

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

**MINUTES OF MEETING**

**WEDNESDAY 2 SEPTEMBER 2015, at 14:00**

**DUNCAN ROOM, OLD MARKET HOUSE**

**Members:**

Mrs Frances Street	Chairman ( <b>Chair</b> )	(FS)
Mrs Chris Allen	Non-Executive Director	(CA)
Mrs Sandra Christie	Director of Nursing & Performance	(SC)
Dr Murray Freeman	Non-Executive Director	(MF)
Mr Mark Greatrex	Director of Finance & Resources	(MG)
Ms Jo Harvey	Director of HR & Organisational Development	(JH)
Mrs Karen Howell	Chief Executive	(KH)
Ms Val McGee	Director of Integration & Partnership	(VM)
Dr Ewen Sim	Medical Director	(ES)
Dr Tony Snell	Associate Non-Executive Director	(TS)
Mr Alan Wilson	Non-Executive Director	(AW)

**In Attendance:**

Mr Julian Eyre	Deputy Director of Performance	(JE)
Mrs Alison Hughes	Trust Board Secretary	(AH)
Ms Helen Lundy	Chair, Staff Council	(HL)
Mrs Paula Simpson	Deputy Director of Nursing	(PS)
Mrs Heather Stapleton	Board Support/FOI Officer	(HS)

Reference	Minute
<p style="text-align: center;"><b>1.</b></p> <p>WCT15/16-156</p>	<p><b>Patient Story - Discharge pathway</b></p> <p>SC introduced a video recording from the patient's husband who shared their experience of the discharge process from acute to community care following an episode of inpatient care. The patient's husband had agreed to be a 'critical friend' for the team reviewing the integrated discharge process.</p> <p>The patient's husband had made the point that he had not been consulted regarding the discharge of his wife from hospital. As he was in full-time employment, he needed to make his own arrangements.</p> <p>VM stated that, although there were co-ordinators within the team designated to each ward, part of the recommendations would be to identify more co-ordinators to ensure everything was in place.</p> <p>KH advised that there had been discussions with the Chief Executive at WUTH regarding the integrated discharge team process, particularly in relation to the systems that supported them. A review would be completed by the end of September and the commitment had been given that recommendations would be</p>

Reference	Minute
	<p>monitored and implemented quickly to be in place before winter. These recommendations would be submitted to Quality and Governance Committee.</p> <p>The board noted the patient story and were assured of the delivery of high quality, safe and effective services.</p>
<p><b>2.</b> WCT15/16-157</p>	<p><b>Apologies for Absence</b> The board received apologies from: Mr Brian Simmons, Non-Executive Director Ms Karen Prior, Healthwatch Wirral Manager</p> <p>A member of the Monitor Assessment Team was observing the board.</p>
<p><b>3.</b> WCT15/16-158</p>	<p><b>Invitation for Public Comments</b> There were no members of the public present.</p>
<p><b>4.</b> WCT15/16-159</p>	<p><b>Chairman's Announcements</b> The chair made the following announcements:</p> <ul style="list-style-type: none"> <li>• A welcome was extended to Monitor who had been interviewing board members, senior managers and divisional teams. Two focus groups with staff had also taken place.</li> <li>• The first election process for staff and public governors was underway. The nomination period was open for staff and members of the public to put themselves forward with all nominations being received by 1 October. Voting would then take place from 16 October and results announced on 11 November.</li> <li>• The trust's Annual General Meeting would be held on 9 September at St. Catherine's Health Centre. The formal meeting would commence at 1 pm followed by a health fair and community launch of Wirral's 0 – 19 Health and Wellbeing Services.</li> <li>• Work continued on the mobilisation of the new 0 - 19 service in East Cheshire. A tender was also being developed to deliver Smoking Cessation &amp; Weight Management in Cheshire West.</li> <li>• The collective consultation with trade unions regarding the divisional restructure finished in two week's time. Details of the new structure would then be published and individual consultation with affected staff take place.</li> <li>• All trust services based at Old Market House would be moving to St. Catherine's Health Centre and future board and board committee meetings would be held there.</li> </ul>
<p><b>5.</b> WCT14/15-160</p>	<p><b>Declaration of Interests</b> MF and ES declared an interest as practising Wirral General Practitioners and as such members of the Wirral Clinical Commissioning Group (CCG) who commission services from the trust.</p>
<p><b>6.</b> WCT15/16-161</p>	<p><b>Minutes of the Previous Meeting - 5 August 2015</b> The minutes of the meeting held on 5 August 2015 were approved.</p>
<p><b>7.</b> WCT15/16-162</p>	<p><b>Matters Arising - 5 August 2015</b> AH provided an update on the actions from previous board meetings. The board reviewed the current status and noted the outstanding actions. <i>(See separate actions/matters arising tracker.)</i></p>
<p><b>8.</b> WCT15/16-163</p>	<p><b>Chief Executive's Report - August 2015</b> KH presented the Chief Executive's report which advised of issues relating to the local health and social care economy as well as issues of national interest, in particular those which may impact upon the trust. The focus in this report was on communications and engagement and the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Time had been spent visiting trust services and leaders of organisations in Wirral. The number of inspirational and creative people was evident It was</li> </ul>

Reference	Minute
	<p>clear that staff understood their services and had ideas and aspirations, as well as challenges. The 'customer is king' attitude was also apparent within the workforce, with a focus on working with patients to improve services.</p> <ul style="list-style-type: none"> <li>• A meeting had been arranged with the Chief Executive of the Chamber of Commerce to build on work done in the past and to understand what 'commercial' means for the public sector.</li> <li>• Meetings would also be held with colleagues from higher education to discuss how to attract more young people into health and social care. Opportunities to work with organisations such as the Princes Trust would also be considered.</li> <li>• A developing project was the 'Wirral Care Record' which would involve health and social care agencies using new technologies to enable health professionals to access up to date information about the patients in their care.</li> <li>• A new relationship was being developed with the local media and Wirral Globe to ensure the trust received more media coverage. A 'Chief Executive' column would be trialled with the Wirral Globe, running initially for a period of 12 weeks.</li> <li>• The new Executive Briefing had been launched and replaced the Directors Briefing meetings. An example of the briefing was attached to the report and would be used as an aide memoire. This would be monitored over the next few months and the feedback received so far was positive.</li> <li>• A summary of Executive Leadership Team business had been included.</li> </ul> <p>The board noted the contents of the Chief Executive's report.</p>
<p>9. WCT15/16-164</p>	<p><b>Committee Reports - August 2015</b> The chairs from each committee of the board provided an update on the key topics discussed and any recommendations made at the meetings before the approved minutes were submitted to board.</p> <p><b>Quality &amp; Governance Committee - 19 August 2015</b> CA highlighted the following:</p> <ul style="list-style-type: none"> <li>• Limited assurance had been received from the MIAA following a report on sub contracted services. A robust action plan was in place and an update would be submitted to the October committee.</li> <li>• The harm free care quality goal was adjusted to reflect new harms and not all community harms.</li> <li>• The safety huddle pilots taking place in four community nursing teams had received positive feedback.</li> </ul> <p><b>Education &amp; Workforce Committee - 19 August 2015</b> MF highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Leadership Model had been developed and would be launched in November 2015. The talent management process was part of the model and identified those members of staff who had aspirations to further develop their career and move through the organisation.</li> <li>• The Workforce Report had been received and it was noted that sickness absence had slightly increased. No specific issues had been identified.</li> <li>• There was a lot of organisational change taking place with new services being mobilised.</li> <li>• The Right Staffing report had not highlighted any concerns. The shift fill rates were reported at 90% or above across the organisation during June and July.</li> <li>• The Professional Registration Policy had been approved.</li> <li>• The committee had recommended that the Right Staffing Report be incorporated into the monthly Workforce Report.</li> </ul>

