

Chair's Report - September 2018

As I approach my first anniversary as Chairman of the Trust, I continue to observe and reflect on the increasing demand facing our services, the transformation of services and patient care our staff are all so committed to deliver and the continued compassion and care shown by our highly skilled staff. I am extremely proud of this organisation and all that we achieve on a daily, weekly and annual basis; the NHS is facing significant challenges and we are not immune to these challenges but we know we have the skills and the determination to deliver high quality care for the people of Wirral and Cheshire East.

Fit and Proper Persons Test

In accordance with the requirement placed on all NHS providers to meet the regulatory standard for the Fit and Proper Person Requirements of Directors (*Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5*) I can confirm that, in response to the CQC inspection report we have completed all the necessary actions to ensure we are compliant with this regulation.

I have personally received from the Director of HR & Organisational Development a detailed assessment of all the evidence collected at recruitment and annually for Directors of the Trust, including Associate Directors with the exception of one DBS check which has been actioned but is awaiting clearance through the system. I have reviewed counter-signed self-declarations from every Director discussed at annual appraisal confirming their continued compliance.

We have strengthened our governance processes around this important regulatory requirements by developing a Fit and Proper Persons Policy which was reviewed in detail by the Education & Workforce Committee in April 2018.

Medical Director - Dr Nick Cross

I would like to formally welcome Dr Nick Cross as our new full-time Medical Director for the Trust.

Nick has been with the Trust on an interim basis since December 2017 and brings with him a wealth of knowledge as a practising GP and Associate Medical Director at Humber Teaching NHS Foundation Trust. Nick studied medicine at The University of Liverpool and worked in several hospitals in the region including the Countess of Chester, Ormskirk and Aintree. He also practised as a GP in Wigan before moving to the East Riding of Yorkshire.

Non-Executive Director recruitment

We are working with the Remuneration & Nomination sub-group of the Council of Governors to appoint two new Non-Executive Directors for the Trust. According to our Foundation Trust Constitution we are seeking candidates within our constituency boundaries. We are currently completing a Board skills analysis exercise to identify and agree the skills we are seeking through these two appointments.

My thanks to the members of the Remuneration & Nomination sub-group for their undertaking this crucial work.

Council of Governor elections

We will shortly be embarking on governor elections for a number of public and staff seats for our Council of Governors. The election timetable will start in late September with further information issued to all our public and staff members on the process to nominate and vote in the elections.

We will be appointing an independent election provider to run and oversee the election process with a declaration of result expected in late November 2018.

For any members interested in learning more about the role of the governor (staff or public) we will be holding a series of governor information sessions which will provide further information on the statutory duties of governors, the election process and the training and support provided.

Further information is available on our public website www.wirralct.nhs.uk or by e-mailing ForYouWithYou@nhs.net

Annual Members Meeting - save the date!

Your invitation to our Annual Member's Meeting 2018

Date: Wednesday 17 October 2018

Time: 5.00pm

Venue: Education Suite, Victoria Central Health Centre

Join us for a review of our performance in 2017-18 as well as a look ahead to priorities for the coming year.

To let us know you're coming or to submit a question in advance please email: foryouwithyou@nhs.net



Visit from Dame Gill Morgan, NHS Providers Chair

We were pleased to welcome Dame Gill Morgan to the Trust and St Catherine's Health Centre last week to provide an opportunity to meet with our staff and reinforce the vital role of community services nationally. It was a pleasure and privilege to spend time with Dame Gill (who worked in many NHS organisations in Merseyside in her early career) and we greatly value the support of NHS Providers.

Walkround visits to Cheshire East and Dental Service

I have enjoyed a couple of walkround visits to services this month and was pleased to be accompanied by one of our appointed governors, Jan Gidman from The University of Chester when we visited our 0-19 teams in Cheshire East and one of public governors for Wallasey Bill Wyllie to the dental service. These walkrounds provide valuable insight to the work of our services and an opportunity to meet with and talk to our dedicated and highly professional staff and clients. I know my NED colleagues are also finding these visits extremely useful and we appreciate the time taken by staff and patients/service users to talk to us.

