

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

WEDNESDAY 06 JULY 2016, at 14:00

TRAINING SUITE, ST CATHERINE'S HEALTH CENTRE

Members:

Mrs Frances Street	Chairman (Chair)	(FS)
Mrs Chris Allen	Non-Executive Director	(CA)
Mrs Sandra Christie	Director of Nursing & Performance	(SC)
Mr Mark Greatrex	Deputy Chief Executive/Director of Finance & Resources	(MG)
Ms Jo Harvey	Director of HR & Organisational Development	(JH)
Mrs Karen Howell	Chief Executive	(KH)
Dr Ewen Sim	Medical Director	(ES)
Mr Brian Simmons	Non-Executive Director	(BS)
Mr Alan Wilson	Non-Executive Director	(AW)

In Attendance:

Ms Amanda Adams	Risk Manager (for agenda item 15)	(AA)
Ms Jo Chwalko	Named Nurse for Safeguarding (for agenda item 13)	(JC)
Mrs Irene Cooke	Lead Governor	(IC)
Mr Jon Develing	Chief Officer, Wirral CCG (for agenda item 8)	(JD)
Mrs Alison Hughes	Trust Board Secretary	(AH)
Mr Tom Meade	Chair, Staff Council	(TM)
Ms Jennifer Pleasance	Graduate Management Trainee (observing)	(JP)
Miss Denise Powell	Executive Assistant (minute-taker)	(DP)

Reference	Minute
1. WCT16/17-028	<p>Patient Story - Accessing community healthcare services for people with disabilities</p> <p>SC introduced an audio recording and storyboard which described the experience the patient had received from the Sexual Health Service.</p> <p>The patient, who was a wheelchair user, described her dissatisfaction with the service she had received and referred to staff saying that they could not complete a test because it would take too long or they were not trained to deal with patients with a disability. She was referred to a specialist GP to carry out the procedure but they were not able to offer her an evening appointment.</p> <p>SC advised that the patient had come to the trust's attention through the complaints system. The trust acknowledged that it was unable to provide the service safely to the patient at that time and apologised to the patient for the upset and inconvenience caused. The service had since provided training to the nurses to ensure they had the right skills and the sexual health consultant had conducted appropriate training with all the team leaders. The patient involved in the story had</p>

Reference	Minute
	<p>been working closely with the service to bring about these improvements.</p> <p>CA reflected on the trust's work around equality and diversity and requested reassurance on how the trust captured the views of wheelchair users and how the Board of Directors received this information. JH referred to the EDS2 action plan which was due to be discussed later in the meeting advising that the trust remained in a steady position but it was recognised that progress needed to be made to embed awareness and knowledge across services. The Board of Directors would be updated by means of regular E&D reports and reference to E&D in the Complaints & Concerns policy.</p> <p>The Board of Directors noted the patient story and were assured of the improvements put in place as a result of this patient's experience.</p>
<p>2. WCT16/17-029</p>	<p>Apologies for Absence The Board of Directors received apologies from: Murray Freeman - Non-Executive Director Val McGee - Director of Integration & Partnerships</p>
<p>3. WCT16/17-030</p>	<p>Chairman's Announcements The chairman made the following announcements:</p> <ul style="list-style-type: none"> • This was the first formal Board of Directors meeting following the Trust achieving Foundation Trust status. FS reflected on this remarkable achievement and acknowledged the hard work of every member of staff. • The Lifestyle Division would be delivering a number of new contracts across Cheshire East supporting residents to live healthier lives. • International Nurses' Day had been a great success with nurses from across all services marking the day in May. • The Tissue Viability study day was a great success with more than 200 people attending and 30 organisations sponsoring the event. • Two members of staff had been shortlisted in the Nursing Times Awards 2016; the winners would be announced in October.
<p>4. WCT16/17-031</p>	<p>Declaration of Interests ES declared interests as a practicing GP within the Paxton Medical Group which is part of the Primary Care Wirral GP Federation, and an Education Lead for Wirral Clinical Commissioning Group (CCG) who commission services from the trust.</p>
<p>5. WCT16/17-032</p>	<p>Minutes of the Previous Meeting - 4 May 2016 The minutes of the previous meeting held on 4 May 2016 were approved as a true and accurate record.</p>
<p>6. WCT16/17-033</p>	<p>Matters Arising - 4 May 2016 AH provided an update on the actions from previous board meetings. The board of directors reviewed the current status and noted the outstanding actions. <i>(See separate actions/matters arising tracker.)</i></p>
<p>7. WCT16/17-034</p>	<p>Foundation Trust Authorisation: AH presented the trust's new constitution and NHS provider licence which had been received from NHS Improvement (Monitor) in respect of the trust's authorisation as an NHS Foundation Trust.</p> <p>FS asked whether the wording of the documents was generic to all trusts. AH advised that the documents had been built according to NHSI's model constitution but organisations may have specific conditions aligned to them depending on which services they provide.</p> <p>The Board of Directors noted the constitution and NHS provider licence documents.</p>
<p>8. WCT16/17-035</p>	<p>Appointment of Initial Chief Executive FS advised that KH had confirmed her desire to be appointed as the initial Chief Executive of Wirral Community NHS Foundation Trust, and the non-executive directors had approved this appointment.</p>

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	In accordance with the constitution, the Board of Directors noted the appointment.
<p>9. WCT16/17-036</p>	<p>Chief Executive's Report KH presented the Chief Executive's report which advised of any developments of national interest and issues relating to the local health and social care economy, particularly those which may impact on the trust. The report also provided an overview of the communication and engagement activities undertaken.</p> <p>The Board of Directors noted the contents of the Chief Executive's report.</p> <p>KH invited JD to speak to the Board about the development of Local Delivery Service Plans (LDSPs) and Sustainability & Transformation Plans (STPs) for Cheshire & Wirral. JD highlighted the following points from his presentation:</p> <ul style="list-style-type: none"> • The plans will take account of NHS planning guidance including the Five Year Forward View and the plans for primary care and mental health • The Cheshire & Wirral LDSP will form part of the Cheshire & Merseyside STP footprint • The CCG had approved the plan and every CEO had signed up in principle • The components of the plan had been grouped into three areas - <i>Better Health, Better Care and Better Value</i> - and services had been mapped against these values. • The current priorities were mental health, urgent care and end of life care • The items which were considered likely to deliver most impact in terms of savings included primary and community care transformation, reducing variation and acute care collaboration • A balance would need to be achieved by the end of the 5 year period. This was against a background of a predicted £338m deficit for Cheshire & Wirral and a £1bn deficit across Cheshire & Merseyside • 50% of the savings would come from acute care collaboration and investment in primary and community care • There was a need to put a governance structure in place and set up a Transformation Board for Wirral <p>AW enquired about the mechanism in place to ensure that trusts cooperate with the plan. JD advised that the four acute trusts were aware that the plan must be implemented in order to achieve savings.</p> <p>BS reflected on the impact on the trust of the cuts to public health funding and asked whether the CCG was looking at this. JD replied that his intent was for the whole of public health and social care to align with CCG commissioning. Some integration was carried out as part of the Vanguard initiative but the criticism was that this was too focussed, whereas the LDSP would be a truly integrated health and social care plan for Wirral.</p> <p>IC asked whether there were any plans to look at a more upstream approach to health inequalities. JD advised that the Better Health, Better Care and Better Value elements of the plan would incorporate this approach.</p> <p>ES referred to the innovation and research work he was involved in with the University of Chester and indicated that they were looking for projects for students to get involved in. JD acknowledged the need to engage with the University.</p> <p>FS thanked JD for his presentation and asked him to return in due course to keep the board updated.</p>
<p>10. WCT16/17-037</p>	<p>Committee Reports - June 2016 The chair from each committee of the board provided an update on the key topics discussed, any formal recommendations and any decisions taken at the meetings.</p> <p>Quality & Governance Committee</p>

Reference	Minute
	<p>CA highlighted the following:</p> <ul style="list-style-type: none"> • Two formal recommendations were made: <ul style="list-style-type: none"> - Following the Capsticks report into the failings in Liverpool Community Health the trust action plan required a review of current clinical governance infrastructure, to ensure that they were appropriately resourced to provide the necessary support to the new divisional structure. As an outcome of that review the committee recommended that a Clinical Governance Assurance Group was established to ensure an appropriate level of scrutiny was applied, data analysed and lessons learned across the organisation - A board development session had been planned to review the revised quality strategy for the trust • There was an amber RAG rating for the Walk-In Centres due to the increased number of patients attending the service • SC was invited to update the board with regard to the management of pressure ulcers. SC advised that the focus was to reduce grade 2 pressure ulcers and senior community matrons were leading quality and patient safety groups within each hub which were looking at why they occur and how they could be treated differently. This work would be reported to the Quality & Governance Committee through the divisions. SC also noted that the trust was participating in the North West Pressure Ulcer Improvement Group. <p>Education & Workforce Committee AW (Acting Chair) highlighted the following:</p> <ul style="list-style-type: none"> • There had been a risk management review which included the difficulties in recruiting a sexual health consultant. The trust was exploring a different model of delivery. • Sickness absence in May stood at 5.4% (trust target 4%) and this included an increased level of long-term sickness. • There were no formal recommendations. <p>Finance & Performance Committee AW highlighted the following:</p> <ul style="list-style-type: none"> • Concern was voiced at the committee that not all local stakeholders were aware of the closure of the All Day Health Centre on 30 September following the withdrawal of funding from NHS England. It was noted that the patient cohort would be dispersed across other practices but the closure of the extended hours GP service would have an impact on walk-in and A&E services. • A revised phlebotomy model was being discussed with GPs with the aim of balancing the financial pressures • The committee discussed the trust's relationship with local stakeholders in the health and social care economy. The meeting with local councillors on 13 July to discuss health and social care integration was noted and acknowledged as being very useful. • The committee received a demonstration of Yellowfin management information software and noted the benefits of managers having access to real-time analysis of service line reporting. • For its next meeting the committee had asked for an update on physiotherapy activity and a breakdown of Trade Payables (money the trust owed to other authorities). • The committee noted progress on integrating social care and health in the community. • There were no formal recommendations.
11. WCT16/17-038	<p>Integrated Performance & Risk Report - May 2016 KH presented the Integrated Performance & Risk Report which provided assurance to the Board of Directors in relation to the organisation's strategic objectives and links to the principal risks in each area of the Board Assurance</p>