Reference	Minute
	<p><b>Finance &amp; Performance Committee - 26 August 2015</b></p> <p>AW highlighted the following:</p> <ul style="list-style-type: none"> <li>• BAF had been reviewed and contract management split into two elements, CCG and local authority.</li> <li>• The financial performance of the trust had been reported with a cumulative net surplus of £70k against a planned net deficit of £3k achieved in month. The improvement in aged debt was welcomed following settlement with Cheshire &amp; Wirral Partnership Trust and WUTH. CIP had been achieved in month with a reduction from £480k in month 3 to £112k. It was noted that some CIPs were rated red for achievability and these were being monitored closely by the Business Modernisation and Efficiency Group.</li> <li>• The Business Intelligence Team was working on greater granularity to assist in the monitoring of trends for KPIs and 'deteriorating greens'. This would assist in more relevant KPIs in the future.</li> <li>• The upward trend of activity in community nursing was noted.</li> <li>• IT projects had been discussed and the deployment of disconnected working had been noted. Initial staff feedback had been positive.</li> </ul> <p><b>Staff Council - 28 August 2015</b></p> <p>JH highlighted the following:</p> <ul style="list-style-type: none"> <li>• A presentation had been received on Staff Governor elections. It had been agreed that Staff Governors would be offered affiliate membership of the Staff Council and the terms of reference would be amended to reflect this.</li> <li>• A number of concerns had been raised regarding the community equipment provision in relation to the quality and delivery of equipment and the impact on patients. This had been raised on datix and taken forward with commissioners.</li> </ul>
<p><b>10.</b> WCT15/16-165</p>	<p><b>Quality Governance Board Memorandum</b></p> <p>SC presented the Quality Governance Board Memorandum prior to submission to Monitor as part of the Foundation Trust application assessment.</p> <p>The Quality Governance Board Memorandum described how the trust complied with good practice in relation to quality governance by responding to ten questions posed by the Well-Led framework, referring to quality governance good practice. A board development session had been held and a draft submitted to Monitor. Following approval by the board, the final version would be submitted as part of the Monitor assessment process.</p> <p>JH highlighted an amendment to be made to the percentage figure for staff appraisals.</p> <p>The board approved the Quality Governance Board Memorandum.</p>
<p><b>11.</b> WCT15/16-166</p>	<p><b>Update on the Implementation of the Action Plan following the Mid Staffordshire NHS Foundation Trust Public Inquiry</b></p> <p>KH presented an update on the action plan for those recommendations which had clear and direct implications for the trust and the services it provided for the reporting period 1 April - 30 June 2015.</p> <p>SC advised that the major actions had been completed. The completed actions which related to quarter 4 2014/15 had been archived and the two actions due for completion in quarter 1 had been completed.</p> <p>There were two outstanding actions and the board noted that the implementation of the Council of Governors would be monitored at board and the nurse revalidation implementation would be monitored by Education &amp; Workforce</p>

Reference	Minute
	<p>Committee. SC therefore proposed that the action plan be closed.</p> <p>TS asked how the attitude of doctors and dentists was being addressed and ES advised that there was an active feedback group for doctors which provided plenty of opportunities for feedback. SC stated that the performance framework within GP Out of Hours had been very effective in monitoring peer behaviour, particularly in relation to prescribing. There was also a governance forum that was clinically led which met to view incidents.</p> <p>KH stated that all the issues that had been raised within the action plan continued to be monitored through board committees and provided assurance to the board.</p> <p>The board were assured that there were adequate and effective processes in place to ensure the implementation of the recommendations contained within the Robert Francis report, the Cavendish, Keogh and Berwick reports and agreed that the action plan be closed.</p>
<p><b>12.</b> WCT15/16-167</p>	<p><b>Quality Dashboard - August 2015</b></p> <p>The quality dashboard for August 2015 was presented and a copy of the proDacapo dashboard taken live from the system reporting in year to date and in month progress was circulated.</p> <p>PS reported four risks on the risk register which related to quality goals:</p> <ul style="list-style-type: none"> <li>• ID651 - Insulin related medication incidents - A flagging system was being used in the electronic patient record to identify the administration of two different types of insulin in one patient visit. The risk had been updated on the risk register and the action plan refreshed. This would be looked at in greater depth at Quality &amp; Governance Committee.</li> <li>• ID182 - Avoidable community acquired grade 3/4 pressure ulcer development - there had been no avoidable pressure ulcers reported and there had been a lot of activity in addressing this issue. This was rated amber in YTD dashboard. Progress would be closely monitored.</li> <li>• ID727 - Repeated Never Event, wrong tooth extraction - None reported in August but this was rated red on the YTD dashboard.</li> <li>• ID673 - TUPE of school nursing service has highlighted inequity of supervision arrangements - This related to the 0-19 service and would be RAG rated green as all staff had been supervised in line with the policy.</li> </ul> <p>TS referred to pressure ulcers and requested clarification in the context of the national picture as to why this was a growing problem.</p> <p>ES stated that this was generally due to staffing and training. KH stated that there was increasing evidence in the health economy to suggest that some pressure ulcer care was not provided by trained staff and the problems were with patients coming out of the nursing home sector. These were not being picked up by the community services until it was too late and a different way of working across the health and social care economy needed to be considered.</p> <p>SC advised that the data supported this and there was also a rise in all harm referrals which included patients in their own home. Further information on this was being followed up by Quality &amp; Governance Committee.</p> <p>VM referred to the need to ensure patients were moved safely through the system, looking at the responsibility the trust had to support this through training initiatives.</p>

Reference	Minute
	<p>SC highlighted that a wider risk in the care sector that WCT should be aware of was the introduction of the living wage, which could be an issue for organisations through increasing cost pressures.</p> <p>PS reported that during the month there had been a downturn in incident reporting, mainly from the community nursing service; this would be investigated further. PS highlighted another issue to examine in more depth - the correlation with staff sickness rates. JH advised this would continue to be monitored at Education &amp; Workforce Committee and HR were aware of the reasons for sickness.</p> <p>Mandatory training was flagged red but training was over a two year cycle and the indicator was for all staff to have completed the training. An action plan would be developed to achieve green by the end of the year.</p> <p>The board approved the quality dashboard for the reporting period 1 - 31 August 2015.</p>
<p><b>13.</b> WCT15/16-168</p>	<p><b>Complaints and Concerns Report - July 2015</b></p> <p>PS presented the monthly report to provide assurance on the trends and themes analysis relating to quality and patient experience.</p> <p>PS reported that seven complaints had been received and were currently being investigated. Of the seven complaints received the previous month, two had been fully upheld, one partially upheld and two were still undergoing investigation. One complaint had been made on behalf of a patient and there had been a delay in the initiation of the investigation whilst the patient's permission was sought.</p> <p>Appendix 1 contained a summary and themes from complaints upheld or partially upheld through the reporting period. Appendix 2 provided the rationale of four complaints that were overdue.</p> <p>The board noted the contents of the report and were assured of the delivery of safe, effective, quality services across the organisation for the reporting period 1 - 31 July 2015.</p>
<p><b>14.</b> WCT15/16-169</p>	<p><b>Well-Led Strategy Board Memorandum</b></p> <p>VM presented the Well-Led Strategy Board Memorandum prior to submission to Monitor as part of the trust's Foundation Trust assessment.</p> <p>The Strategy Board Memorandum summarised the trust's response to two of the ten questions posed by the Well-Led Framework and linked to the values, vision and objectives in the Integrated Business Plan and to the wider strategic objective for Vanguard and HealthyWirral, including the Five Year Forward View.</p> <p>The board approved the Well-Led Strategy Board Memorandum for submission to Monitor.</p>
<p><b>15.</b> WCT15/16-170</p>	<p><b>Service Update - August 2015</b></p> <p>JE presented the report which provided an update on the care delivered in primary and community settings.</p> <p><b>Divisional Restructure Update</b></p> <p>The divisional restructure project plan continued to be implemented. The</p>