Finally, with the appointment of the new Secretary of State for Health and Social Care and his clear message about the importance and value of digital technology in the NHS, I am pleased to be able to offer my support to the Trust as we explore the use of technology in the out of hospital setting. We have some exciting and interesting opportunities which will form the basis of our Digital Strategy moving forwards and several exploratory meetings with high-quality technology providers have already taken place/been organised.

Professor Michael Brown CBE DL, Chair

5 September 2018

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 were pleased to attend a half-day development day in early July 2018 which was both interesting and engaging providing an opportunity for myself and governor colleagues to meet with Non-Executive Directors and Directors of the Trust in a more informal setting. We received an update from the Chief Executive following the publication of the CQC inspection report and whilst we were also disappointed with the overall rating of Requires Improvement, we are confident that the Trust will address all of the necessary actions. We were interested to discuss the new commissioning strategy for Wirral and the opportunities being identified and promoted through the Wirral Partnership and the launch of the Wirral Together initiative.
3. The NHS70 celebrations held by the Trust were wonderful and I was pleased to be able to attend the Tea Party at St Catherine's Health Centre. The response to the poster competition from local schools and young people was fantastic and the local celebrations and tea parties held by staff were inspiring.
4. The Your Voice group met in mid-July and received an update on the organisational strategy launched across the Trust in June 2018. The group also had interesting discussions about the Trust's quality goals and the commitment of the Trust to co-production and co-design of services and the value of the patient voice. This was a lively discussion with good support for the quality goals.
5. As the Chairman has indicated, we will shortly be starting the election process for public and staff governors. I would like to take this opportunity to encourage any public and staff members to consider this important role and share my positive experiences of working with the Trust over the last 3 years. The governor role is vital in ensuring public accountability and that the voice of the local community is heard and brought back to the Trust. The role of community services is vital for the future of the NHS and as a governor for this Trust there is a real opportunity to help raise the profile of out of hospital services. In my experience, this Trust is always keen to engage with and hear from the local population and the governors provide a valuable link to the Board of Directors.
6. A number of governor colleagues have participated in and enjoyed supporting walkround visits with Non-Executive Directors to services across the Trust. These visits are so interesting and we greatly appreciate the time taken by both staff and patients/service users to welcome us.
7. The members of the Remuneration & Nomination sub-group are working with the Trust on the appointment process for two Non-Executive Directors.
8. The Governor Quality Forum will meet again on 10 September 2018.
9. The Council of Governors will meet again formally on 18 September 2018.
10. The Board of Directors is asked to note this update.

Irene Cooke
Lead Governor

5 September 2018

Chief Executive's Report - September 2018

Meeting	Board of Directors		
Date	18 September 2018	Agenda item	8
Lead Director	Karen Howell, Chief Executive		
Author(s)	Alison Hughes, Director of Corporate Affairs		

To Approve	<input type="checkbox"/>	To Note	<input type="checkbox"/>	To Assure	<input checked="" type="checkbox"/>
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Link to strategic objectives & goals - 2017-19	
<i>Please mark ✓ against the strategic goal(s) applicable to this paper</i>	
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 Principal Risks in the Board Assurance Framework - please mark ✓ against the principal risk(s) - does this paper constitute a mitigating control?	
Failure of organisations across the system to delegate appropriate authority to support the integrated care system (Healthy Wirral)	✓
Failure to engage staff to secure ownership of the Trust's vision and strategy	✓
Increasing fragility of the social care market	
The impact of the outcome of the Urgent Care Review compromising financial stability and the future model of care	✓
Services fail to remain compliant with the CQC fundamentals of care leading to patient safety incidents and regulatory enforcement action and a loss of public and system confidence	✓
Inability to implement the Trust's clinical transformation strategy and preferred model of care - Neighbourhood care	✓
Commissioning decisions do not promote integrated working across the health and care system	✓

