WIRRAL COMMUNITY NHS TRUST

TRUST BOARD OF DIRECTORS MEETING

MINUTES OF MEETING

WEDNESDAY 5 NOVEMBER 2014, at 14:00

DUNCAN ROOM, OLD MARKET HOUSE

Members:

Mrs Frances Street	Chairman **(Chair)**	(FS)
Mrs Chris Allen	Non-Executive Director	(CA)
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 Brian Simmons	Non-Executive Director	(BS)
Mr Alan Wilson	Non-Executive Director	(AW)

In Attendance:

Ms Judy Fairbairn	Vice Chair, Staff Council	(JF)
Mrs Alison Hughes	Trust Board Secretary	(AH)
Professor Godfrey Mazhindu	Observer	(GM)
Mrs Heather Stapleton	Board Support/FOI Officer	(HS)

Reference	Minute
1. WCT14/15-177	**Patient Story - Community Nursing Service** SC introduced an audio recording and storyboard concerning a patient who required a specialist vascular referral to ensure it would be safe to proceed with compression dressings. The story was positive and showed the care and compassion of trust staff. The fact that the patient experienced a seven week delay with the ambulance service which resulted in the ulcer worsening was highlighted. SC stated that trust staff had done everything possible to help the patient. The delays and consequences had been reported to the ambulance service and Wirral University Teaching Hospital (WUTH). AW requested further information regarding the Doppler test and SC advised that the treatment given depended on the level recorded using the Doppler machine. The trust had invested in the equipment which was better for patients. The board noted the patient story.
2. WCT14/15-178	**Apologies for Absence** The board received apologies from: Dr Ewen Sim, Medical Director due to annual leave

Reference	Minute
	John Lancaster, Director of Operations due to attendance at a Vision 2018 meeting
	Phillipa Compson, Chair, Staff Council
	Karen Prior, Wirral Manager, Healthwatch
3. WCT14/15-179	**Invitation for Public Comments** There were two members of the public present. Bob Giles (BG) introduced himself to the board and raised the following: • The 'i-van initiative' was a community initiative funded by the local authority. However it had been decided to withdraw funding from 31 March 2015. The initiative provided health education and advice and examples of their work were given. The request was made for consideration to be given to a way of securing funding in order that the initiative could continue. • Volunteer for Diabetes UK was another good initiative whereby portable HPC1 tests enabled people to be tested for diabetes. FS thanked BG for his work as a volunteer and the issues he had raised. SG stated that he would contact the Director of Public Health at the local authority to further understand her knowledge related to the decision taken regarding funding for the 'i-van initiative'.
4. WCT14/15-180	**Chairman's Announcements** The chair made the following announcements: • The trust had been rated as 'good' in the draft Care Quality Commission (CQC) inspection report. This was a huge achievement and reflected the great work undertaken by the staff and volunteers. The report would be presented at the CQC Quality Summit on 11 November. • A new service (Prostate Cancer Nurse) initiative had been launched to support the physical, emotional and practical side effects of a diagnosis. Patients were able to self-refer or be referred by another health professional. • Two very successful equality and diversity events had taken place to support Hate Crime Awareness Week and Black History Month. Merseyside's Police and Crime Commissioner had attended to address front line staff. • 729 trust staff had received the flu vaccine. • The trust's dental service had been shortlisted in the national 'Compassion in Practice' awards. The winner would be announced at an awards ceremony later in the month. • Staff awards were due to be launched shortly. A new category was due to be introduced (Patient at the Heart Award) which invited nominations from the public. • The final estates moves were due to take place during November. The Independent Living Centre and Wheelchair Service were the last service to move and would be returning to St. Catherine's Health Centre. • The latest edition of the For You magazine was published and included a feature on the 0 – 19 years integrated childrens' service successful tender, the CQC inspection review and a new equality and diversity page. • The new 'Health Matters' feature continued in the Wirral News. The latest edition focussed on the 0 – 19 years integrated childrens' service successful tender and promotion of the Independent Living Centre.
5.	**Declaration of Interests**