Reference	Minute
	<p>Framework.</p> <p>SC highlighted the following key items from the quality and performance section of the report:</p> <ul style="list-style-type: none"> • There had been improved performance against CCG KPIs with a number moving from amber to green and podiatry in particular showing a significant improvement. There were issues around intermediate care therapy but this was expected to improve in the coming months with changes taking effect locally with care homes • There had been national recruitment difficulties in speech & language therapy and the trust was exploring other ways to provide the same service • There had been continued improvement against Local Authority KPIs in the 0-19 service. • Several very positive workshops with commissioners had resulted in renegotiation of KPIs and some had been removed <p>SC also noted that since the report was compiled there had been a reduction in the number of grade 2 pressure ulcers.</p> <p>JH referred to the workforce section of the report and highlighted the action plan in place to address sickness absence.</p> <p>FS expressed disappointment that the sickness rate remained high. JH advised that internal and external audits were being carried out to assess compliance with the managing attendance policy and the trust was looking at case reviews with Occupational Health to promote return to work.</p> <p>MG highlighted the following key areas from the finance section of the report:</p> <ul style="list-style-type: none"> • The financial position was slightly better than planned at the end of May mainly due to vacancies. However, this was offset by an overspend on non-pay items such as dressings, mobile phones and printing. • The TDA had offered access to a further £500k from the Sustainability & Transformation Fund (STF) on the basis that the trust agreed to a revised control total adjusted like for like to reflect the additional funding. The trust had accepted these terms • Income was 1% lower than expected • CIP performance was ahead of plan • Cash balances were above plan following a reduction in trade receivables and increase in trade payables • Key risks included slippage in CIP, losses incurred from the All Day Health Centre and compliance with the conditions applied to the STP funding <p>BS reflected that the trust was in a good position in view of the challenges it had faced and he paid tribute to the management team for leading this.</p> <p>The Board of Directors noted the detail reported.</p>
<p>12. WCT16/17-039</p>	<p>Board Assurance Framework</p> <p>AH presented the quarterly review of the Board Assurance Framework and highlighted the following key points:</p> <ul style="list-style-type: none"> • Two high level risks (06a and 08b) have been reviewed and the conclusion drawn that the risk rating should not be changed. • Risk 14b had reduced as it was now on target • There were a number of high-level organisational risks mapped to risk 09a. It was recommended not to amend the risk rating at this stage but assurance was provided that the Finance & Performance Committee were monitoring the relevant organisational risks through the monthly risks report

Reference	Minute
	The Board of Directors noted the BAF and the detail provided and supported the current position.
<p>13. WCT16/17-040</p>	<p>Annual Reports:</p> <ul style="list-style-type: none"> • Safeguarding JC presented the Safeguarding Annual Report which provided assurance to the Board of Directors of compliance with relevant national and local safeguarding guidance. She highlighted the following key points: <ul style="list-style-type: none"> - During 2014/15 there was an internal review of safeguarding standards and actions were required as a result. During late 2015/early 2016, MIAA found that the Trust was able to evidence significant assurance and only had one outstanding action which related to the Safeguarding Adults Policy which was only in draft form at the time. This had since been finalised and published. - During 2015/16 the trust provided safeguarding supervision for 197 additional staff in the East Cheshire school nursing service. CA queried whether the East Cheshire school nurses had received sufficient training prior to transfer to the Trust. JC replied that the challenge had not been as difficult with these nurses as it had with other staff in the past. - The trust had worked with the CCG and LA to devise a service model for 0-19 to support child protection and children in need. CA reflected that the board would support the safeguarding team in ensuring that this model was implemented across Wirral. - JH asked how information about national safeguarding inquiries filtered through to the trust. JC advised that she received information through NHS England and would look to see how it could be implemented in the trust's services. An example of this would be the Goddard Inquiry where the main implication for the trust was around retention of records, and JC was seeking clarification from other trusts on how they were implementing this recommendation. - JC drew the board's attention to the Bradbury Inquiry where the potential risks for the trust were around training, the chaperone policy and the policy for transition from child to adult services. SC advised that a transition policy would be drawn up in conjunction with other organisations in the local health economy. - JC highlighted the ongoing Child Sexual Exploitation investigation in Wirral and advised that NHS England was co-ordinating media coverage across all organisations. JC also drew the board's attention to the Ofsted inspection of the Local Safeguarding Board and the CQC inspection in East Cheshire. <p>JC outlined the challenges for the trust over the next 12 months:</p> <ul style="list-style-type: none"> - The importance of ensure East Cheshire staff were aligned with trust policies, procedures and training schedules. - The current definition of self-neglect was causing some confusion for staff and there was conflict between various policies and Acts of Parliament. KH suggested that this be escalated to the Chief Nurse and Chief Medical Officer and the SC agreed to do this at the upcoming Regional Directors of Nursing meeting. <p>ES reflected on the improvement in the representation of safeguarding within the Trust and advised that he was very impressed by the quality and delivery of the level 3 training he had received.</p>

Reference	Minute
	<p>The Board of Directors noted the annual report and were assured by the processes in place to ensure that the trust complied with relevant national and local safeguarding guidance.</p> <ul style="list-style-type: none"> • SIRO MG presented the SIRO Annual Report for 2015-16 which provided assurance to the Board of Directors on the processes in place for the management of information risks across the organisation, and highlighted the following key points: <ul style="list-style-type: none"> - There were no current or historical conditions or cautions against the trust's data protection registration - The report outlined the SIRO's responsibilities and the assurance framework in place - The IG toolkit allowed the trust to assess itself against a set of criteria. Level 2 was maintained in all areas and an increased number of areas achieved Level 3 - The trust received a 'High Assurance' rating in the annual IG audit conducted by MIAA - The trust had a target of 95% for responding to FOI requests within 20 days. It achieved 82% during 2015-16, compared to 86% in 2014-15. There was an increase of 75% in FOIs relevant to the trust in 2015-16 and additional resource had been identified within the IG team with a view to improving the response rate. The trust had not received any complaints with regard to the standard of its FOI responses - 622 subject access requests were received in 2015-16, 79 of which related to another organisation. The trust responded to 82% of these within the 40-day timescale. - There were 29 IG incidents in 2015-16, only one of which was reportable. The IG Commissioner's office investigated this incident and found that no further action was required <p>The Board of Directors noted the annual report and were assured by the processes in place for the management of information risks across the organisation.</p> <ul style="list-style-type: none"> • Caldicott ES presented the Annual Caldicott Guardian Report which provided assurance to the Board of Directors on activity undertaken across the organisation for 2015-16, in relation to the trust's requirements to demonstrate compliance with relevant Information Governance legislation including Caldicott Principles, Code of Confidentiality and Data Protection Act 1998. <p>ES drew the board's attention to clause 7 of the Caldicott principles which stated that <i>"The duty to share information can be as important as the duty to protect it."</i> and highlighted the following key points from the report:</p> <ul style="list-style-type: none"> - The new Deputy Medical Director was a trained Caldicott Guardian and had been appointed Deputy Caldicott Guardian for the trust - From November 2015 there was a levelling off of the downward trend in confidentiality incidents relating to the 111 service - For 2016/2017 ES would review whether the Trust would be required to comply with the EU data protection regulations <p>The Board of Directors noted the annual report and were assured by the processes in place to ensure that the trust demonstrated compliance with the relevant legislation.</p>
14. WCT16/17-041	<p>Quality Account 2015-16 SC presented the Quality Account for 2015-16 and advised that the report had gone through the committee stages and was approved by the Audit Committee on</p>