Failure to build the workforce skills and infrastructure to transform services to meet the demographic needs of the workforce and population	✓
Security of public health funding and subsequent contractual decisions impacting on the range of services provided to Wirral & Cheshire East	
Failure to foster, establish and manage the right partnerships that enable a response to commissioning intentions	✓
Development of place-based care outside of Wirral, limits the Trust's ability to expand/retain services in these areas	
Failure to deliver the efficiency programme	
Failure to achieve all the relevant financial statutory duties	
The impact of the outcome of the Carter Review on community services benchmarking on commissioning decisions	
Impact of supporting the delivery of the 3-year financial plan and future sustainability of the Wirral system	

Link to the Organisational Risk Register (Datix)
None identified.

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's report is a regular report to the Board of Directors.		

Chief Executive's Report - September 2018

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 July & August 2018.
4. I also include the Executive briefing for July & August 2018, for noting at **appendix 1**.

National news and developments

Secretary of State for Health and Social Care

5. Matt Hancock MP was appointed Secretary of State for Health and Social Care on 9 July 2018 following a cabinet reshuffle.
6. We recognise that he faces immediate challenges, but also the opportunity, through the five and ten-year plans, to lay the foundations of the NHS for the coming generations. We welcome his passion about the opportunities that new technology can present making care better for patients but also for staff.
7. The NHS is at a critical juncture, and we look forward to working with the new health and social care secretary to meet these challenges and secure a bright future for the health service

Developing the long-term plan for the NHS...

8. As I reported in July the Prime Minister announced a new five year funding settlement for the NHS, giving the service real term growth of more than 3% for the next five years. This announcement also included setting the NHS the task of producing a 10-year plan to improve performance.
9. On 9 August 2018, NHS England and NHS Improvement published a document on developing the long term plan for the NHS and NHS Providers has produced a useful briefing document outlining the key elements of the plan, as currently known. This is included at **appendix 2**.
10. The timing of the plan's publication is expected to coincide with the Autumn Budget, where the funding uplift, and how it will be funded, will be formally set out.

...The plan must have community services at its heart

11. Matthew Winn, Chair of the Community Network, has written to NHS England and NHS Improvement calling for the 10 year plan to accelerate changes to how people access health and care services and offer more integrated care.
12. His letter highlights the NHS Confederation-commissioned report by the Institute of Fiscal Studies and Health Foundation '*Securing the future: funding health and social care to the 2030s*' which states it is likely we will need to double acute hospital provision over the next 15 years to meet growing demand if there's not more care in the community and closer to people's homes.

13. I welcome and echo Matthew's comment when he says *"Ultimately we need to do something differently. [We need] to develop the detail underpinning a model for community health services, and a strategy for its spread across the country through sustainability and transformation partnerships and integrated care systems."*
14. Community services, primary care and social care must be at the heart of any long-term plan for the health service, otherwise we risk adding further pressure on hospitals and failing patients, their families and local communities.

Brexit briefing

15. The government published its White Paper setting out its proposals for Brexit at the end of July 2018 and included at **appendix 3** is a useful briefing note from NHS Providers.
16. The new Secretary of State for Health and Social Care has also issued 25 technical notices and letters with 'no deal' guidance. This is a topic which is demanding much thought and planning across the NHS and locally we are working together as a CEO network to consider the challenges and opportunities we face.

Provider sector performance figures for June & July 2018 published

17. NHS England published combined performance figures for June/July 2018 in early August which also included A&E performance.
18. The figures show that July saw the highest number of A&E attendances since the data collection began; this equates to, on average, 70,000 people being seen a day.