Reference	Minute
WCT14/15-181	MF declared an interest as a practising Wirral General Practitioner and as such a member of Wirral Clinical Commissioning Group (CCG) who commission services from the trust.
6. WCT14/15-182	**Minutes of the Previous Meeting - 8 October 2014** BS referred to Minute WCT14/15-164 - Foundation Trust Update - 4th paragraph – which read: 'BS made reference to paragraph 23 and confirmed that a positive letter had been received from Monitor, with some recommendations recognised.' This minute should be amended to read: 'BS made reference to paragraph 23 and confirmed that a positive letter had been received from Monitor, and considered the recommendations would assist the trust to develop.' JH referred to Minute WCT14/15-158 - Chief Executive's Report - and provided a brief update in relation to the industrial action that took place on 13 October. JH confirmed that contingency plans were in place which minimised the impact. The main impact was with the ambulance service. The next strike action was scheduled for four hours on 24 November and the same contingency planning would take place. The minutes of the board meeting held on 8 October 2014 were approved.
7. WCT14/15-183	**Matters Arising** The board reviewed the action points from the previous meeting and noted that the actions had either been dealt with or were progressing satisfactorily. *(See separate actions/matters arising tracker.)*
8. WCT14/15-184	**Chief Executive's Report - October 2014** The board received the Chief Executive's report for October 2014 and the following key points were highlighted: • Bridgewater Community NHS Trust and Derbyshire NHS Trust had been recently authorised as Foundation Trusts, which was encouraging news. • NHS England had published its five year strategy which created the context for strategic plans and health system plans as part of Vision 2018 and particularly challenged the financial situation. • The CQC had published 'The state of healthcare and adult social care in England 2013/14'. Thirty-eight acute trusts had been inspected under the new, more rigorous regime. Community trusts had not been rated up to that point and put the trusts 'good' rating into perspective. • Following the Clinical Commissioning Group (CCG) governance and capacity review, GPs in Wirral had been consulted on the revised constitution. It was anticipated following adoption of the proposed constitution, the CCG would proceed to the appointment of clinical leadership and management posts. The board noted the contents of the Chief Executive's report.
9. WCT14/15-185	**Committee Reports - October 2014** The chairs of each committee of the board provided a brief update on the key topics discussed during the meetings in October and before the approved minutes were submitted to board. **Quality & Governance Committee - 22 October 2014** CA highlighted the following: • A significant item was the 'good' rating for all services inspected following the

Reference	Minute
	CQC Chief Inspector of Hospitals review in September. Thanks were expressed to everyone involved and the good work being undertaken in the trust noted.

- Plans were in place to implement action plans around safeguarding children and adults. Good progress was being made and it was a credit to the team working on this.
- A reduction had been recorded in the number of reported community acquired pressure ulcers across all grades.
- An organisational decrease had been reported in the number of incidents and patient safety incidents reported during September. A policy review was being undertaken which would raise the profile and education in case of inconsistencies in reporting. Issues could also be picked up through the quality dashboard.

Education & Workforce Committee - 22 October 2014
MF highlighted the following:
- Sickness absence rates had been maintained at 4.5% which was still slightly above the target.
- The robustness of return to work interviews had been investigated and areas with higher than average sickness rates were receiving support from HR.
- The trust was the highest scoring community trust in the country for quarter 1 Staff Friends and Family Test question 'Would you recommend the trust as a place to receive treatment?'
- The committee approved the Resilience Action Plan which offered additional resources for individual and corporate resilience in the workplace.

Finance & Performance Committee - 29 October 2014
AW highlighted the following:
- The financial position at end of August was showing a surplus of £8k. The trust was £8k ahead of its initial plan submitted to the TDA.
- The trust had exceeded its recovery plan target for September however the level of savings was still behind the position initially planned. A proportion of the CIP recovery was non-recurrent and would make the task more difficult in 2015.
- There was an improvement on the levels of aged debt and further improvements were expected.
- The trust's charitable funds had been noted with possible opportunities for these to be used for specific purposes.
- The nationally available submission relating to the trusts 2013/14 reference costs had been considered and further analysis was awaited.

CA requested clarification in relation to the charitable funds. RJ stated the current fund was of relatively low value and work was on-going to raise awareness and improve governance arrangements.

Staff Council - 23 October 2014
JH highlighted the following:
- The Staff Council elections would be commencing with a significant number of terms of office coming to an end in November. Thirteen new nominations had been received.
- Leadership walk rounds and specifically the questions asked to members of staff had been discussed and encouraging and positive feedback had been received. The visibility and engagement of board members was appreciated by staff and patients.

