

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

**WEDNESDAY 3 SEPTEMBER 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) |
| Dr Murray Freeman   | Non-Executive Director                      | (MF) |
| Mr Simon Gilby      | Chief Executive                             | (SG) |
| Ms Jo Harvey        | Director of HR & Organisational Development | (JH) |
| Mr Roy Jackson      | Interim Director of Finance & Development   | (RJ) |
| 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) |

**In Attendance:**

|                       |                            |      |
|-----------------------|----------------------------|------|
| Ms Judy Fairbairn     | Vice Chair, Staff Council  | (JF) |
| Mrs Diane Hill        | Healthwatch Representative | (DH) |
| Mrs Alison Hughes     | Trust Board Secretary      | (AH) |
| Mrs Heather Stapleton | Board Support/FOI Officer  | (HS) |

| Reference              | Minute  |
|------------------------|---|
| 1.<br>WCT14/15-<br>124 | <p><b>Patient Story - Community Nursing/Pressure Ulcers</b></p> <p>SC introduced an audio recording and storyboard concerning a patient who described his experience having been referred by his GP to the community podiatry service when he should have been referred to WUTH podiatry. The patient had experienced an unacceptable delay to the community podiatry domiciliary service as well as cancellation, without notification, to an existing community podiatry clinic appointment. The patient felt that the community podiatry team should have redirected his referral to prevent a delay in his care.</p> <p>The patient referred to excellent podiatry care experienced over a period of time at St. Catherine's Health Centre (SCHC). The patient's concern had been raised via the Patient Experience freephone number and had been referred to WUTH podiatry within one hour. Overall, the patient was left feeling upset and let down.</p> <p>JL stated that the pathway needs revisiting to ensure proactive management of referrals and to ensure there were processes in place to deal with incorrect referrals. It was also acknowledged that more quality dialogue with patients is important and SC advised that customer services training has taken place for staff through their patient service training.</p> <p>JF advised that the issue of customer services had been discussed at Staff Council and the Patient Experience lead in the Quality &amp; Governance Service offered a</p> |

| Reference                         | Minute  |
|-----------------------------------|---|
|                                   | <p>bespoke package to services.</p> <p>The board noted the patient story.</p>   |
| <p><b>2.</b><br/>WCT14/15-125</p> | <p><b>Apologies for Absence</b><br/>The board received apologies from:</p> <p>Chris Allen, Non-Executive Director<br/>Mrs Phillipa Compson, Chair, Staff Council<br/>Paul Edwards, CCG Executive Board Member</p>   |
| <p><b>3.</b><br/>WCT14/15-126</p> | <p><b>Invitation for Public Comments</b><br/>There were no members of the public present.</p>   |
| <p><b>4.</b><br/>WCT14/15-127</p> | <p><b>Chairman's Announcements</b><br/>The chair made the following announcements:</p> <ul style="list-style-type: none"> <li>• Both Monitor and the CQC were conducting reviews and inspections of the trust's services and processes as part of the trust's FT application process</li> <li>• The trust's AGM was due to be held on 11 September at the Floral Pavilion, New Brighton. The Quality Account, the Annual Report and Accounts and a Summary Annual Report had been produced and were available.</li> <li>• 172 staff had responded to the first national NHS staff friends and family test and more than 200 comments received. Overall the response to the questions was positive.</li> <li>• Joanne Chwalko, health visiting team leader at Wallasey had been made a Fellow of the Institute of Health Visiting.</li> <li>• The trust's Medical Director had been elected to the Committee of Medical Managers of the British Medical Association and would represent community care managers for the period 2014 - 2015 and 2015 - 2016.</li> <li>• The trust's Independent Living, Falls Prevention and Livewell services had attended the Pensioners Fair on 1 August which had been organised by local MP Esther McVey. An event would also be supported with the Older People's Parliament on 1 October.</li> <li>• The board were informed of forthcoming events and campaigns during September and October 2014.</li> </ul> |
| <p><b>5.</b><br/>WCT14/15-128</p> | <p><b>Declaration of Interests</b><br/>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><br/>WCT14/15-129</p> | <p><b>Minutes of the Previous Meeting</b><br/>AW referred to Minute WCT14/15-104 Committee Reports on page 9 of the boardpack. AH agreed to check the second bullet point of the Finance &amp; Performance Committee report held on 28 July 2014 for clarity.</p> <p>The minutes of the board meeting held on 4 August 2014, were approved.</p>   |
| <p><b>7.</b><br/>WCT14/15-130</p> | <p><b>Matters Arising</b><br/>The board reviewed the action points from the previous meeting and noted that the actions had either been dealt with or were progressing satisfactorily.<br/><i>(See separate actions/matters arising tracker.)</i></p>   |
| <p><b>8.</b><br/>WCT14/15-131</p> | <p><b>Chief Executive's Report - August 2014</b><br/>The board received the Chief Executive's report for August 2014 and the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• The trust had experienced an extremely busy period preparing for Monitor and the</li> </ul>  |