Reference	Minute
	<p>31 May. There had been widespread consultation, including with Healthwatch, the CCG and the local authority.</p> <p>The Board of Directors noted the Quality Account.</p>
<p>15. WCT16/17-042</p>	<p>Emergency Preparedness, Resilience and Response (EPRR) Plans</p> <p>PC presented the Emergency Preparedness, Resilience and Response (EPRR) plans. It was noted that the Pandemic Flu and Community Outbreak Plans were new to the trust and the Heatwave Plan had been updated to incorporate changes to governance and notification processes. The plans would be supported by business continuity plans and communicated to staff through exercises and other communication pathways.</p> <p>AA highlighted the consultation which had taken place with other health providers and advised that she had attended exercises with NHS England to ensure that the trust was compliant.</p> <p>The Board of Directors noted the Pandemic Flu, Community Outbreak and Heatwave Plans.</p>
<p>16. WCT16/17-043</p>	<p>Equality, Diversity & Human Rights Strategy Update</p> <p>JH presented the Equality, Diversity & Human Rights Strategy Update which specifically focused on activity in the quarter April to June 2016 and informed the board of the progress of the Equality, Diversity and Human Rights (E&D) Strategy and provided assurance in relation to key actions contained within the strategy. JH highlighted the following key parts of the report:</p> <ul style="list-style-type: none"> • There were no red rated outcomes • The need for a review of E&D governance arrangements had been noted • The trust was required to report on two new standards: <ul style="list-style-type: none"> - Accessible Information Standard: a working group has been set up and an action plan was being rolled out. The trust would be fully compliant by July 2016. - Race Equality Standard: the trust had reviewed its data and identified areas where improvements could be made. <p>JH assured the board that there were no serious issues for the trust in relation to either of these standards.</p> <p>The Board of Directors noted the Equality, Diversity & Human Rights Strategy Update and were assured of progress.</p>
<p>17. WCT16/17-044</p>	<p>Healthy Wirral - Whole System Integration Update</p> <p>PC presented the paper which described a number of strategic activities across the health and social care system which the Trust was central in leading and supporting, whilst ensuring an equality of partnership delivery and sustainability.</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> • The development of pathways for diabetes and respiratory care • The focus on systems and processes to ensure continued flow across the system to improve the 4-hour target • The links to the Sustainability and Transformation Plans (STPs) • The emerging conversations around an Accountable Care System, the strengthening of relationships with Primary Care and the increased emphasis and pace of the proposed integration of health and social care • The forthcoming alliance care value stream analysis event to look at existing urgent care pathways <p>PC highlighted the recent visit of the Emergency Care Improvement Programme team to acute and community services. This was a national team linked to the regulator with responsibility for assessing and reporting on urgent care systems.</p>

Reference	Minute
	<p>The recommendations included enhancing the single point of access, improving flow within the hospital, developing SAFER on more wards and improving the discharge process.</p> <p>The Board of Directors noted the detail provided and were assured regarding the trust's key involvement in the Healthy Wirral programme.</p>
<p>18. WCT16/17-045</p>	<p>NHS Improvement - self-certification returns</p> <p>AH presented the paper providing the Board of Directors with assurance on the arrangements in place to ensure compliance with the governance requirements for NHS Foundation Trusts as set out in the 2006 Act (as amended by the 2012 Act) and reflected in the new NHS provider licence and the risk assessment framework.</p> <p>AH confirmed that since authorisation as a Foundation Trust, the Trust had been required to confirm compliance with General Condition 6 of the NHS Provider Licence FT1, FT2 and FT4 - NHS Foundation Trust conditions, through a series of self-certification returns.</p> <p>Following a virtual approval from all members of the Board of Directors, AH noted that compliance had been confirmed to NHS Improvement according to their prescribed deadline. AH drew members' attention to appendix 1 which detailed the Corporate Governance Statement (FT4) responses approved by members.</p> <p>AH advised that a further return had been requested by NHS Improvement (earlier today) related to the financial plan and tabled a further self-certification return. MG provided an explanation of the requirements.</p> <p>The Board of Directors confirmed the position and in so doing <i>"confirm that to the best of its knowledge the financial projections and other supporting material included in the completed Annual Plan Review Financial Template represent a true and fair view, are internally consistent with the operational and where relevant, strategic commentaries, and are based on assumptions which the board believes to be credible"</i></p>
<p>19. WCT16/17-046</p>	<p>Information Governance Strategy 2016-17</p> <p>SC presented the strategy which identified how the trust would ensure clear and effective management and accountability structures, governance processes, documented policies and procedures, trained staff and adequate recourses for information governance. The strategy had been updated and revised in accordance with the three year review cycle to reflect changes in legislation. Following a consultation process the paper had been submitted to the Quality & Governance Committee.</p> <p>The Board of Directors approved the Information Governance Strategy for 2016-17.</p>
<p>20. WCT16/17-047</p>	<p>Membership and Engagement Update</p> <p>AH presented the paper which provided the board of directors with an update on membership, governors, volunteering and work placements.</p> <p>With FT authorisation the Council of Governors had been formally established and the first formal meeting was scheduled for 13 July. A key factor would be to work with governors to take forward the membership strategy.</p> <p>AH acknowledged the success of the work placement programme which had involved 26 students from four schools being placed within the trust. FS requested an update on discussions about the apprenticeship levy, and SC advised that the levy would come into place in April 2017 and the trust would have a portion of its funding top-sliced to support it. The Senior Leadership Team was mapping out how this could be implemented and KH advised that it would be</p>

Reference	Minute
	<p>discussed at the Education & Workforce Committee in August.</p> <p>The board noted the Membership and Engagement Update and agreed that it should be submitted to the Council of Governors moving forwards.</p>
<p>21. WCT16/17-048</p>	<p>FT Constitution Amendments</p> <p>AH presented the paper, the purpose of which was to seek the Board of Directors support for a proposed amendment to the trust's constitution to reflect changes to the trust's public membership constituency boundaries acknowledging the geographical boundaries where trust services were now provided such as Liverpool and East Cheshire.</p> <p>The Board of Directors approved the amendments to the Trust's constitution. AH advised that the paper would be taken to the Council of Governors on 13 July and, if approved, NHSI would be notified of the amendments.</p>
<p>22. WCT16/17-049</p>	<p>Board Member Declarations of Interest</p> <p>AH presented the paper which required on an annual basis, members of the board of directors to update their declarations in relation to interests held and ensure good governance and transparency.</p> <p>CA and ES highlighted that the incorrect information had been submitted in relation to their entries on the paper. It was also noted that MF's entry should be updated to reflect the fact that he now worked for St Catherine's Medical Centre.</p> <p>AH agreed to update the paper and recirculate it for approval by email before it was published.</p>
<p>23. WCT16/17-050</p>	<p>Audit Committee Annual Report</p> <p>BS presented the annual report from the Audit Committee which summarised the activities of the Audit Committee for the financial year 2015/16.</p> <p>BS reflected that the Audit Committee was effective as a result of the work carried out by other committees and acknowledged the excellent support received from the trust's internal and external auditors.</p> <p>MG advised that he was currently engaging with the external auditors to prepare part-year accounts for May 2016 which would be signed off at the end of the financial year together with the accounts for remaining 11 months of the year.</p> <p>The Board of Directors noted and endorsed the Annual Report of the Audit Committee.</p>
<p>24. WCT16/17-051</p>	<p>Quality & Governance Committee - 20 April & 16 May 2016</p> <p>The minutes of the Quality & Governance Committee held on 20 April and 16 May 2016 were noted.</p>
<p>25. WCT16/17-052</p>	<p>Education & Workforce Committee - 20 April & 25 May 2016</p> <p>The minutes of the Education & Workforce Committee held on 20 April and 25 May 2016 were noted.</p>
<p>26. WCT16/17-053</p>	<p>Finance & Performance Committee - 27 April & 25 May 2016</p> <p>The minutes of the Finance & Performance Committee held on 27 April and 25 May 2016 were noted.</p>
<p>27. WCT16/17-054</p>	<p>Audit Committee - 27 April & 31 May 2016 (Draft)</p> <p>The minutes of the Audit Committee held on 27 April and the draft minutes of the Audit Committee held on 31 May 2016 were noted.</p>
<p>28. WCT16/17-055</p>	<p>Transformation Programme Board - 7 April & 5 May 2016</p> <p>The minutes of the Transformation Programme Board held on 7 April and 5 May 2016 were noted.</p>

Reference	Minute
29. WCT16/17-056	Staff Council - 6 June 2016 (Draft) The draft minutes of the Staff Council held on 6 June 2016 were noted.
30. WCT16/17-057	Any Other Business None.
31. WCT16/17-058	Invitation for Public Comments FS had not been notified in advance of any public questions or comments. TM commented that he had found it difficult to hear parts of the meeting because of the acoustics in the room. FS thanked him for the comment and assured him that it would be taken into consideration.
32. WCT16/17-059	Items for Risk Register None.
33. WCT16/17-060	Summary of actions and decisions AH provided a brief summary of actions and decisions taken during the board of directors meeting.
Date and Time of Next Meeting: The next formal Trust Board of Directors meeting will take place on Wednesday 7 September 2016 at 2.00pm in the Training Suite, St Catherine's Health Centre.	

Board - Chair Approval			
Name:		Date:	
Signature:			

The Board of Directors Meeting closed at 17.00.