The future of Adult Social Care - LGA consultation

19. Following the government's decision to delay the Adult Social Care Green Paper until the autumn, the Local Government Association (LGA) has launched a public consultation and accompanying Green Paper on the future of Adult Social Care.
20. The consultation is seeking views on future funding options for adult care recipients and unpaid carers. The green paper highlights the important role that voluntary organisations play in adult social care. It is also a good starting point for a conversation about more personalised, preventative and community based support and about new funding models.
21. The green paper can be accessed via the following link <https://futureofadultsocialcare.co.uk/>
22. The consultation is open until Wednesday 26th September 2018 and can be accessed here <https://futureofadultsocialcare.co.uk/the-green-paper/have-your-say/>
23. Responding to the LGA green paper, Matthew Winn, Chair of the Community Network has said *"The LGA is absolutely right to focus on the myriad of services in the community which are needed to help manage demand on hospitals. Urgent, radical action is needed to ensure primary care, social care and community services are adequately funded and integrated so that all parts of the system are working together seamlessly"*.

New Chief Executive at The King's Fund

24. Richard Murray has been appointed as The King's Fund's new Chief Executive taking up post on 2 January 2019 after Chris Ham steps down at the end of the year. Richard is currently Director of Policy at The King's Fund.

CQC publication - Beyond barriers

25. The CQC has published a report *'Beyond Barriers'* which looks at how services are working together to support and care for people aged 65 and over and follows a review of local health and social care systems in 20 local authority areas.

26. In publishing the report the CQC reviewed how the local areas worked within and across three key areas;
- Maintaining people's health and wellbeing at home
 - Care and support when people experience a crisis
 - Supporting people when they leave hospital
27. The findings of the report highlighted good intentions across organisations to work together but noted that the regulatory framework, funding establishments and workforce planning still promote a single organisational focus rather than shared responsibility.
28. The report makes a series of recommendations including a reform of planning and commissioning of services, a new approach to system performance management, joint workforce planning and better oversight of local performance.
29. The full report can be access via the following link; https://www.cqc.org.uk/sites/default/files/20180702_beyond_barriers.pdf

Local news & developments

NHS70 celebration



30. To celebrate the 70th birthday of the NHS, tea parties took place right across the Trust on 5 July 2018 with colleagues and the public enjoying a cuppa and a cake together!
31. We were delighted to hold a community tea party at St Catherine's Health Centre which was attended by Wirral Mayor and Mayoress, Olympian Sam Quek MBE and the winners and runners up in our NHS70 poster competition.
32. It was a wonderful (and sunny!) afternoon with tremendous attendance from both staff and our local community. Our volunteers, Mary Prescott and Pat Godwin also provided tremendous support in the run up to the big day as we delivered cakes to all of our bases and on the day making countless cups of tea at St Catherine's Health Centre.



33. I was also thrilled to be invited to an interview with a researcher from Manchester University's '*NHS at 70: The Story of our Lives*' project. This is a multi-partner initiative which is collecting stories and artefacts from the NHS's 70 year history in order to create the first UK wide digital archive of NHS history which will be kept in perpetuity for future generations to access and for historians to gain insights into the history of our unique institution.
34. I was delighted to be able to share my story and talk about being part of the NHS for 42 years, and my journey from Nurse Cadet to Chief Executive.

Wirral University Teaching Hospital NHS FT New Chief Executive & Executive Medical Director

35. Through this report I am delighted to formally welcome Janelle Holmes as the new Chief Executive of Wirral University Teaching Hospital NHS Foundation Trust.
36. I am already enjoying working closely with Janelle to identify opportunities for closer collaboration between our organisations.
37. I also acknowledge the good news that WUTH has appointed Dr Nichola Stevenson as the new Executive Medical Director. Dr Stevenson is best known for her role as Consultant Physician in Respiratory and General Medicine. She has been the Clinical Service Lead for Respiratory Medicine since 2015 and more recently the Associate Medical Director for the Division of Medicine and Acute Specialities.
38. I know our new Executive Medical Director Dr Nick Cross will be pleased to work closely with Dr Stevenson.