| Reference                         | Minute   |
|-----------------------------------|--|
|                                   | <p>CQC inspection and the support and commitment from all staff was acknowledged and appreciated. Thanks were expressed to both frontline staff and staff across all corporate services for their contribution which had been exceptional.</p> <ul style="list-style-type: none"> <li>The first quarter results had been announced by NHS England for staff friends and family test which would be published in a new format on 25 September 2014.</li> <li>Encouraging progress was being made in relation to Vision 2018, particularly regarding the joint development work around primary and secondary care and the trust's involvement.</li> <li>The trust continued to work productively with the Clinical Commissioning Group (CCG) in relation to contractual commitments and key areas of joint development. It was anticipated that the review of CCG capability would be published within the following week, together with an action plan.</li> </ul> <p>The board noted the contents of the report.</p>   |
| <p><b>9.</b><br/>WCT14/15-132</p> | <p><b>Committee Reports - August 2014</b></p> <p>The chairs of each of the committees of the board provided a brief update on the key topics discussed during the meetings in August and before the approved minutes were submitted to board.</p> <p><b>Quality &amp; Governance Committee - 18 August 2014</b></p> <p>In CA's absence, SC highlighted the following:</p> <ul style="list-style-type: none"> <li>The development of avoidable community trust acquired grade 3 and 4 pressure ulcers remained on the risk register, rated 16.</li> <li>There had been 19 non-community trust acquired grade 3 and 4 pressure ulcers reported which caused considerable workload for staff.</li> <li>Following a multidisciplinary review, two community acquired grade 3 and 4 pressure ulcers previously reported, had been deemed as unavoidable.</li> <li>Two medication incidents had been reported and investigated via the complaints procedure.</li> <li>Three safeguarding papers were presented to the committee and a robust discussion had taken place regarding actions still to be completed, the majority of which related to policies and procedures which would be presented to the September committee.</li> </ul> <p><b>Education &amp; Workforce Committee - 18 August 2014</b></p> <p>MF highlighted the following:</p> <ul style="list-style-type: none"> <li>The Workforce Plan had been discussed which provided an overview of current members of staff and looked into the future needs, in particular safe staffing.</li> <li>The absence rate for July had improved to 4.9%, a reduction of 0.5%. There was ongoing focus at areas with a high level of absence to provide a consistency of approach to managing attendance.</li> </ul> <p><b>Finance &amp; Performance Committee - 26 August 2014</b></p> <p>AW highlighted the following:</p> <ul style="list-style-type: none"> <li>At the end of July the trust was showing a deficit of £54k which was £20k behind the revised plan.</li> <li>The issue of outstanding debt was to be addressed as a matter of urgency.</li> <li>Progress on the revised Cost Improvement Programme (CIP) was being made.</li> <li>The CCG had issued a contract query letter regarding a number of KPIs where no data had been provided in the contract monitoring report.</li> <li>The committee had been advised that the trust would not be bidding for the Healthy Lifestyles bid in West Cheshire and Chester and the reasons for this were provided.</li> </ul> |
| <p><b>10.</b><br/>WCT14/15-</p>   | <p><b>Complaints and Concerns Report - July 2014</b></p> <p>SC presented the monthly report to provide assurance on the trends and themes</p>  |

| Reference                        | Minute  |
|----------------------------------|---|
| 133                              | <p>analysis relating to quality and patient experience.</p> <p>The board noted that there were 9 complaints received during the reporting period, an increase on the same reporting period in 2013/14. All complaints were acknowledged within 3 working days of receipt and the graphs showed a breakdown of complaints received by division and subject matter. There had been no communications or complaints received from the Parliamentary Ombudsman.</p> <p>The number of concerns received had decreased from the previous month. Graphs were provided to indicate the number of concerns received by division and subject together with the risk scoring. There had been no correspondence received from Members of Parliament.</p> <p>The board were advised of the number of compliments received within the Patient Experience Service and 921 compliments had been received during July. Examples of the compliments received were available under paragraph 17 and these would also be included in the Staff Bulletin. Details of the complaints upheld, wholly or partially, were included in appendix 1, together with the learning and actions resulting from them.</p> <p>The board noted the contents of the report.</p>   |
| <p>11.<br/>WCT14/15-<br/>134</p> | <p><b>Safe Staffing Levels Report - August 2014</b></p> <p>SC presented the monthly report setting out the current status regarding safe staffing levels within the trust.</p> <p>SC advised the paper focussed on the community nursing service and close working with JL was continuing to address current operational issues facing staff.</p> <p>JL commented that a more robust approach needed to be established in order to understand the establishment based on demand. There was pressure within the services as activity increased, as well as the work being undertaken as part of the integrated care programme which required resources to be managed carefully. The use of temporary staff to manage absence had been highlighted and work was ongoing with staff to ensure the right numbers and grades were in post. The divisional manager now had data available to set the establishment and this information would be used as part of the integrated care team model moving forward to reflect the increased activity with the CCG.</p> <p>SC made reference to the appendices which included the action plan and current staffing incidents and it was noted there had been a number of staff raising concerns in relation to staffing during the month.</p> <p>DH referred to paragraph 15 and asked whether this related to residential care homes. JL advised that the CQC had queried whether the trust was paid to provide extra activity or whether it was part of the block contract. JL confirmed that community nursing did provide training to residential homes. SC added that there had been problems with staff in residential homes using syringe drivers. The trust had provided training but problems sometimes occurred due to the high turnover of staff.</p> <p>The board noted the contents of the safe staffing report and were assured by progress and the robust processes in place to develop the right systems to monitor staffing levels.</p> |
| <p>12.<br/>WCT14/15-</p>         | <p><b>Quality Dashboard - August 2014</b></p> <p>SC presented the monthly report on the quality dashboard for August 2014 and circulated a copy of the Prodacapo dashboard taken live from the system reporting</p>   |