Reference	Minute
	<p>consultation period for staff commenced on 3 August 2015 with the issue of the finalised consultation document which was shared with all staff directly affected by the restructure.</p> <p>An appeal had been received from JUSS which related to the length of the consultation period. They believed that a delay in the provision of some Job descriptions had not allowed for a meaningful consultation to take place. However there was no provision for an appeal and it was therefore upheld. Following discussions with the affected staff, it had been agreed to extend the consultation period by two weeks. Collective consultation would be completed on 16 September 2015 and individual consultation would then commence, ending on 30 September 2015.</p> <p><b>Adult and Community Services</b></p> <p>The Rapid Community Response Service had commenced recruitment and would consist of a multi-disciplinary and multi-agency team providing rapid response support for a maximum of 72 hours to prevent unnecessary admission to hospital. The skill mix would bring a broader range of care and skills through different grades and bands of nursing.</p> <p>A number of teams in the division had reported significant issues in relation to capacity and demand and block contracts. This was being followed up through discussions with commissioners to agree an appropriate way forward.</p> <p><b>Children's and Wellbeing Services</b></p> <p>Progress was being made with both the delivery of the Wirral 0 - 19 service and the mobilisation of the East Cheshire 0 - 19 service. Good project management support was in place and all bases had been visited. Staff consultation had commenced.</p> <p><b>Urgent and Primary Care Services</b></p> <p>Recruitment had been completed with the appointment of the Divisional Manager for the Urgent and Primary Care Services Division. This was a key appointment to bring together and integrate two elements of the service and allow the development of future models in Out of Hours and Primary Care.</p> <p>JE advised that there had been a significant amount of activity during August which had focussed on the consultation and associated processes around the divisional restructure. There had also been concentration on the development of relationships with partners regarding the challenges of delivering integrated care in line with the vision of HealthyWirral.</p> <p>There had also been significant praise and recognition for the trust following escalated issues within the hospital trust, when the organisation had provided solutions to support the whole system.</p> <p>CA asked whether the quality of the estate and accommodation in Cheshire would be suitable. JE advised that the service manager had visited the estate and there were no major concerns regarding the environment. Further assurance was being sought in relation to IT connectivity.</p> <p>ES referred to paragraph 17 in relation to concerns within the phlebotomy service's capacity and demand. JE stated that the service did not have the capacity to see all the patients referred into the service and this had been raised</p>

Reference	Minute
	<p>with the commissioners who had agreed to work with the trust to address this.</p> <p>ES referred to faxes received by his GP practice where phlebotomy appointments had not been made. GP surgeries needed to be able to book onto the system electronically to ensure blood tests were actually booked in.</p> <p>SC stated that the trust delivered what was contracted and quality issues had been shared with the commissioners. There were improvements that could be made for the delivery of this service and discussions regarding capacity and demand were ongoing.</p> <p>The board were assured by the developments within the divisions which supported the delivery of the trust's strategic objectives and integrated business plan.</p>
<p>16. WCT15/16-171</p>	<p><b>Whole System Integration Update</b></p> <p>VM presented the paper which detailed a number of strategic activities across the health and social care system. The following were highlighted:</p> <p><b>Vanguard Business Case Submission Update</b></p> <p>The New Models of Care Team had asked for further information regarding a further breakdown of pump priming and double running costs. This had been submitted and VM was hopeful this would provide sufficient assurance for the finance to be released.</p> <p><b>National Support/Update</b></p> <p>A paper had been published by NHS England – The Forward View into Action: New Care Models Update and Initial Support. It pulled together key themes from the NMC team site visits which had taken place during April and May 2015. These had been identified and picked up as part of the PMO. The main thread throughout the paper was around health and wellbeing, care and quality and delivering financial efficiency.</p> <p>Vanguard was expected to make improvements for patients as quickly as possible and tasks would be shared between national and local leads.</p> <p><b>Local Update</b></p> <p>HealthyWirral would be hosting the first Vanguard of the North conference which would be taking place in Leeds in October.</p> <p><b>Workforce</b></p> <p>Locally work had been ongoing with the Workforce Repository and Planning Tool (WRaPT) to assist in the redesign of services and workforce planning. Discussions within the trust and Vanguard would determine whether this would be used initially with the integrated teams. If this tool was not used, something else would need to be used.</p> <p><b>Information Governance and Informatics Workstream Update</b></p> <p>An Information Governance Task &amp; Finish Group had been established. The CCG would be issuing a number of communication messages in relation to data sharing.</p>

Reference	Minute
	<p><b>Quality</b> AQuA had presented work they were doing on advancing quality registries which was linked to work with Puffell. This was in relation to self-care and self-management with the use of apps aligned to pathways on diabetes and respiratory.</p> <p><b>Digital Technology</b> Work was ongoing in relation to digital technology with links to Liverpool CCG and the way in which HealthyLiverpool were using digital technology.</p> <p><b>Monitoring and Evaluation</b> Wirral Public Health had offered specialist resource to Vanguard to monitor and evaluate new models as they were introduced.</p> <p><b>Communication within the Trust</b> A range of communications regarding Vanguard had taken place or were planned to take place with key teams within the trust.</p> <p><b>Integrated Care Teams</b> The updates on the Integrated Care Teams linked to the operational reporting by JE and the strategic aims reported by VM. There was an indication that new services were being developed.</p> <p><b>Integrated Care Co-ordination Hubs</b> Work was ongoing to identify staff to support the Integrated Care Co-ordination Teams (ICCTs). When funding was secured, the 8am – 8pm Monday - Friday service would be offered.</p> <p><b>Community Rapid Response Service (CRRS)</b> Interviews for the Integrated Manager role had taken place and a workable rota would be in place offering a Monday - Friday 8am - 8pm and a Saturday and Sunday 9am - 5pm service. It was crucial that the team supported the additional forty intermediate care beds and the transitional care beds coming into the system. The beds were in a number of care homes across Wirral and would be in the system for the winter pressures.</p> <p><b>Progress on the Single Front Door/Integrated Gateway</b> Progress was slower than had anticipated and required clinical input from WUTH consultants. KR was working to bring the consultants together for clinical discussions regarding pathways and workforce.</p> <p>TS stated this could create a situation whereby the four hour wait was increased. VM acknowledged this and made the point that a smaller hospital could mean more complicated procedures would be dealt with. The quicker throughput of patients would create more income and discussions in relation to this would take place with commissioners and Vanguard. New contracting arrangements would be required.</p> <p>ES stated the importance of maintaining good relationships with the consultants at WUTH as the aim would be to change the way primary care was managed.</p> <p>The board were assured that the trust was instrumental in the integration, urgent</p>

