

Chairman's Report - May 2017

1. The purpose of this report is to share with the Board of Directors key announcements and news stories from across the organisation.

Non-Executive Director Re-appointments

2. The Council of Governors met on 18 April 2017 to consider the reappointments of the Non-Executive Directors following the work of, and based on the recommendation of the Remuneration & Nomination sub-group. I am pleased to report that all Non-Executive Directors seeking reappointment have been duly appointed, each for a further term of 2 years.
3. Alan Wilson, Non-Executive Director and Chair of the Finance & Performance Committee, decided to not seek reappointment but will remain in post until his current term of office ends in August 2017. We are now working with the Council of Governors to start the process to recruit a new Non-Executive Director, when Alan Wilson leaves the organisation.
4. I extend my thanks and support to the members of the Remuneration & Nomination sub-group and to the wider Council of Governors for their support during this process.

Wellbeing week - 8-12 May 2017

5. The Board is committed to ensuring we are doing all that we can to help our staff look after themselves and take care of their own health and wellbeing. We are holding our first wellbeing week from 8-12 May with a week of free activities for staff. There will be lots of things going on at many of our bases in Wirral and Cheshire, from health checks to physio sessions, massage, relaxation and Pilates.
6. We look forward to hearing how it goes and getting involved during the week!

Freedom to Speak Up Champions

7. Twenty staff have volunteered to become Freedom to Speak Up Champions.
8. The champions will be meeting for the first of their quarterly forums in May, to discuss their new roles and how they can help ensure all staff feel confident and supported to raise any concerns they have about patient safety.

Congratulations!

9. I would like to extend a number of congratulations to staff across our organisation:
 - Louise Bayley, Children Looked After Nurse for the Teenage Team for Wirral 0-19 Service, won a Listen to Me Award at the 'Right Side of Care Listen to Me Awards 2017' on 20 April. Louise was nominated by a looked after young person. This was a fantastic achievement and an excellent networking opportunity as the Teenage Team look to get more involved with future events.
 - Gemma Flanagan who has been approved to work as a qualified Occupational Therapist in the Rehab at Home team after completing the Return to Practice Programme.
 - Heather Pointer, newly qualified Health Visitor from the team at Broken Cross, Macclesfield was awarded 'Health Visiting Student of the Year' at the Journal of Health Visiting Awards 2017.
 - Wirral Infant Feeding Team who were shortlisted for the 'Health Visiting Team of the Year' category for the Journal of Health Visiting Awards 2017.

Chris Allen
Acting Chairman

1 May 2017

Report from the Council of Governors - Lead Governor

1. As Lead Governor, I am keen to ensure that the Board of Directors receives a regular update on the work of the Council of Governors.
2. We met in March and April 2017 and below I provide a summary of the core business conducted at each of these meetings;

22 March 2017

- The Council of Governors formally received notification of the resignation of the Trust's Chairman and unanimously supported the appointment of Chris Allen as the Acting Chair. The Remuneration & Nomination sub-group are now taking forward the process to recruit a new Chairman on behalf of the organisation working closely with the Chief Executive.
- We received a useful update on the integration of health and social care services following the Board of Directors approval of the business case to transfer adult social care to the Trust. This was welcomed by the Council of Governors and whilst the potential challenges ahead were recognised, the benefits of integration for the people of Wirral was widely recognised and supported.
- We also received a presentation on the new strategic objectives for the trust and were invited to provide feedback on the measures to track performance against the objectives and goals for the forthcoming year.

18 April 2017

- We received a formal recommendation from the Chair of the Remuneration & Nomination sub-group to support the re-appointment of three Non-Executive Directors for a further term of office of 2 years. This was supported unanimously and congratulations extended to Chris Allen, Brian Simmons and Murray Freeman who joined the meeting.
 - The Council of Governors noted that Alan Wilson was not seeking re-appointment when his term of office ends in August 2017 and therefore the recruitment of a further Non-Executive Director was confirmed. It was agreed that this would run in parallel with the recruitment of the Trust Chairman.
 - The Director of Nursing & Quality Improvement led a presentation on the annual quality cycle embedded across the organisation. This provided useful insight and highlighted the robust processes in place across the Trust to ensure patient safety.
 - The Head of Patient Safety & Governance provided an overview of the requirements on Foundation Trusts to produce an annual Quality Report and invited input on the selection of indicators to be tested as part of the process. The scope of the report was acknowledged and following some useful discussion the indicators proposed were supported by the Council of Governors.
3. The by-election in Wirral West for a public governor seat is progressing; we received two nominations by the deadline of 11 April 2017. The voting is now open and the poll will close on 24 May 2017 with results declared on 25 May 2017.

Irene Cooke
Lead Governor

24 April 2017

TRUST BOARD OF DIRECTORS MEETING

MINUTES OF MEETING

WEDNESDAY 1 MARCH 2017, at 14:30

TRAINING SUITE, ST CATHERINE'S HEALTH CENTRE

Members:

Mrs Chris Allen	Non-Executive Director (Chair)	(CA)
Mrs Sandra Christie	Director of Nursing & Performance	(SC)
Mr Phil Clow	Director of Business Development & Strategy	(PC)
Dr Murray Freeman	Non-Executive Director	(MF)
Mr Mark Greatrex	Director of Finance & Resources	(MG)
Mrs Karen Howell	Chief Executive	(SG)
Ms Val McGee	Director of Integration & Partnership	(VM)
Prof Ewen Sim	Medical Director	(ES)
Mr Brian Simmons	Non-Executive Director	(BS)
Mrs Karen Walkden-Smith	Interim Director of HR & Organisational Development	(KWS)
Mr Alan Wilson	Non-Executive Director	(AW)

In Attendance:

Mrs Irene Cooke	Lead Governor	(IC)
Mrs Alison Hughes	Trust Board Secretary	(AH)
Mrs Heather Stapleton	Board Support/FOI Officer	(HS)

Reference	Minute
<p style="text-align: center;">1.</p> <p>WCT16/17-119</p>	<p>Patient Story - Wheelchair Service</p> <p>SC presented an audio recording and storyboard which focussed on the use of the Wheelchair Service for provision of a powered wheelchair for outdoor use.</p> <p>The patient had made observations in relation to aspects of the care pathway that could have worked better. The patient thought that GP medical approval was sufficient and the requirement for medical officer approval not necessary. More support when learning how to manoeuvre the wheelchair would also have been beneficial.</p> <p>A member of the Wheelchair Service talked about the changes that had been made to the pathway which reflected the patient's suggestions.</p> <p>The board noted that the Wheelchair Service had won the 'Patient at the Heart' award at the recent Staff Awards. The point was also made that that patient had made observations, as opposed to complaining, about the service and the story demonstrated that the trust were listening to and acting upon suggestions made by patients.</p> <p>The Board of Directors welcomed the patient story and was assured of the delivery of high quality, safe and effective Wheelchair Services.</p>

Reference	Minute
<p>2. WCT16/17-120</p>	<p>Apologies for Absence The board received apologies from: Mrs Frances Street, Chairman</p>
<p>3. WCT16/17-121</p>	<p>Chairman's Report - March 2017 CA presented the report and highlighted the following key announcements:</p> <ul style="list-style-type: none"> • The fifth annual Staff Awards had taken place on 24 February 2017 and had been a great success. • The trust had been selected to be involved in the Lord Carter productivity and performance review and a team from NHSI would be visiting the trust in early April. It was anticipated Lord Carter would be accompanying them. • Work continued towards the integration of health and social care services in Wirral. • The first six Trainee Nurse Associates had been recruited to the trust and further details would appear in the staff bulletin. • Congratulations were extended to the Adult Continence Service Manager who had been shortlisted for the Continence Nurse of the Year at the BJN awards.
<p>4. WCT16/17-122</p>	<p>Report from Lead Governor IC presented the Lead Governor report and informed the Board of the following:</p> <ul style="list-style-type: none"> • The staff awards had been a very successful evening and for the governors provided reassurance that the services provided quality for members of the public who required healthcare. • Council of Governors meetings were due to be held in March and April when support would be provided in relation to the proposals to integrate health and social care services in Wirral. Consideration would also be given to the trust's strategy. • The Remuneration & Nomination sub group of the Council of Governors had begun the process for the reappointment of Non-Executive Directors. • Following the resignation of one of the public governors, a by-election would be held for a public governor seat in the Wirral West constituency. • The governors were looking forward to being involved in the walkround programme which would provide them with the opportunity to be more integrated.
<p>5. WCT16/17-123</p>	<p>Declaration of Interests MF & ES declared an interest as practising Wirral General Practitioners and as such members of the Wirral Clinical Commissioning Group (CCG) who commission services from the trust.</p>
<p>6. WCT16/17-124</p>	<p>Minutes of the Previous Meeting - 11 January 2017 The minutes of the previous meeting held on 11 January 2017 were approved as a true and accurate record.</p>
<p>7. WCT16/17-125</p>	<p>Matters Arising - 11 January 2017 AH provided an update on the actions from previous Board meetings. The Board of Directors reviewed the current status and noted the outstanding actions. (See <i>Separate actions/matters arising tracker.</i>)</p>
<p>8. WCT16/17-126</p>	<p>Chief Executive's Report KH presented the Chief Executive's report highlighting developments of national interest and issues relating to the local health and social care economy, particularly those that may impact on the trust.</p> <p>In particular, KH drew attention to the following:</p> <ul style="list-style-type: none"> • The changes to the Executive Team would take effect from the end of March 2017 with the flexible retirement of the Director of Nursing & Performance. From April SC would be working three days a week for the next 12 months. The Deputy Director of Nursing would act up as Director of Nursing for two days a week during this time and would be mentored by SC. This was a good example of sustainable workforce development. SC would retain responsibility for nursing and quality and her job title would become Director of Nursing &

Reference	Minute
	<p>Quality Improvement.</p> <ul style="list-style-type: none"> This had provided the opportunity to review the existing structure as a result of which operations and performance would become part of the portfolio of the Director of Integration & Partnerships. VM's job title would therefore change to Director of Integration & Operations and would be a non-voting position at board. KWS was welcomed to the Board of Directors as the Interim Director of HR & Organisational Development for a period of six months whilst JH was on adoption leave. The ForYou ThankYou staff awards had taken place on 24 February and had been a humbling and proud experience. <p>CA made reference to the Healthy Wirral Partnership which had been reconstituted and asked who attended the meetings of the Healthy Wirral Partnership Board. KH advised that this had now been sanctioned as the board for the health economy Local Delivery Service (LDS). Chief Executives and Chief Officers formed part of the membership and it was noted that VM also played an integral part together with two officers from the Local Authority. Support was being provided by two organisations:</p> <ul style="list-style-type: none"> Deloittes were working with Chief Executives to improve performance as system leaders. AQuA were supporting the Senior Change Team sub group who would be acting on the trust's behalf re accountable care arrangements. This consisted mainly of directors from across the area and would be working to align and bring the system together. <p>MF asked whether system changes for health and social care would be delivered to Wirral and KH advised this would be the vehicle for system change. Robust discussions had taken place and it was important that this worked for the people of Wirral. VM advised that the chairs of the GP Federations were part of the group and were valuable to the discussions.</p> <p>IC asked how it was anticipated that this would benefit Wirral patients and KH stated that the Terms of Reference for the group would be shared which were key to its success. The larger pieces of work, such as older people service provision, would be done together. Public health's involvement was advisory rather than as a voting member.</p> <p>The Board of Directors noted the content of the report.</p>
<p>9. WCT16/17-127</p>	<p>Reports from the Sub Committees of the Board - February 2017</p> <p>Quality & Governance Committee</p> <p>SC highlighted the following:</p> <ul style="list-style-type: none"> A presentation had been received from PS as part of her Florence Nightingale Foundation Leadership Scholarship. There had been an increase in positive patient feedback, particularly in relation to the phlebotomy service. Mersey Internal Audit Agency had conducted a quality spot check audit into incident reporting and the trust had received significant assurance. The audit had involved interviews with staff and a positive incident reporting culture had been reported. Formal recommendations consisted of: <ul style="list-style-type: none"> - an update on volunteer numbers be reported to the Education and Workforce Committee - The Chair of Staff Side be invited to join the Freedom to Speak Up team and this had been actioned. <p>CA added that the presentation given by PS had been inspiring and there was a lot for the trust to be involved in.</p>