| Reference               | Minute  |
|-------------------------|---|
| 135                     | <p>YTD and in-month progress.</p> <p>SC highlighted the following:</p> <ul style="list-style-type: none"> <li>• A full action plan was in place in relation to trust acquired grade 3 and 4 pressure ulcers.</li> <li>• 95% of staff to complete corporate induction within 6 weeks of starting had improved.</li> <li>• The overall sickness absence rate was showing red and an action plan was in place.</li> <li>• The number of datix patient safety incidents reported had decreased and reported to the Quality &amp; Governance Committee. Also the number of patient safety incidents reported, near misses and number of patient safety near misses were all showing a downward trend.</li> </ul> <p>SC advised that discussion had taken place at Quality &amp; Governance Committee regarding overall reporting and recording of incidents. It had been identified within Prodacapo that tolerances could easily tip into red and this was being looked into.</p> <p>FS referred to 'Our Services' and the delivery of harm free care which appeared to have deteriorated from green to amber. SC advised this showed a slight decrease from the previous month and was due to the number of patients seen compared to the number of patients surveyed. SC stated that the reporting could be done on the actual percentage. Details of the safety thermometer were reported to the Quality &amp; Governance Committee.</p> <p>The board approved the quality dashboard for the reporting period 1 August - 31 August and were assured of the delivery of safe, effective quality services across the organisation.</p> |
| 13.<br>WCT14/15-<br>136 | <p><b>Annual Reports:</b></p> <p><b>Local Security Management Annual Report</b></p> <p>RJ presented the Local Security Management Annual Report, which had previously been submitted to the Audit Committee. Appendices were attached and consisted of an action plan, comparison charts and a workplan for 2014/15.</p> <p>BS commented that from an audit perspective, there had been improvements made since the Local Security Management Adviser had been in post.</p> <p>The board noted the contents of the Local Security Management Annual Report and appendices.</p> <p><b>Health and Safety Annual Report</b></p> <p>JL presented the Health &amp; Safety Annual Report which updated the board on status of Health &amp; Safety policies and summarised the incidents reported. Detailed workplans for 2013/14 and 2014/15 were attached.</p> <p>Assurance was provided to the board that health and safety was effectively managed throughout the organisation.</p> <p>FS asked about the Carbon Reduction Policy and JL advised this was reported annually through estates.</p> <p>The board noted the contents of the Health &amp; Safety Annual Report.</p>   |

| Reference                               | Minute   |
|---|--|
|   | <p><b>Caldicott Guardian Annual Report</b></p> <p>SC presented the Caldicott Guardian Annual Report which provided information in relation to incidents that had occurred and compliance with Caldicott principles and the Data Protection Act.</p> <p>SC drew attention to Section 3 which highlighted the achievements the team had made during 2013/14 as well as plans for 2014/15.</p> <p>AW referred to the information governance incidents (page 110 of the boardpack) and asked for the reason for the spike in the Incidents by Date graph. SC advised there had been a number of fax-related incidents, all of which were reviewed by the Information Governance Group</p> <p>JL stated it was important to note the context of the spikes as this represented an increase of four incidents.</p> <p>SC advised that the action plan in place was aimed at reducing the dependency on faxing in some areas and improvements had been made. This formed part of the integration agenda.</p> <p>JL stated that safe haven faxes were used for receiving secure information and a lot of work had taken place around faxing, particularly with the community night nursing service. IT systems would ensure faxing would gradually be used less and work needed to be undertaken with other providers to ensure safe haven faxes were used.</p> <p>BS enquired about the governance of annual reports and SC confirmed these were submitted directly to board.</p> <p>The board noted the contents of the Caldicott Guardian Annual Report and were assured of the processes in place to ensure compliance with the relevant information governance legislation.</p> |
| <p><b>14.</b><br/>WCT14/15-<br/>137</p> | <p><b>Assurance Report - Quarter 1:<br/>Infection Prevention and Control</b></p> <p>SC presented the report which provided assurance regarding the implementation of the Code of Practice during the period 1 April - 30 June 2014.</p> <p>SC highlighted the following:</p> <ul style="list-style-type: none"> <li>• There had been no MRSA cases attributed to the trust during the reporting period.</li> <li>• There had been ten community attributed Clostridium Difficile case reviews undertaken with none of them identifying that any care provided by the trust was a contributory factor.</li> <li>• Completion rates for mandatory training over a two year period indicated that staff would have received the required training. The Learning and Development Group would continue to monitor.</li> <li>• The Infection Control Team had participated in the annual 'SAVE LIVES: Clean your hands' awareness day.</li> <li>• Information and guidance had been received following the outbreak of Ebola in Africa to assist services who may see patients returning from the affected areas and risk assessments were in place.</li> </ul> <p>The board noted the contents of the report and were assured of the processes in place</p>   |

| Reference                          | Minute   |
|------------------------------------|--|
|                                    | <p>and compliance with the relevant legislation.</p> <p><b>Safeguarding</b></p> <p>SC presented the report which provided assurance of the trust's compliance with CQC Outcomes 1 and 7 and related to the reporting period 1 April - 30 June 2014.</p> <p>SC highlighted the following:</p> <ul style="list-style-type: none"> <li>• Attention was drawn to the identified risk on the cover sheet which related to partial compliance with the safeguarding audit tool, as discussed at Quality &amp; Governance Committee.</li> <li>• A Safeguarding Strategic Group had been established chaired by SC. The group provided oversight and scrutiny for all aspects of safeguarding delivery within the trust and the Terms of Reference were attached as an appendix.</li> <li>• The trust continued to work on two new initiatives with the Local Authority and the Police regarding developing a multiagency safeguarding hub and the creation of Child Sexual Exploitation meetings. A statement would be placed on the public website to ensure the public were aware of the systems and processes in place.</li> <li>• Guidance and support was available for staff who manage patients who may be subject to Honour Based Violence(HBV)/Forced Marriage and Female Genital Mutilation. The Safeguarding Service pages on StaffZone had also been updated in order that staff could access this information.</li> <li>• A self assessment audit tool had been completed to provide evidence to the CCG and NHS England of compliance with safeguarding standards. A paper had been received by the Quality &amp; Governance Committee and assurance given that a robust action plan had been developed and would be monitored.</li> </ul> <p>SC advised that work was ongoing to strengthen governance processes. The next quarterly report would provide an update on training. The trust was performing well on level 2 and robust plans were in place to ensure all staff would be trained at level 3 in order to achieve the plan.</p> <p>SG advised the board that correspondence had been received from the Trust Development Authority (TDA) in relation to the national JS reports, focussing on Leeds General and Broadmoor and encouraged organisations to revisit and check through reports. Although this had been done for the trust's own inquiry, action would be taken to review this.</p> <p>FS made reference to HBV and the need to be aware of this on Wirral. SC advised that HBV targeted people at high risk and vulnerable individuals and processes were in place to identify them on Wirral and provide support.</p> <p>FS raised the issue of the change in the tariff system and SC advised this had taken place and was a concern for commissioners. There may be the need to be aware of the potential risk in the future.</p> <p>The board noted the contents of the report and were assured of the processes in place to demonstrate compliance with the CQC Outcomes 1 and 7.</p> |
| <p><b>15.</b><br/>WCT14/15-138</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 that the trust had submitted its five year business plan to the TDA and an</p>  |