Reference	Minute
	care and commissioning agenda which ensured the delivery of a high quality service.
<p>17. WCT15/16-172</p>	<p><b>Foundation Trust Programme Update</b></p> <p>AH presented the monthly update report on the trust's progress with its application for Foundation Trust status and included an update on the various workstreams.</p> <p>AH advised that the trust were now measuring and reporting against the 'Well-Led governance framework'. The approved quality governance memorandum and strategy board memorandum would be submitted to Monitor in their final format. The board self-certification would be required for submission to Monitor and would be submitted to board in October for approval.</p> <p>The governor elections formally commenced on 1 September 2015 and the nominations close on 1 October 2015. A series of governor information sessions would be taking place early September for prospective public and staff governors and 30 members of the public were due to attend the session scheduled to take place on 4 September.</p> <p>The board noted the update contained in the report.</p>
<p>18. WCT15/16-173</p>	<p><b>Integrated Performance Report - Month 4 (July 2015)</b></p> <p>KH presented the Integrated Performance Report for month 4 which provided an overview of the trust's performance across all key performance areas at the end of month 4 of the 2015/2016 financial year.</p> <p>SC highlighted key issues from Strategic Theme 1 - Our Patients and Community and Strategic Theme 2 - Our Services:</p> <ul style="list-style-type: none"> <li>• There had been one Never Event which occurred in July 2015 and an RCA investigation had begun and was led by a local NHS Provider organisation, as recommended by NHS England, who had experienced similar repeated never events similar to those experienced by the trust.</li> <li>• The four CQUIN schemes were all on track.</li> <li>• The CCG KPI's had made significant progress moving from red to amber or amber to green within the trajectories.</li> <li>• Work was ongoing with the local authority in relation to their KPIs.</li> <li>• Positive feedback had been received from service users regarding Livewell services and was an important element to move to a more outcome-based commissioning model.</li> <li>• A letter had been received from Monitor and TDA regarding agency costs being set at a ceiling of 3%. The trust's spend was 2% of the overall spend on nursing and there were plans to reduce this further. A profile for planned spend needed to be submitted to the TDA and Monitor and SC and MG were working on this.</li> </ul> <p>JH highlighted key issues from Strategic Theme 3 – Our People:</p> <ul style="list-style-type: none"> <li>• The headcount for July was 1363 which was a reduction from the previous month.</li> <li>• June reflected the TUPE figures when 3.5% was reported. The turnover figures had been reduced in relation to non TUPE and if these were removed in June it would read 0.4%. The Workforce Report submitted to Education &amp; Workforce Committee would reflect any discrepancies.</li> <li>• Bank spend had decreased and agency increased, mainly in therapies. There had been a significant decrease since Christmas 2014. Posts would be recruited to in September which explained the spike, which was expected to disappear as posts were recruited to.</li> </ul>

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	<ul style="list-style-type: none"> <li>• There was a positive development in agency spend in primary care.</li> </ul> <p>MG highlighted key issues from Strategic Theme 4 – Our Sustainability:</p> <ul style="list-style-type: none"> <li>• There had been a positive performance in month and the trust was reporting a surplus of £70k, which followed the same trend as the previous month.</li> <li>• The reported year to date position was a surplus of £145k and £250k above the planned deficit of £105k. This was linked to pay expenditure and the holding vacancies. It was expected that the majority of the vacancies would be filled by month 7.</li> <li>• There were continuing pressures on pay expenditure, particularly drugs and dressings.</li> <li>• The performance to date delivered a Continuity of Services Risk Rating of level 4, which was ahead of the planned rating of level 3. The liquidity rating was ahead of plan by 17 days and capital service capacity resulting from a higher EBITDA than planned at this stage of the financial year. A number of outstanding debts had been recovered which meant there was a cash influx in month.</li> <li>• Income was slightly below plan mainly due to Wirral CCG cost per case contracts for Physiotherapy.</li> <li>• The trust achieved the monthly Cost Improvement Programme target of £227k. Year to date the trust had achieved £584k against a target of £552k. Any CIP slippage would be contained through the deployment of non-recurrent schemes.</li> <li>• The capital expenditure was slightly behind plan and slippage continued in the telephony system replacement scheme.</li> <li>• Cash balances were £911k above plan.</li> <li>• Vacancies continue to be filled although at a slower pace than originally indicated.</li> <li>• The CIP target profiled 30% of target in the first half and 70% in the second half. Focus groups with patient facing staff were being encouraged to generate further ideas.</li> <li>• The year end outturn had been given a stretched target and the trust had responded to the TDA regarding the underlying forecast position of £300k. A response from the TDA was awaited.</li> </ul> <p>KH paid credit to MG and the finance team for recovering the outstanding debt, particularly in the current climate.</p> <p>TS requested assurance that the 9% planned non recurrent would not increase and would be managed in the CIP programme. MG reported that the CIP target could be achieved utilising non recurrent slippage. The aim would be 9% or below.</p> <p>The board noted the trust's performance for July 2015.</p>
<p>19. WCT15/16-174</p>	<p><b>Board Assurance Framework</b></p> <p>AH presented the BAF which had been updated following board and committee review and summarised the activity in relation to the monitoring and management of BAF during the course of the month.</p> <p>AH reported that a performance management framework had been developed which would support the ongoing divisional restructure across the trust. This would also strengthen and align the risk management processes. A high level organisational risk report would be submitted to each committee. As a result of this, it was proposed that BAF would not travel through each of the committees. This had been discussed at Finance &amp; Performance Committee; it was a natural</p>

Reference	Minute
	<p>progression as further developments were put in place during September and October 2015. The full BAF would continue to travel through public board to escalate risk from individual committees.</p> <p>An update to the report was the inclusion of a risk radar at appendix 1 and provided 'at a glance' all principal risks within BAF. A summary of discussions from each of the committees was included at appendix 2 and the full BAF, with updates highlighted in red text, attached at appendix 3.</p> <p>AH referred to discussions that took place at Finance &amp; Performance Committee where it was agreed to split principal risk 08a as follows:</p> <ul style="list-style-type: none"> <li>• 08a - Failure to manage contracts (CCG)</li> <li>• 08b - Failure to manage contracts (LA)</li> </ul> <p>The Finance &amp; Performance Committee had recommended a risk rating of 16 for principal risk 08b which was supported by members of the board. The board also noted the renewed focus on contract management rather than contract relationships which would be monitored through principal risk 05a.</p> <p>Reference was made to previous board discussion on the quality dashboard and the principal risk 01a was highlighted regarding the reporting of grade 3 and 4 pressure ulcers which had been mapped across to BAF.</p> <p>Principal risk 01c - <i>Failure to deploy the right number of staff with the right skills</i> – was under review and the link drawn from discussions in relation to capacity and demand issues with Speech &amp; Language Therapy; SC and AH would be reviewing the principal risk.</p> <p>Principal risk 04a - <i>Failure to comply with published information and data on inequalities (eg JSNA)</i> - was under review and linked to board discussions to broaden the scope of the risk.</p> <p>The board noted the update provided and confirmed BAF would be submitted to board on a monthly basis and would not travel through individual sub committees.</p>
<p><b>20.</b> WCT15/16-175</p>	<p><b>Membership and Engagement Update</b></p> <p>AH presented the update in relation to volunteer recruitment, work placements and membership development activity.</p> <p>The report included further details in relation to the timetable for governor elections. There were six trust appointed governors who were being kept informed of progress. Information sessions for potential public and staff governors had also been arranged. Tentative dates were included for governor induction and training and the first Council of Governors meeting was scheduled to take place on 10 December 2015. This would either be in the form of a formal meeting or a shadow meeting.</p> <p>AH advised that the mobilisation of the East Cheshire 0 – 19 service involved staff in the plans for governor elections and membership development as well as volunteering.</p> <p>The board noted the update contained in the report.</p>
<p><b>21.</b> WCT15/16-176</p>	<p><b>Quality &amp; Governance Committee - 22 July 2015</b></p> <p>The minutes of the Quality &amp; Governance committee held on 22 July 2015 were noted.</p>