Reference	Minute
	<p>Education & Workforce Committee MF highlighted the following:</p> <ul style="list-style-type: none"> • The staff story had looked at the way in which the team in the Heart Support Service had reviewed their emergency protocols and demonstrated leadership behaviours having had a patient with a condition that had not been managed before. • The sickness absence rate had decreased and action plans were being completed. • Discussions were taking place in relation to the talent development review and linking this to the appraisal process. Further high level details had been requested. • There were plans to run a coaching skills programme which would be rolled out to managers, Executive Directors and Non-Executive Directors. • An update had been provided on the national apprenticeship programme and how this fitted in with the trust's direction of travel. • Revised Terms of Reference for the committee were approved. • The policy for Handling Individual and Collective Grievances had been shared with staff side, however agreement had not been reached on all points from the staff side point of view. These issues of non-agreement were shared with the committee. The committee approved the policy subject to minor changes being made. • The Professional Registration Policy was approved following revisions being made. <p>IC asked whether consideration could be given to the staff story being published. SC agreed and would follow this up with the team leader.</p> <p>Finance & Performance Committee AW highlighted the following:</p> <ul style="list-style-type: none"> • An update was received on the 2016/17 Cost Improvement Programme (CIP) and there was confidence this would be achieved by 31 March 2017. A demonstration of the software programme would be presented to the committee to assist with the monitoring of CIP going forward. • An update had been provided on the redesign of GP Out of Hours within the financial envelope. • An MIAA audit report had been received on the 0 - 19 service and the recommendations had been actioned. • MIAA had undertaken an assessment of the trust's cyber security maturity following recent cyber attacks on NHS organisations. • The committee's Terms of Reference had been approved. <p>Board Development Sessions There had been one session held on 1 February 2017 and AH highlighted that the draft Memorandum of Understanding for Cheshire & Merseyside Delivering the Five Year Forward View 'Better Care, Better Health, Better Value' had been reviewed and would be developed further before being brought back to board prior to being formally adopted in June 2017.</p>
<p>10. WCT16/17-128</p>	<p>Integrated Performance & Risk Report - January 2017 KH presented the Integrated Performance & Risk Report providing assurance in relation to the organisation's strategic objectives and linked to the principal risks in each area of the Board Assurance Framework.</p> <p>SC highlighted the following from Section 1 - Our Patients and Communities:</p> <ul style="list-style-type: none"> • Significant pressure was seen across the services during December and this was common to the NHS as a whole. Despite these pressures, the trust had continued to see a positive performance in the indicators. • Focus had been on the triage time in the Walk in Centres. An external KPI had been set to see patients within four hours, however the internal target of seeing

Reference	Minute
	<p>patients within 30 minutes had not been maintained. The committee had requested to see an improvement trajectory. It was important to note that there had been an improvement seen in the incident reporting and the FFT score.</p> <ul style="list-style-type: none"> • The focus continued on pressure ulcers and medication incidents and regular updates were received for quality improvements in these areas. • There had been some challenges in relation to the End of Life CQUIN for quarter 3 and the details had been reported to the Quality & Governance Committee. There was confidence that all the issues would be addressed and the trust would be green RAG rated and receive the CQUIN payments. <p>MF made reference to the increase in the administration of IV antibiotics by community nursing teams and the significant effect this had on workload; MF asked how the community nurses managed this. SC advised that the balance of caseloads was complex but assurance was received every day through the patient safety huddles where consideration was given to move either the work or staff around in order to ensure a safe balance. The point was made that community nursing did not stop accepting patients when the service levels were full. Levels were fed into the wider system for assistance when this happened.</p> <p>IC asked whether community nurses were required to treat patients in nursing homes and SC advised that this did happen on occasion as nursing home staff did not always have the competencies required and there was a clear escalation process to the commissioners to inform them when this happened. Assurance was provided to the board that over activity was monitored and reported through contracting monitoring processes.</p> <p>The following were highlighted from Section 2 - Performance:</p> <ul style="list-style-type: none"> • The phlebotomy services went 'live' with the new care model and positive feedback was being received from service users. KPIs had improved and staff were motivated. • There were a number of contracted service KPIs on green and improvement plan were in place for those on red. Services were actively working to improve performance. • An improvement was being seen in Local Authority KPIs. Cheshire East 0 - 19 services would not be formally reporting until the beginning of April. • There had been an issue with the sub-contracted services relating to the provider of dental services in West Cheshire who had been issued with improvement notices. A formal contract performance query had been raised and improvement plans were in place to ensure the expected quality improvement was met. <p>KWS highlighted the following from Section 3 - Workforce:</p> <ul style="list-style-type: none"> • The trust continued to perform well in relation to onboarding and local induction. • The payspend was consistent with the previous month. Month 10 was £20k lower than the previous month. • 74% of staff had completed mandatory training. • Sickness absence rate for January was 5.2% which was a reduction from the previous month. • Trust wide talent development review had taken place and high level information would be provided to the Education & Workforce Committee. <p>MG highlighted the following from Section 4 - Finance:</p> <ul style="list-style-type: none"> • The trust remained on target to achieve the year end target of £1.6m and were reporting a surplus of £1,098k in month 10. • In month pay continued to underspend and this was due to vacancies and the Health and Wellbeing contracts ending earlier than expected. A significant amount of the pay budget was not utilised. Agency and bank staff continued to

Reference	Minute
	<p>reduce in line with the focus from NHSI.</p> <ul style="list-style-type: none"> • CIP delivery showed a cumulative shortfall of £460k in month 10. There was confidence the CIP target would be met although it needed to be borne in mind that there was a reliance on non-recurrent savings. • Capital spending was £700k behind plan and had been reviewed following a request from NHSI. It was anticipated the full capital programme would be spent by the end of the year. • Cash balances remained healthy and improvements had been made in debt recovery. • The key risks for the year were listed and included the agency spend forecast for the year being over the new agency cap. It had not been anticipated that NHSI would bring this in earlier than October. There was confidence this would be achieved in 2018/19 but not 2017/18 and this was reflected in the risk ratings. <p>CA referred to appendix 3 and it was noted that the box stating 'Only KPIs which are Amber or Green are reported here' should read 'Amber or Red'. CA referred to linking the impact of red KPIs on quality and it was acknowledged that this was considered as required at the Quality & Governance Committee.</p> <p>SC stated that consideration may be given to including CIP and the agency cap in terms of quality being affected on the risk register.</p> <p>The Board of Directors were assured that performance in all areas was being managed and effective and timely action being taken to address any areas of underperformance.</p>
<p>11. WCT16/17-129</p>	<p>Board Assurance Framework (BAF)</p> <p>AH presented the quarterly review of the Board Assurance Framework and it was noted this was an interim update. The strategic objectives had been reviewed and the BAF would be revised to reflect the new objectives. The changes to the BAF were highlighted in red text and the risk radar was attached as an appendix to the report.</p> <p>The table under paragraph 9 of the report highlighted the key risks to be brought to the Board's attention and related to principal risk 06a - Commissioning intentions and contracting decisions put services at risk. Although mitigation controls had been put in place, this was scoring a risk rating of 16.</p> <p>CA stated that principal risk 06a had scored 16 for some time and asked how this could be highlighted to commissioners as it was appearing on the risk register due to the absence of a commissioning plan and therefore a lack of clarity on commissioning intentions. The possibility of requesting a board to board meeting to raise this issue was suggested.</p> <p>KH agreed and it was anticipated this would be arranged at some point in the near future following the appointment of the new Accountable Officer. The mitigating controls for this risk needed to include the Local Delivery System of Cheshire and Wirral.</p> <p>AH advised that the Council of Governors would be informed of the revised strategic objectives and principal risks moving forward.</p> <p>The Board of Directors noted the BAF and the detail provided and supported the current position.</p>
<p>12. WCT16/17-130</p>	<p>Adoption of Patient Group Directions for Wirral Community Pharmacies to provide Emergency Hormonal Contraception</p> <p>ES presented the paper which requested adoption of two Patient Group Directives (PGDs) currently in use by community pharmacies to provide emergency hormonal contraception to Wirral service users. This followed the successful bid for the Trust to provide sexual health services across Wirral. The directives had</p>

Reference	Minute
	<p>been produced by Champs Public Health Collaborative.</p> <p>ES advised that the PGDs had been submitted to the Trust's safeguarding team for guidance as they included the delivery of contraception to patients under the age of 18 and potentially under 13. As a result of this, an addendum had been added which would be contractually binding and would form part of the SLA. This section was to be added retrospectively to the report.</p> <p>CA referred to the safeguarding section and asked whether training would be provided for those who had not completed a Section 11 self-assessment before. SC clarified that this related to sub-contracting to pharmacies. The Section 11 requirement would be completed and an action plan for improvement provided. Partners and providers were supported with the completion of Section 11 which was an electronic system, although paper copies were accepted.</p> <p>The Board of Directors approved the adoption of the Patient Group Directions.</p>
<p>13. WCT16/17-131</p>	<p>Quarterly Communications, Marketing & Engagement Strategy Update for reporting period October - December 2016</p> <p>KWS provided an update on progress in the implementation of the Trust's Communications, Marketing and Engagement Strategy. Fiona Fleming (FF), Senior Communications & Marketing Manager, was present for this item.</p> <p>KWS highlighted the following:</p> <ul style="list-style-type: none"> • Thanks were expressed to FF following the success of the staff awards. • Media training had been delivered for on call managers and further sessions would be arranged for those who had not been able to attend. • There had been involvement in the communications and engagement agenda in relation to the Cheshire & Merseyside Sustainability and Transformation Plan (STP) and continued to provide a high level of support for the Health & Social Care Integration, mobilisation of sexual health services and the launch of public health services in Cheshire. • The second annual Leadership for All event had taken place in November and had been very successful. Positive feedback had been received. • There had been two MP visits as well as a visit by the Shadow Health Secretary. • A number of internal communication projects had been undertaken, including involvement in developing bids and tenders. A communications training package had been developed and delivered as part of the Management Development Programme. • External projects included discussion with an independent TV company exploring the possibility of showing a documentary on health visiting. • The annual Communications, Marketing & Engagement Strategy Implementation Plan was on track at the end of quarter 3 and was attached as an appendix to the report. • Priorities for the next quarter included developing a capital bid to fund the development of a new trust website. The team were active in supporting implementation of the wellbeing agenda and a weekly wellbeing feature was included in the staff bulletin. Wellbeing week was scheduled to take place week commencing 8 May and the team were working on promotional materials. The next edition of the ForYou magazine was being drafted and the distribution was to be expanded to include GP practices. <p>MG acknowledged the amount of effort and work involved in these events. The Art Exhibition that had been held at St. Catherine's Health Centre had attracted sponsorship and there had been enough sponsorship received to pay for the Staff Awards evening.</p> <p>CA requested more information on the Trust branding and the new website. FF</p>

Reference	Minute
	<p>advised that NHS England had done significant work on the NHS branding generally and insight work had confirmed that the NHS lozenge was the part people recognised, including the location of a trust. The Trust could use more creative flexibility when running campaigns.</p> <p>MG stated that now the Trust had achieved Foundation Trust status, new signage would be needed. This would require a certain amount of planning and financing.</p> <p>CA made reference to the appendix (Branding, Our Services) which included the name change of the organisation and was awaiting an ELT decision. MG advised that consideration had been given to this at the Executive awayday when it had been discussed whether to expand the geographic areas into Cheshire. A number of options had been explored and feedback had been received from NHSI. Before the signage was replaced, executives would need to revisit and a decision made.</p> <p>In relation to the Trust website, FF advised that the current website was approximately six years old and work was on-going to upgrade it. Staff and patients were being asked for their views to ascertain what was needed.</p> <p>The Board of Directors noted the detail contained in the report and were assured of the progress made regarding the implementation of the strategy.</p>
<p>14. WCT16/17-132</p>	<p>Healthy Wirral - Whole System Integration Update</p> <p>VM 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.</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> • Population Health - The Trust were embarking on the second phase of the Wirral Health Record and data from SystmOne will be forming part of it. • Wirral Partners Board - AQuA had been commissioned to work with Wirral Partners on the development of an ACP. Discussion had taken place at the Healthy Wirral Partners Group regarding older people being the first care programme model. This would be a challenge for the system and provided the opportunity to break down organisational barriers and place the patient at the heart, building up systems and services to make a difference for older people in particular. There was a significant number of GPs working on the model. • Integrated Care - This workstream supported the development of integrated services with the potential transfer of staff from Adult Social Care, including service delivery on policies and procedures and acknowledged the different cultures, training and development in place. • Single Point of Access - Agreement had been reached to have a single telephone number for referrals into the system. A tele-triage pilot would be linked into ten care homes initially to support them in determining the correct clinical pathway for their patients and avoid hospital admission. Nurse clinicians would be based in the gateway and work with community staff. • Urgent Care - The Urgent Care Recovery Group had revised the action plan and strengthened the focus on admission avoidance procedures and enhancing discharge. Patients remaining in their own homes should be the priority as they could be managed better there. The Better Care Fund were looking to providing more resources to help with this. • A & E Delivery Boards - The Delivery Board had been made aware of the impact that pressures in the system had on the community services and the level of activity undertaken in the community. • Primary Care Relationships - Work continued on building relationships in primary care. The chair of the Primary Care Wirral Federation had had a positive meeting with KH and VM in relation to working together. Joint visits with the CCG to GP practices were being developed to discuss the primary