| Reference                          | Minute   |
|------------------------------------|--|
|                                    | <p>Integrated Delivery Meeting was due to take place with the TDA on 4 September. Further feedback on the Integrated Business Plan was expected at this meeting.</p> <p>AH reiterated that the CQC Chief Inspector of Hospitals inspection had commenced on 1 September and Monitor were undertaking a review of the trust's Quality Governance Assurance Framework (QGAF). Final requests for information were still being received from Monitor and these were being provided.</p> <p>Paragraph 28 was highlighted as the trust had agreed with the TDA to recover the slower than planned CIP savings and to be back on profile by the end of December 2014.</p> <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>16.</b><br/>WCT14/15-139</p> | <p><b>Patient Safety Strategy 2014-2017 - 'sign up to safety campaign'</b></p> <p>SC presented the Patient Safety Strategy 2014 - 2019 for approval. The trust had a strong patient safety culture and the board were requested to sign up to the safety pledge. The Patient Safety Strategy had previously been submitted to the Quality &amp; Governance Committee, Staff Council and Clinical Forum and all the comments received had been incorporated. An action plan would be developed to ensure the pledges would be achieved.</p> <p>AQuA supported the 'sign up to safety' campaign and the NHS Trust Development Authority (NTDA) was interested to know which organisations had signed up. The trust's name would appear on the 'sign up to safety' website and the NTDA would receive a signed pack and monitor progression of board pledges.</p> <p>The board approved the strategy and the 'sign up to safety' pledges. The board also agreed to publish the pledges on the trust's website.</p>  |
| <p><b>17.</b><br/>WCT14/15-140</p> | <p><b>Integrated Performance Report - Month 4 (July 2014)</b></p> <p>SG presented the Integrated Performance Report for month 4 which provided assurance on the performance of services and the action plan in place to deliver improvements as required.</p> <p>SG stated work was ongoing with the commissioners to target and reduce the number of KPIs. Performance was below where it would want to be and the trust was monitoring 145 of 174 contractually agreed KPIs. The trust was showing red in 36 areas and a comprehensive action plan was in place with the services to improve performance by the end of December 2014.</p> <p>The financial position had been discussed at a number of meetings and the trust's Cost Improvement Plans (CIPs) were behind their planned position for the end of July 2014. Robust action plans were in place to ensure the CIPs were back on track by the end of the year.</p> <p>SG advised that the trust was performing well against the indicators set out in the Quality Strategy and there had been a marginal improvement on the sickness and absence rate for July.</p> <p>RJ highlighted paragraph 69 which provided a worst case and best case scenario and predicted a range of £38k deficit up to £1,352k surplus. It was anticipated that the areas of uncertainty would diminish and the range of potential outturns narrow.</p> <p>JL advised that individual action plans to address the red KPIs had been developed and would be shared with the commissioners to accompany the response to a contract</p> |

| Reference                          | Minute  |
|------------------------------------|---|
|                                    | <p>query letter received (and referenced in the Finance &amp; Performance Committee update). The action plans would be submitted for information to the Finance &amp; Performance Committee in September 2014.</p> <p>FS highlighted paragraph 37 regarding the Stop Smoking Service and the difficulties they were experiencing in achieving their targets due to the drop in footfall. ES advised this was due to the increase in the popularity of e-cigarettes. JL stated that the commissioners did not recognise e-cigarettes as a method of stopping smoking, however the service would be reviewed in partnership with the commissioners and the KPIs would be reviewed accordingly. The Local Authority was concerned about the targets, the challenges for which were not currently acknowledged and the trust was in a position to negotiate with the Local Authority.</p> <p>SG informed the board that he attended the Policy &amp; Performance Committee at the Local Authority and the council were paying particular attention to this. The sharing of responsibilities helped to raise the profile for issues around the KPIs.</p> <p>The board noted the contents of the report.</p>  |
| <p><b>18.</b><br/>WCT14/15-141</p> | <p><b>Annual Audit Letter</b></p> <p>RJ presented the Annual Audit Letter which summarised the key findings by Grant Thornton who were the trust's external auditors, on the audit of the trust's accounts, together with its Value for Money (VFM) opinion for the year ending 31 March 2014.</p> <p>RJ stated that the audit did not identify any errors or uncertainties in the financial statements and an unqualified opinion had been issued. The auditors were satisfied with the corporate arrangements in place.</p> <p>RJ brought to the board's attention paragraph 4, which referred to three control issues noted in the Annual Audit Letter:</p> <ul style="list-style-type: none"> <li>• Authorisation of a change of working hours of an employee - Managers to review the request to change hours should be supported by the manager prior to the process.</li> <li>• Final authorisation to process a payment run - A layer of authorisation to be added to the arrangement.</li> <li>• The signing of healthcare contracts which are above officer delegated limits where Grant Thornton noted that the trust was implementing its recommendations for improvement - The Corporate Governance Manual and Standing Financial Instructions stated that in year contracts were covered and adjustments over £1million would be submitted to board. Audit Committee would be looking into this further.</li> </ul> <p>Thanks had been expressed by Grant Thornton to the trust's finance staff for their assistance and co-operation during the audit of the trust.</p> <p>The board accepted the Annual Audit Letter.</p> |
| <p><b>19.</b><br/>WCT14/15-142</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. The report outlined the process detailed in the Risk Strategy for escalation to board.</p> <p>AH advised that there was one high level organisational risk in the Community Nursing service which had been scored 16 and related to pressure ulcers and was actively being managed by the Quality &amp; Governance Committee. Since the last report, one</p>  |