NHSE & I visit for winter plan readiness

39. We were pleased to welcome representatives from NHSE & I to Wirral on 6 August 2018 to review our system plans and readiness for winter. The team visited the Emergency Department, Walk-in Centre and Integrated Discharge Team at Arrowe Park Hospital and the Integrated Gateway, Tele-triage, Rapid Response and Single Point of Access teams at St Catherine's Health Centre.
40. The feedback from the team on the day was positive with specific acknowledgement of the integrated approach taken across the Wirral system. The pivotal role the Trust plays in supporting the system was recognised and particular comment was made that all the staff they spoke to from different organisations were aware of their role and responsibilities in supporting the winter plan.
41. A summary report from each of the economy's visited across Cheshire and Mersey has now been published and it is pleasing to note that the summary highlights Wirral as good practice a number of times.
42. The teams across Wirral providers are also looking at the good practice cited in all the examples to see if there is anything we can introduce to support our planning and implementation over winter.
43. In preparation for the winter season our annual staff flu campaign will be launching in mid-September 2018 and we hope to maintain our previous years success rate with over 70% of our workforce protecting themselves, their families and their patients/service users by having the flu jab.

CQC inspection report published

44. Following the CQC inspection of core services and the well-led inspection in March 2018, the Trust has received an overall rating of Requires Improvement (RI).
45. The report cites many areas of Outstanding and Good practice and importantly we were rated as Good against the key questions of effective, caring and responsive.
46. There are many positive themes throughout the report including;
 - people had good outcomes
 - people were supported and treated with dignity and respect
 - people's needs were met
47. Whilst the overall rating is disappointing the CQC has advised that the Trust has firm foundations already in place to improve our position.
48. The report details 14 MUST DO actions for the Trust; the majority of these actions have already been completed and the remaining all have action plans in place which are being closely monitored by both the Executive Leadership Team and the Quality & Safety Committee.
49. We are engaging with the CQC on a monthly basis to provide an opportunity to review the progress of the action plan we have in place but also and importantly to provide the CQC inspection team with the opportunity to spend time engaging with our staff and spending time in our services.
50. The CQC will re-inspect the Trust in summer 2019.

Segmentation under the Single Oversight Framework (SOF)

51. Under the Single Oversight Framework, NHS Improvement segments providers based on the level of support required across five key themes of quality of care, finance and use of resources, operational performance, strategic change and leadership, and improvement capability.
52. The latest analysis of the Trust's performance has been completed and we have been advised that the Trust has moved from segment 1 to segment 2; this change is due to the publication of the CQC inspection report with an overall rating of Requires Improvement.
53. This is disappointing but as we have already addressed a number of issues and continue to work hard to address all remaining issues raised by the CQC, we are confident that we can continue to keep our regulators assured by our progress.

Strategy, Transformation and Efficiency Planning Event

54. The second of our Strategy, Transformation and Efficiency Planning Days takes place on 10 September following the success of the first event held in mid June 2018.
55. This session will include service, clinical, professional and corporate leads from across the organisation and focus on collaborative transformation efforts across the Trust.

Executive Medical Director Appointment

56. I am delighted to welcome Dr Nick Cross as our Medical Director who officially joins us as full-time Medical Director on 10 September 2018. Nick has been working with us on an interim basis since December 2017 and has become an extremely valued and well respected member of the Executive Team.

Working with The Innovation Agency

57. We are pleased to be embarking on a shared programme with The Innovation Agency to explore how to embed innovation into the front-line of integrated care. Over the next 12 months, The Innovation Agency will be working with the Trust to test out innovations in a real world setting, strengthening their understanding of how combinations of innovations can reduce costs, drive efficiencies, keep people out of hospital and improve quality of life.
58. This exciting collaborative programme will be led by Jennifer Dodd, Associate Director of Transformation at The Innovation Agency who will be based in-house at the Trust for three days a week.