Board of Directors - Matters Arising

Actions from meeting held on **5 August 2015** are complete.
 Actions from meeting held on **2 September 2015** are complete.
 Actions from meeting held on **7 November 2015** are complete.
 Actions from meeting held on: **3 June 2015**
 Actions from meeting held on: **13 January 2016**

Actions from meeting held on: **1 July 2015**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
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	On-going	Action to be included in the WRES action plan

Actions from meeting held on: **7 October 2015**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Communications, Marketing & Engagement Strategy	WCT15/16-196	Revisit following FT authorisation and submit refreshed version to board	J.Harvey	January 2016 July 2016	On-going

Actions from meeting held on: **2 March 2016**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Board Assurance Framework	WCT15/16-275	ELT to review principal risk 06a - <i>commissioning intentions and contracting decisions</i>	A.Hughes/ P.Clow	April 2016	Complete

Actions from meeting held on: **4 May 2016**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Patient Story	WCT16/17-001	Share the key points in relation to the communication issues in secondary care highlighted in the story at the IPG and the joint commissioning group	K.Howell S.Christie	June 2016	Complete
Health & Safety Annual Report	WCT16/17-011	Manual handling incidents - confirm the timeframe to address the issue in relation to the amount of equipment nursing staff carry	S.Christie	June 2016	Complete H&S group discussed and agreed actions at meeting in June 2016
Transforming Care Together	WCT16/17-014	Capture the results from each project/initiative (via A3 reporting process) to demonstrate the tangible benefits of the programme	S.Christie P.Clow	July 2016	Complete Staff zone section updated and project wall being developed
		Share the objectives and plan for the programme with the whole system	S.Christie P.Clow	September 2016	

Actions from meeting held on: **6 July 2016**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Safeguarding Annual Report	WCT16/17-040	The issues related to the conflict between the two Acts to be escalated to the Chief Nurse regionally for discussion	S.Christie	September 2016	
Membership & Engagement Update	WCT16/17-047	Education & Workforce Committee to consider the implications of the apprenticeship levy	J.Harvey	July 2016	Complete Paper discussed at EWC on 24 August 2016.

Chief Executive's Report - September 2016

Meeting	Trust Board of Directors		
Date	7 September 2016	Agenda item	7
Lead Director	Karen Howell, Chief Executive		
Author(s)	Karen Howell, Chief Executive		

To Approve	<input type="checkbox"/>	To Note	<input type="checkbox"/>	To Assure	<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 <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			

Chief Executive's Report - September 2016

Introduction

1. The purpose of this report is to appraise members of the Board of Directors 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 July & August 2016.
4. I also include the Executive briefing for July & August 2016, for board noting at **appendix 1**.

National news and developments

NHS Improvement Regional Structure

5. Following their establishment with effect from 1 April 2016, NHS Improvement has been making progress with the population of their structure to support the 72 NHS provider organisations across the North of England.
6. We have recently received a communication from NHS Improvement's Executive Regional Managing Director (North) advising us that their regional structure will be closely aligned to NHS England with dedicated teams responsible for geographical footprints across the North.
7. Each team will be led by a Delivery and Improvement Director and supported by a team of delivery and improvement, finance and quality leads.

NHS Improvement Single Oversight Framework (SOF)

8. At the end of June 2016 NHS Improvement launched a consultation on their proposed Single Oversight Framework which is intended to;
 - provide one framework to oversee providers, irrespective of their legal form
 - help to identify problems, and risks of problems, as they emerge
 - pinpoint the source of the problem, allowing NHSI to tailor support packages to the specific needs of providers and local health systems
9. NHS Providers has acknowledged the framework as being *"significant for all providers and marks a shift in the new organisation's approach offering real potential to align regulation with the Care Quality Commission, and to ignite and support a movement of sector-led improvement"*.
10. The SOF will replace Monitor's Risk Assessment Framework (RAF).
11. The framework refers to five key themes;
 - **Quality of care:** NHSI will use CQC's most recent assessments of whether a provider's care is **Safe, Caring, Effective** and **Responsive**, in combination with in-year information where available. This will also include delivery of the four priority standards for 7-day hospital services

- **Finance and use of resources:** NHSI will oversee a provider's financial efficiency and progress in meeting its financial control total. This approach is being co-developed with the CQC.
- **Operational performance:** NHSI will support providers in improving and sustaining performance against the NHS Constitution and other standards. These will include A&E waiting times, referral to treatment times, cancer treatment times, ambulance response times, and access to mental health services.
- **Strategic change:** working with system partners NHSI consider how well providers are delivering the strategic changes set out in the 5YFV, with a particular focus on their contribution to Sustainability and Transformation Plans (STPs), new care models, and, where relevant, implementation of devolution.
- **Leadership and improvement capability:** building on the joint CQC and NHSI well-led framework, NHSI will develop a shared system view with CQC on what good governance and leadership looks like, including organisations' ability to learn and improve.

12. Members of the Executive Leadership Team participated in a webinar event during the consultation; the consultation closed on 4 August 2016.

2017/18 Tariff Consultation

13. In partnership with NHS England, NHS Improvement launched policy proposals for the 2017/18 and 2018/19 tariff consultation in late August. During September, we expect a set of prices to aid the planning process for NHS providers and commissioners to be published and in late October/early November we expect a statutory consultation on the 2017-2019 national tariff.

Performance of the NHS provider sector

14. The monthly performance figures from NHS England for June 2016 highlighted the continued whole system pressure. The statistics covered the full range of indicators and demonstrated that the NHS continues to work with increasing demand, with greater volumes of urgent and emergency care activity.
15. One of the points noted was over 170,000 delayed transfer of care days during June 2016 (i.e. people occupying beds when they no longer needed care), its second-highest figure on record.
16. This is set against the longest and deepest squeeze on finances in NHS history. It is estimated that costs and demand are rising between 3.5-4% each year, but for the entire decade between 2010 and 2020, NHS funding will only rise by 1%.
17. I provide this information to highlight the importance of the work of the Healthy Wirral partnership which is developing a multi-agency model of care that covers the wider community and the regional work to develop the Local Delivery Sustainability Plans (LDSPs) as part of the Sustainability and Transformation Plans (STPs) for Cheshire & Wirral and Cheshire & Merseyside. This work is already identifying different ways of working across the health and social care economy that will mean we can provide much more care in the home and closer to home in the community.

Agency staffing

18. It has been reported that there are a significant number of trust's breaching caps on the amount of spend on agency staffing following the introduction of the caps in 2015/16 to curb spending on locum staff.
19. We have developed a robust governance process to monitor the Trust's performance and compliance with the caps on a monthly basis. This is reported to the Executive Leadership Team and the Senior Leadership Team on a monthly basis.

Back office consolidation

20. In order to reduce the provider sector deficit, NHS Improvement has written to all Chief Executives setting out expectations and priorities for the consolidation of back office functions with HR, IT and procurement at the top of the agenda.
21. Whilst this is a challenging task, provider organisations across Cheshire & Wirral have already started to consider this through the Local Delivery Sustainability Plans (LDSPs) as part of the Sustainability and Transformation Plan.

NHS Providers Conference - Fighting Fit

22. The NHS Providers Annual Conference and Exhibition - *Fighting Fit* - will take place in November 2016 and this year we have applied to take up a space in the exhibition to showcase our work on Transformation. Only twelve spaces will be available and all applications are currently being judged by an independent panel of members. We are extremely hopeful that we will have this opportunity to showcase the great work on-going within the Trust; we expect to hear if we have been successful in September 2016.

Local news & developments

NHS Improvement - Q1 2016/17 monitoring of NHS Foundation Trusts

23. I am pleased to have received a letter from NHS Improvement (**see appendix 2**) confirming that they have completed their analysis of Q1 submissions for foundation trusts and our current ratings are;
 - Financial sustainability risk rating¹: **4**
 - Governance rating: **Green**
24. These ratings will be published on NHS Improvement's website in September.

Sustainability & Transformation Plan - Local System Delivery Plan

25. Frenetic activity continues around the development of both the Healthy Wirral Partnership and the Cheshire and Wirral Local Delivery Service Plan (LDSP), both of which are essential parts of the Cheshire and Merseyside Sustainability and Transformation Plan (STP).
26. I continue to be involved in fortnightly Cheshire & Merseyside Working Group meetings and weekly Cheshire & Wirral CEOs meetings to support the development of the STPs locally.
27. The representatives from Cheshire & Wirral met with Jim Mackey, Chief Executive of NHS Improvement and Simon Stevens, Chief Executive of NHS England at the end of July 2016 to discuss the first submission of the LDSPs.
28. They were impressed by the commitment to system-wide working and the energy shown to develop ambitious plans to prevent ill health, improve health outcomes, quality of care and financial sustainability in the local community.

Healthy Wirral Partnership

29. The Trust continues to play a pivotal role in the initiatives of the Healthy Wirral Partnership, which is one of the foundation blocks for the Cheshire & Wirral Local Delivery Service Plan (LDSP) and ultimately the Cheshire and Merseyside Sustainability and Transformation Plan.
30. Given the progress being made and the collaborative working with Cerner to support the system with Population Health data, I was delighted to be invited to speak at the Cerner Annual Conference in July 2016 on *'the new models of integrated care and population health'*.

¹ The financial sustainability risk rating is NHS Improvement's view of the level of financial risk a foundation trust faces and its overall financial efficiency. A rating of 1 indicates the most serious risk and 4 the least risk.

31. This was an incredible experience and also afforded me the opportunity to meet the Medical Director of Quality Improvement for the South Central Foundation (Nuka), Dr Steve Tierney. Nuka is recognised as one of the world's leading models of health care redesign and is an integrated health care system which provides medical, dental, behavioural, traditional and health care support services.
32. We are thrilled that Dr Tierney has offered, whilst already in the UK speaking at The Kings Fund, to also visit Wirral on 13 October to share the Nuka health care model with key stakeholders and partners across the health and social care economy.
33. In late August the Chief Executive of WUTH and I delivered a successful workshop to map out how the health and social care organisations in Wirral are going to work together in new ways to contribute to a reduction in health inequalities and improve people's health, emphasising the significant importance of self-care and sustainable wellness.
34. The Wirral partners also welcomed the Vanguard lead from NHS England to Wirral to share progress on local developments including the IT infrastructure, population health, integration and the new models of care. This has also been supported by AQuA which has been guiding Wirral partners through the opportunities presented by collaborative working. The visit from NHS England was positive and acknowledged the significant progress being made in Wirral and the importance of community services working within the local communities and providing care and support through a multi-disciplinary team approach.
35. To support the integration agenda I continue in the Chair of the Wirral Estates Collaborative Meeting working with colleagues across Wirral to look at effective space utilisation and management of estate across the system.