| Reference                          | Minute   |
|------------------------------------|--|
|                                    | <p>risk had been downgraded from 16 to 12 and related to CIP delivery.</p> <p>Non-Executive Directors raised a concern around the downgrading of this risk and whilst recognising mitigation plans were in place to reduce the risk around CIP delivery it was agreed to score the risk at 15 until there was more evidence of improvement. The board would continue to review on a monthly basis.</p> <p>The board noted the current position in relation to the high level risks.</p>  |
| <p><b>20.</b><br/>WCT14/15-143</p> | <p><b>Membership &amp; Engagement Update</b></p> <p>AH presented the update providing information in relation to volunteer recruitment, work placements and membership development activity.</p> <p>AH reported that a successful work placement programme had been completed with positive feedback from both students and supervisors. Volunteer numbers had slightly decreased since the previous month and it was noted that one of the volunteers had commenced a relevant study course at university. The CQC on their inspection had been impressed with the level of volunteering and had asked to speak to the Volunteer Co-ordinator.</p> <p>Members had been invited to attend the trust's Annual General Meeting (AGM) and 45 positive responses had been received so far. The team continued to engage with members regarding the governor role and progress through the Foundation Trust application. Public membership now stood at 4689 and the membership team would be commencing targeted events in the Wirral South area. Younger members would be targeted through activities based at Conway Park College. Recruitment plans were being developed to commence in February 2015.</p> <p>JF stated that the Freshers Week would be commencing at the Wirral Metropolitan campus from 17 September when all new students would be attending induction and this may be an opportunity to recruit younger members. JH advised that the Wirral South Marketplace Event would be taking place on 8 September and this may also provide an opportunity to recruit members from South Wirral.</p> <p>ES commented that in the future e-alumni may be useful to follow up on younger members to see where they have moved on to.</p> <p>SC referred to a staff story that was due to be shown at the Education &amp; Workforce Committee and involved a volunteer talking about their voluntary placement in Speech &amp; Language Therapy in Clatterbridge Hospital.</p> <p>The board noted the contents of the report.</p> |
| <p><b>21.</b><br/>WCT14/15-144</p> | <p><b>Quality &amp; Governance Committee - 21 July 2014</b></p> <p>The minutes from the Quality &amp; Governance Committee held on 21 July 2014 were noted.</p>  |
| <p><b>22.</b><br/>WCT14/15-145</p> | <p><b>Education &amp; Workforce Committee - 21 July 2014</b></p> <p>The minutes from the Education &amp; Workforce Committee held on 21 July 2014 were noted.</p>  |
| <p><b>23.</b><br/>WCT14/15-146</p> | <p><b>Finance &amp; Performance Committee - 28 July 2014</b></p> <p>The minutes from the Finance &amp; Performance Committee held on 28 July 2014 were noted.</p>  |
| <p><b>24.</b><br/>WCT14/15-147</p> | <p><b>Clinical Forum</b></p> <p>The minutes from the Clinical Forum held on 19 June 2014 were noted.</p>   |

| Reference   | Minute  |
|---|---|
| <p><b>25.</b><br/>WCT14/15-148</p>  | <p><b>Staff Council</b></p> <p>The minutes from the Staff Council held on 19 June 2014 were noted.</p> <p>JH advised that the main issues discussed centred around concerns related to the divisional restructure.</p> <p>SG stated that the meeting had been positive with a constructive and challenging conversation.</p> <p>JF agreed with positive progress being made from the previous meeting. Terms of office were due to expire and it had been agreed to invite staff to attend as guests in order for them to gain an understanding of the meetings and what was involved. This information would then be cascaded to other members of staff.</p> |
| <p><b>26.</b><br/>WCT14/15-149</p>  | <p><b>Any Other Business</b></p> <p>There were no items for discussion under any other business.</p>  |
| <p><b>27.</b><br/>WCT14/15-150</p>  | <p><b>Items for Risk Register</b></p> <p>There were no items for the risk register.</p>   |
| <p><b>Date and Time of Next Meeting:</b><br/>The next formal Trust Board meeting will take place on Wednesday 8 October 2014 at 2.00pm in Nightingale Room, Old Market House.</p> |   |

| Board - Chair Approval |  |              |  |
|------------------------|--|--------------|--|
| <b>Name:</b>           |  | <b>Date:</b> |  |
| <b>Signature:</b>      |  |              |  |

**The Board of Directors Meeting closed at 4.20 pm**

# 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   |
|---|------------------|--|---------------------|----------------|--|
| Safe Staffing Levels                      | WCT14/15-076     | Safe Staffing Group to report fully in September 2014 as data complex.                     | S. Christie         | September 2014 | <b>Complete</b><br>Full report to be submitted in September 2014.<br><i>See Agenda Item WCT14/15-134</i>   |
| Annual Reports 2013/2014 – Clinical Audit | WCT14/15-080     | Clinical Audit Annual Report to be reported to Audit Committee to ‘close the loop’.        | S. Christie         | September 2014 | <b>Complete</b><br>Clinical Audit Annual Report to be submitted to September Audit Committee.<br>Report on agenda for September Audit Committee. |
| Board Assurance Framework                 | 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**

| Topic Title       | Minute Reference | Action Points  | Lead        | Due Date       | Status   |
|-------------------|------------------|--|-------------|----------------|--|
| Quality Dashboard | WCT14/15-077     | Dashboard to be available 'live' at future board meetings for further analysis, together with a hard copy. | S. Christie | September 2014 | <b>Complete</b><br>Live information to be presented at September board.<br><i>See Agenda Item WCT14/15-135</i> |