Reference	Minute
	<p>care quality scheme which commences in April 2017.</p> <p>MG asked if the additional beds opened over winter had been discussed; VM confirmed that discussions had not taken place however it was anticipated there would be a challenge should there be any requirement for system-funding. KH confirmed there had not been an agreement to fund additional beds nor had there been a strategic commissioning position brought forward in relation to intermediate care beds. The Trust had to make the decision whether or not to build a business case. KH had been shocked and saddened to read in the local press that expensive beds had been commissioned in nursing homes to outsource patients from hospital. A system solution was needed for Wirral.</p> <p>VM was requested to place on the Healthy Wirral Steering Group agenda discussion on the development of a system for intermediate care provision on Wirral. This was part of the pathway that required actioning as soon as possible. SC stated that the increased activity did involve a cost.</p> <p>MF advised that he had seen a number of examples of effective intermediate care provision when undertaking CQC inspections and these were needed in Wirral. IC stated that she was in full agreement and would be prepared to be involved wherever possible.</p> <p>MG made reference to the respiratory and diabetes pathways and advised that the Partner Group had agreed to fund for a further six months. A request was made for VM to take this back to the Steering Group to look at whether the work on respiratory and diabetes pathways was preventing hospital admissions further down the process.</p> <p>The Board of Directors were assured by the detail provided within the report and the progress being made.</p>
<p>15. WCT16/17-133</p>	<p>Staff Council - 24 November 2016</p> <p>TM reported that the meetings were going well and more people were being recruited on to the Staff Council.</p> <p>KWS made reference to the annual staff survey and advised that the results were embargoed until 7 March 2016. A report would be submitted to the Education & Workforce Committee in March.</p> <p>The minutes of the Staff Council held on 24 November 2016 were noted.</p>
<p>16. WCT16/17-134</p>	<p>Any Other Business</p> <p>None.</p>
<p>17. WCT16/17-135</p>	<p>Invitation for Public Comments</p> <p>CA had not been notified in advance of any public questions or comments.</p>
<p>18. WCT16/17-136</p>	<p>Items for Risk Register</p> <p>SC referred to the agency spend forecast for the year being over the new agency cap and the mitigations being taken. The delivery of CIP was also highlighted.</p> <p>MG advised these would be discussed at Finance & Performance Committee.</p>
<p>19. WCT16/17-137</p>	<p>Summary of actions and decisions</p> <p>AH provided a brief summary of actions and decisions taken during the Board of Directors meeting.</p>
<p>Date and Time of Next Meeting: The next formal Trust Board meeting will take place on Wednesday 3 May 2017 at 2.00pm in the Training Suite, St Catherine's Health Centre.</p>	

Board - Chair Approval			
Name:		Date:	
Signature:			

The Board of Directors Meeting closed at 4.30 pm.

Board of Directors - Matters Arising

Actions from meeting held on 2 March 2016 are complete.

Actions from meeting held on 4 May 2016 are complete.

Actions from meeting held on 6 July 2016 are complete.

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	November 2016	<p>Deferred</p> <p>Board of Directors requested to review at meeting in early 2017.</p> <p>Strategy to be refreshed to reflect new strategic objectives (supported by Board in January 2017) and reported to Board of Directors in Q1 2017/18.</p>

Actions from the meeting held on: **7 September 2016**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Integrated Performance Report & Risk Report	WCT16/17-069	Complete a refresh of the Quality dashboard to include more detailed keys to information	S.Christie	November 2016 March 2017	<p>On-going</p> <p>This will be addressed with the roll-out of Yellowfin</p>
Well Led Framework	WCT16/17-071	Schedule a board development session to consider the NHSI guidance included in the	A.Hughes	December 2016	<p>On-going</p> <p>NHSI and CQC</p>

Quarterly Review		well-led framework		March 2017	consultation launched in December 2016 with closing date of 14 February 2017.
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Actions from the meeting held on: **2 November 2016**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Staff Council DRAFT minutes	WCT16/17-097	<i>Referral to Education & Workforce Committee</i> Provide the committee with a review of recruitment processes across the trust	J.Harvey	December 2016	Complete Update provided to members of the board at meeting in January 2017

Actions from the meeting held on: **11 January 2017**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
General Data Protection Regulations	WCT16/17-112	Arrange a board development session focusing on key information governance topics inc. GDPR, FOI and cyber security	A.Hughes	April 2017	June board development date held with support from Hill Dickinson.

There were no actions from the meeting held on 1 March 2017.

Chief Executive's Report - May 2017

Meeting	Board of Directors		
Date	3 May 2017	Agenda item	8
Lead Director	Karen Howell, Chief Executive		
Author(s)	Alison Hughes, Trust Board Secretary		

To Approve <input type="checkbox"/>	To Note <input checked="" type="checkbox"/>	To Assure <input type="checkbox"/>
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Link to strategic objectives & goals - 2017-19

Please mark ✓ against the strategic goal(s) applicable to this paper

Our Patients and Community - To be an outstanding trust, providing the highest levels of safe and person-centred care	
We will deliver outstanding, safe care every time	✓
We will provide more person-centred care	✓
We will improve services through integration and better coordination	✓
Our People - To value and involve skilled and caring staff, liberated to innovate and improve services	
We will improve staff engagement	
We will advance staff wellbeing	
We will enhance staff development	
Our Performance - To maintain financial sustainability and support our local system	
We will grow community services across Wirral, Cheshire & Merseyside	
We will increase efficiency of corporate and clinical services	
We will deliver against contracts and financial requirements	✓

Link to the Board Assurance Framework (strategic risks)

Please mark ✓ against the principal risk(s) - does this paper constitute a mitigating control?

Our Patients and Community	Our People	Our Performance
Quality and safety including addressing inequalities is not maintained or improved	Lack of, or ineffective engagement and 2-way communication with staff & governors	Failure to respond to system changes and the requirements of the NHS Five Year Forward View
✓		✓
Patient experience is not systematically collected, reported or acted upon	Failure to maintain a competent, engaged and resilient workforce that feels trusted, listened to and valued at work within a changing environment	Failure to deliver the efficiency programme and achieve all the relevant financial statutory duties
✓		
Inability to deliver the benefits of integration within the defined timescales	Failure to provide quality training and supervision and opportunities for career development for all staff	Inability to sustain performance against contractual and financial targets
✓		✓

Link to the Organisational Risk Register (Datix)
No direct link to any organisational risks on the risk register. This report provides an overview of key developments across the organisation which may have associated risks recorded on the risk register; these would be reported as part of the Integration Performance & Risk Report to the Board of Directors.

Has an Equality Impact Assessment been completed?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Paper history		
Submitted to	Date	Brief Summary of Outcome
The Chief Executive report is a regular report to the Board of Directors.		

Chief Executive's Report - May 2017

Introduction

1. The purpose of this report is to appraise members of the Board of Directors on 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 March & April 2017.
4. I also include the Executive briefing for March & April 2017, for noting at **appendix 1**.

National news and developments

Spring 2017 budget announcements

5. The budget delivered in early March balanced a positive economic message with caution given a significant national debt and the unknown impact of Brexit and its preceding negotiations.
6. The most significant announcement was on social care with a grant of £2bn over the next 3 years, of which £1bn will be available in 2017/18. This is intended to ensure councils can take immediate action to fund care packages for more people, support social care providers, and relieve pressure on the NHS locally, in particular by addressing delayed transfers of care. We now understand that this additional funding will be pooled into local better care funds and we continue to work in partnership with the Local Authority to integrate health and social care services.
7. The government will provide an additional capital investment of £100m in 2017/18 for A&E departments. It is intended that this will help trust's invest in measures to manage demand on A&E services. This will include increasing the provision of on-site GP facilities for more effective triage. We are currently working with our partners at Wirral University Teaching Hospital to ensure this is implemented locally.
8. The government will invest £325million in capital over the next three years in STPs to support their local capital investment proposals. It is intended that this will be allocated to the partnerships that "have demonstrated the most progress to date".

Five Year Forward Delivery Plan - Sustainability & Transformation Partnerships

9. The Five Year Forward Delivery Plan was published on 31 March 2017. It is an ambitious plan for reform and transformation and whilst it is considered to be the right approach describing the right direction of travel, it is also important to remain realistic about the scale of the task and the pressure it places on NHS organisations and partners.
10. The plan sets out a twin-track approach to what are now being termed sustainability and transformation partnerships, with those areas that have made the most progress moving towards the development of accountable care systems (ACS), while the other areas will continue the process of building stronger relationships, reshaping services, engaging key interests (including clinicians and the public) and refining their plans.
11. The plan sets out plans for NHS England and NHS Improvement to work more closely together, with joint approaches to many of their functions, including the work of their regional teams.

12. It is a plan which requires all parts of the NHS and the wider system to work together in the interests of the system and most importantly the people who use our services. It is clear that there is more to do with the public about the radical changes which are being planned and the limitations as to what the NHS can deliver and the public can expect.
13. The full plan can be accessed via the following link - <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>
14. NHS Providers also published a useful 'on the day briefing' which outlines the key points and is attached to this report at **appendix 2**.
15. As the delivery plan was published, NHS England also reaffirmed its commitment to transforming primary care and general practice publishing the General Practice Forward View which sets out practical measures that will ensure high quality GP services for patients and staff in the next two years.

NHS Mandate 2017/18

16. The Department of Health published its mandate on 21 March 2017 setting out the government's objectives for NHS England until 2020, underpinned by seven short-term deliverables for 2017/18.
17. The NHS Confederation published a briefing on the key points from the mandate which I have attached to this report at **appendix 3**. The Executive Leadership Team has considered the mandate and the aforementioned Five Year Forward View Delivery Plan to understand the implications for the Trust.

Implications of the general election - 8 May 2017

18. Following the announcement of a general election on Thursday 8 June, we have been familiarising ourselves with the milestones associated with the election and the rules governing the pre-election period (purdah).
19. Purdah commenced at midnight on 22 April 2017 and will be lifted on 9 June 2017 if a government is formed immediately. There are implications for Foundation Trusts during purdah which we are cited on through our communications & marketing team and our corporate office.
20. As reported by our Lead Governor report, we are currently holding a by-election for a public governor seat for our Wirral West constituency. This process started prior to the general election being announced and will continue according to our original timetable with the declaration of results on 25 May 2017.

Local news & developments

Draft Final Accounts 2016-17

21. We submitted our draft final accounts for the year ending 31 March 2016 on 26 April 2017 according to the national deadline. These accounts are subject to audit but reflect that the organisation hit the agreed control total. The final accounts, the annual report and the annual quality report will all be signed off at the Audit Committee on 30 May 2017 and submitted to NHSI according to the annual reporting guidance.

Health & Social Care Integration

22. We are delighted that the Board of Directors approved plans to transfer Adult Social Care services from Wirral Council to the Trust on 1 June 2017. This is a tremendous step towards realising our vision of being the provider of integrated services to our community.
23. We look forward to welcoming Adult Social Care staff who will transfer their employment to the Trust from 1 June, to deliver more joined up care for patients as part of the integrated health and social care teams.

24. The work completed to reach this milestone has been significant and on behalf of the Board of Directors, I extend our sincere thanks and appreciation to all those involved both within the Trust and the Council.

New Strategic Objectives

25. The start of the new financial year provided us with a great opportunity to review our key achievements over the last 12 months and think about what we want to accomplish over the coming year.
26. As a Board of Directors, we have been considering the Five Year Forward View (Sustainability and Transformation Plans) and our role in shaping the future of health and social care. We have agreed new objectives that will ensure we continue to deliver outstanding care, that we support our incredible staff and that we maintain our financial sustainability. Furthermore, we hope that our new objectives will support us to remain central to providing out of hospital care across Wirral and Cheshire.
27. Our vision remains - To be the outstanding provider of high quality, integrated care to the communities we serve.
28. Our new strategic objectives fall under three themes:
- **Our Patients and Community** - to be an outstanding trust, providing the highest levels of safe and person-centred care
 - **Our People** - to value and involve skilled and caring staff, liberated to innovate and improve services
 - **Our Performance** - to maintain financial sustainability and support our local system
29. We have developed goals for the trust which will apply to every team and describe what we will do to achieve our three strategic objectives.