CA referred to Non-Executive Directors attending walk rounds in pairs with an Executive Director. It was acknowledged that Non-Executive Directors would attend on their own in future as there was also a senior staff member available to accompany

Reference	Minute
	them. SG stated that a successful relationship had now been created between board members and front line staff. SC stated that feedback had been received on a couple of occasions from patients who had appreciated the interest shown by senior members of the organisation.
10. WCT14/15-186	**Complaints and Concerns Report - September 2014** SC presented the monthly report to provide assurance on the trends and themes analysis relating to quality and patient experience. The report was presented in a slightly changed format and was more analytical with less narrative. SC confirmed that the report would continue to evolve over the coming months. SC drew attention to the graph 'Concerns by Subject' (page 45 of the board pack) which showed the trend related to appointment delays and cancellations. Eleven complaints had been received and five had been investigated. Two of these complaints had been upheld. BS stated that it was to some extent comforting that the analysis of concerns related to appointments and process as opposed to the care received. FS highlighted paragraph 13 regarding a complaint that was not responded to in time and asked what could have been done better. SC stated this was being further investigated and details would be included in future reports. CA stated that consideration needed to be given regarding managing people's expectations. SC stated that work had been undertaken with the Walk in Centres following complaints received and a triage initiative was being considered which would more effectively set patient expectations. SC added that training for receptionists was included in Patient Experience training. AW referred to the two podiatry complaints that had been upheld and related to the length of time between appointments. AW asked whether this was a problem for other providers and how this linked with Any Qualified Provider (AQP). SG stated this would apply to other AQPs and mechanisms needed to be in place to ensure appointments were managed and not booked up too quickly. RJ referred to paragraph 12 which highlighted the fact that one complaint had been responded to within the timescale and one had not. RJ stated it would be useful to receive the detail on complaints that were not responded to within the timeframe. SC stated this was being worked on at the moment. The board noted the contents of the paper.
11. WCT14/15-187	**Right Staffing Levels Report - October 2014** SC presented the monthly report setting out the current status regarding right staffing levels within the trust. SC reported that there had been a downward trend in staffing incidents. Attention was drawn to Appendix 3 and the review of Walk in Centre staffing six months since the approval of the model. The KPIs had continued to be met and there had been no impact on other areas.

Reference	Minute
	GP Out of Hours had completed a capacity and demand review on service staffing. From December 2014, further detail would be available on community nursing which would provide information on the numbers of staff who should have been on duty, how many were and the contingencies put in place to manage the difference. FS asked about the rotamaster system; JF stated this had been implemented in the sexual health services and had been very helpful. The system allowed greater control of staff available and linked to available competencies. FS referred to page 59 of the board pack which related to the national pilot of a value based recruitment system. SC confirmed that there would now be three standard questions asked at interview relating to the vision of the trust. The board: • Noted the progress with the right staffing action plan and the community nursing safe staffing model. • Approved the GP Out of Hours right staffing establishment and the revised six monthly Walk in Centre staffing establishment. • Were assured of the processes in place to develop the right systems and processes to assure there was sufficient staffing capacity and capability to deliver high quality care to patients.
12. WCT14/15-188	**Quality Dashboard - October 2014** SC presented the monthly report on the quality dashboard for October 2014 and circulated a copy of the ProDacapo dashboard taken live from the system reporting YTD and in-month progress. SC highlighted the following: • Appendix 3a (In Month Performance) Our Patients and Community indicated an improvement in trust acquired grade 3 and 4 pressure ulcers. There had been peaks in relation to RCAs being reported to Quality & Governance Committee which were frequently in relation to a lack of holistic assessment. Work had been done with teams and improvements were being seen. • Information governance incidents reflected the interim submission for the toolkit. The final submission was due end March 2015. • The number of Datix incidents reported was still showing amber. However the profile had been raised and continued to be monitored. • The number of Datix patient safety incidents reported was showing red and this area would be focussed through the Quality & Governance Committee. • Our Services demonstrated an improvement in the target of 95% of harm free care being received by patients. • The sickness absence rate had improved. • Corporate induction was showing red and this was being addressed by looking through different forms of induction processes. In relation to harm free care, CA stated that as part of managing pressure ulcers, nurses were going into more nursing and residential homes to deliver care to patients. Therefore more numbers were being recorded. SC confirmed that harm free care measured only community harm. The point was made that it was important to ensure the TDA understood the narrative around the figures presented. The CQUIN could be shared with the TDA in relation to nurses