Integrating Social Care and Health in the Community Programme

36. The Trust continues to work with the Local Authority towards the integration of social care and health services in Wirral; a cornerstone to the integration ambition in Wirral.
37. The opportunity to develop an Integrated Delivery Model has been making progress and learning particularly from Salford and Trafford where Integrated Care services have been established has been useful. Further, we have been engaging with and learning from colleagues from Lancashire Care Foundation Trust on a strategic workforce planning tool for health and social care.
38. In mid-July, members of the Board of Directors had a productive meeting with the Leader of the Council, local Councillors and officers of the Local Authority, including the Director of Adult Social Services to review the principles and priorities of the integration programme.

Council of Governors

39. Our full Council of Governors met formally for the first time following our Foundation Trust authorisation in early July 2016. It was a busy meeting with some significant governance items to address including the appointment of the Chair and Non-Executive Directors of the NHS Trust as the initial Chair and Non-Executive Directors of the Foundation Trust.
40. We really welcome the expertise and support of our governors and also appreciated their support and participation in a member's event we held immediately following the Council meeting. We are looking forward to continuing to work with our governors and are delighted that a number of them will be joining us for the AGM on 8 September, providing an opportunity to meet members informally.

Communications and Engagement

41. We have revamped the trust magazine 'For You', to make it more focused on what our patients want to read. The latest summer edition is packed full of useful information, advice and details of the services to support the health and wellbeing of Wirral patients and the public.
42. I launched a weekly blog to our whole staff community on Staff Zone in early August 2016 providing them with updates on my areas of focus and priorities. I felt this was particularly important given that I am increasingly working across the LDSP and STP landscape, and to reassure our staff that this important work aims to ensure our services remain relevant and receive the recognition and investment required for continuity and growth.
43. I am also thrilled that my fortnightly column in the Wirral Globe has also been well received; the most recent edition focused on our Community Nursing Service and one reader's online response highlighted what a profound effect we can have on people's lives. Sharing what happened the morning his wife passed away, he went on to say;

"I can honestly say I've never experienced such care and compassion, delivered with kindness and humour at times. Never more than a phone call away, they were absolutely amazing. I truly cannot speak highly enough about Wirral's Community Nurse teams"

44. I continue with a programme of communications and engagement activities locally, regionally and nationally; many of them already referenced within this report relating to the work of the Healthy Wirral partnership, STPs and the integration of social care and health services. However, I have also continued to seek opportunities to meet with as many of our primary care/ GP colleagues across Wirral and together with Executive colleagues we had a productive meeting with Wirral GP Fed in mid-August to discuss collaborative working opportunities. We are looking forward to meeting with colleagues from GPW Fed in mid-September.
45. I have also accompanied our Director of Business Development & Strategy to a meeting with representatives from the GP community in East Cheshire.
46. Along with my Executive Team colleagues, I attended an Executive to Executive meeting with Wirral University Teaching Hospital in August to discuss key priorities and opportunities for further collaboration across the system.

Summary of Executive Leadership Team (ELT) business

47. The following is a summary of issues discussed by ELT during July & August 2016 together with subsequent reporting routes through the board and committee structure.
 - Weekly updates are provided to ELT as follows:
 - Sustainability and Transformation Plans (STPs) and the development of the Local Delivery System Plans (LDSPs) which is reported to the Board of Directors through this report and recent board development sessions. This has also been discussed at the joint ELT and Senior Leadership Team (SLT) meeting in August 2016.
 - Integration and system-wide planning for Healthy Wirral, the status of which is reported to each meeting of the Board of Directors
 - The integration of social care and health services programme, also reported to the Finance & Performance Committee on a monthly basis
 - On-going business development opportunities and any re-tendering of services including the financial and workforce impact, reported through Commercial & Business Development Report to Board
 - A monthly report responding to NHSI guidance on agency staffing rules is also reported to ELT on a monthly basis
 - During July & August, further specific topics discussed by ELT have included:

- The provision of Intermediate Care in Wirral and opportunities for the Trust to support the wider system, reported to the Board of Directors
- The progress to achieve efficiency targets for 2016/17 and specifically looking at opportunities across corporate divisions; overseen by the Finance & Performance Committee
- Review of the Ophthalmology Service, as discussed and monitored via the Finance & Performance Committee
- Demobilisation of the All Day Health Centre (ADHC), discussed at the Finance & Performance Committee and the Quality & Governance Committee in respect of any impact on the quality of services and patient experience
- Feedback on the consultation on NHS's Single Oversight Framework, also highlighted to the Quality & Governance Committee
- Review of the status of appraisal completion across the organisation which is reported to the Education & Workforce Committee
- Engagement with Primary Care following discussions at a board development session in August 2016 with specific actions identified and subsequently discussed with Wirral GP Fed (to be discussed with GPW Fed in mid-September at a scheduled meeting)
- The changes to the community physiotherapy contract (MSK) and the financial impact and potential risks to patient experience; also highlighted to the Finance & Performance Committee

Conclusion

48. 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 the Board of Directors to ensure it is current, informative, and relevant and avoids Board agenda duplication.

Karen Howell
Chief Executive

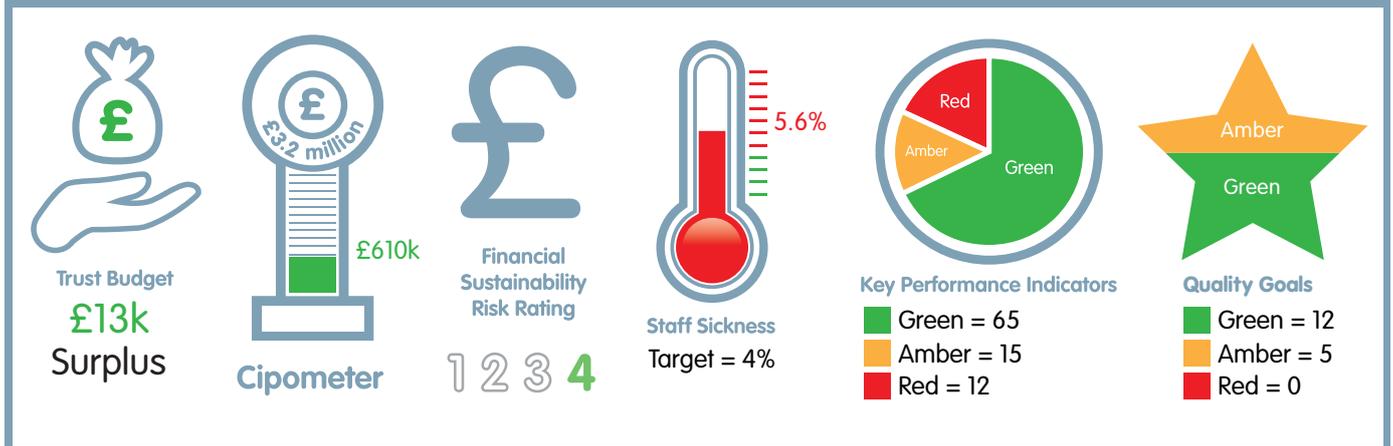
Alison Hughes
Trust Board Secretary

24 August 2016

July 2016

Executive Briefing

Performance figures for the month of June 2016



Performance Figures

We exceeded the financial plan at the end of June with a **year-to-date surplus of £13k** against a planned deficit of £36k (therefore £49k ahead of plan). The Financial Sustainability Risk Rating (indicating the level of risk to financial sustainability) is currently 4. **This is the highest score attainable** and recognises the strong financial position we are currently demonstrating. The risk rating is on a scale of 1-4 with 1 indicating high risk and 4 indicating low risk. The rise in sickness absence remains **a cause for concern**. Managers are working with HR to undertake actions plans to ensure compliance with the attendance management policy and support any stress related cases at an early stage.

To date we have **achieved CIP savings of £610k** (against a plan of £559k). However the level of savings required increases month on month from July and with total plans in place for the year as a whole equating to £2.7m it is vitally **important that staff continue to develop ideas to close the gap** (£0.5m). Please submit your ideas via the innovation and ideas section on [StaffZone](#) or contact the **Programme Management Office** for support.

Our performance is monitored and assessed on the basis of our Key Performance Indicators (KPIs). This allows our board and our commissioners to track our performance over the period of our contract, and is a key measure of our reputation as a provider. **There's been a slight slippage in our performance this month**, which managers are addressing with individual teams to ensure we remain on track. **All staff must know and understand** their service KPIs and do everything they can to ensure these are met.

National NHS Workforce developments

Apprenticeships

The NHS will create **100,000 apprenticeships** (almost 7 times the current number) across the country **by 2020**, offering opportunities to thousands of young people who want a career in the health sector. This commitment follows the launch of the government consultation to make 2.3% of workers in large public sector bodies apprentices. The roles will be created in **a range of areas** within the NHS, including:

- nursing and healthcare assistants
- IT, estates and facilities
- domestic and housekeeping services
- business administration and accounting

From April 2017, the way the government funds these apprenticeships will change. Large employers, including us, will be required to contribute to a new apprenticeship levy and funds to pay for apprenticeship training will be accessed through a digital account system. **Visit the [nhsemployers website](#)** (media/Employers/Publications/Apprenticeship) for more information.