Reference	Minute
<b>22.</b> WCT15/16-177	<b>Education &amp; Workforce Committee - 22 July 2015</b> The minutes of the Education & Workforce Committee held on 22 July 2015 were noted.
<b>23.</b> WCT15/16-178	<b>Finance &amp; Performance Committee - 29 July 2015</b> The minutes of the Finance & Performance Committee held on 29 July 2015 were noted.
<b>24.</b> WCT15/16-179	<b>Staff Council – 23 July 2015</b> The minutes of the Staff Council held on 23 July 2015 were noted.
<b>25.</b> WCT15/16-180	<b>Any Other Business</b> None.
<b>26.</b> WCT15/16-181	<b>Items for Risk Register</b> There were no items for the risk register
<b>27</b> WCT15/16-182	<b>Summary of actions and decisions</b> AH provided a summary of the actions and decisions taken during the board.
<b>Date and Time of Next Meeting:</b> The next formal Trust Board meeting will take place on Wednesday 7 October 2015 at 2.00pm in the Clinical Skills Lab, St Catherine's Health Centre.	

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

The Board of Directors Meeting closed at 5.10pm.

# Wirral Community NHS Trust Formal Board Meeting

## Matters Arising

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 **5 November 2014** are complete.  
 There were no new actions from the meeting held on: **3 December 2014**  
 Actions from meeting on **14 January 2015** are complete.  
 Actions from meeting held on **4 February 2015** are complete.  
 Actions from meeting held on **4 March 2015** are complete.  
 Actions from meeting held on **1 April 2015** are complete.

Actions from meeting held on: **8 October 2014**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
<b>Complaints &amp; Concerns Report - August 2014</b>	WCT14/15-160	Consideration to be given regarding how Healthwatch could support the trust with local patient input	S. Christie	December 2015	<b>Complete</b> This action will be referred to the Quality Forum to take forward with Healthwatch

Actions from meeting held on: **3 June 2015**

Topic Title	Minute Reference	Action Point	Lead	Due Date	Status
<b>Quality Dashboard</b>	WCT15/16-076	Service level staff FFT to include a question on raising concerns	J.Harvey	December 2015	This question will be incorporated in to Q3 FFT to test the launch of the new policy.
<b>Infection Prevention &amp; Control Assurance Report Q4</b>	WCT15/16-081	Consider alternative location options for DVT service currently based at WUTH	V.McGee	September 2015	On-going with new DM for Unplanned and Primary Care Division

Local Security Management Annual Report	WCT15/16-082	<i>Referral to Audit Committee</i> Consider the number and type of LSM reported incidents against previous years and available benchmarking data	M.Greatrex/ A.Hughes	September 2015	Complete
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Actions from meeting held on: **1 July 2015**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Equality, Diversity & Human Rights Strategy Update	WCT15/16-113	Update format of the action plan to highlight those actions completed more clearly	J.Harvey	October 2015	See agenda item WCT15/16-198
Equality, Diversity & Human Rights Annual Report 2014/15	WCT15/16-115	Board development session with Michelle Cox to be explored ( <i>to complement session already scheduled</i> )	J.Harvey/ A.Hughes	<del>September</del> December 2015	Dates are currently being explored.

Actions from meeting held on: **5 August 2015**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Patient Safety & Leadership Walkrounds - Quarterly Update	WCT15/16-141	Future reports to include further information on how the walkrounds influence patient care delivered.	S. Christie	December 2015	
Whole System Integration Update	WCT15/16-143	Board development session on the Urgent Care dashboard to be scheduled.	A.Hughes	October 2015	Tentative date schedule for end of October.
Integrated Performance Report - Month 3	WCT15/16-146	Visual representation to be included in KPI reporting to demonstrate improvements (e.g. spark lines).	E. Berry	September 2015	Complete

Actions from meeting held on: **2 September 2015**

<b>Topic Title</b>	<b>Minute Reference</b>	<b>Action Points</b>	<b>Lead</b>	<b>Due Date</b>	<b>Status</b>
<b>Quality Governance Memorandum</b>	WCT15/16-165	Appraisal completion rate to be updated in the memorandum prior to submission to Monitor	J.Havey/ A.Hughes	September 2015	<b>Complete</b>
<b>Update on the action plan following mid-Staffs</b>	WCT15/16-166	Action plan to be formally closed acknowledging that two outstanding actions are being monitored through committees	S.Christie	September 2015	<b>Complete</b>
<b>Service Update</b>	WCT15/16-166	Further detail on the level of demand in the phlebotomy service to be shared	J.Eyre	October 2015	

## Chief Executive's Report - September 2015

<b>Meeting</b>	Trust Board		
<b>Date</b>	7 October 2015	<b>Agenda item</b>	8
<b>Lead Director</b>	Karen Howell, Chief Executive		
<b>Author(s)</b>	Karen Howell, Chief Executive		

<b>To Approve</b>	<input type="checkbox"/>	<b>To Note</b>	<input type="checkbox"/>	<b>To Assure</b>	<input checked="" type="checkbox"/>
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### Link to the Board Assurance Framework:

No direct link to the BAF.

### Identified risks:

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

### Financial implications:

None identified.

### Has an Equality Impact Assessment been completed?

Yes  No

*Not applicable.*

### Does this proposal represent any service improvement or redesign?

Yes  No

Where this report include any reference to service improvements or opportunities for redesign, the full details for Board consideration will be reported separately.

### Paper history

*Has a committee of the board reviewed this paper?*

Submitted to	Date	Brief Summary of Outcome
The Chief Executive report is a regular monthly report to Board.		

Link to strategic objectives - 2014-19 (please tick those supported by this paper)			
We will deliver safe and effective patient care		We will further develop and maintain a competent, caring and flexible workforce	
We will deliver a positive experience of our services		We will continuously develop the organisation including leadership at every level of the organisation	
We will engage effectively with the patients and communities we serve	✓	We will effectively engage with our staff to deliver our strategic objectives	
Reducing health inequalities will be integral to all service developments and delivery	✓	We will optimise the use of our resources	
We will effectively manage and develop our relationships with our current and new commissioners and stakeholders	✓	The delivery of sustainable clinical services will be supported by corporate services	
We will defend and grow our core business		We will effectively manage our finances and fully deliver our efficiency programme	✓
We will lead the delivery of out of hospital integrated care	✓	We will deliver transformation supported by innovation and research	
We will deliver to the expectations of our commissioners and demonstrate quality and value			

## Chief Executive's Report - September 2015

### Introduction

1. The purpose of this report is to appraise members of the Board on any developments of national interest, and issues relating to the local health and social care economy, particularly those that may impact upon the Trust, and its further development.
2. This report also intends to provide a brief overview of the communications and engagement activities undertaken by the Chief Executive, both internally and externally and any forthcoming events.
3. Finally, this report includes a summary of business conducted through the Executive Leadership Team meetings during September 2015.
4. As an appendix to this paper, I also include the Executive briefing for September, for board noting.

### National news and developments

#### *The Spending Review*

5. The Spending Review 2015 will be announced on 25 November, alongside the latest report from the Office for Budget Responsibility and the Chancellor's Autumn Statement. NHS Providers responded to the consultation on the Spending Review, setting out the NHS's exceptional performance in recent years and the need for a new approach if the service is to develop new care models and make further efficiency savings. NHS Providers called for; a renewed local-national partnership, underpinned by formal engagement mechanisms; early and multi-annual allocation of the additional £8 billion pledged by the government; and a joined-up approach to public services funding.

