.

Work experience placements

16. The Membership and Engagement Team has started the planning process for next year's work experience placements.

Conclusion

17. The trust is making good use of its membership and numbers are increasing.
18. Governor elections are dependent on TDA approval for the next phase of our FT application, preparations are underway.
19. A wide range of volunteer placements are being developed and support for our allied charities means that trust services will benefit from funding.

Board Action

20. The board is asked to note the update provided in the report and provide suggestions for any additional information required with regard to the reporting of activity.

Alison Hughes

Trust Board Secretary

David Hammond

Membership and Engagement Manager

Appendix one

Volunteers directly or indirectly supported by Wirral Community NHS Trust at 29 September 2014

WCT Service	Current volunteers	Volunteers in recruitment (post-selection and pre-start)	Positions available (at advert/ pre-selection stage)	Starters since 1/1/14	Leavers since 1/1/14
Comm's & Marketing			2		
Community Nursing	3	2	7	3	1
Dietetics	1	1		1	
Health Visiting	5	5		3	8
Heart Support	11	2		3	1
Human Resources			2		1
Livewell	7	1		1	2
Membership & Engagement	1				
Physiotherapy	5		2	4	
Speech and Language	1			1	1
St Cath's Welcome Team	3			1	2
Total WCT volunteers	37	12	13	17	15
Partner organisations					
League of Friends	16	5	6	2	2
Wirral HeartBeat	25		5	2	1
Tomorrow's Women Wirral*	15				
Total partner volunteers supported by the trust	56		11	4	3
Total volunteers	93		24	21	18

*Tomorrow's Women Wirral volunteers are supported by WCT through a partnership agreement with Merseyside Probation Service