Staff Survey Results

30. In the national 2016 NHS Staff Survey we were pleased to once again be ranked amongst the best in the country for the overall indicator of staff engagement. Over 600 staff completed the survey and we scored amongst the highest levels nationally in ten categories including support from immediate managers, the number of staff receiving annual appraisals and recommending the organisation as a place to work or receive treatment.
31. We are delighted with these results however we are also committed to ensure we focus appropriately on the areas where we can still make improvements and we are working with our Staff Council and Joint Union Staff Side colleagues to develop an action plan.

Healthy Wirral Partners Group

32. I will be the sponsoring CEO for Wirral.
33. I met with the Senior Change Team to discuss the launch and implementation of the AQuA over 50's work which will form the basis of our Accountable Care System.

Executive Team responsibilities

34. Following my update in March 2017 confirming changes to the executive structure with effect from 1 April 2017 (*particularly in relation to the Director of Nursing & Quality Improvement and the Director of Integration & Operations*), I confirm two further updates. Mark Greatrex, Director of Finance & Resources has taken over executive leadership for the Health & Safety function within the organisation and Sandra Christie, Director of Nursing & Quality Improvement has taken over the statutory function of Caldicott Guardian for the Trust.

Recruitment of the Trust Chairman

35. We are in the process of recruiting a Chairman for the organisation working with the Council of Governors, and specifically the Remuneration & Nomination sub-group, who, according to the FT constitution and the FT Code of Governance, has the responsibility for the appointment of the Chairman and Non-Executive Directors of the Foundation Trust.

Lord Carter Review Phase 2

36. We were delighted to welcome the Carter review team to the Trust at the end of last week and look forward to progressing our work with them as they consider the community and mental health sectors.

Annual Appraisal Cycle

37. I am pleased to report that I have completed all Executive team members' appraisals looking back on performance during 2016-17 and looking ahead to 2017-18.

38. The appraisal window for the organisation will open in May and run until 30 July 2017. By completing the Executive team appraisals first we aim to ensure an appropriate cascade of priorities and objectives through the organisation.

39. The appraisal paperwork has been revised and streamlined again and I would like to extend my thanks to the HR team for their input and leadership.

Service Updates

40. We have welcomed a number of new teams to the Trust over the last few months.

- The Child Health Information Service (CHIS) joined us in March 2017, having previously been part of Wirral University Teaching Hospital. They schedule all childhood immunisations for 0-5 year olds and will help provide and integrated service with Wirral 0-19.
- We have a new team of paramedics based in the Urgent and Primary Care division. They will provide specialist expertise and knowledge to help people avoid unnecessary hospital admissions.
- We have launched a fifth hub for the Phlebotomy Service in West Kirby; feedback from patients and the local MP Margaret Greenwood has been positive.

41. The new Sexual Health Wirral service was launched on 1 April 2017. The service will see the introduction of on-line appointment booking, postal testing services and a range of clinics throughout the week at convenient times including dedicated young people's clinics.

42. I would like to extend sincere thanks to everybody in the service and all partner organisations who worked so hard to successfully mobilise the service.

43. At the end of March 2017 we launched an electronic single referral form for Wirral GPs. This is a major change for our services and we send our thanks to Wirral practice staff who have helped us develop a fit for purpose process that will result in a single electronic referral document that can be sent securely by e-mail, making it as simple as possible for GPs to refer to our services.

Communications and Engagement

44. I continue with a programme of communications and engagement activities locally, regionally and nationally. I have had the opportunity to meet with more of our services including spending a very productive day visiting 0-19 teams in Crewe, Middlewich and Congleton with Mark Greatrex, Deputy Chief Executive. It was wonderful to meet many members of our teams and we look forward to going to visit our Cheshire East teams again soon. I met with the vicar of St Catherine's Church to discuss closer ties between our organisations and joint initiatives to

benefit the local community and similarly, I was pleased to welcome the Group Manager of Merseyside Fire & Rescue to St Catherine's to discuss fire safety in patients' homes and how we can support joint communication.

45. Along with board colleagues I attended an MIAA event 'Annual Health Check on the state of the Health and Social Care' which was incredibly interesting and I met with the Head of the Innovation Agency to discuss some opportunities for collaborative working.
46. I have also been pleased to attend two meetings with our Council of Governors and will continue to work closely with the members of the Remuneration & Nomination sub-group in the recruitment of a Trust Chair.

Summary of Executive Leadership Team (ELT) business

47. The following is a summary of issues discussed by ELT during March & April 2017 together with subsequent reporting routes through the board and committee structure.
 - Regular 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.
 - 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 Business Development Report to Board
 - A monthly report responding to NHSI guidance on agency staffing rules is also reported to ELT/SLT on a monthly basis
 - During March & April, further specific topics discussed by ELT have included:
 - The development of the presentation for the organisational briefings which will be led by members of the Executive Leadership Team and the Senior Leadership Team, attending team meetings across the trust during May-July 2017.
 - The draft Quality Strategy including quality goals for 2017-18.
 - A new Management Accountability Framework which would be shared as part of the organisational briefings intending to give a clear accountability framework for line managers and team leaders across all services.
 - A demonstration of the new Trust Information Gateway (TIG) software
 - A review of the implications of the new IR35 legislation.

Conclusion

48. I hope you find this report interesting and helpful and it provides a clear description of the scale and pace at which we are currently working in Wirral and across the Cheshire & Merseyside footprint.

Karen Howell
Chief Executive

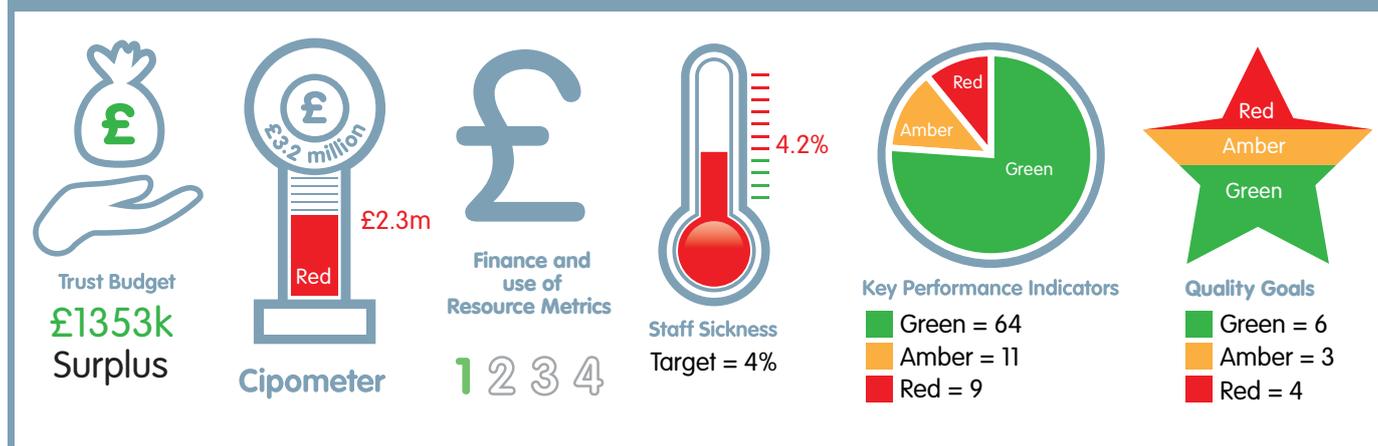
Alison Hughes
Trust Board Secretary

24 April 2017

March 2017

Executive Briefing

Performance figures for the month of February 2017



Performance Figures

The trust achieved its planned financial position for February and is on target to meet the year end surplus issued by NHSI. However, our **Cost Improvement Plan (CIP)** remains over £500,000 behind plan with **only 50%** of next year's plan currently identified. Please continue to submit ideas for additional savings opportunities via the innovation and ideas section on [StaffZone](#) or contact the Programme Management Office for support.

We are delighted there's been a **significant improvement in the sickness absence rate**, which is now **4.2%**. It's great to see so many people and teams taking up the wellbeing opportunities available.

The additional three quality goals reported this month relate to the staff survey.

Thank you to everyone for your support and hard work in ensuring that our performance for February has continued to improve. Over **90% of KPIs are now Green or Amber**.

Staff Survey Results

In the national 2016 NHS Staff Survey we once again **ranked amongst the best in the country** for the overall indicator of staff engagement. Over 600 staff completed the survey. We scored amongst the **highest levels nationally in ten categories**, including: support from immediate managers, the number of staff receiving annual appraisals and recommending the organisation as a place to work or receive treatment.

These are **great results**, however it's important we focus on areas where we can **still make improvements**. We will be working with Joint Union Staff Side and Staff Council to develop an action plan focusing on:

- Staff working extra hours
- Quality of non-mandatory training, learning and development
- Low reporting rate for bullying, harassment and abuse (from patients and/or staff)
- Communication between senior management and staff
- Flexible working opportunities

Each service will review their results and address areas of concern. For full results visit: nhsstaffsurveys.com

Health & Social Care Integration

The Board has **approved plans to transfer Adult Social Care** services from Wirral Council to the trust on 1 June. This is a tremendous step towards realising our vision of being the provider of integrated services to our community. On **1 June**, we will **welcome Adult Social Care staff**, who will transfer their employment to WCT, to deliver more joined up care for patients as part of integrated health and social care teams.

Leadership for All - Developing a Coaching Culture

The trust's **Leadership for All** programme is about setting the **culture** of our organisation. Leadership skills are important for every member of staff, regardless of job role or pay-band, as we all contribute to the culture of the trust, or 'the way we do things here'.

One of the **leadership approaches** we are embedding this year is around coaching. Developing a coaching culture will support us to think differently about how we champion innovation and change the nature of the conversations we have. We want to embed a culture based on the key principles of coaching, which would support staff to:

- Have solution-focused conversations
- Encourage innovation-based conversations
- Model organisational values and leadership qualities

We are pleased to have appointed an organisation to help us **develop a coaching culture programme** (linked to our leadership behaviours and trust values) to develop people's skills around active listening, supporting self-belief, building awareness and self-reliance. It will include formal training then peer-support self-development.

New Strategic Objectives

The start of the new financial year is a great opportunity for us to review where we are as a trust and where we want to be. It's a chance to take stock of all that's happening across the NHS, **recognise our fantastic achievements** over the last 12 months, and think about what we want to accomplish over the coming year.

The Board has been considering the five year forward view (sustainability and transformation plans) and our role in shaping the future of health and social care. It has set **new organisational objectives** for the coming year that will ensure we continue to deliver outstanding care, that we support our amazing staff, and that we make the books balance. Furthermore the new objectives will support us to remain central to providing out of-hospital care across Wirral and Cheshire.

Our vision remains - **To be the outstanding provider of high quality, integrated care to the communities we serve.**

Our new strategic objectives fall under three themes – **The three Ps!**

- Our **Patients** and Community - to be an outstanding trust, providing the highest levels of safe and person-centred care
- Our **People** - to value and involve skilled and caring staff, liberated to innovate and improve services
- Our **Performance** - to maintain financial sustainability and support our local system

We have developed goals for the trust which will apply to every team. They describe what **we will** do to achieve our three strategic objectives.

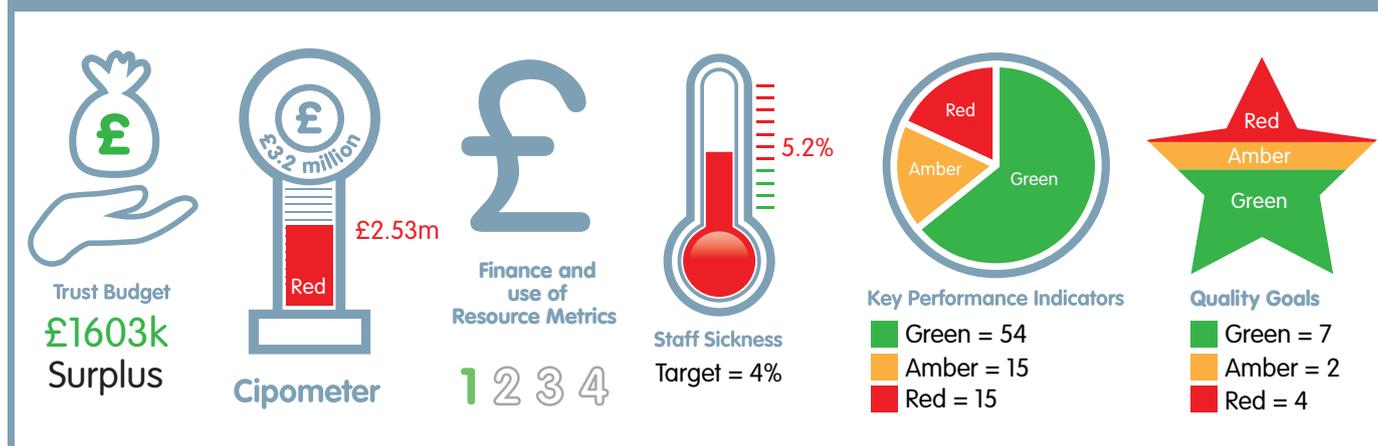
Every member of staff, regardless of role or pay band, has a really important part to play in helping us to achieve these objectives. To help everyone understand their role, we have developed a set of individual objectives or **'I will'** statements that can be personalised with line managers in this year's appraisals.