Associate Nurse role

Following consultation Health Education England will take forward proposals to **introduce a new nursing support role by Spring 2017** to support the Registered Nurse workforce in providing high quality care across health and social care settings. The role, which could also be a new route for those wishing to become a registered nurse, has been recommended by nursing leaders and other healthcare professionals. The new addition to the care workforce will **help bridge the gap between healthcare support workers**, who have a care certificate, and registered nurses.

Proposals will see staff trained through this route learning on the job **via an apprenticeship, leading to a foundation degree**. The government will also look at what opportunities there are for staff in this role to progress to become a registered nurse through either a degree level nurse apprenticeship or a shortened nursing degree at university. The new nursing support role is expected to work alongside healthcare support workers and fully qualified nurses to deliver hands on care, **ensuring patients continue to get the compassionate care** they deserve. Nursing associates will support nurses to spend more time using their specialist training to focus on clinical duties and take more of a lead in decisions about patient care Visit [hee.nhs.uk](#) for more information.

The Senior Leadership team is looking at how these national initiatives will **support and enhance the future workforce plans** for the organisation.

Sustainability and Transformation Plans (STPs)

Sustainability and Transformation Plans will become the blueprint for the way NHS services and organisations develop to serve patients and are funded over the next 5 years. They are now advancing at pace; draft plans had to be submitted to NHS England by the end of June.

We are part of the **Cheshire and Mersey STP**. There are 44 across England. Throughout July, NHS England and NHS Improvement have interviewed all of the STP representative bodies. Each STP will be given either approval to proceed, told they require further detailed work and analysis, or given support to develop a more robust plan. Initial feedback for the Cheshire and Mersey plan was generally supportive and **we are now required to submit a more detailed plan in October**.

Additional Information

The Cheshire and Mersey STP is made up of **three Local Delivery Service Plans** (LDSPs):

1. North Mersey (Liverpool, South Sefton, Southport, Formby, Knowsley)
2. The Alliance (St Helens, Warrington, Halton, Knowsley, Southport, Formby)
3. Wirral and Cheshire (Wirral, West Cheshire, East Cheshire, South Cheshire)

A summary of our challenges is:

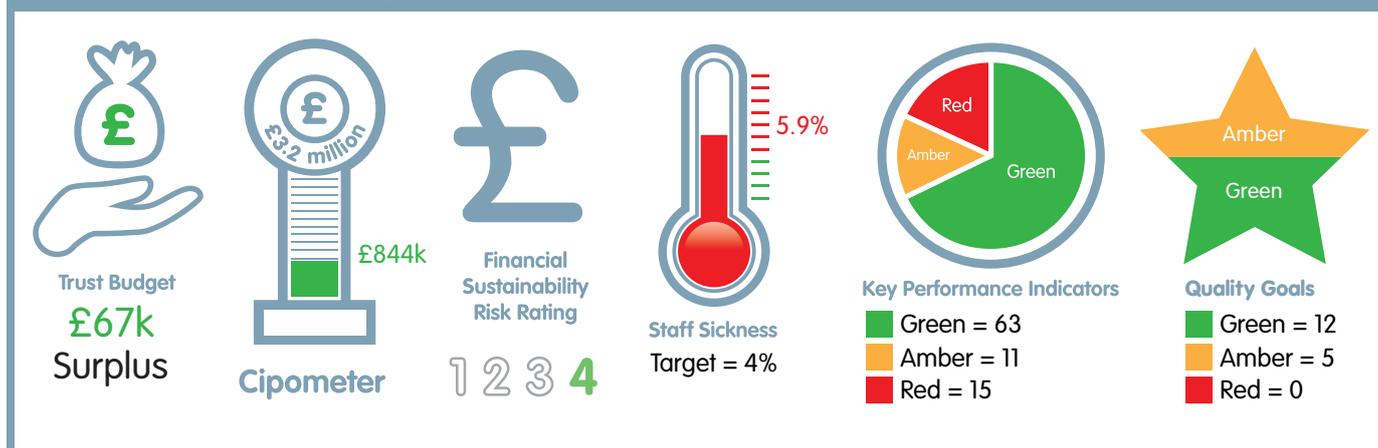
- An ageing population
- A rise in the number of people with long term conditions
- Increased referrals to secondary care
- A drive to reduce variation
- Increased cost in provision
- Constrained public resources

This is all within the framework of NHS England's **five year forward view**, which requires the **NHS to be in financial balance by 2021**. Executive Briefing will provide more information on STPs as the new way of working unfolds.

August 2016

Executive Briefing

Performance figures for the month of July 2016



Performance Figures

We again **exceeded the financial plan** at the end of July with a year-to-date surplus of £67k against a planned surplus of £13k (**therefore £54k ahead of plan**). The Financial Sustainability Risk Rating (indicating the level of risk to financial sustainability) is **currently 4**. This is the **highest score attainable** and recognises the **strong financial position** we are currently demonstrating. The risk rating is on a scale of 1-4 with 1 indicating high risk and 4 indicating low risk.

To date we have achieved **CIP savings of £844k** (against a plan of £815k). However the level of savings required increases month on month from July onwards. It is vital that staff **continue to develop ideas** to close the gap and mitigate against possible scheme slippage. Please **submit your ideas** via the innovation and ideas section on **StaffZone** or contact the Programme Management Office for support.

It is vital that we continue to deliver against our key performance indicators (KPIs). Our **performance remains strong** in this area, however we need to ensure this remains a **high priority** to support our reputation as an effective provider of choice. Many **thanks to all our clinical staff** for their hard work in delivering our services within our performance targets and to our managers for their support.

Sickness Absence Rates Rising

Sickness **absence levels in the trust have risen again in July to 5.9%**. This is a significant increase from the same point last year when absence was at 4.6%. **Absence rates have risen steadily over the last 12 months and we need to take action** – we know that high levels of sickness absence have an impact on team morale, on productivity, and ultimately on the quality of care we can provide for our patients. We all need to take care of our health to ensure we are fit to attend work, and **all employees are encouraged to take care of both their physical and mental wellbeing** – resources to support you are available on **StaffZone** under the “Your Wellbeing” tab.

Managers are also being asked to ensure they are applying the **sickness absence policy** consistently – providing support to staff who are on long term absence to achieve a return to work as quickly as possible, and ensuring all staff receive **Return to Work Meetings** when they have been absent. Progress is being monitored closely and **you should expect to have a discussion in every team meeting about sickness levels**, to ensure that your team are working together to keep absence to a minimum.

Appraisal

The executive team would like to say a **huge thank you to everyone for helping us to achieve our target of 98% appraisal**. This is truly a phenomenal achievement. As well as being a feather in our cap, it also shows our **commitment to support every member of staff's performance and development**. We know the introduction of the talent conversation will have been a new concept for the majority of staff, so thank you for finding the time to ensure everyone has had that crucial once-a-year conversation with their manager. We hope you are starting to become familiar with our leadership model '**Leadership for All**' and how it can support you to **"be the best you can"**.

Social Care Integration

Work is progressing on the business case for bringing adult social care into the trust, which will individually go to the **Wirral Council Cabinet** and the **Community Trust Board** for approval. The Due Diligence process (to identify any risks) is underway, whilst progress continues in **establishing an operating delivery model**. This will link staff delivering care jointly on the ground to the middle office and back office functions. A **governance structure** for the project has been developed, which clearly identifies work streams and Director leads. We are also taking learning from Salford and Trafford. **Briefing sessions** for all those staff involved in the integrated services development have been scheduled for the end of **August** and beginning of **September**.

Working with our GPs

It has always been important to **work closely with our GP colleagues**, and these working relationships are enhanced by staff's day to day interactions around patient care.

With the development of the two GP federations in Wirral and opportunities to forge stronger links, we are developing a task and finish group to **improve the referral process** into our services, to ensure patients get an even better experience. This group is being led by Dr Ewen Sim with support from services leads and teams.

Single Point of Access (SPA) – "One call does it all"

We have been challenged to develop the SPA using **a single telephone number**. The redesigned service will offer **advice and information, signposting and redirection, triage and assessment**, as well as **management of intermediate care** to provide alternatives to admission. These include access to next day hospital appointments and respiratory hot clinics in St Catherine's Health Centre. This will improve the flow of patients and will support the system around the four hour target.

There will also be an **improvement in the hospital discharge process**, minimising unnecessary time in hospital (which we know can lead to further complications for patients) and instead providing more care and treatment in the community.

There will be a sustained communication and PR campaign supported by the Communication team as the redesign programme rolls out.

31 August 2016

Karen Howell
Chief Executive
Wirral Community NHS Foundation Trust
St Catherine's Health Centre
Derby Road
Birkenhead
CH42 0LQ

Dear Ms Howell

Q1 2016/17 monitoring of NHS foundation trusts

Our analysis of your Q1 submissions is now complete. Based on this work, the trust's current ratings are:

- Financial sustainability risk rating: 4
- Governance rating: Green

These ratings will be published on NHS Improvement's website in September.