Reference	Minute
	going into nursing and residential homes.
	FS was disappointed to see corporate and local induction still showing red noting that it was a key point highlighted by Monitor during the QGAF review. JH advised this had been discussed at Education & Workforce Committee but agreed that a continuing red in these areas was unacceptable. The measures used would be reviewed as applying this to bank staff gave a different view. The on boarding project would be going 'live' from January 2015 which would ensure people did not commence employment until their induction was successfully completed. JH confirmed that issues of non-attendance were being followed up with managers. Local induction had been showing green for the previous quarter and this development would be investigated. Education & Workforce Committee would continue to review measures applied regarding corporate induction.
	SC stated this highlighted the importance of receiving this information early in the month.
	The board approved the quality dashboard for the reporting period 1 – 31 October 2014 and were assured of the delivery of safe, effective quality services across the organisation.
13. WCT14/15-189	**High Level Risk Report** 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.
	AH highlighted that following discussion, this item had moved up the agenda to acknowledge the importance of discussions.
	AH advised that the two high level risks remained the same as the previous month and continued to be closely monitored and scrutinised through committees. Actions also continued to be addressed in the QGAF action plan.
	The board noted the current position in relation to the high level risks.
14. WCT14/15-190	**Senior Information Risk Owner (SIRO) Annual Report** **1 April 2013 - 31 March 2014** SG presented the report and acknowledged JL as SIRO and the contribution also made by CW as the Governance Manager and Information Governance lead.
	The report provided assurance to the board of activity undertaken across the organisation during the reporting period and assurance that responsibilities had been discharged in relation to information governance.
	CA referred to the plans for 2014/15 (page 92 of the board pack) and in particular achieving a higher level in the information governance toolkit. There had also been issues in healthcare nationally where individuals were accessing personal information when they did not have the right to do so, and asked how much this happened within the organisation.
	SC advised that the IG toolkit and IG Improvement Plan included the intention to achieve each level with owners against each section of the toolkit. Achieving level two

Reference	Minute
	was important for contracting opportunities and there was no lack of ambition in remaining at that level as each version had increased thresholds. Level three required significant investment in management time and competing agendas. In relation to accessing personal information, SC referred to the Information Security Policy and advised that any incidents would be reported but there were very few of them. The board accepted the report and were assured of the processes in place to ensure compliance with the relevant legislature.
15. WCT14/15-191	**Foundation Trust Programme Update** AH provided a monthly update report on the trust's progress with its application for Foundation Trust (FT) status and included an update on the various work streams. The board's attention was drawn to paragraph 12 which reflected the timelines moving forwards including the refresh of the Integrated Business Plan in readiness for the TDA board to board early in 2015. The CQC Quality Summit would take place on 11 November when the reports following the inspection would be shared with the trust. They would then be published on the CQC website and the trust website. 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.
16. WCT14/15-192	**Vision 2018 - Progress Update and Governance** SG presented the paper which provided an update on progress being made with the Wirral health and social care system Vision 2018 programme. SG stated that the key message was to ensure rigour behind pushing forward the actions. The process would be underpinned with programme management arrangements including capacity and governance structure as a result of pressure over the last few months on commissioner colleagues. The trust were focussing their attention on those areas where differences could be made such as the long term condition and urgent care agendas, with a presence in the right places and engagement in the key elements of the work. SG highlighted the status given to the Strategic Leadership Group, of which he was a member. The developing governance arrangements required approval by the board. AW noted that SG was a member on two groups and asked whether other Executive Directors were involved. SG advised that the major issues were around planned and unplanned care agenda and long term care and JL and ES were also involved. ES was leading a group on clinical leadership which was not referenced in the paper. BS stated that the strategic outcomes in Figure 1 needed to be clearer around the key groupings and themes. SG agreed and would feed this back. CA referred to the pace of change and the time taken to reach this stage. There was the need to progress quicker, however the unsettled state of the strategic leadership may have an effect on this. SG stated that other members in the Strategic Leadership Group were seeking board endorsement of the governance structures. The Programme Management Office would include the involvement of one of the trust's directors and would be reviewed as