Appraisal cycle

59. The annual appraisal window for all staff across the organisation closed on 30 July 2018 with a completion rate of 95%.

Friends and Family Test (FFT)

60. We are delighted that in July 2018, 93% of respondents recommended the Trust's services through the Friends and Family Test.

Sustainability & Transformation Plans - NHS Cheshire & Merseyside Health & Care Partnership

61. Andrew Gibson, Executive Chair for Cheshire & Merseyside Health and Care Partnership (STP) stood down on 2 August 2018 following the end of his year-long tenure. Mel Pickup continues to lead the STP but the Chair's post is not being replaced immediately as the sub-regional structures for STPs, NHSE and NHSI are finalised with the appointment of new regional directors in the autumn.
62. Andrew has led the partnership to a position of knowing where we are going and what we want to achieve and all partners are committed to improving care for all our residents and communities at pace with seamless integration at its heart.

Strategic workforce programme

63. The NHS five year funding settlement and ten year plan are dominating NHS policy debate at present and we need to be careful not to lose momentum on the key issue of workforce. We are working hard locally and regionally to tackle this issue and as the SRO for Workforce for NHS Cheshire & Merseyside Health & Care Partnership I am pleased with the progress we are collectively making and provide regular updates to the Cheshire & Merseyside Senior Management Board.
64. The C&M workforce programme is developing a strategy for the next 5 years focusing on the following areas;
- Creating a sustainable supply of staff - ideally from within our communities and supporting local people to have a career in health and care
 - Working with schools and colleges to encourage young people to consider a career in health and care
 - Ensuring that we look after our staff - with a real focus on keeping our staff well , feeling valued and having the skills and equipment they need
 - Promoting Cheshire and Merseyside as a great place to live and work
 - Using digital technology
 - Ensuring that we have high quality clinical and non-clinical leaders of the future

65. NHS Providers has published an interesting blog on the workforce issue which can be accessed via the following link; <http://nhsproviders.org/news-blogs/blogs/we-cannot-afford-to-lose-momentum-on-the-number-one-issue-facing-the-nhs>

Cheshire & Merseyside Health & Care Partnership Transformation Funding

66. The application process is now open for transformation funding, the purpose of which is to increase the pace of real transformational change. As a Wirral system/place we are working together to agree the priorities for an application including the embedding of Place Based Care, the development of new ways of multi-disciplinary working and better use of existing community asset.

Healthy Wirral

67. The Healthy Wirral workstreams continue to progress across the system and the Trust continues to provide valuable input and support in the development of long-term plans. The Healthy Wirral update report from our Chief Operating Officer provides more detail on specific projects that the Trust is leading and involved in supporting.
68. I was pleased to lead the first Healthy Wirral Workforce Programme taskforce workshop in August 2018 with good representation from colleagues across the Wirral system including Primary Care. There was a clear focus on building the workforce planning model aligned to the neighbourhood teams and agreeing priorities.

WIPPB

69. I am delighted that as Wirral providers we have agreed a set of partnership principles and objectives and identified our three provider priorities for the next 12 months, supporting the development of integrated provision for Wirral

Communications and Engagement

70. I continue to enjoy a programme of communications and engagement activities locally, regionally and nationally and since last preparing my report I have been involved in a number of local and regional events and meetings.
71. Throughout July and August I have attended meetings in connection with my STP Workforce SRO role, including the Acute Sustainability Programme Board, Cheshire & Merseyside Chief Executives Provider Group and the Local Workforce Action Board.
72. I was proud to attend and support the facilitation of The Wirral Partnership Summit with colleagues from partner organisations across health, care and local government in mid-July 2018. Together with colleagues from across the Trust I remain committed and excited by the important work the partnership is driving forward particularly with the launch of Wirral Together.
73. It was an absolute pleasure to welcome the Mayor and Mayoress of Wirral to visit our 0-19 Health and Wellbeing Team in Prenton in July 2018 to find out about the amazing work the team does to support local children, young people and their families. The Mayor was particularly interested in hearing more about our Fit Club after presenting Phil Rhodes with the People's Heart Award at our Heart Awards back in March
74. I was privileged to be invited to attend an NHS Providers roundtable dinner with Ian Dalton Chief Executive of NHSI, Matthew Swindells, NHS England and CEOs from across the country.
75. We also had a useful Quarterly Review Meeting with our regulators NHS Improvement in August 2018 and appreciate their on-going support.