NHS Improvement is the operational name for the organisation which brings together Monitor and the NHS Trust Development Authority. In this letter, "NHS Improvement" means Monitor exercising functions under chapter 3 of Part 3 of the Health and Social Care Act 2012 (licensing), unless otherwise indicated.

A report on the aggregate performance of all NHS providers (Foundation and NHS trusts) from Q1 2016/17 is available on our website (in the Resources section), which I hope you will find of interest.

For your information, we have issued a press release setting out a summary of the report's key findings.

If you have any queries relating to the above, please contact me.

Yours sincerely



Simon Elliott
Regional Manager
NHS Improvement - Delivery & Development (North)
Tel: 03001232623 / Email: simon.elliott5@nhs.net
cc: Ms Frances Street, Chair, Mr Mark Greatrex, Finance Director

Committee Reports – July & August 2016

(including board development sessions)

Meeting	Trust Board of Directors		
Date	7 September 2016	Agenda item	8
Lead Director	Karen Howell, Chief Executive		
Author(s)	Non-Executive chairmen of the committees		

To Approve	<input type="checkbox"/>	To Note	<input checked="" type="checkbox"/>	To Assure	<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.		

Link to strategic objectives - 2014-19 <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	✓		

Briefing from the Chairman of Quality and Governance Committee

Purpose

1. This is a report from the Quality and Governance Committee meetings held on Wednesday 20 July and 17 August 2016.
2. The Trust Board is asked to note the key issues identified by the Quality and Governance Committee and any actions for the board.

Significant agenda items from the July Committee

3. The committee reviewed the draft revised Quality Strategy and made comments.
4. The committee discussed the June Quality and Patient Experience Report and dashboard and were pleased to note the following improvements:
 - The Adults and Community Division has sustained a FFT score of 99% for the third consecutive month.
 - There is continued attainment of an amber RAG rated position across all three walk in centre sites during the reporting month. This demonstrates a three month sustained amber RAG rated position for cases triaged within 30 minutes of arrival.
5. The following key quality and patient safety issues and the quality improvements being undertaken as a result were discussed:
 - The development of one identified grade 3 (EPUAP) pressure ulcer was confirmed as avoidable and 28 Grade 2 (EPUAP) community acquired pressure ulcers have been reported. This is a reduction from the 38 incidents identified during the previous reporting month, but remains higher than the monthly average of 21 for the 2015/16 period.
 - The overall rate of harm free care during June 2016 was 91.82% which is lower than the rate of 92.51% reported during May 2016 and is below the national target of 95%. Care free from harm attributable to the trust was slightly improved in June 2016 at 95.63%, compared to 95.05% during May 2016.
 - Eight reported medication incidents, five were attributable to administration errors, and two related to stock control.
 - There has been an increase in the number of complaints received by the trust during the reporting month. Nine complaints were received by the Urgent and Primary Care Division but no trends had been identified.
6. The committee received, and were assured by, the June risk management report.
7. The committee received, and were assured by, the following quarterly reports:
 - Safeguarding
 - Raising Concerns
 - Quality Strategy
 - Complaints/Concerns

And the following annual reports:

- Patient Experience
- Medicines Optimisation

Significant agenda items from the August Committee

8. The committee were assured by the quality improvement focus on four quality hot spots during 2016/17:
 - Pressure ulcers
 - Medication incidents
 - Identifying the deteriorating patient
 - Sepsis
9. The committee listened to a Safety Sound Bite on MRSA bacteraemia; this is a new way of sharing key learning points with staff across the organisation.
10. The committee approved the Harm Free Care Collaborative action plan.
11. The committee received and were assured by the CQC Comprehensive Inspection action plan progress and agreed to close the action plan as any remaining actions are now picked up in other work streams which report to the committee.
12. The committee discussed some quality risks which had been highlighted as part of the recent OFSTED review of the effectiveness of the Local Safeguarding Children's Board (LSCB) in Wirral. This inspection ran alongside the inspection of services for children in need of help and protection, children looked after and care leavers. The committee were assured by the action plan presented to mitigate and manage those risks.
13. The committee discussed the July Quality and Patient Experience Report and dashboard and were pleased to note the following improvements:
 - The Adults and Community Division achieved an FFT score of 100% during the reporting month, this follows three consecutive months of achieving a score of 99%. During the reporting month, the Children and Wellbeing Division achieved an FFT score of 98%. The overall FFT score for the trust during the reporting month was 90%.
 - Reporting of incidents across the organisation remains consistent, indicating an embedded culture of incident reporting, providing opportunities to maximise learning whilst identifying quality improvement. This supports the trust's quality goal which aims to increase the trust's rating in the learning from mistakes league from good to outstanding.
 - There has been an increase in the percentage of community and total harm free care delivered across the trust since last month. Care free from harm attributable to the trust was 96.283% in patients surveyed during July 2016, compared to 95.63% in June 2016. This represents the second consecutive month of improvement in community acquired harm.
14. The following key quality and patient safety issues and the quality improvements being undertaken as a result were discussed:
 - During the reporting month, two grade 3 and/or 4 pressure ulcers have been reviewed at the trust's pressure ulcer multi-disciplinary review group and have been categorised as avoidable. The risk associated with the development of avoidable grade 3 and 4 (EPUAP) pressure ulcers; Risk ID 182 has been reviewed and will be linked to Risk ID 1163 Insufficient recognition, diagnosis and management of the deteriorating patient including signs and symptoms of sepsis.
 - During July 2016, two pre-48 hour MRSA bacteraemia blood stream infections were reported to the trust. This has resulted in the development of a system wide action plan for improvement.
 - Of the three reported medication incidents reported during the reporting month, all were attributable to administration errors, including missed administration.
 - Cases triaged within 30 minutes of arrival at the Arrowe Park site have reduced from 88.59% during June to 84.04% in July 2016. There has been a concurrent reduction in nursing fill rate at this site from 88% during June to 83% during July 2016.

15. The committee received, and were assured by, the July risk management report.

16. The committee received, and were assured by, the following quarterly reports:

- Infection Prevention and Control

And the following annual reports:

- Risk Management
- Controlled drugs

17. The committee discussed the quality improvement infrastructure in the trust and the support available to develop quality improvement skills for all staff. This is a key part of the organisation being well led and links to the new draft single oversight framework from NHS Improvement.

Policy approval

18. The following policies were approved by the committee in July:

- Freedom To Speak Up: Raising Concerns (Whistleblowing) Policy
- HS06 - Lone Workers Policy

Any formal recommendations

19. The committee agreed to a referral for discussion at Finance and Performance Committee in August 2016. The referral relates to the closure of the All Day Health Centre and the patient activity being redistributed, with a potential impact on the quality of care delivered by our Walk in Centres.

20. The committee also referred Risk ID 863 to the Finance and Performance Committee. The risk relates to increase in referrals seen in the paediatric continence service since April 2016 and the potential impact on the quality of service provided and on key performance indicators.

21. That committee recommends that the Quality Strategy is approved today by the board.

Chris Allen
Chair, Quality and Governance Committee

17 August 2016

Briefing from the Chairman of Finance and Performance Committee

Purpose

1. This is a brief report from the committee meetings held on 27 July and 31 August 2016. The ratified minutes of the committee meeting held on 27 July 2016 have been presented formally to the private board on 7 September 2016.
2. The board is asked to note the key issues identified by the committee for communication to the board.

Significant agenda items from the July Committee

3. The following key agenda items were discussed:
 - Physiotherapy and Rehabilitation services review
 - Integrating Social Care & Health in the Community programme
 - Transformation Programme update
 - Quarter 1 CIP position
4. The monthly Finance, Divisional Performance, Activity Analysis and Transformation Programme reports were also scrutinised as was the Risk Report highlighting relevant high-level risks.

Outcomes and actions agreed

5. The committee received a presentation from the Divisional Manager responsible for Physiotherapy and Rehabilitation services. The presentation focused on the following areas:
 - Tariff changes affecting the income potential of the service
 - Overall service line costs affecting the cost effectiveness of services
 - Workforce issues including agency usage and attendanceThe committee noted the issues contained within the presentation and were assured of the progress that had been made by the services.
6. An update was provided on the Integrating Social Care & Health in the Community Programme. The committee noted the interim report from KPMG and in particular that the council and the trust would need to seek independent legal advice on a number of risks identified within the report. KPMG had also been asked to pause their work whilst the council and the trust worked on additional information required to complete the due diligence exercise. KPMG would recommence work in early September.
7. The committee were updated on the progress of project plans within the Transformation Programme and were assured by the progress made.
8. The committee noted the quarter 1 position of the CIP and discussed 6 projects that were highlighted as behind plan. The committee noted progress made to date in closing the remaining CIP gap.
9. The committee noted the detail provided in the finance, activity analysis and performance reports. From that, the committee requested updates next month from the SLT on non-pay consumables budget pressures, the inclusion of the Better Payment Practice Code performance in the monthly finance paper and the development of KPIs to monitor the time taken to record patient activity on SystmOne.
10. The committee approved some minor amendments to the terms of reference of the IM&T Programme Board.

Any formal recommendations

11. There were no formal recommendations.

Significant agenda items from the August Committee

12. The following key agenda items were discussed:

- Review of Carter Report Estates recommendations
- Integrating Social Care & Health in the Community programme
- Quarter 1 SLR update
- MIAA report on Sexual Health Critical Applications

13. The monthly Finance, Divisional Performance, Activity Analysis and Transformation Programme reports were also scrutinised as was the Risk Report highlighting relevant high-level risks.