Reference	Minute
	part of the new structure. The Programme Management Board lead would come from each organisation with scrutiny of membership at Strategic Leadership Group. The structure allowed challenge between the organisations involved. CA referred to the support available in relation to estate issues. SG stated there was a clear contribution to make but the capacity could not be created where it was not available. Key partners would scope out issues around getting the best from estates. CA stated that the Strategic Leadership Group and Programme Management Board focussed on issues inside health; however the local authority had resources that could also be shared. SG agreed and noted that their expertise in strategic planning and estates should be included. The board approved the proposed governance structures.
17. WCT14/15-193	**Integrated Performance Report - Month 6 (September 2014)** SG presented the Integrated Performance Report for month 6 which provided assurance on the performance of services and the action plan in place to deliver improvements as required. SG stated that there had been progress on the KPI performance, although further work remained to be done. Robust conversations had taken place with commissioners to renegotiate KPIs to ensure the trust were in a stronger position for 2015. The financial performance remained a key challenge and showed a year to date net surplus of £8k. The Cost Improvement Programme (CIP) was back in line with the recovery programme. A number of meetings were scheduled with managers to ensure there was understanding on the expectations of CIP. FS made reference to the new litigation claim and SC advised this was presented to the Quality & Governance Committee the previous month and related to an employee who had experienced a sharps injury. The board noted the contents of the report.
18. WCT14/15-194	**Service Update - Centralised Booking and Integration** SG presented the paper which outlined the role, activity and performance of the call centre and provided clarity with regard to its role in the delivery of services provided by the trust. There needed to be a clear inter-relationship between the centralised booking service and the individual services. The success of the call centre had attracted the interest of social care and acute trust colleagues. Significant progress had been made regarding the integration agenda with the shared objective of the four Integrated Co-ordination Teams (ICCTs) being based at VCH, Eastham, St. Catherine's Health Centre and The Warrens. This would form the basis to move to full scale integration and commission to deliver services. CA referred to paragraph 27 and stated that time needed to be set aside to consider the shift in approach where providers were being challenged to describe the integrated model and how this would be implemented. There was also the reference to ICCT funding in the better care fund submission and the indication this would come on line in 2015. Any risks and mitigations needed to be identified. CA stated this was an opportunity for growth for the trust as an organisation, together with whole system change.

Reference	Minute
	FS stated there were fundamental estate issues in relation to the renting of Riverside and SG stated that the executive team had met to discuss estate pressures and key issues would be mapped out. AW advised that Finance & Performance Committee had agreed an action plan regarding the planned moves and the costs involved. SG stated that time would be arranged for board members to discuss the context of various issues including the integration agenda, divisional restructure and partnership through ICCTs with local partners. SC referred to paragraph 29 and the need to ensure any risks associated with the urgent care recovery plan and single front door model were on the risk register and if strategic objectives were affected, on the Board Assurance Framework. The board noted the role of the call centre and the potential for further development, efficiencies and income generation. The board also noted the progress being made and challenges faced with the integrated care programme.
19. WCT14/15-195	**Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Report and Review of the Major Incident Plan** Amanda Adams (AA), Risk Manager, was in attendance for this item. SG introduced the report which provided assurance to the board on the trust's state of readiness to respond to threats, hazards and major disruptive events that may have an impact on the delivery of services. AA stated there were three elements to the report as well as a summary of ongoing work throughout the year and highlighted the following: • The annual report summarised the work undertaken over the past 12-18 months. A joint exercise had been undertaken with WUTH which had highlighted the need for more collaborative working between the two organisations and an understanding of the planning arrangements in place. The on-call process had been reviewed with a more comprehensive follow through of on-call incidents being put in place as new guidance was developed. • The Major Incident Plan had been reviewed taking into account recent guidance and an updated communications section. • At the request of NHS England, emergency planning had been completed with a self assessment of the organisation against the core standards. This had been rated as substantial compliance. Some elements required further work but clarification on guidance was awaited. AW highlighted the issue of external tests undertaken in March 2014 on the on call phone and a delay in response of 20 minutes. AA advised that there had been call forwarding issues that had been identified. Communications tests were regularly undertaken. BS commented that the centralised call centre was also a central point of weakness with particular reference to power cuts. AA advised that there was a back-up generator at Riverside and the incident occurred because the generator did not operate due to the maintenance contracts. For this reason IT and estates had been included.