#### *Out of hours services*

6. Simon Stevens, the head of the NHS, has said that out-of-hours services should be streamlined to make access easier for the public. He has said that patients don't know whether to call the 111 advice line, visit A&E or contact an out-of-hours GP suggesting that the offer to the public has to be streamlined.

#### *Access to medical records*

7. Jeremy Hunt has said that patients will be able to access their full GP records on smartphones within a year. By 2018 the plans will be extended to cover hospital and other records. He acknowledged that the transparency drive around health records carries a data-security risk and said that a review of patient-data security would be completed. As reported last month, the 'Wirral Care Record' sees a first step towards greater transparency and sharing of information locally, with health and social care agencies using new technologies to enable health professionals to access up to date, relevant information about their patients at the point of care.

#### *Social Inequalities*

8. Sir Michael Marmot, the incoming president of the World Health Association and former BMA president, has warned that more than 200,000 people in the UK are dying prematurely because of social inequalities that risk becoming entrenched. Figures are published regularly showing a difference of approx.17 years in so-called health life expectancy between people born in the richest and the poorest neighbourhoods of Britain; a historical fact in Wirral where a stark health inequality is evident. Sir Michael has attributed the divide to lifestyle factors such as smoking and drinking, social issues such as drugs and unemployment, diet, working conditions and the effects of education. These are all factors we help with in Wirral and in particular the

0-19 years services, supported by the Livewell team, in both Wirral and E.Cheshire provide a real opportunity to drive change. The work through 'Healthy Wirral' making use of the population health data to target services appropriately will also provide significant opportunities to implement long-term measures to address the health burden locally. Nationally, the NHS is also proposing a network of 'healthy towns' designed to keep residents fit and limit the opportunities for eating fast and fatty food. These proposals are seen as a way of cutting the burden on the NHS for caring for obese and elderly patients. NHS England, along with Public Health England, has invited local authorities, housebuilders and CCGs to submit proposals for healthy developments by 30 September 2015.

## **Local issues**

### **Communications and Engagement**

9. The month started with a hugely successful AGM. We were delighted with the numbers of public members in attendance and their genuine interest and support for the trust. We were also delighted to have been joined by so many of our fantastic staff to officially launch the new 0-19 years' service in Wirral. I was very proud to be part of such a positive, professional and inclusive event and through this report, take another opportunity to extend my thanks to all those involved in preparing for and being present at the meeting.
10. To coincide with the AGM, and in addition to the launch of the new Executive briefing, I have officially launched my Twitter account and see this as a real opportunity to engage with our local community and stakeholders to share the great work that the trust is delivering on a daily basis.
11. I continue to enjoy my programme of services visits and must reiterate that I am so impressed with the commitment shown by our staff across the whole organisation. This has also included meetings with our Joint Union Staff Side which provides a productive forum to discuss developments across the trust and the local health and social care economy.
12. In preparation for the transfer of the E. Cheshire 0-19 years' service I had a productive meeting with the leader of East Cheshire council, Cllr Michael Jones, and was pleased to hear his real appetite for close partnership working and delivering the same high-quality service to the young people of E. Cheshire, as we do, and are proud to do, in Wirral.
13. I continue to actively participate in the Healthy Wirral programme through the Senior Leadership Group and feel genuine enthusiasm for the pace this programme is gathering and the difference it can make to the local population in Wirral.
14. Lord Prior visited Wirral as a key Vanguard site and I was delighted to be in attendance for this high profile meeting. It was encouraging to hear how supportive he was of out of hospital solutions to enable people to stay well for longer.
15. The 2<sup>nd</sup> Wirral Partnership Summit took place in September which provided another opportunity for positive discussions across partner organisations on how we can all work collectively to better use our combined resources, experience and skills to achieve the best outcomes for local people.

### **Foundation Trust Assessment**

16. Our FT assessment is progressing, as reported in the FT programme update, and during September members of the board, senior managers and staff across the organisation have been involved in discussions and interviews with the Monitor assessment team.
17. Whilst the programme of on-site meetings has now concluded the Monitor team remain in touch and I will be having fortnightly status calls with the senior team at Monitor to review progress and to provide an opportunity to highlight and respond to any emerging issues.

18. It continues to be a pleasure to work with Monitor and the feedback from staff on their experiences has been encouraging.
19. During September and along with our Trust Board Secretary, I had the pleasure of attending the Council of Governors meeting at the Countess of Chester Hospital NHS Foundation Trust. This was a really useful opportunity to observe a well-established CoG and provide useful insight as we continue to prepare for the election of our own CoG.
20. The election process for our first Council of Governors has now formally commenced; voting for public and staff governors will open from 16 October with election results declared on 11 November 2015.

### **Summary of Executive Leadership Team (ELT) business**

21. The following is a summary of issues discussed by ELT during September together with subsequent reporting routes through the board and committee structure.
22. Weekly updates are provided to ELT as follows:
  - FT application progress, and preparation for the Monitor assessment which is reported to board monthly through the FT programme update
  - A review of key performance indicators including finance, service delivery, quality, workforce and risk which are reported through the relevant committees of the board and via the monthly Integrated Performance Report
  - Divisional restructure, reported monthly to the Finance and Performance committee
23. During September, further specific topics discussed by ELT have included:
  - Car Parking, which continues to be monitored through the Finance & Performance Committee
  - Integration and system wide planning for Healthy Wirral, the status of which is reported to board each month
  - The tender opportunities issued by the Local Authority, specifically the Lifestyle Weight Management and Stop Smoking services
  - Emerging risks and mitigations which were discussed as part of a board development session
  - The transfer of '111' to NWAS which has been discussed as part of board development sessions and extraordinary meetings, and which will be updated in October

### **Conclusion**

24. I hope you find this report interesting and helpful. I will continue to work with the Executive Team on the evolution of this Chief Executive Report to Board to ensure it is current, informative, and relevant and avoids Board agenda duplication.

**Karen Howell**  
**Chief Executive**

Alison Hughes  
Trust Board Secretary

30 September 2015

September 2015

# Executive Briefing

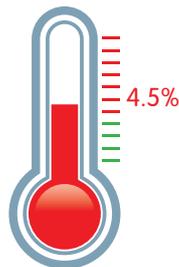
## Performance figures for the month of August 2015



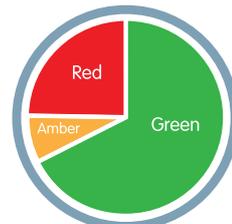
Trust Budget  
**£149,000**  
Surplus



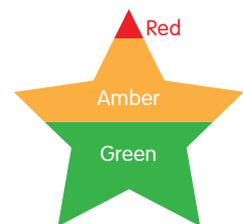
Cipometer  
Target = £787k



Staff Sickness  
Target = 4%



Key Performance Indicators  
Green = 69  
Amber = 8  
Red = 25



Quality Goals  
Green = 14  
Amber = 9  
Red = 3

### Performance figures

In the 5 months to August 2015 the trust generated a **net surplus of £149k** which is £220k better than plan. The main reason for the favourable variance was vacancies in Nursing, Lifestyle and Corporate services.

**Staff sickness** figures fell slightly to **4.5%** in August. The year to date figure is **4.1%** which is just above the target of 4%

There was **little change in KPIs** in August. Concerns about capacity and demand within nursing and therapies remain and we are progressing actions with the CCG. We are developing a **new performance framework** which will help support teams to improve triangulation between quality and performance and offer greater assurance to commissioners.