Well Done

76. On Wednesday 15 August 2018, a number of heroic members of staff went above and beyond to support a member of the public in the café area at St Cath's. Adele Whitgreave, Karen Clearkin, Ashley Zepeda, Kevin Hannigan, Anita Clarke and Mick Blease all rallied together to perform CPR. It should not be underestimated what a courageous thing this is to do, especially in a public area. Well done and thank you to all those who contributed to what is understood to have been a successful outcome.

Summary of Executive Leadership Team (ELT) business

77. The following is a summary of issues discussed by ELT during July & August 2018 together with subsequent reporting routes through the board and committee structure.

- Regular updates are provided to ELT as follows:
 - NHS Cheshire & Merseyside Health & Care Partnership, which is reported to the Board of Directors through this report and 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
 - On-going business development opportunities and any re-tendering of services including the financial, workforce and quality/safety impact, reported through Business Development Report to the Board of Directors
 - Review of staff suggestions submitted following our invitation to all staff as part of our workforce resilience and wellbeing action plan
 - Integrated Sexual Health Service action plan
 - CQC action plans following the inspection report which is reported to the Quality & Safety Committee

- During July & August, further specific topics discussed by ELT have included:
 - Adult Social Care and potential plans to change the current arrangements for reviewing and monitoring within Adult Social Care. The paper received outlined initial recommendations to ensure the Trust is ready for any changes and subsequent implementation.
 - Wirral Winter & Unplanned Care System Sustainability Plan 2018-19 with the key elements that could impact on the Trust noted
 - Emerging service risks and further recommendations following a review in Community Nursing services which has been discussed at the Quality & Safety Committee
 - Appraisal performance across the Trust which was presented to the Education & Workforce Committee
 - Authorisation process for filling shifts with agency staff

- During July & August, ELT also approved the following, in accordance with its Terms of Reference and Delegated Financial Limits:
 - Sign-up to Wirral Council's Age Friendly Initiative which identifies to older people places where they can have access to a seat, a drink and toilet facilities when needed.
 - Capital business case for backlog maintenance
 - Business case for e-rostering
 - 2-3 day Adult Social Care Peer Review to be undertaken by colleagues from partner local authorities and supported by North West ADASS as part of their Regional Sector Led Improvement Programme
 - Co-location of Cheshire & Wirral Partnership (CWP) staff to the gateway within St Catherine's Health Centre

Conclusion

78. I hope you find this report interesting and helpful and it provides a clear description of the national, regional and local environment within which we are working and the key activities underway to address our priorities.