Reference	Minute
	The board approved the Major Incident Plan and noted and approved the outcome of the self assessment process. The board were assured that EPRR arrangements were in place to comply with statutory requirements.
20. WCT14/15-196	**Membership and Engagement Update** AH presented the update providing information in relation to volunteer recruitment, work placements and membership development activity. AH reported that the membership numbers continued to increase and a programme of recruitment events were planned. Over the last month, the Mailchimp email programme was being used when sending membership e-mails allowing greater analysis of how many e-mails were opened. Linking back to the Foundation Trust update and progress with the application, AH confirmed that timelines for governor elections were being revisited. The League of Friends had confirmed supporting bids from teams across the organisation and had received £15k worth of funding applications from teams and services in the Wallasey area. This was well received and appreciated by the trust. The board noted that community nursing had three volunteers and further opportunities were advertised on the trust website. The profile of volunteering was being raised across the teams. The work experience programme had also proved to be successful and the planning process for placements in 2015 had commenced. The board noted the contents of the report.
21. WCT14/15-197	**Quality & Governance Committee - 17 September 2014** The minutes from the Quality & Governance Committee held on 17 September 2014 were noted.
22. WCT14/15-198	**Finance & Performance Committee - 24 September 2014** The minutes from the Finance & Performance Committee held on 24 September 2014 were noted.
23. WCT14/15-199	**Education & Workforce Committee – 18 August 2014** The minutes from the Education & Workforce Committee held on 18 August 2014 were noted.
24. WCT14/15-200	**Audit Committee – 24 September 2014 (Draft)** The draft minutes from the Audit Committee held on 24 September 2014 were noted.
25. WCT14/15-201	**Staff Council – 25 September 2014** The minutes from the Staff Council held on 25 September 2014 were noted.
26. WCT14/15-202	**Any Other Business** There were no items for discussion under any other business.
27. WCT14/15-203	**Items for Risk Register** There were no items for the risk register.
Date and Time of Next Meeting: The next formal Trust Board meeting will take place on Wednesday 3 December 2014 at 2.00pm in	

Reference	Minute
Duncan Room, Old Market House.	

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

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.
All ctions from meetings held **January - June 2014** are complete.
Actions from meeting held on **4 August 2014** are complete.
Actions from meeting held on **3 September 2014** are complete.

Actions from meeting held on: 7 July 2014

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Board Assurance Framework	WCT14/15-089	Our Sustainability section to include further reference to HR reports submitted regularly.	A. Hughes/J. Harvey	December 2014	Specific reference regarding HR reporting to be included. Progress will be made within the next 2 – 3 months.

Actions from meeting held on: 8 October 2014

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Chief Executive's Report – September 2014	WCT14/15-158	Future board development schedule to include discussion re political landscape and whole system economy.	A. Hughes	January – March 2015	Scheduled into 2015 board development schedule.
Complaints & Concerns Report – August 2014	WCT14/15-160	Consideration to be given regarding collaboration with Healthwatch re patient engagement.	S. Christie	End March 2015	Discussion to take place.
Leadership Safety and Patient Experience	WCT14/15-163	Questions in leadership walk rounds to be revisited with Staff Council involvement.	S. Christie/A. Hughes	October/ November 2014	Questions for leadership walk rounds to be revisited.

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
				December 2014	Revised set of questions taken to Staff Council and feedback received. Questions reworded accordingly and will be circulated for board review and approval.

Actions from meeting held on: 5 November 2014

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Quality Dashboard – October 2014	WCT14/15-188	Education & Workforce Committee to review measures applied re corporate induction.	J. Harvey	January 2015	Measures applied to induction to be reviewed.
Service Update – Centralised Booking and Integration	WCT14/15-194	Time to be arranged for board members to discuss the integration agenda, specifically ICCTs and partnership working with local partners.	S. Gilby	January 2015	Initial discussions as part of board strategy session on 26 November 2014.
		Ensure risks associated with urgent care recovery plan and the single front door model are on the risk register and Board Assurance Framework.	J. Lancaster	December 2014	Ensure risks are on risk register and Board Assurance Framework.

Wirral Community NHS

NHS Trust

Chief Executive's Report – November 2014			
Agenda Item:	8	**Reference:**	WCT14/15-211
Meeting Name:	Trust Board	**Meeting Date:**	3 December 2014
Lead Director:	Simon Gilby		
Job Title:	Chief Executive		

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

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

None identified.

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

Identified Risks:

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

Assurance to Board:

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

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

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

Wirral Community NHS Trust

Chief Executive's Report – November 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

Foundation Trust Network (FTN) Conference

2. A key theme at this year's Foundation Trust Network (FTN) annual conference was anticipation of the impact of next year's election on the NHS. Jeremy Hunt, Secretary of State for Health, and Andy Burnham, Shadow Secretary of State for Health, addressed the conference and highlighted key elements of their parties' policy intentions. A continuation of the current commissioner/provider arrangements are key elements of all major parties' plans, as is the confirmed emphasis on shifting care closer to home and integration between health and social care. The Secretary of State emphasised the importance of clinical accountability and transparency of data. A major contextual element for the conference was widespread concern among health organisations about the financial challenge and there is clearly a growing momentum to communicate to the political parties the need for new investment, in line with the NHS England five-year Forward View. Simon Stevens, Chief Executive of NHS England, in his address, spoke of the importance of local health systems establishing the appropriate local system model in the context of the Forward View which for Wirral emphasise the importance of the Vision 2018 work.