**Actions from meeting held on: 3 September 2014**

| Topic Title                                    | Minute Reference | Action Points   | Lead         | Due Date       | Status   |
|--|------------------|---|--------------|----------------|--|
| <b>Integrated Performance Report – Month 4</b> | WCT14/15-140     | Action plans to be completed and provided to Finance & Performance Committee. | J. Lancaster | September 2014 | Action plans to be submitted for information to September F&P Committee. |

## Chief Executive's Report – September 2014

|                       |                 |                      |                |
|-----------------------|-----------------|----------------------|----------------|
| <b>Agenda Item:</b>   | 8               | <b>Reference:</b>    | WCT14/15-158   |
| <b>Meeting Name:</b>  | Trust Board     | <b>Meeting Date:</b> | 8 October 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"/> |                                     |

**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:**

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

**Assurance to Board:**

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

|  |  |
|--|--|
| <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"/> |
|--|--|

### 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 – September 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.

### National

#### National priorities – short term

2. Simon Stevens, Chief Executive NHS England, David Flory, Chief Executive TDA and David Bennett, Chief Executive Monitor have issued a joint communication to all CCGs and trusts on priorities for the coming months which is attached at **Appendix A**.
3. The letter emphasises the co-operative way in which the three agencies are seeking to work at national and regional level, and seeks collaboration between partners at local level particularly in addressing the current demand and financial challenges. Focus remains on securing performance against key targets in A&E waits, elective admission, diagnostics, cancer waits and ambulance response times.
4. The letter trails publication of 2015/16 planning guidance, again with the expectation of close joint working, and publication in October of a Five Year Forward View for the NHS.
5. The latest report of the TDA Chief Executive to the TDA board reflects the picture of financial challenges for many trusts, and health systems. It is clear that increasingly performance emphasis will be on whole health systems rather than simply individual organisations. Wirral Community NHS Trust remains in the TDA's "Category A1", as an organisation with a clear and credible plan for reaching FT status and a timeline of less than two years for doing so.

### Barker Commission

6. The independent commission on the Future of Health of Social Care in England, established by the King's Fund and led by Dame Kate Barker has published its report [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/Commission%20Final%20%20interactive.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Commission%20Final%20%20interactive.pdf). The commission recommends moving to a single, ring-fenced budget for the NHS and social care, and proposes funding changes, including changes to national insurance contributions, to meet the costs that would be required to improve social care entitlements.

### NHS Confederation

7. The NHS Confederation has launched its "2015 Challenge Manifesto : A time for action", setting out what it describes as an achievable vision of a sustainable health and care service. It identifies 15 steps it sees as required, and is backed by a coalition of organisations including the Royal Colleges, the LGA, patient groups and charities.

### FTN

8. The FTN continues to pursue policy and lobbying activities on behalf of trusts, alongside the support network it has in place. The FTN's six monthly performance report sets out some of the detail <http://www.foundationtrustnetwork.org/about-us/our-membership-offer/performance-report-september-2014/>.

## **Local**

### **Vision 2018**

9. Progress continues to be made on the joint health and social care strategic work under the banner Vision 2018. The core emphasis remains on creating the right service model and capacity in primary care services. The establishment of the Integrated Co-ordinated Care Teams (ICCTs) is progressing well, and will be a core element. Alongside this Wirral Community NHS Trust is working with partners on a range of schemes to ensure capacity is appropriate for the coming winter. This includes an early supported discharge scheme working in partnership with WUTH.

### **Wirral Clinical Commissioning Group (CCG) review**

10. The governance and capability review of Wirral CCG is now completed and the report published. An action plan is anticipated shortly setting out the CCG's response and next steps.

### **Industrial action**

11. We have received notification by three unions, Unison, GMB and UNITE, that there has been a successful ballot for strike action in protest at the national pay deal outcomes.
12. Unison and GMB have confirmed that there will be a strike from 7.00am to 11.00am on Monday 13 October, and four days of working to rule from Tuesday 14 October to Friday 17 October. This is likely to mean that taking of breaks will be enforced.
13. UNITE members will join the four-hour strike on Monday 13 October. UNITE members will also be working to rule and adhering to a 37.5 hour week between 13 October and 9 November.
14. Whilst we recognise and respect the right of staff to strike, our priority is to ensure the continued provision of high quality care and services to our patients. We will work with managers and staff side colleagues to ensure that there is minimal disruption to our services.

### **Recommendation**

15. The board is asked to receive this report.

**Simon Gilby**  
Chief Executive

3 October 2014

**Gateway Reference Number: 02254**

**To:**

Chief Executives of NHS Foundation Trusts and NHS Trusts  
CCG Clinical Leaders, CCG Accountable Officers

**Copy to:**

Local Authority Chief Executives

Dear Colleagues

**Priorities for the coming months**

We are writing jointly to you to:

- invite you to a series of regional meetings we are holding in October/November;
- confirm our expectations regarding NHS performance over the coming months;
- outline the 15/16 planning process;
- update you on our longer term thinking about the NHS.