By all pulling in the same direction and everyone fulfilling their part, we will be able to provide outstanding care for patients, support our amazing staff and maintain financial sustainability.

April 2017

Executive Briefing

Performance figures for the year end 2016 - 2017



Performance Figures

We achieved a **year end surplus of £1,603,000**, thereby exceeding the target set by our regulator, NHS Improvement. This is subject to final audit.

At the end of March there was still a **shortfall of £684,000** in the **Cost Improvement Programme**. Fortunately there was sufficient slippage in other budgets to off-set the shortfall, so we were able to use that additional money to plug the gap. However, that means that **the additional £684,000 was non-recurrent**, so we will **have to find that figure again** on top of this year's CIP.

We managed to retain the **highest level** in the Finance and Use of Resources Metric Score. **This score is really important**, as it illustrates what the risk is to us maintaining financial stability. We know that the CIP for the coming year is already a cause for concern, together with continuing pressures within clinical supplies budgets and agency staff usage. Last year **we spent £322k over** what we were allowed to **on agency staff**. Continued spending at our current level will impact our future score, and **we need to retain a high score** to continue to prove that we can operate as an independent trust.

We are delighted, yet again, with the **improvement in the sickness absence rate** for the fourth consecutive month since December. **March was 4.1%**. However overall **for the year it was 5.2%** and so remains an organisational risk. It would be fantastic if we could achieve our 4.0% target this month, at the start of our new financial year.

In March we had 64 green KPIs, 10 amber and 10 red, recognising some of the **great work undertaken by services and teams**. Our reportable year-end figures show 54 green KPIs, 15 amber and 15 red. This reflects some of the **challenging areas** we have worked on during the year which although showing red, **have been improving** toward the year end, and some very new KPIs introduced for some teams.

In March we had 7 green quality goals, 3 amber and 3 red. However the final year-end figures were 7 green, 2 amber and 4 red. The red relate to pressure ulcers, medication incidents, staff satisfaction about flexible working and staff sickness. We are **developing plans to address these** over the coming year.

Appraisals

This year the appraisal window will run from **1 May to 31 July 2017**. The appraisal provides an opportunity for you and your line manager to **reflect on performance** over the last 12 months and **discuss your objectives and leadership behaviours** along with **future career development**.

A **management accountability framework** has been introduced this year which **identifies core skills** for managers and will be used to support objective setting. **Appraisal workshops** will take place in May to support line managers and provide an opportunity to **review key changes** to the appraisal this year, how to have an effective talent conversation and an opportunity to answer any questions. Dates will be confirmed shortly.

This year **all line managers** responsible for completing appraisals will be required to **record the appraisal on ESR**. Line manager's guidelines are available on [StaffZone](#).

Last year you told us the **appraisal paperwork was too long**. You spoke, we listened! It's now considerably shorter and hopefully much easier to complete. Our Chief Executive Karen Howell said: "As one of those voices that expressed concern about the length and complexity of the appraisal paperwork, **I'm genuinely pleased that this year's appraisal paperwork has been so much easier to use**."

Having now completed the Executive Teams appraisal I can honestly say **it does what it should**, in that it prompts and supports a constructive discussion rather than become an administrative imperative. So **well done and thanks** to those who were involved in the redesign. We always welcome your feedback and when we can act we will – so please keep helping us to try and get things right."

As there are a number of changes to appraisal this year, please visit [StaffZone](#) to ensure you are using the most up to date appraisal documents.

Appointment of Chairman and Non-Executive Directors

The **re-appointments process** for our new Non-Executive Directors continues. We are currently working with the trust governors' Remuneration and Nominations Committee to agree both the process and the supporting executive search company to **appoint a new Chairman and Non-Executive Director**. Meanwhile we are delighted to confirm that **Chris Allen, Brian Simmons and Murray Freeman** have been **re-appointed** as Non-Executive Directors. Chris Allen is also acting as Interim Chairman.

Freedom to Speak Up Champions

We've had a **fantastic response** to our call for Freedom to Speak Up Champions. **20 volunteers have come forward**, with most services represented. They will be meeting for the first of their quarterly forums in May, to discuss their new roles and how they can help ensure all staff feel confident and supported to raise any concerns they have about patient safety.

If you would like to be a champion, we still have room for a few more! Email paula.simpson8@nhs.net

Wellbeing

It's only **a couple of weeks away** to our Wellbeing Week (8th – 12th May). There are some **great opportunities** to get involved in **lots of activities** including health checks, physio advice clinics, relaxation, massage. Further details are on [StaffZone](#) and will be published in staff bulletin.

Don't forget to make your wellbeing pledge!



NEXT STEPS ON THE FIVE YEAR FORWARD VIEW: NHS PROVIDERS ON THE DAY BRIEFING

This briefing is a NHS Providers summary of the Next Steps on the NHS Five Year Forward View document (FYFVNS for the purposes of this briefing), published on 31 March 2017.

FYFVNS has been drafted by both NHS Improvement (NHSI) and NHS England (NHSE). It outlines progress on the ambitions set out in the *Five year forward view* since its original publication in October 2014, defines what still needs to be achieved over the next two years, and how this will be achieved. It also outlines priorities for the service specifically in 2017/18 as follows:

- Deliver financial balance across the NHS
- Improve A&E performance
- Strengthen access to GP & primary care services
- Improve cancer and mental health services

The document breaks down into 11 chapters covering a range of areas - however this briefing focuses on the most relevant points for NHS trusts and foundation trusts in particular the “what still needs to be achieved” parts of the document and new announcements. To see the full FYFVNS document please follow this link: <https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/>. At the end of this briefing we have attached the NHS Providers press statement. If you have any questions about this briefing, please contact Edward.Cornick@nhsproviders.org.

KEY AREAS OF INTEREST

Urgent and emergency care and RTT waiting times

Urgent and emergency care

The document notes the progress made in urgent and emergency care over the past three years, then outlines the key deliverables for urgent and emergency care in both 2017/18 and 2018/19. These deliverables are a mix of actions for both for local organisations and national bodies to deliver.

The key item to note here is the adjustment to the 95% A&E standard trusts will be required to meet. This is in line with what was announced in the Government’s 2017/18 mandate to the NHS. These changes are:

- before September 2017 over 90% of emergency patients are treated, admitted or transferred within 4 hours (up from 85% currently being delivered)
- the *majority* of trusts will have to meet the 95% standard in March 2018
- the NHS overall returns to the 95% standard within the course of 2018
- Also to note, the document confirms the previous standard contract fines for A&E have been dropped for those providers who have agreed control totals. From April 2017 the rules governing the performance element of the £1.8 billion sustainability and transformation fund (STF) for acute trusts that relates to A&E will be amended. The non-appealable rules expected for access to the STF are set out at the end of the FYFVNS document at reference 24.

The document also prescribes how the trusts should achieve these changes and improve their current A&E performance:

By October 2017:

- Every hospital must have “comprehensive front-door clinical streaming”.
- Every hospital and its local health and social care partners must have “adopted good practice to enable appropriate patient flow”. This includes better hand-offs between A&E and acute physicians, ‘discharge to assess’, ‘trusted assessor’ arrangements, streamlined continuing healthcare processes, and seven day service (7DS) discharge capabilities.

By March 2018:

- Trusts should work with local councils to ensure that the extra £1 billion provided in the March 2017 budget for adult social care is used in part to reduce delayed transfers of care (DTC), thereby helping to free up 2000-3000 acute hospital beds. Progress against this figure “will be regularly published” - the document does not say by whom or how frequently.
- ensure that 85% of all assessments for continuing health care funding take place out of hospital in the community setting,
- Implement the “High Impact Change Model” for reducing DTCs.

It also notes a range of actions that the national bodies will undertake:

- Roll-out by spring 2018 of 150 standardised new ‘Urgent Treatment Centres’ which will open 12 hours a day, seven days a week, integrated with local urgent care services.
- Implement the recommendations of the Ambulance Response Programme by October 2017, putting an end to long waits not covered by response targets.

It also notes a range of actions that the national bodies will undertake regarding with NHS 111 and primary care:

- Enhance NHS 111 by increasing from the proportion of 111 calls receiving clinical assessment by March 2018,
- By 2019, NHS 111 will be able to book people into urgent face to face appointments
- Roll out evening and weekend GP appointments, to 50% of the public by March 2018 and 100% by March 2019.

To support these changes, the FVFNS outlines the following support measures:

- £100m in capital funding, as announced in the budget, to support modifications to A&Es to enable clinical streaming by October 2017.
- Aligned national programme management. NHSI/NHSE will appoint a single national leader accountable for all of the above actions. Also from 1 April 2017 a single Regional Director drawn from either NHSI or NHSE will hold to account both CCGs and trusts in each STP area for the delivery of the local urgent care plan.

RTT waiting times

The document makes reference to the referral to treatment time 18 week 92% target. It says:

“Looking out over the next two years we expect to continue to *increase* the number of NHS-funded elective operations. However given multiple calls on the constrained NHS funding growth over the next couple of years, elective volumes are likely to expand at a slower rate than implied by a 92% RTT incomplete pathway target. While the median wait for routine care may move marginally, this still represents strong performance compared both to the NHS’ history and comparable other countries.”

This has been taken as recognition by NHSI and NHSE that performance against the 92% constitutional standard is not likely to be achieved in 2017/8.

Integrating care - STPs, ACOs and ACSs

The FYFVNS document has a chapter dedicated to integrating care. This provides two main functions:

1. Outlining key areas of clarification for STPs (now referred to in the document as Sustainability and Transformation Partnerships), accountable care system and accountable care organisation integration models
2. Outlining new policy changes associated with these models

These areas are summarised in the two tables following below:

Area of clarification	Explanation
Statutory role of STPs	<ul style="list-style-type: none"> • The document says: “STPs are not new statutory bodies. They supplement rather than replace the accountabilities of individual organisations. It’s a case of ‘both the organisation and our partners’, as against ‘either/or”
Uniformity and running of STPs	<ul style="list-style-type: none"> • The document says: “The way STPs work will vary according to the needs of different parts of the country. Place-based health and care systems should be defined and assessed primarily by how they practically tackle their shared local health, quality and efficiency challenges. We do not want to be overly prescriptive about organisational form... [but] all STPs need a basic governance and implementation ‘support chassis’ to enable effective working ”
What Accountable Care Systems (ACSs) are	<ul style="list-style-type: none"> • Essentially what the most advanced STPs will aspire to be. The document says: “ACSs will be an ‘evolved’ version of an STP that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers)...choose to take on clear collective responsibility for resources and population health ...specifically, ACSs are STPs - or groups of organisations within an STP sub-area... that get far more control and freedom over the total operations of the health system in their area”

What ACS's can or should do

- Agree an “accountable performance contract” with NHSE and NHSI to commit to make faster improvements in the key deliverables set out in the FYFVNS
- Manage funding for their defined population, committing to shared performance goals and a financial system ‘control total’ across CCGs and providers.
- Effectively abolish the annual transactional contractual purchaser/provider negotiations within their area.
- Create an effective collective decision making and governance structure
- Demonstrate how their provider organisations will operate on a horizontally integrated basis
- Demonstrate how they will simultaneously also operate as a vertically integrated care system, partnering with local GP practices.
- Deploy rigorous population health management capabilities that improve prevention
- Establish clear mechanisms by which residents within the ACS’ defined local population will still be able to exercise patient choice.