NHS Finance

3. The NHS Confederation and FTN have both publically been making representations about NHS finances and the need for additional investment. The NHS Confederation's "Challenge 2015" document, launched several months ago, was clear on its assessment of the size of the financial challenge. The FTN recently has been supporting calls from the Kings Fund for an extra £2b for 2015/16, and the FTN Chief Executive appeared before the Health Select Committee.

4. Initial assumptions about tariff and prices for 2015-16 have been released by Monitor for consultation and will be brought to board for a view. The planning timetable anticipates the release of 2015-16 Planning Guidance on 23 December 2014, and sign off of contracts by the end of March 2015.

Local

Vision 2018

5. Further to the board's approval in November of Vision 2018 governance arrangements, progress has continued in respect of implementing plans most notably in respect of the integration and urgent care agendas. Key elements of this are the continued development of the Integrated Co-ordinated Care Teams (ICCTs), in partnership with social services, and the development of admission avoidance and discharge support capacity in partnership with acute trust colleagues.

6. The Strategic Leadership Group (SLG) met on 27 November 2014 and made further progress in establishing coherence between individual organisational plans, and in identifying priorities for action. There is growing consensus in relation to the overall clinical and service models for Wirral. Ensuring stability of service provision over the winter months is a core component of joint plans, as is establishing an agreed financial framework in advance of next year's contract discussions.

Wirral Clinical Commissioning Group (CCG)

7. The CCG has approved its revised constitution, as previously reported. The key elements of this are the continued focus on effective clinical leadership of the CCG but formally constituted now as a single CCG (no divisions) and appointment to appropriate senior management positions to support the organisation.

8. The CCG has announced the appointment of John Wicks as Interim Accountable Office. He replaces the existing Accountable Officer whose secondment reaches the end of its term on 5 December 2014, and he will work alongside the Interim Chairman during the transition period which the CCG anticipates will be completed by the end of March 2015.

Industrial action

9. Further industrial action by NHS staff has taken place in recent weeks including further strike action on Monday 24 November 2014. An update on the impact of this for Wirral Community NHS Trust will be available at the meeting.

Recommendation

10. The board is asked to receive this report.

Simon Gilby
Chief Executive

27 November 2014

Wirral Community NHS
NHS Trust

Reports from Committees- November 2014

Agenda Item:	9	**Reference:**	WCT14/15-212
Meeting Name:	Trust Board	**Meeting Date:**	3 December 2014
Lead Director:	Simon Gilby		
Job Title:	Chief Executive		

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

To Approve	☐	**To Note**	☑	**To Assure**	☐

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

None identified.

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

Identified Risks:

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

Assurance to Board:

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

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

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

Wirral Community NHS Trust

Briefing from the Chairman of Quality and Governance Committee

Purpose

1. This is a brief report from the Quality and Governance Committee meeting held on Wednesday 19 November 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

- The committee received the October quality report were pleased to note there had been no avoidable pressure ulcers identified in September 2014.

3. The Committee discussed:

- The increase in medication incidents which are being managed at the Medicines Management Group

- The Friends and Family test for the organisation, which while at 70 was positive, the unplanned care directorate had a score of 28. Most of the negative feedback relates to waiting times and this is being actively managed by the Nurse Consultant.

- The trend in decreased datix incident reporting, which is being managed at the Quality, Patient Experience and Risk Group, and the committee was assured that the number of patient safety incidents being reported remains consistent.

- The results of the safety culture barometer completed within two community nursing teams as part of the pressure ulcer deep dive work.

Any formal recommendations

4. That a paper on the next steps following the results of the safety cultural barometer   is presented at the December Quality and Governance Committee.

5. That the wider issues on leadership and its influence on a positive patient safety culture is discussed at the November Education and Workforce Committee.