**Autumn events**

We are planning a series of events across the country in October/November to provide an opportunity for you to engage with us on a number of important issues facing the NHS. These events will be held in regions on the following dates:

- London: 10.00am-1.00pm, 28 October
- South: 1.30-4.30pm, 28 October
- Midlands & East: 10.00am-1.00pm, 31 October
- North: 1.30-4.30pm, 4 November

Further information will be circulated shortly, but we would ask you to hold these dates in your diaries in the meantime.

**Working together to deliver NHS performance over the coming months**

We recognise that our three organisations need to work very closely together, both at national and regional level, in order to provide strategic leadership and support to NHS organisations across the country. We have agreed to establish a strengthened partnership across our organisations so that we can take a joined-up view of the challenges facing the NHS, and the potential solutions available. This will include developing a common approach to escalation across our organisations.

In turn, we ask you to work collaboratively with your local partners to deliver the best possible health services to your patients. This will require your personal leadership at local level.

It is clear that in the first five months of 2014/15, the NHS has experienced very high demand for many services which is making delivery of consistently high quality, safe care ever more challenging. We recognise the outstanding efforts that you are making across the NHS to continue delivering care to the standards set out in the NHS Constitution.

It is essential that you continue to focus on meeting the NHS Constitution standards and take rapid action to improve performance where these standards are not being met. Patients consistently tell us that prompt access to services is important to them and an essential ingredient of good patient care. Our expectation is that performance against the following standards will be recovered so that they are all met consistently:

- the A&E 4 hour standard;
- the 18 week wait standards: RTT admitted, non-admitted and incomplete standards. 52+ week waiters must be virtually eliminated except where there is an agreed clinical reason for the patient to wait. In addition, we need to deliver a reduction in the number of patients waiting over 18 weeks. (Acknowledging the current focus on treatment of long waiters, we are expecting the extra elective activity to be delivered by the end of November and the 18 week wait standards to be met consistently thereafter).
- diagnostics 6 week wait standard;
- all cancer wait standards (with the exception of the 62 day referral to treatment standard, which we expect to be met from November onwards);
- ambulance response standards.

We recognise that it will be challenging to improve and sustain performance for the remainder of 2014/15 and want to emphasise the importance of all partners working together to secure delivery. Our three organisations will work together to do everything we can to support you.

As you know, we have committed significant resources in-year to fund additional elective activity and to support preparations for winter. We anticipate that these resources will play a significant role in helping you to deliver these standards and we will be working closely with you to ensure that these resources are deployed to best effect.

## **Planning for 15/16**

In early December, we will be publishing planning guidance for 2015/16. The guidance will set out how the NHS budget will be invested in the coming year to drive continuous improvement. The overarching objectives of the planning round for 2015/16 will be to:

- refresh the second year of the existing two-year operational plans with a focus on making sure that the plans are as realistic as possible;

- secure alignment across NHS England's commissioner planning process and Monitor and NTDA's provider planning processes;
- establish a foundation for longer term planning, based on the NHS Five Year Forward View (see below);
- minimise the burden and opportunity cost for commissioners and providers of completing the planning returns;
- add value by identifying and resolving contradictions and inconsistencies between the financial and activity elements of commissioners' and providers' plans;
- identify the framework through which CCGs and individuals can take on more responsibility for commissioning a greater range of services, and
- model collective system leadership through joint working with partners.

We are expecting commissioners and providers to work closely together over the next six months to develop the best possible set of plans for 2015/16. We urge you to work together to develop aligned plans and collective risk management arrangements.

### **The NHS Forward View**

The future challenges faced by the health service have been well-rehearsed: changing health needs, rising expectations and constrained public resources combine to make the coming years a crucial inflection point for the NHS. We plan to publish a Five Year Forward View for the NHS in October that will set out how the health service and its partners can rise to these challenges. The NHS Forward View will seek to influence the national debate by outlining the challenges and choices for further discussion.

We want to discuss the NHS Forward View with you and explore how it might be helpful to you in your local health economies.

The three of us jointly look forward to meeting with you soon.

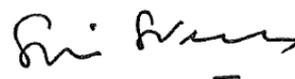
Yours sincerely



**David Bennett**  
Chief Executive  
Monitor



**David Flory**  
Chief Executive  
NTDA



**Simon Stevens**  
Chief Executive  
NHS England

## Reports from Committees - September 2014

|                       |                 |                      |                |
|-----------------------|-----------------|----------------------|----------------|
| <b>Agenda Item:</b>   | 9               | <b>Reference:</b>    | WCT14/15-159   |
| <b>Meeting Name:</b>  | Trust Board     | <b>Meeting Date:</b> | 8 October 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"/> |
|--|--|

**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 Wednesday 17 September 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 August 2014 was presented to the committee for approval and the committee noted the following items for the reporting month:
  - There has been an increase in the number of reported community acquired pressure ulcers across all grades: 2, 3 and 4 (EPUAP).
  - There has been a decrease in the number of incidents and patient safety near miss incidents reported during August 2014 across all Divisions, with the exception of the Primary Care Division, who have reported slightly more incidents this month when compared with July 2014.
  - The Integration and Co-ordinated Care and Community Care plans CQUINs are both currently RAG rated as amber, as additional supporting information for assurance purposes, is required to be submitted to the Clinical Commissioning Group.
4. The progress made in relation to implementing the safeguarding children and safeguarding adult action plans presented to committee in August was presented to the committee. Key improvements have already been made in relation to the safeguarding policy infrastructure. The following safeguarding policies are presented to the committee today for ratification; Safeguarding Children Policy, Safeguarding Adults Policy and Failure to Gain Access Policy.

### Any formal recommendations

5. A near miss incident reporting action plan be developed, and submitted to the Quality, Patient Experience and Risk Group, with the aim of increasing reporting.