Further information about the monthly performance figures is available on [StaffZone](#)

### Divisional restructure update

The trust has extended the consultation period on the divisional restructure until 16 October, following discussions with Joint Union Staff Side. This will allow us to undertake some important work to address the issues raised during the original consultation. These relate to the management structures affecting nursing and therapy services as well as further work to clarify roles in the new structure. We recognise how important it is that we listen to staff's concerns and work together to find the best resolution.

The principle of the three new divisions will remain, and work is already underway to put in place the infrastructure around these e.g. information reporting and governance arrangements. In order to ensure we can move ahead with key work to support the trust's delivery of its plans, appointment to the Deputy Divisional Manager posts will also go ahead, but all other affected posts remain subject to further consultation.

Three workstreams are being established to take this forward in the next month, with membership from Staff Side, service representatives, management and HR. A further update will be provided at the end of the consultation period.

## Foundation trust journey

Monitor have now completed their on-site meetings and work will continue to provide them with more information and evidence requests. Our trust board will now focus on preparation for the **board to board in mid-November**. Please be assured that we do recognise that the Monitor assessment is taking place on top of an already incredible volume of work going on across the trust. The level of professionalism shown by staff, and the open and transparent approach with which you have embraced the assessment process has been valued and appreciated by the Monitor team and the Executive Leadership Team. **Thank you** to all involved.

## Health system planning

A task & finish group has been established to review the operational management and systems within the Integrated Discharge Team, to maximise efficient and effective processes in the lead up to winter.

Plans are progressing around the **Single Front Door**. Staff from partner organisations will be visiting Leighton Hospital to see a similar scheme in action, and support the development of it here in Wirral. It will be introduced into 2 phases: the first will be **Primary Care Practitioners clinically triaging patients** to the right point of care.

Trust staff have also been working on the development of the **diabetes and respiratory registries**, as part of the Healthy Wirral work to develop a **Single Care record**.

Progress has also been made with developing links with between **housing associations** and the **Integrated Care Co-ordinations Teams (ICCTs)** so that they can work more closely to try and prevent hospital admission.

For more information please contact [Val.McGee@wirralct.nhs.uk](mailto:Val.McGee@wirralct.nhs.uk)

## Flu campaign begins

Last year we were rated the **top performing community trust in the country** for the percentage of staff who had their flu vaccination, and we want staff to help us keep the number one spot!

The annual staff seasonal flu vaccination campaign is a vital part of reducing the impact of flu in Wirral, **protecting our patients, families and staff**. We know that patients in the community think it's great that our workforce gets vaccinated. They know it'll protect them from a potentially life threatening illness and that's why this year we want to vaccinate at least **75%** of our eligible workforce.

Over the next six weeks we will be holding morning and afternoon drop-in clinics across most bases. **Please encourage all staff to have their jab**. More information is available under the wellbeing section on [StaffZone](#)

## AGM success

Over **120 people attended** this year's event at St Catherine's Health Centre, with even more attending the health fair afterwards. Feedback was really positive and we received some fantastic coverage in the Wirral Globe. Thank you to all those involved.

### Dates for your diary

- 1/10: Election nominations close
- 12/10: Workplace Race Equality Standard launch (12:30pm SCHC)
- 15/10: E&D Black History Month Event (12:30pm SCHC)
- 4/11: E&D event - Recognising domestic violence (12:30pm SCHC)
- 5/11: Leadership for All launch (9-11am SCHC)

### Feedback

We would welcome your feedback on any issues raised in this Executive Briefing. You can do this by emailing the Communications & Marketing team: [communications@wirralct.nhs.uk](mailto:communications@wirralct.nhs.uk)

## Reports from Committees – September 2015

<b>Meeting</b>	Trust Board		
<b>Date</b>	7 October 2015	<b>Agenda item</b>	9
<b>Lead Director</b>	Karen Howell, Chief Executive		
<b>Author(s)</b>	Non-Executive chairmen of the committees		

<b>To Approve</b>	<input type="checkbox"/>	<b>To Note</b>	<input checked="" type="checkbox"/>	<b>To Assure</b>	<input type="checkbox"/>
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### Link to the Board Assurance Framework:

With effect from March/April 2015, each committee reviews the Board Assurance Framework at its monthly meeting to identify any further controls, assurance or gaps in controls to each principal risk, based on the work of the committee.

### Identified risks:

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

### Financial implications:

None identified.

### Has an Equality Impact Assessment been completed?

Yes  No

Not applicable.

### Does this proposal represent any service improvement or redesign?

Yes  No

Any key discussions or recommendations resulting in service redesign or improvement will be referenced in the relevant committee report.

### Paper history

*Has a committee of the board reviewed this paper?*

Submitted to	Date	Brief Summary of Outcome
The committee reports are regular monthly reports to Board.		

<b>Link to strategic objectives - 2014-19</b> <i>(please tick those supported by this paper)</i>			
We will deliver safe and effective patient care	✓	We will further develop and maintain a competent, caring and flexible workforce	✓
We will deliver a positive experience of our services	✓	We will continuously develop the organisation including leadership at every level of the organisation	✓
We will engage effectively with the patients and communities we serve	✓	We will effectively engage with our staff to deliver our strategic objectives	✓
Reducing health inequalities will be integral to all service developments and delivery	✓	We will optimise the use of our resources	✓
We will effectively manage and develop our relationships with our current and new commissioners and stakeholders	✓	The delivery of sustainable clinical services will be supported by corporate services	✓
We will defend and grow our core business	✓	We will effectively manage our finances and fully deliver our efficiency programme	✓
We will lead the delivery of out of hospital integrated care	✓	We will deliver transformation supported by innovation and research	✓
We will deliver to the expectations of our commissioners and demonstrate quality and value	✓		

## Reports from Committees – September 2015

<b>Meeting</b>	Trust Board		
<b>Date</b>	7 October 2015	<b>Agenda item</b>	9
<b>Lead Director</b>	Karen Howell, Chief Executive		
<b>Author(s)</b>	Non-Executive chairmen of the committees		

<b>To Approve</b>	<input type="checkbox"/>	<b>To Note</b>	<input checked="" type="checkbox"/>	<b>To Assure</b>	<input type="checkbox"/>
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### Link to the Board Assurance Framework:

With effect from March/April 2015, each committee reviews the Board Assurance Framework at its monthly meeting to identify any further controls, assurance or gaps in controls to each principal risk, based on the work of the committee.

### Identified risks:

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

### Financial implications:

None identified.

### Has an Equality Impact Assessment been completed?

Yes  No

Not applicable.

### Does this proposal represent any service improvement or redesign?

Yes  No

Any key discussions or recommendations resulting in service redesign or improvement will be referenced in the relevant committee report.

### Paper history

*Has a committee of the board reviewed this paper?*

Submitted to	Date	Brief Summary of Outcome
The committee reports are regular monthly reports to Board.		