Chris Allen
Chair, Quality and Governance Committee
20 November 2014

Wirral Community NHS Trust

Briefing from the Chairman of Finance and Performance Committee

Purpose

1. This is a brief report from the Committee meeting held on 26 November 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 November:
   - **Financial Performance Report – Month 7**
   - **Key Performance Indicator & Activity Reports**
   - **FT Self Certification – October 2014**
   - **Cost Improvement Program Recovery Plan**
   - **Regulatory Issues Update**
   - **Update on the development of Service Line Reporting**
   - **Monitor Strategy Toolkit 'pick list' of potential service indicators**

Outcomes and actions agreed

4. The committee approved/noted the following:

   (i) The trust's financial position at the end of October was noted as being a surplus of £34k placing the trust £41k behind its initial plan submitted to the TDA. The Committee noted the factors bearing upon this performance; the now £60k 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 now markedly reduced was noted.

   (iii) An update was given to the Committee on the trust's 2014/15 estates moves.

   (iv) Improving KPI performance was noted by the Committee and areas remaining challenged were discussed.

   (v) The Committee received an update report on the trust's CIP recovery planning. The trust had exceeded its recovery plan target for October en route to recovering its in-year savings profile by the end of December, but noted the challenges still present in getting fully back on track by the calendar year end. Progress with the Trust's initial CIP planning for 2015/16 and 2016/17 was discussed.

   (vi) The progress with planned Service Line Reporting (SLR) developments was reported to the Committee.

   (vii) A report on the conclusion of a number of historic HMRC related items was considered.

   (viii) A report on those indicators relevant to our care sector within Monitor's recent 'pick list' document was received and noted.

Any formal recommendations

5. The Committee approved the FT self-certification.

Alan Wilson
Chair, Finance & Performance Committee
27 November 2014

Wirral Community NHS Trust

Briefing from the Chairman of Education and Workforce Committee

Purpose

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

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

Significant agenda items

The following key agenda items were discussed:

- **Managing Attendance Update**
- **Quality & Patient Experience Report**
- **Corporate and Local Induction Update**
- **NHS National Staff Survey Action Plan 2014**
- **Hello My Name is Campaign**
- **Policies to approve: Partnership Agreement**
  Temporary Staffing Policy

Outcomes and actions agreed

3. The committee discussed the slight increase in the absence rate to 4.8% for October, a 0.3% increase from September. It was confirmed that the recent successful approach to robust and consistent management within services was key to ensuring we make progress towards our 4.2% target.

4. Concerns about the targets for induction were discussed. The focus was on corporate induction where a number of issues were affecting our ability to meet this target. In the short term, engagement with services on the importance of this target as well as further escalation of DNAs was agreed. It was also agreed that bank staff would forthwith be excluded from this measure as it was not an appropriate way to ensure that staff group were equipped with the information they need in a timely way, given the sporadic nature of their usage. In the medium term, it was agreed that the introduction of online "onboarding" before new staff commence employment would resolve the issue.

5. There was strong support for the introduction of the "Hello My Name is…" campaign, encouraging staff to introduce themselves in a friendly way to patients to build the foundations of a caring approach. The campaign will be launched in February at the Staff Awards.

Any formal recommendations

6. No formal recommendations.

Murray Freeman
Chair, Education and Workforce Committee
27ᵗʰ November 2014

Wirral Community NHS Trust

Briefing from the Chairman of Staff Council

Purpose

1. This is a brief report from the meeting held on 20th November 2014.The ratified minutes of that meeting will be presented formally to the Board in due course.

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

Significant agenda items

3. The following key agenda items were discussed:

    - Staff Council Election
    - CQC inspection
    - Organisational Update
    - Ideas and Innovation
    - Safeguarding Strategy
    - Right Staffing Update
    - Hello My Name is…

Outcomes and actions agreed

4. This was the last meeting for several Staff Council Members before the current election is concluded. The Chief Executive recorded his thanks on behalf of the Board for the contributions made by the exiting Staff Council Members over the 3 years since the establishment of the Staff Council. The contribution of the Staff Council to improving engagement between the Board and Staff on key issues of concern to the workforce was considerable.

5. The group welcomed an update on the plans regarding restructuring, including plans for Director portfolios and a review of the divisional restructuring plans.

6. The group expressed their strong support for the "Hello My Name is…" campaign to enhance the caring approach to patients. The Staff Council are keen to promote the campaign and it was agreed it would be launched at the staff awards in February.

Any formal recommendations

7. No formal recommendations

Jo Harvey
Staff Council co-chair

27th November 2014