### Chris Allen

Chair, Quality and Governance Committee  
19 September 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 24 September 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 Any Other Business items were considered by the committee in September:
  - **Financial Performance Report – Month 5**
  - **Key Performance Indicator & Activity Reports**
  - **FT Self Certification – August 2014**
  - **Cost Improvement Program Recovery Plan**
  - **Development of Service Line Reporting**
  - **Update report on the SystemOne Patient Administration System project**

### Outcomes and actions agreed

4. The committee approved/noted the following:
  - (i) The trust's financial position at the end of August was a surplus of £2k placing the trust £2k ahead of its initial plan submitted to the TDA. The committee noted the factors bearing upon this performance; the £50k underlying monthly deficit and the action being taken to address this. The trust continues to forecast delivery of its year-end £900k target surplus before impairments.
  - (ii) That aged debt was generally at a high level, and that over 90 day debt had increased again in August, was noted. The effectiveness of the outsourced and in-house processes for debt management was discussed.
  - (iii) Issues bearing upon the financial performance of sexual health services were discussed.
  - (iv) The committee received an update report on the trust's CIP recovery planning. The trust had exceeded its recovery plan target for August en route to recovering its in-year savings profile by the end of December, but cumulative savings still lagged behind the level initially planned. That the unidentified element of the 2014/15 programme had increased, from £320k to £398k, was noted together with the action in hand to address this.
  - (v) The development of Service Line Reporting (SLR) to become a monthly tool operating at a greater, team depth was endorsed by the committee.
  - (vi) The committee considered the KPI position of the trust in general together and discussed the market and referral factors bearing upon performance of the physiotherapy service performance.
  - (vii) An update paper on the deployment of SystemOne was discussed. It was considered that staff communication could be improved upon and noted that action was underway to update the Staffzone intranet SystemOne page amongst the improvement actions being taken.

### **Any formal recommendations**

5. The committee agreed to recommend to the Audit Committee that an internal audit assurance review take place regarding the system processes for managing and resolving aged debt.
6. The committee endorsed the recommendation that Service Line Reporting should be developed in a manner that avoided creating locally retained financial incentives within service lines.

**Alan Wilson**

Chair, Finance & Performance Committee

26 September 2014

# Wirral Community NHS Trust

## Briefing from the Chairman of the Audit Committee

### Purpose

1. This is a brief report from the committee meeting held on 24 September 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 Any Other Business items were considered by the committee in September:
  - **Six Monthly Clinical Audit Report Update**
  - **Annual Clinical Audit Report 2013/2014**
  - **Internal Audit Process Policy**
  - **Corporate Governance Manual – Annual Review Process**
  - **Annual Review of Committee Effectiveness & Performance – Summary Report**
  - **External Auditor Health Sector Emerging Issues & Developments Report**
  - **Internal Audit Progress Report Update**
  - **Counter Fraud Update & Standards Self Review Tool – NHS Protect Return**
  - **Security Management Report**
  - **Management of Aged Debt Processes**

### Outcomes and actions agreed

4. The committee approved/noted the following:
  - (i) Overall green rating achieved for NHS Protect's Standards Self Review return.
  - (ii) Internal Audit reported significant slippage on their work programme at the trust due to delays by trust staff at the pre-engagement stage. Internal Audit service are to report back to the committee as to whether the pre-engagement stage process could be refined to enable audits to commence with less trust delay/involvement. Internal Audit will escalate by way of contact with the committee Chair if further delays are experienced.
  - (iii) Following a request from the Interim Director of Finance and Development the committee agreed that Internal Audit would accommodate a review of the effectiveness of the outsourced and in-house processes for the management of aged debt.
  - (iv) The Internal Audit Tracker tool needed refreshing and bringing up to date.
  - (v) The committee was assured on the clinical audit programme and that the system prompts from this process were working.
  - (vi) It was noted that the positive report on the committee's effectiveness carried one recommendation on improving Internal Audit processes which resonated with other agenda item points discussed at the meeting.

- (vii) The committee discussed a report received on the trust's tendering and waiver procedures.
- (viii) Current counter fraud cases were reported and discussed as were matters relating to the work of the trust's security management specialist.

**Any formal recommendations**

- 5. The committee had a number of actions to be undertaken by trust management and its professional advisers arising from the meeting but no formal recommendations.

**Brian Simmons**  
Chair, Audit Committee  
2 October 2014

# Wirral Community NHS Trust

## Briefing from the Chairman of Staff Council

### Purpose

1. This is a brief report from the meeting held on 25 September 2014. The ratified minutes of that meeting will be presented formally to the board in due course. The brief report from Staff Council held on 21 August was not presented at the board in September but the ratified minutes from Staff Council on 21 August have been provided for board's information.
2. The board is asked to note the key issues identified pending receipt of the formal minutes.

### Significant agenda items

3. The following key agenda items were discussed:
  - Relocation of Staff Car Parking from Hind Street
  - SystemOne Update
  - Staff Council Election
  - Revised Staff Council Terms of Reference
  - Estates Update
  - Update on the CQC Inspection
  - Safe Staffing Update

### Outcomes and actions agreed

4. Key discussions were around matters arising relating to forthcoming Staff Council Elections and timescales, and the need to encourage representation from those areas currently not adequately represented – Community Nursing, Health Visiting, Therapies, Unplanned Care and Corporate.
5. There were discussions on a number of important IT issues. The group welcomed the update on the provision of laptops to support the rollout of SystemOne and encouraged some trust wide communication to keep all staff informed. Ongoing issues around staff accessing the E-learning programme were also raised and discussed.
6. Staff Council provided constructive suggestions and feedback about how the communication could be managed to staff regarding the relocation of staff car parking from Hind Street to keep staff informed. They also noted that there was an important role for the Staff Council to play in acting as a sounding board for future key communications to staff.

### Any formal recommendations

7. No formal recommendations.

**Jo Harvey**  
Staff Council co-chair

26 September 2014