<b>Link to strategic objectives - 2014-19</b> <i>(please tick those supported by this paper)</i>			
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We will deliver a positive experience of our services	✓	We will continuously develop the organisation including leadership at every level of the organisation	✓
We will engage effectively with the patients and communities we serve	✓	We will effectively engage with our staff to deliver our strategic objectives	✓
Reducing health inequalities will be integral to all service developments and delivery	✓	We will optimise the use of our resources	✓
We will effectively manage and develop our relationships with our current and new commissioners and stakeholders	✓	The delivery of sustainable clinical services will be supported by corporate services	✓
We will defend and grow our core business	✓	We will effectively manage our finances and fully deliver our efficiency programme	✓
We will lead the delivery of out of hospital integrated care	✓	We will deliver transformation supported by innovation and research	✓
We will deliver to the expectations of our commissioners and demonstrate quality and value	✓		

# **Wirral Community NHS Trust**

## **Briefing from the Chairman of Quality and Governance Committee**

### **Purpose**

1. This is a report from the Quality and Governance Committee meeting held on Wednesday 16 September 2015. 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 committee discussed and commented on the draft revised risk strategy.
4. The quarterly safeguarding and infection prevention and control assurance reports were received. The committee noted the good progress being made with safeguarding processes and assurance. The committee noted an increase in community attributed Clostridium difficile Post Infection Reviews (PIR) being undertaken by the Infection Prevention and Control Service (IPCS). No links to a lapse in the quality of care provided by the community trust could be identified but the committee requested further information in the next report on which settings they are occurring in.
5. The committee discussed the July Quality and Patient Experience Report, and were assured by the actions taken in relation to the red flagged quality goals for safeguarding supervision and further development work on the data recording for mandatory training uptake.
6. There has been a significant reduction in the total number of datix incidents, patient safety incidents and near miss safety incidents reported across the organisation. Further work is being undertaken to understand this trend.
7. There has been one medication incident involving missed administration of insulin during the reporting month. Due to advice and contact details previously provided to the patient's carer by the community nursing service, this resulted in a delayed insulin administration rather than a total omission, with no known reported patient harm. The incident will be subject to an SBAR investigation with learning being incorporated into the medicines task and finish group.
8. The committee is pleased to report there have been zero avoidable community trust acquired grade 3 or 4 (EPUAP) pressure ulcers reported during July and August 2015.
9. The committee discussed the revised monthly risk report and Board Assurance Framework and agreed the new format helped the committee to be clearly sighted on timely risk mitigation in the organisation.

### **Any formal recommendations**

10. That the revised risk strategy is approved by the board.

**Chris Allen**  
**Quality and Governance Committee**

16 September 2015.

# 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 23<sup>rd</sup> September 2015. 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:

- Divisional Restructure and Performance Framework
- Risk Management Review Report
- Board Assurance Framework - September 2015
- Workforce Report
- Appraisal Audit Report

### Outcomes and actions agreed

3. The divisional restructure was discussed and the committee were advised of the response from Staff Side, which had expressed a number of concerns regarding the impact on different professional groups – nursing and therapies, as well as more generally regarding the relationship between the management tiers in the new structure. Whilst the principle of 3 divisions has been established, and the governance arrangements continue to be implemented, the consultation period has been extended by a month to address the concerns raised by Joint Union Staff Side. During the period, 3 workstreams have been established which will look at nursing, therapies and the wider issues respectively. This will ensure that meaningful consultation takes place in relation to the issues raised, with minimal financial impact.
4. The workforce report demonstrated the level of organisational change activity that is taking place across the organisation currently, as a result of restructuring, TUPE (in and out) and other changes affecting the workforce. The impact of this on morale was discussed and it was noted that a number of the issues were being escalated through the risk register. The committee will monitor these carefully over forthcoming months.
5. The sickness rate had fallen slightly to 4.5%, with the year to date figure standing at 4.1%, just above the target of 4%. Long term sickness now represents around 70% of all sickness absence and it is essential that we continue to manage these employees supportively but robustly.
6. The high level of appraisal completion was noted (98% by the end of the monitoring period). Whilst progress has been made in the quality of the appraisal experience it was noted that further improvements could still be delivered, and there was an opportunity to address this with the launch of the Leadership Model, as it would be linked to the appraisal process.

### Any formal recommendations

7. No formal recommendations.

**Murray Freeman**  
Chair, Education and Workforce Committee  
1<sup>st</sup> October 2015

# 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 30 September 2015. 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:

- Divisional Restructure
- Cost Improvement Plan progress
- Financial Performance
- Divisional Performance
- Estate Utilisation
- ICT transition

### Outcomes and actions agreed

3. An update on the divisional restructure was presented reporting progress on target against the plan but that following agreement to extend the collective consultation period by 2 weeks, the trust has since received extensive feedback on the proposals from JUSS and full time union officers. These highlight a number of concerns relating to the proposals that have been reviewed by Executive and Senior Management Team members who have recognised that there is sufficient concern to prompt further review of some aspects of the proposals in order to provide both a robust response to the concerns raised and also in terms of reaching greater collective agreement with regard to the changes. As a consequence of this there would be a 1 month extension to collective consultation.
4. The committee received an update on the CIP position highlighting a reduced gap of £7k, 2 schemes RAG rated as red and a list of schemes rated as Amber. Mitigations for schemes that have or are set to slip will be reported to the committee in October. The delay in the divisional restructure will affect the timing of associated savings but not the total potential savings. Slippage will be covered by vacancies.
5. The Trust's financial position at the end of M05 was reported and scrutinised; below plan performance with a net surplus of £4k against a planned net surplus of £33k was achieved in month. CIP achieved plan in month with a reduction in the CIP gap down from £112k reported at M04 to £7k. The committee noted a £2.4m increase in cash due to £1.1m reduction in debtors and £1.3m increase in creditors. The committee also noted risks to the forecast outturn position as outlined in the finance report.
6. The Divisional Performance Report for M05 was reviewed noting a further improvement from the position reported at M04 with 2 KPIs moving to Green in August and progress reported in other KPIs that are not yet green. Committee members sought and were provided with assurances that improvement plans remained on track for some long standing KPIs rated as red.
7. The committee had a detailed discussion regarding progress reports on the VCH space utilisation work and the relocation options for Devonshire Dental Practice and Riverside Call Centre. The committee agreed to the trust relinquishing particular areas within VCH to generate recurrent savings of £90k. The committee agreed with the recommendation not to

relinquish the café service area (potential further saving of £10k) at VCH until a review of a wider range of options has been undertaken. The committee approved the recommendation to invest £65k from capital monies to accommodate the Devonshire Dental Service within VCH. The committee also approved the investment of £110k from capital monies at SCH to accommodate the call centre and therefore vacate Riverside. All capital building costs are estimates at this stage and subject to market testing.

8. The committee received an update on the progress of the various IT projects underway with a detailed update on the insourcing of the IT infrastructure support from the NW CSU which is on target.

**Any formal recommendations**

9. As noted in point 7 above.

**Alan Wilson**

Chair, Finance & Performance Committee  
2 October 2015

# 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 30 September 2015. 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:
  - The Committee reviewed the Terms of Reference following the approval of the Raising Concerns Policy at the Education & Workforce Committee. The committee considered the ToR in relation to the HFMA guidance on the role of the Audit Committee in 'whistleblowing'.
  - The Committee reviewed the Clinical Audit Annual Report and the Risk Management Annual Report for assurance, both previously reviewed and approved by the Quality & Governance Committee.
  - The six-monthly clinical audit report was presented to the Committee for assurance and the Audit Tracker Tool was noted for progress since last presented in June 2015 - noting the addition of two new audit reviews completed from the 2015/16 audit plan.
  - The Board Assurance Framework was noted including the review at committees and the latest position of risks at >12.
  - The external auditors, Grant Thornton, presented their Annual Audit Letter summarising the key findings from the 2014/15 audit cycle.
  - The internal auditors, MIAA, provided an update in respect of assurances, key issues and progress against the Internal Audit Plan for 2015/16.

### Any formal recommendations

4. There were no formal recommendations from the meeting but any actions were recorded for tracking as appropriate.

**Brian Simmons,**  
Chair, Audit Committee  
30 September 2015