Outcomes and actions agreed

14. The committee received a report from the Head of Estates highlighting the Carter Review recommendations in relation to Estates and Facilities services together with progress and a situation report on the trust's performance in recent years in each of the respective areas. The key points noted included:

- The trust already operated below the recommended proportion of non-clinical and unoccupied space
- The trust already has in place a strategic estates plan and can demonstrate progress to date and that planned to further improve estate utilisation.
- The trust has invested in energy efficient programmes but plans to update its sustainability plans
- The trust already submits and performs well in the majority of areas measured within the annual ERIC return
- The trust Estates department is already involved in the SLR process

The committee noted the progress made in recent years.

15. An update was provided on the Integrating Social Care & Health in the Community Programme. The committee noted the introduction of 3 phases to the integration programme stage 2. The issues log was reviewed and an update provided on feedback from Salford and Trafford health and social care integration programmes. As a result of the pause in the due diligence exercise the proposed timeline for development of Business Cases for the Trust and the Council has been amended from October to December.

16. The committee were updated on the progress of project plans within the Transformation Programme and were assured by the progress made.

17. The committee received the quarter 1 SLR position and noted the progress made refining and updating the system plus the actions from the inaugural meeting of the SLR group.

18. The committee received the MIAA Audit report on the Sexual Health Critical Systems review that had received limited assurance. The committee noted progress with the recommendations but asked for assurances that similar issues were not a risk across the trust's other critical systems that hold personal identifiable information.

19. The committee noted the detail provided in the finance, activity analysis and performance reports.

Any formal recommendations

20. There were no formal recommendations.

Alan Wilson
Chair, Finance & Performance Committee

1 September 2016

Briefing from the Chairman of Education and Workforce Committee

Purpose

1. This is a brief report from the committee meeting held on Wednesday 20 July and 24 August 2016. 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 from the July Committee

The following key agenda items were discussed:

- Quarterly HR Strategy Implementation Plan
- Workforce Plan 2014/2015 – 2018/2019 Quarter 1 Update
- Risk Management Review Report – July 2016
- Workforce Report - June 2016
- Transforming Care Together Workforce Report Quarter 1
- Learning & Development Report Quarter 1

Outcomes and actions agreed

3. The trust's workforce plan was reviewed and in particular some of the activity being undertaken both at trust and regional level to assist in achieving planned workforce numbers. The trust was running a further recruitment day for nurses and allied health professionals in September after the success of the two previous events. Work is also being undertaken across Cheshire and Merseyside to understand and plan for the impact of local Sustainability and Transformation Plans (STPs) in terms of workforce issues.
4. It was noted that sickness absence levels had risen again in June to 5.6%, which was a cause for concern. The majority of sickness was long term, and actions were identified which would ensure that absence was being managed robustly and consistently across the trust.
5. The workforce related issues from the Transformation Programme were discussed, with a particular focus on the development of the Nurse Associate role and the trust's involvement in the North West Allied Health Professional (AHP) Network and the early work on the development of an integrated therapies model with our health and social care economy partners. This would support the Healthy Wirral and STP triple aim to improve care, quality and create efficiencies.

Any formal recommendations

6. No formal recommendations.

Significant agenda items from the August Committee

The following key agenda items were discussed:

- ESR Manager Self Service Update
- Risk Management Review Report - August 2016
- Workforce Report - July 2016
- Nurse Revalidation Implementation Update Quarter 1
- Streamlining Report – August 2016
- Apprenticeship Levy
- Annual Leave Policy (HRP 16)
- Redeployment Policy (HRP 32)

Outcomes and actions agreed

7. The committee noted the success of the ESR Self Service pilot and supported the rollout across the trust, which will bring benefits in terms of productivity, employee engagement and management access to information.
8. The key item discussed in the workforce report was the further increase in sickness absence to 5.9% for the month of July. The committee noted that actions had already been taken to work closely with managers to ensure proper management of absence, and that further actions had been identified to look at underlying causes.
9. It was noted that the introduction of nurse revalidation had been managed successfully in the trust and that there had been no disruption to registration of the nurses who had already been through the revalidation process.
10. The group reviewed the proposal for the trust to be involved in the North West Streamlining project, which relates to the efficiencies that can be made from the standardisation of processes relating to recruitment and induction. There are clear links to the work being undertaken in the STPs and the trust is committed to working with partners to achieving efficiency in back office functions. The committee supported the trust's involvement in the North West Streamlining programme with a caveat that funding arrangements should be referred to the STP Chief Executives Group.

Formal recommendations

11. The committee recommended that an organisational risk should be recorded on the Risk Register in relation to sickness absence.
12. The committee recommended that the risk in relation to nurse revalidation be removed from the Risk Register.

Murray Freeman
Chair, Education and Workforce Committee

2 September 2016

Briefing from the Chairman of Audit Committee

Purpose

1. This is a report from the Audit Committee meeting held on Wednesday 31 August 2016. The ratified minutes of that committee meeting will be presented formally to the Board of Directors in due course.
2. The Board of Directors is asked to note the key issues identified by the Audit Committee.

Significant agenda items

3. The committee reviewed the Audit Tracker Tool to note progress on the implementation of recommendations in relation to internal audit reviews. A number of reviews were highlighted as having implemented all recommendations since the last update provided to the committee. The committee also received full reports on two reviews which had received Limited Assurance with assurance that the detail and actions required to implement the recommendations had been discussed at the relevant committees.
4. In particular the committee noted the Sexual Health Critical Applications Review and supported the action agreed by members of the Finance & Performance Committee to provide assurances that similar issues were not a risk across the trust's other critical systems that hold personal identifiable information.
5. The Board Assurance Framework was reported to the committee noting updates following the organisational risks reported to each committee of the Board during August. The committee were assured by the updates and the links to the organisation risk register but also requested Executive review of the risk rating associated with principal risk '*01a - Quality and safety not maintained or improved*'.
6. The Clinical Effectiveness Annual Report and the Quality Improvement Annual Programme were noted by the committee as being extremely comprehensive. The committee also acknowledged some changes and additions to the annual programme.
7. Grant Thornton provided members of the committee with a timeline in relation to the part-year accounts following the trust's achievement of Foundation Trust status which will commence in early September 2016. The committee approved the scale fee (based on 60% of the published scale fee) of £19,440 for the part-year accounts.
8. Grant Thornton also issued the Annual Audit Letter for the year ended 31 March 2017 confirming the detailed findings of the audit, as reported to the committee on 31 May 2016. The letter confirmed an unqualified opinion on the Trust's financial statements.
9. Mersey Internal Audit Agency provided an update on progress with the audit plan for 2016/17 and an update in relation to the anti-fraud workplan.
10. The committee noted one ex-gratia payment made to date in the financial year 2016/17 and were assured that it had been authorised in accordance with trust processes.
11. The committee received a regular security update report for noting.

Any formal recommendations

12. In discussing the Sexual Health Critical Applications Review the committee recommended that the planned Cyber Security Review, including the internal audit plan for 2016/17 be brought forward in the planning cycle.

Brian Simmons
Chair, Audit Committee
31 August 2016

Briefing from Board Development Sessions - July & August 2016

Purpose

1. This is a brief report to record the key topics discussed and the information shared at a board development session held on 13 July 2016 and 10 August 2016.

Key topic discussed

13 July 2016 - Strategy Development

2. The Director of Business Development & Strategy led the Board of Directors in a workshop session to consider a refresh of the Trust's strategy discussing in particular the national context, the increasing financial challenges, changing quality standards and the local developments with the Sustainability and Transformation Plans.
3. The session reviewed the Trust's vision and values and the Board of Directors discussed the key development opportunities for the Trust over the next 5-year period.
4. The key milestones and associated activities to refresh the strategy were noted and agreed with a further development session planned for August 2016.

10 August 2016 - Strategy Development, Primary Care Engagement and Population Health

5. Following the workshop held in July 2016, the Director of Business Development & Strategy led the Board of Directors in a session to build on the work to refresh the Trust's strategy. This included agreement of the vision & values, the strategic narrative and the Trust's strategic priorities moving forwards.
6. The Board of Directors also discussed the key strategic enablers to support the implementation of the refreshed strategy and in particular focused on the importance of the stakeholder management plan and the role of the members of the Board in delivering and supporting it.
7. The Board of Directors noted the progress being made in the refresh of the strategy and the proposed next steps.
8. Following discussions on the stakeholder management plan, the Medical Director led a very useful session on Primary Care Engagement and the approaches the Trust will be taking to support and work more collaboratively with the primary care community.
9. The Board of Directors welcomed the discussions and agreed some specific immediate actions in relation to referral processes and regular contact with GP practices which have subsequently been referred and discussed at Executive Leadership Team and supported at a recent meeting with representatives from Wirral GP Fed.
10. The final session saw a presentation from the Vice-President of Population Health and the Population Health Executive from Cerner on the work on-going in Wirral to introduce the Wirral Care Record. The Chief Executive also gave an update linked to the work with Cerner on the Cheshire & Wirral LDSPs as part of the Sustainability and Transformation Plan.
11. The Board of Directors noted that the working group for the LDSPs was working at pace following approval from NHS England and NHS Improvement to move to the next stage and next submission in October 2016.

Alison Hughes
Trust Board Secretary

12 August 2016