What Accountable Care Organisations (ACOs) are

- The document says: “In time some ACSs may lead to the establishment of an accountable care organisation. This is where the commissioners in that area have a contract with a single organisation for the great majority of health and care services and for population health in the area. A few areas in England are on the road to establishing an ACO, but this takes several years”

Area of policy change	Explanation
Assessment of STPs	<ul style="list-style-type: none"> • NHSI and NHSE will publish metrics at STP level in July that will “align” with the Single Oversight Framework for NHS provider trusts and NHSE’s annual CCG Improvement and Assessment Framework.
Governance of STPs	<p>STPs must:</p> <ul style="list-style-type: none"> • form an STP board drawn from constituent organisations and including appropriate non-executive participation, partners from general practice, and in local government wherever appropriate. • establish formal CCG Committees in Common or other appropriate decision making mechanisms where needed for “strategic decisions between NHS organisations.” • ensure the STP has the necessary programme management support by pooling expertise and people from across local trusts, CCGs, CSUs and other partners.

Communication of STPs

- From 1 April 2017, NHS organisations will have to show that proposals for significant hospital bed closures, requiring formal public consultation, can meet one of three “common sense conditions”:
- That sufficient alternative provision is being put in place alongside or ahead of bed closures, and that a new workforce can deliver it; and/or
- That specific new treatments or therapies will reduce specific categories of admissions; and/or
- Where a hospital has been using beds less efficiently than the national average, has a credible plan to improve performance without affecting patient care

How to become an ACS

- The document says: “We expect that candidates for ACS status to include successful vanguards, ‘devolution’ areas, and STPs that have been working towards the ACS goal. In Q1 2017/18, NHSE and NHSI will jointly run a light-touch process to encourage other STPs (or coherent parts of STPs) to come forward as potential ACSs. This is a complex transition which requires careful management, including of the financial framework so as to create opportunity while also reducing instability and managing risk.”

Freedoms given to ACSs by the national bodies

- The ability for the local commissioners in the ACS to have delegated decision rights in respect of commissioning of primary care and specialised services.
- A devolved transformation funding package from 2018, potentially bundling together national funding for GPFV, mental health and cancer.
- A single ‘one stop shop’ regulatory relationship with NHSE and NHSI with streamlined oversight arrangements, with an integrated CCG IAF and trust single oversight framework.
- The ability to redeploy attributable contracting staff and related funding from NHSE and NHSI to support the work of the ACS.

OTHER AREAS OF INTEREST

Funding and efficiency

The document outlines a 10 point plan for the next two years to increase efficiency for the NHS in England. This briefing picks out the key points of this plan below and the keys areas where they impact on providers.

1. Free up 2000 to 3000 hospital beds

- Using the extra £1bn awarded to adult social care in the last budget hospital trusts “must now work with their local authorities, primary and community services to reduce delayed transfers of care.”

2. Further clamp down on temporary staffing costs and improve productivity

- Trusts are set a target of cutting £150m in medical locum expenditure in 2017/18. NHSI will require public reporting of any locum costing over £150,000 per annum.

3. Use the NHS' procurement clout

- All trusts will be required to participate in the Carter Nationally Contracted Products programme, by submitting and sticking to their required volumes and using the procurement price comparison tool.

4. Get best value out of medicines and pharmacy

- NHSI support trusts to save £250m from medicines spend in 2017/18 by publishing the uptake of a list of the top ten medicines savings opportunities, and work with providers to consolidate pharmacy infrastructure

5. Reduce avoidable demand and meet demand more appropriately

- NHS provider trusts will have to screen, deliver brief advice and refer patients who smoke and/or have high alcohol consumption in order to qualify for applicable CQUIN payments in 2017/18 and 2018/19.

6. Reduce unwarranted variation in clinical quality and efficiency

- Trusts to improve theatre productivity in line with Get it right first time (GIRFT) benchmarks and implement STP proposals to split 'hot' emergency and urgent care from 'cold' planned surgery clinical facilities for efficient use of beds.

7. Estates, infrastructure, capital, and clinical support services

- The NHS and Department of Health are aiming to dispose of £2bn of surplus assets this parliament, following recommendations from the forthcoming Naylor review.

8. Cut the costs of corporate services and administration

- NHSI is targeting savings of over £100m in 2017/18, from trusts consolidating these services, where appropriate across STP areas. NHSI is also establishing a set of national benchmarks.

9. Collect income the NHS is owed

- The Government has set the NHS the target of recovering up to £500m a year from overseas patients, Twenty trusts will now pilot new processes to improve the identification of chargeable patients

10. Financial accountability and discipline for all trusts and CCGs

- Outlines the operation of control totals - 70% of the STF will again be tied to delivery against control totals. Provider trusts not agreeing control totals will lose their exemption from contract fines. From August 2017 CQC will begin incorporating trust efficiency in their inspection regime based on a Use of Resources rating. Trusts missing their control totals may be placed in the Special Measures regime.

Mental Health

What still needs to be achieved

- An extra 35,000 children and young people being treated through NHS-commissioned community services next year compared to 2014/15
- NHSE to fund 150-180 new CAMHS Tier 4 specialist inpatient beds, rebalancing beds from parts of the country where more local CAMHS services can reduce inpatient use.
- 74 24-hour mental health teams at the Core 24 standard, covering five times more A&Es by March 2019
- An extra 140,000 physical health checks for people with severe mental illness in 2017/18.

How it will be achieved

- Expand the mental health workforce – 800 mental health therapists embedded in primary care by March 2018, rising to over 1500 by March 2019.
- Reform of mental health commissioning so that local mental health providers control specialist referrals and redirect around £350m of funding.
- Clear performance goals for CCGs and mental health providers, matched by unprecedented transparency using the new mental health dashboard.

Cancer

What still needs to be achieved

- Introduction of a new bowel cancer screening test for over 4m people from April 2018.
- Introduce primary HPV testing for cervical screening from April 2019 to benefit 3m women per year.
- Expand diagnostic capacity so that England is meeting all 8 of the cancer waiting standards.
- Performance incentives to trusts for achievement of the cancer 62-day waiting standard will be applied to extra funding available to our cancer alliances.
- 23 hospitals have received new or upgraded radiotherapy equipment in early 2017, and over 50 new radiotherapy machines in at least 34 hospitals will be rolled out over the next 18 months.

How it will be achieved

- Targeted national investment, including £130m for a national radiotherapy modernisation fund. £36m has been spent so far, with a further £94m planned to be spent over the next 18 months.
- Expand the cancer workforce: HEE to have trained 160 non-medical endoscopists by 2018, alongside 35 more places for ST1 clinical radiology training.
- Performance goals for CCGs and cancer providers, and transparency using the new cancer dashboard.
- Three cancer vanguards creating population cancer budgets so as to integrate commissioning of cancer surgery, radiotherapy and cancer drugs for 9.6m people., and

Other areas of relevant interest the document says will be delivered in the next two years

Workforce

- A new nurse retention collaborative run by NHSI and NHS Employers will support 30 trusts with the highest turnover.
- A consultation will be launched on creating a Nurse First route to nursing, similar to the Teach First programme.
- NHSI will publish guidance on effective electronic rostering.
- Undergraduate medical school places will grow by 25% adding an extra 1500 places, starting with 500 extra places in 2018 and a further 1000 from 2019.

Technology

- By summer of 2017 GPs will be able electronically to seek advice and guidance from a hospital specialist without the patient needing an outpatient appointment.
- In the summer 2017 an updated online patient appointment system will be launched, providing patients with the ability to book their first outpatient appointment with access to waiting time information on a smartphone, tablet or computer.
- The NHS e-Referral Service is currently used by patients to arrange just over half of all referrals into consultant-led first outpatient appointments. By October 2018 all referrals will be made via this route, improving patients' experience and offering real financial and efficiency benefit
- By December 2018 there will be a clear system in place across all STPs for booking appointments at particular GP practices and accessing records from NHS 111, A&Es and UTCs

NHS PROVIDERS PRESS STATEMENT

NHS PROVIDERS COMMENTS ON THE NHS FIVE YEAR FORWARD VIEW DELIVERY PLAN

Embargoed until 00.01 hours, Friday 31 March 2017

Commenting on the NHS Five Year Forward View Delivery Plan published today, Chris Hopson, NHS Providers Chief Executive said:

"We welcome the plan's recognition of the scale of challenge the NHS faces - rapidly rising demand, the longest and deepest financial squeeze in NHS history and growing staff shortages."

On the task facing NHS trusts in 2017/18 and 2018/19

"Two weeks ago, in our *Mission Impossible?* report, we set out how impossible the task was for NHS trusts in 2017/18 and we called for greater realism. We therefore welcome the new performance trajectories for the key four hour A&E and 18 week elective surgery targets next year. But we do need to remember the impact on patients. More will have to wait longer in A&E and for routine surgery than they should. That's why, in our report, we said that NHS trusts would much prefer to be properly funded to meet the NHS constitutional standards.

"Trusts look forward to working with NHSE and NHSI to finalise two key details not covered in the plan.

"First, we need to finalise the 2017/18 financial targets. Our recent survey of trust finance directors estimated a £1 billion gap in the 2017/18 budget if trusts are to achieve the required financial balance. Given the new financial year starts tomorrow we need to rapidly work out how to fill this gap and what the overall provider sector financial target should be. We believe trusts will be doing well to reproduce this year's likely performance of an £800-900m deficit.

"Second, we need to work out what can actually be delivered in 2018/19 given that NHS frontline funding increases drop even further from +3.6% in 2016/17 to +1.3% in 2017/18 and then to +0.4% in 2018/19. This means that NHS real terms spending per person (adjusting for age) will actually decrease in 2018/19 - a very rare occurrence.

"We also welcome the explicit acknowledgement in the plan of the scale of risk facing NHS trusts in delivering all they are required to in 2017/18. We must not forget how difficult this winter was for staff and patients with unacceptable levels of patient safety risk. We need to ensure this risk is much better managed next winter. For example, the NHS needs between 2,000 and 3,000 beds freed up as a result of the extra £1 billion social care funding allocated in the Budget. Without this, or other extra capacity, the plan's A&E performance trajectories in the second half of 2017/18 already look very difficult indeed – even though these are already below the NHS constitutional standard.

"Trust leaders also recognise the importance of their role in delivering the new cancer and mental health improvements for patients and service users. It is important that we continue to make progress in these two areas."

On the development of Sustainability and Transformation Partnerships (STPs)

"We welcome the pragmatic and flexible approach to developing STPs. The plan recognises that the 2012 Health and Social Care Act prevents the creation of a formal 'mid level STP tier' with statutory powers.

“The plan also recognises the importance of existing governance and accountability structures focussed on trusts, but also the opportunity for shared decision making at the STP level.

“Finally, it allows different STPs to move at different speeds: enabling the fastest to progress without delay but not forcing others to adopt a single uniform approach they neither want nor are ready for.

“We look forward to working with NHSI and NHSE on the details of how STPs will develop in future over the next few weeks.”

On workforce

“Trust leaders tell us that concerns over workforce are now at the top of their worry list. This includes concerns about growing staff shortages, the unsustainable pressure on staff and the viability of maintaining a 1% pay cap. We note the workforce proposals in the plan and will want to test with NHS trusts whether these really do represent a viable and sustainable solution.”

On the future strategic direction of the NHS

“We welcome the restatement of the Five Year Forward View vision of closing the health, care and financial gaps and the move to new care models, which we strongly support.

“We also welcome recognition that transformation at the required speed can only occur with capital investment and by growing capacity closer to people’s homes in the community. The Chancellor’s commitment to address these needs in the Autumn Statement is welcome but the detail of how that commitment is met will be important. Trust leaders tell us they are very worried by the current approach to capital – it is short sighted and unsustainable to carry on robbing capital budgets to prop up daily running costs

“Transformation also requires the right leadership capacity that is in desperately short supply given the increasing fragility of services and the leadership time required to keep them stable.”

Summary

“The plan reinforces a simple, stark, truth: that you get what you pay for. Trusts will do all they can to transform and realise efficiencies as quickly as possible. But if NHS funding increases fall way behind demand and cost increases NHS services inevitably deteriorate. That is clearly now happening.”

ENDS



The voice of NHS leadership

Understanding the NHS Mandate 2017/18 – NHS Confederation briefing

The [NHS Mandate](#) was published by the Department of Health (DH) on 21 March 2017.

Released later in the year than usual, Jeremy Hunt stated the delay was due to the extra funding received for social care in the Spring Budget.

The mandate sets the government's objectives for NHS England until 2020, with short-term deliverables for 2017/18 underpinning the objectives.

The DH confirms that in 2017/18 it wants to see concrete progress on sustainability and transformation plans (STPs), along with the delivery of key seven-day services. The A&E target has been slightly relaxed, with DH expecting an aggregate performance of 90 per cent in September 2017, a *majority* of trusts meeting 95 per cent in March 2018 and an *aggregate* performance of 95 per cent in the course of 2018.

Objectives and key deliverables from the 2017/18 mandate:

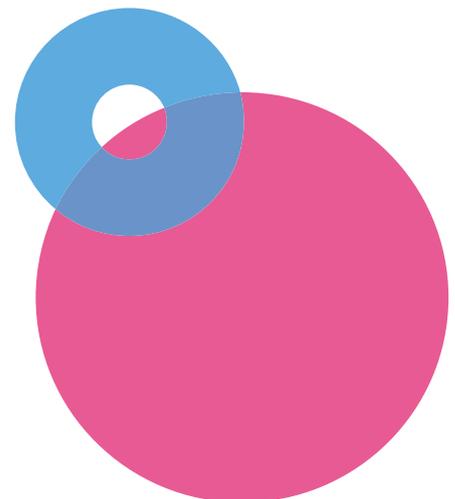
1) **Through better commissioning, improve local and national health outcomes, and reduce health inequalities**

- Publish clinical commissioning group (CCG) improvement and assessment framework by July 2017.

2) **Help create the safest, highest quality health and care service**

- Roll-out seven-day services in hospitals' four priority clinical standards covering 50 per cent of the population by April 2018 and the whole population for five specialist services –vascular, stroke, major trauma, heart attack and paediatric intensive care – by November 2017.
- Develop proposals for how complaints, whistleblowing and wider feedback can be used more effectively.
- Identify metrics to assess quality and choice in end-of-life care, ready for inclusion in the CCG Improvement and Assessment Framework for 2018/19.
- Achieve the 62-day cancer waiting times standard, and maintain performance against the other cancer waiting times standards.
- Develop IT infrastructure and national guidance to enable routine collection of data for the new 28-day faster diagnosis standard, to begin in April 2018.
- Improve the proportion of cancers diagnosed at stages 1 and 2 over the previous year
- Pilot an approach to measuring long-term quality of life for people living with and beyond cancer, and agree an implementation plan to begin data collection in 2018/19.
- Invest up to £340m in providing cancer treatments through the Cancer Drugs Fund (CDF), including those recommended by NICE for use in the CDF.

3) **To balance the NHS budget and improve efficiency and productivity**



- Ensure overall financial balance in the NHS.
 - Ensure that aggregate spending by commissioners does not exceed mandate funding for 2017/18, including the maintenance of appropriate contingency funding.
 - Ensure CCGs take steps to better manage demand in acute services.
 - Measurable improvement in primary care productivity, including through supporting community pharmacy reform.
 - Support the government's commitment for the NHS to recover up to £500m from overseas chargeable patients.
- 4) **To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives**
- At least 60,000 people referred to the Diabetes Prevention Programme.
- 5) **To maintain and improve performance against core standards**
- Aggregate A&E performance above 90 per cent in September 2017, with the majority of trusts meeting 95 per cent in March 2018 and aggregate performance in England at 95 per cent within the course of 2018.
 - Reduce NHS-related delayed transfers of care in support of a total reduction of delayed transfers of care to 3.5 per cent performance by September 2017.
 - Develop and implement plans to moderate avoidable growth in demand for elective services.
- 6) **To improve out-of-hospital care**
- Deliver 2017/18 core requirements for access to enhanced GP services, including evening and weekend access, to a total of 40 per cent of the population.
 - Agree a programme of work to assess how best to meet the commitment for same day GP appointments for all over-75s.
 - Achieve 20 per cent coverage of the population by the New Care Model Programme.
 - Work with DH to agree and support implementation of those local devolution deals which include health proposals.
 - Increase the proportion of NHS Continuing Healthcare assessments undertaken outside of an acute setting.
 - NHS England must ring-fence £3.582bn within its allocation to CCGs to establish the 2017/18 Better Care Fund (BCF), and £3.65bn within its allocation to CCGs to establish the Better Care Fund in 2018/19.
 - Deliver the 2017/18 Mental Health Five Year Forward View Implementation Plan recommendations
 - Develop and implement a five-year improvement programme for crisis and acute mental healthcare.
- 7) **To support research, innovation and growth**
- Agree a clear role for NHS England in implementation of the recommendations of the Accelerated Access Review.

- Develop, jointly with Genomics England, the approach to begin to embed genomics into routine care.
- Ensure high quality appointment booking app with access to full medical record is available.
- Each practice to have a minimum of 10 per cent of patients accessing primary care services online or through apps.
- Make measurable progress towards achieving 100 per cent of GP to first outpatient referrals through NHS e-RS by October 2018.
- Work with government to identify opportunities for regular collection of data about incidence, prevalence, clinical activity and outcomes of musculoskeletal patients and services.

Reports from the Sub Committees of the Board
March & April 2017
(including board development sessions)

Meeting	Trust Board of Directors		
Date	3 May 2017	Agenda item	9
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 strategic objectives & goals - 2017-19

Please mark ✓ against the strategic goal(s) applicable to this paper

Our Patients and Community - To be an outstanding trust, providing the highest levels of safe and person-centred care

We will deliver outstanding, safe care every time	✓
We will provide more person-centred care	✓
We will improve services through integration and better coordination	✓

Our People - To value and involve skilled and caring staff, liberated to innovate and improve services

We will improve staff engagement	✓
We will advance staff wellbeing	✓
We will enhance staff development	✓

Our Performance - To maintain financial sustainability and support our local system

We will grow community services across Wirral, Cheshire & Merseyside	✓
We will increase efficiency of corporate and clinical services	✓
We will deliver against contracts and financial requirements	✓

Link to the Board Assurance Framework (strategic risks)

Please mark ✓ against the principal risk(s) - does this paper constitute a mitigating control?

Our Patients and Community		Our People		Our Performance	
Quality and safety including addressing inequalities is not maintained or improved	✓	Lack of, or ineffective engagement and 2-way communication with staff & governors	✓	Failure to respond to system changes and the requirements of the NHS Five Year Forward View	✓
Patient experience is not systematically collected, reported or acted upon	✓	Failure to maintain a competent, engaged and resilient workforce that feels trusted, listened to and valued at work within a changing environment	✓	Failure to deliver the efficiency programme and achieve all the relevant financial statutory duties	✓
Inability to deliver the benefits of integration within the defined timescales	✓	Failure to provide quality training and supervision and opportunities for career development for all staff	✓	Inability to sustain performance against contractual and financial targets	✓

Link to the Organisational Risk Register (Datix)

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

Has an Equality Impact Assessment been completed?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Paper history		
Submitted to	Date	Brief Summary of Outcome
The committee reports are regular monthly reports to Board.		

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 15 March and 19 April 2017.
2. The trust board is asked to note the key decisions and recommendations agreed in the meetings by the Quality and Governance Committee.

Significant agenda items from 15 March 2017

3. The committee noted and approved the Quality Report for February 2017 and were assured of the actions that had been taken to address the identified concerns. The committee noted the patient safety dashboard and acknowledged the caseload and complexity of cases managed within the community nursing teams.
4. In receiving the CQC quarterly assurance report for Q3, the committee noted the proposed increase in fees for all providers from April 2017 and were assured by the processes in place to monitor compliance with all CQC regulations.
5. The committee received the Infection, Prevention & Control assurance report for Q3.
6. The committee reviewed and approved the Clinical Audit & Continuous Quality Improvement programme for 2017-18.
7. A number of policies were presented to the committee for approval:
 - Procedure for Being Open General Policy GP43
 - Implementing Best Practice from National Confidential Enquiries GP36
 - Procedure for Dealing with External Recommendations Specific to the Organisation GP28
8. The committee noted the action plans and outcome summaries from the groups reporting to the committee.

Significant agenda items from 19 April 2017

9. The committee received the Quality Report for March 2017 and supported a recommendation to present the medication incidents and harm-free care data as a run chart in future reports. This would include detail on the measures used and why to support useful analysis by committee members.
10. The Claims Report for Q4 was noted and the committee was assured by the information presented supporting a recommendation to review the claims policy and internal processes, noting also the role of the Mortality Review Group.
11. The committee received the Quality Strategy Assurance Report for Q4 noting and supporting recommendations as follows:
 - The pressure ulcer improvement plan, the medication improvement plan and the sepsis and deteriorating patient improvement plan would continue to be reported to the committee on a quarterly basis via the Quarterly Quality Strategy Assurance Report
 - The final end of year RAG rated position for each of the 2016-17 quality goals would be reported to the committee via the Q1 2017/18 Quality Strategy Assurance Report
12. The Raising Concerns Report for Q4 was noted and the committee welcomed the new Datix module built to support the recording of concerns. In noting the action to commence staff surveys from Q2, the window of the staff survey (October - December) was highlighted and

requested that this be considered in the timetable to avoid over surveying staff. The committee supported this consideration.

13. The committee noted the Complaints & Concerns Report and supported the following recommendations:
 - An update to the Trust's website in readiness for adult social care joining the trust for compliments, concerns and complaints
 - A redesign of the FFT feedback cards and rebranded to 'Your Experience'
 - An update to the complaints policy to include reference to the Local Government Ombudsman for adult social care
 - Serious complaints to be investigated at the same level as a concise RCA, using the NPSA decision tree to ensure the organisation has completed an open and transparent investigation to promote and sustain patient safety
 - Complaints quarterly reports to include a summary of key learning each quarter
14. The committee noted and welcomed the submission of the IG Toolkit at Level 2 and the MIAA internal audit review giving Significant Assurance.
15. The committee received a report on the new Safe, Sustainable and Productive Staffing guidance and supported a number of recommendations in relation to monitoring progress:
 - The Quality and Governance Committee would receive a quarterly Safe, Sustainable and Productive Staffing report providing assurance that risks to quality associated with transformation and CIP are identified and managed.
 - A high level QIA update would be built into the monthly Finance and Performance CIP paper and workforce impacts reported via the quarterly Education and Workforce plan report.
16. The committee approved:
 - The revised Terms of Reference for the committee
 - The revised Raising Concerns Policy (GP51)
 - Standards of Dress & Uniform Policy (GP10)
17. The committee noted the action plan and outcome summaries from the groups reporting to the committee.
18. The committee received a matter of AOB in relation to a new CQC monthly data return. It was confirmed that this would be submitted to the CQC at the end of each calendar month therefore providing an opportunity for the QGC to comment prior to submission.

Chris Allen
Chair Quality and Governance Committee

26 April 2017

Briefing from the Chairman of Education and Workforce Committee

Purpose

1. This is a brief report from the committee meetings held on Wednesday 22 March and 27 April 2017. The ratified minutes of these committee meetings will be presented formally to Private Board.
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 March committee

The following key agenda items were discussed:

- Risk Management Review Report - March 2017
- Workforce Report - February 2017
- NHS Staff Survey Results 2016
- Trust Talent Development Review 2017
- Standards of Conduct & Disciplinary Policy (HRP 1)
- Rostering Policy (HRP 38)

Outcomes and actions agreed

3. The Risk Management Review Report was discussed and the committee were assured by the mitigations in place to address the risks therein.
4. The committee reviewed the Workforce Report for February, which included the following key metrics and issues:
 - The sickness rate had decreased to 4.2% which is a significant decrease from 5.2% in February and is the second successive month that has seen a decrease in the sickness absence rate. The current rate remains marginally above the trust target of 4.0% but significantly lower than reported for the same period last year (5.7%). It was agreed that an analysis of a range of metrics on 1-2 teams (specifically the outliers in relation to sickness absence) linking to the work of the Carter Review for Community Trusts would be undertaken.
 - Appraisal paperwork and line manager and employee guides have been revised to reflect the updated strategic objectives, confirm the pay progression process and ensure that the documentation is simple and easy to use.
 - A provider had now been selected to facilitate a coaching skills programme for line managers. The training will commence in May and will initially be delivered to Executives, Non Executives and the Senior Team and will then be cascaded in house to all line managers.
5. The committee reviewed the findings from the National Staff Survey that was undertaken between October and December 2016.
 - The overall response rate for the trust was 52%, which is in line with the NHS average, and was an increase from 2015 when the trust's response rate was 41%.
 - The Trust showed no significant change to its score for overall staff engagement and was above the national average for community trusts. It was agreed that an analysis of what works well in relation to staff engagement to most effectively bring about change, would be undertaken.

- The Trust saw an improvement in its score against the finding 'care of patients/service users is my organisations top priority' for 2016 and was above the national average for community trusts.
6. The committee were updated on progress following the trust wide talent development review process. Talent maps had been reviewed by division and collated into a trust wide talent map. A detailed breakdown was shared with committee members and they were informed that the process had provided an opportunity to review paperwork submitted and identify key learning point to further develop the process for 2017/18 to ensure that the trust are able to accurately develop robust succession plans by division and trust level.
 7. The committee considered the revisions that had been made to the Standards of Conduct and Disciplinary Policy and approved the policy.
 8. The Rostering Policy was deferred to the next meeting following receipt of more up to date guidance.

Any formal recommendations

9. No formal recommendations.

Significant agenda items from the April committee

10. The following key agenda items were discussed:
 - Quarterly HR Strategy Implementation Plan (Jan – March 2017)
 - Workforce Plan Quarter 4 Update & Strategic Workforce Development Report
 - Risk Management Review Report - April 2017
 - Workforce Report - March 2017
 - Quarterly Learning & Development Report
 - IR35 – Off Payroll Working and Directly Engaged Workers
 - Safe, Sustainable and Productive Staffing
 - MIAA Audit Report on ESR/Payroll
 - Education & Workforce Committee - Terms of Reference
 - MIAA Revalidation Report
 - Rostering Policy (HRP 38)

Outcomes and actions agreed

11. The committee reviewed the quarterly HR Strategy Update and noted progress in relation to the implementation of the HR Strategy. In particular the committee supported the proposal to monitor and report the impact of sickness absence before and after organisational change. In relation to the Admin Review. The committee welcomed confirmation that the trust had been ranked first out of 446 trusts in England and Wales in the quality of ESR dated and noted the development of the HR Strategy for 2017 - 2020. It was agreed that further analysis should be undertaken in relation services reporting that they 'would not recommend the trust as a place to work' and that consideration was given to alternative approaches to encourage more responses. The committee also requested that a review of the language used in advertising the master classes should be undertaken.
12. The committee reviewed the Workforce Plan update and noted progress in relation to agency usage and governance process in place.
13. The committee noted the high level risks reported and particularly the controls in place for the new high level risks reported. The committee requested a focus on the progress of the action plan to improve mandatory training uptake.
14. The committee reviewed the Workforce Report for March and requested a regular update on progress of mobilisation of the social care contract in respect of workforce issues.

15. The committee noted the Quarterly Learning & Development Report and wished Debbi Howard success in her new role as Head of Education.
16. The committee noted the briefing provided in the IR35 - Off Payroll and Directly Engaged Workers Report and were assured that necessary action had been taken to comply with the new legislation.
17. The committee noted the detail provided in the Safe, sustainable and productive staffing Report and were assured by the processes in place supporting three recommendations as follows:
 - Q&G Committee to receive quarterly reports to provide assurance that risks to quality are identified and managed.
 - A high level QIA update is built in to monthly FPC CIP paper.
 - Workforce impacts to be reported via the Quarterly Workforce Plan Update.
18. The committee received the MIAA/ESR Payroll audit Report and noted the review received Significant Assurance.
19. The committee received and approved the Terms of Reference for the committee.
20. The committee received the report following the MIAA review on NMC revalidation and welcomed the Significant Assurance and the action to implement all recommendations.
21. The committee approved the Rostering Policy.

Any formal recommendations

22. No formal recommendations.

Dr Murray Freeman
Chair, Education and Workforce Committee

April 2017

Briefing from the Chairman of Finance and Performance Committee

Purpose

1. This is a brief report from the committee meeting held on 29 March and 26 April 2017. The ratified minutes of the meeting held on 29 March 2017 were presented to the Private Board earlier today, 3 May 2017. The ratified minutes of the committee meeting held on 26 April 2017 will be presented to the next Private Board meeting in July 2017.
2. The board is asked to note the key issues identified by the committee for communication to the board.

Significant agenda items from the March committee:

3. The following key agenda items were discussed:
 - Financial Plans 2017/18 & 2018/19
 - GP Out of Hours Redesign
 - CIP update
4. The monthly Finance & Activity, Divisional Performance and Risk Report were also reviewed.

Outcomes and actions agreed

5. The committee received an update on the income and expenditure plans for 2017/18 and 2018/19 including an assessment of the Trust's anticipated Finance and Use of Resources score. The plans reflected the operational plans submitted to NHSI in December 2016 including previously notified Control Totals and Sustainability and Transformation Funding allocations plus the required CIP target.
6. The committee received an update on risks relevant to finance and performance including one new risk that related to the introduction of SystemOne within the GPOOHs service. The committee was satisfied that appropriate controls and actions were already in place or in progress.
7. The committee received an update on the plans to redesign GP Out of Hours including a project highlight report that confirmed the project was green and on track despite further slippage in the recruitment of the specialist nurse with a poor response to advert. Two Paramedics had commenced shadowing of GPs within the service but would not feature within the roster for a further 2 months. The revised slippage would remove half (£200k) of the target savings in year but the division was confident in identifying alternative savings to offset the shortfall. The committee was assured of progress.
8. An update was provided to the committee on the 2017/18 cost improvement programme (CIP) noting there was a gap of £1,804k against the target (including headroom) of £3,500k. The committee noted concern about the gap and asked for further assurance that the right level of focus was being applied to identifying sufficient savings. Progress to date was discussed for each Division including next steps and plans to close the gap. A review of the Aspyre system (Project Management) was requested at the next meeting followed by individual divisional CIP project plans at a future meeting. A session on benchmarking data was requested for a future Board development day.
9. The committee noted the detail provided in the finance, activity analysis and performance reports.

Any formal recommendations

10. There were no formal recommendations.

Significant agenda items from the April committee:

11. The following key agenda items were discussed:

- GP Out of Hours redesign
- CIP update
- IM&T Operational Plan quarterly update
- Cheshire East IT service desk review
- MIAA Wirral 0-19 service group review, action plan
- Terms of reference

12. The monthly Finance & Activity, Divisional Performance and Risk Report were also reviewed.

Outcomes and actions agreed

13. The committee received an update on risks relevant to finance and performance including two new risks that related to reductions in income for MSK services and the risk associated with offsetting this with reduced costs and the underachievement of mandatory training for all staff. The committee was satisfied that appropriate controls and actions were in place or in progress.
14. The committee received an update on the plans to redesign GP Out of Hours including a project highlight report that confirmed the project was red due to the Paramedics continuing to shadow GPs for a further period and the poor response to the recruitment campaign for the Specialist Nurse. The committee was assured that alternative savings had been identified to offset the slippage in savings and that once the Paramedics became part of substantive staffing the service would be operating within the new and reduced budget envelope. The committee was assured of progress.
15. An update was provided to the committee on the 2017/18 cost improvement programme (CIP) noting an improved position with a gap of £1.14m against the target (including headroom) of £3.5m. This represents an improvement of £0.6m since the last report. The committee was informed verbally that a further £0.2m had since been identified leaving a revised gap of £0.94m against the total target but just £0.24m gap against the actual CIP requirement (excluding headroom). A review of the Aspyre system (project management) followed demonstrating how CIPs are recorded and monitored. The committee was assured of progress.
16. The committee received the quarterly update on the IM&T operational plan and noted the significant number of projects undertaken in year and progress made. The committee noted the operational plan for 2017/18.
17. The committee received a demonstration of IT Helpdesk calls logged by site in East Cheshire and were assured that numbers were not significant in any area and there were no obvious trends requiring immediate attention.
18. The MIAA internal audit report for the Wirral 0-19 service was presented to the committee together with an update on the action plan to implement recommendations. The committee was assured of progress.
19. The committee reviewed its Terms of Reference and approved the minor changes.
20. The committee noted the detail provided in the finance, activity analysis and performance reports.
21. The committee received an update on social care integration and noted progress on the three key points:- Mobilisation, the Local Government Pension Scheme and the Section 75 agreement. The committee was assured on progress with the deadline for transfer of staff fast approaching at 1 June 2017. The committee also noted that NED support on the health and social care integration would be BS, with MF providing support for professional standards.

Any formal recommendations

22. There were no formal recommendations.

Alan Wilson
Chair, Finance & Performance Committee

27 April 2017

Briefing from the Chairman of Staff Council

Purpose

1. This is a brief report from the meeting held on 30 March 2017. The ratified minutes of that meeting will be presented formally to the Board in due course.

Significant agenda items

The following key agenda items were discussed:

- Organisational Update
- Staff Survey 2016 Results
- Sustainability Transformation Plans (STPs)
- Update on Health and Social Care Integration
- Improving Staff Health & Wellbeing CQUIN
- Freedom to Speak Up
- Update on Leadership For All
- Communications Update

Outcomes and actions agreed

2. The group confirmed that Fiona Davies would be taking up the position of Staff Council Vice Chair and the group accepted the revised Terms of Reference for Staff Council. A discussion also took place around ideas to engage with East Cheshire staff and inclusion in the group.
3. Staff Council members raised a number of items at the meeting, including timescales around the NHS Mail migration and a query around a Home Technology Salary Sacrifice Scheme, which was resolved at the meeting.
4. The group were updated on the performance of the trust in relation to Key Performance Indicators, and also in relation to current bids, tenders and organisational change. The proposed next steps for the Clinical Support Administrative Review were outlined as an update.
5. The results from the NHS Staff Survey 2016 were presented to the group and the key findings, priorities, themes and future plans were discussed. The overall results were good and the number of key findings had largely remained unchanged, however there were a number of suggested areas for improvement.
6. The Director of Finance & Resources provided an update on the progress of the STP for Cheshire and Merseyside. It was noted that a report from the Health Secretary was due to be published which would provide focus on the expectations from STPs.
7. The Director of Business Development & Strategy provided an update on Health and Social Care Integration and noted that the business case had been approved by the Trust Board and the Council Cabinet which was positive news and 150 Social Care (Adult) staff would TUPE into the trust on 1 June 2017.
8. There was an update on the Improving Staff Health & Wellbeing CQUIN from the Deputy Director of Nursing who also provided an update on the Freedom to Speak Up programme. She also provided details of the ongoing work and communications that have been put in place to promote the programme and explained that a core team had been set up to support this work.

9. There was an update on Leadership for All which included the revised appraisal paperwork to be launched for the appraisal window from 1 May onwards and an update on the development of the Coaching Skills programme. The Deputy Director of Nursing shared proposed details of the forthcoming series of Masterclasses and explained that the events would be held over different sites and would focus on a variety of topics.
10. The group discussed the Staff Awards which took place on 24 February 2017. Positive feedback had been received from staff, volunteers and patients who attended the event. The group noted that East Cheshire and Social Care staff needed to be engaged further in the process next year.

Any formal recommendations

11. No formal recommendations

**Martin Godfrey (on behalf of Karen Walkden-Smith)
Interim Deputy Director of HR**

Staff Council co-chair

March 2017

Briefing from Board Development Sessions - April 2017

Purpose

1. This is a brief report to record the key topics discussed and the information shared at a board development session held on 5 April 2017.
2. The Board of Directors meets on a bi-monthly basis for dedicated development time to consider key strategic items and support organisational planning.

Key topics discussed

3. The members of the Board completed the mandatory Health & Safety Training and thanks were extended to Tom Meade, Resuscitation Officer and Joe Clarke, Health, Safety & Fire Adviser who delivered the training.
4. The members of the Board received a presentation and briefing from the Director of Integration & Operations on the strategic outline business case from the recent work facilitated across Wirral by AQuA, developed by the Senior Change Team. This included consideration of the principles to underpin the design of a 'fit for purpose' health and social care system including learnings from external systems both nationally and internationally.
5. It was noted that the Healthy Wirral Partners Board had received the business case and recognised the strength and potential of the proposals noting in particular the direct links to the NHS Five Year Forward View Delivery Plan.
6. The members of the Board recognised the critical success factors, welcomed the benefits of supporting and engaging in this work but also acknowledged the potential organisational risks to be considered and mitigated against appropriately.
7. The Medical Director provided a briefing on the NHS England Primary Care Streaming initiative which clearly set out the requirements and best practice for arrangements to be put in place.
8. The Board of Directors reviewed and discussed the revised principal risks for the Board Assurance Framework based on the new strategic objectives, noting that the revised BAF would be presented to the Board in May 2017.
9. The Director of Finance & Resources presented the Q3 financial position for NHS provider organisations noting the wide variation in financial performance across the sector. The members of the Board noted the update provided but also reflected and noted their assurance on the scrutiny the Finance & Performance Committee pay to the Trust's financial performance.

Alison Hughes
Trust Board Secretary

5 April 2017