Karen Howell
Chief Executive

Alison Hughes
Director of Corporate Affairs

5 September 2018

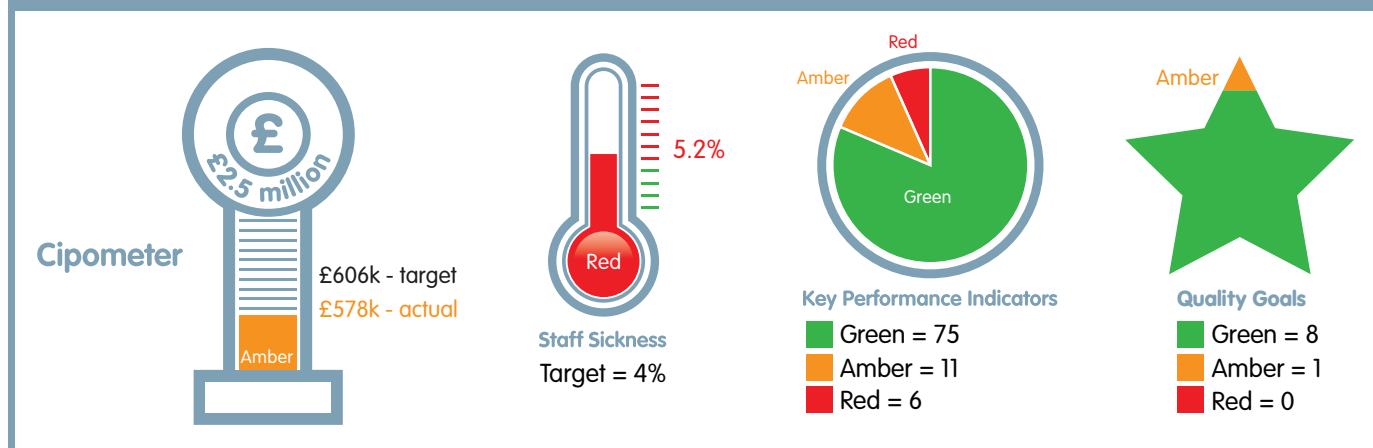
GLOSSARY:

CCG	Clinical Commissioning Group
WUTH	Wirral University Teaching Hospital NHS Foundation Trust
NHSI	NHS Improvement
NHSE	NHS England
CQC	Care Quality Commission
LWAB	Local Workforce Action Board
ELT	Executive Leadership Team
WIPPB	Wirral Integrated Providers Partnership Board

July 2018

Executive Briefing

Performance figures for June 2018



Performance Figures

At the end of June we reported a year to date surplus of **£442k which is rated Green as we are £230k ahead of plan**. To date the trust has achieved **CIP savings of £578k** which is rated Amber as it is **£28k behind our plan** for this point in the year and the essential focus on CIP remains. The overall Use of Resources Rating remains at 1 (highest score available).

Sickness for June was 5.2%, which remains the same as during May, so **above the 4% target**. The year to date figure is **5.0%**. Despite a large increase in short term absences in June, the absence rate is **mainly a result of long term absences**. We need to continue the **focus on supporting staff to remain in work or return earlier**.

There is a **slight dip** in performance primarily in Wirral 0-19 service **which is being proactively managed**.

Statutory and mandatory training compliance remained **amber rated at 87% below the trust target of 90%**. **The DNA rate for health and safety programmes was 15% in June 2018**.

Organisational strategy

Following the **launch of the strategy on 13 June 2018** we have developed a 1 page visual summary of the strategic objectives, goals and programmes. This is available to download from [StaffZone](#) here.

Please use this summary document to brief your teams on the new strategy and the important key messages for your services.

The video of **Karen Howell** launching the strategy is also available on [StaffZone](#) together with a copy of her slides. **Please use these tools also as part of your briefing to teams**.

Our new strategy is **aligned to the commissioning strategy for Wirral** and the **wider system objective** to support people living in our communities to **stay well, look after themselves and when they need care to receive it in the right place at the right time** from skilled integrated professional teams.

The strategy **sets out our vision for the next three years**; by focusing our efforts in three core areas we can start to change the way NHS services are delivered in Wirral and Cheshire, **improving health and care outcomes for the people we serve**.

The Executive Team have been visiting services over the last month talking to teams as much as possible about the new strategy; they will continue to do so as part of their walkround programme. However, it is not always possible during these visits to give presentations and we want to ensure all staff have an opportunity to hear the key messages about the new strategy. **We therefore encourage all service and team leaders to share the presentation and video with staff** and use the new 1 page **visual summary to brief your teams**.

During the walkrounds the members of **the Executive Team will be available to add any further detail, or answer any questions** and would value the opportunity to talk to staff about their thoughts on the new strategy.

Over the next few weeks we are going to **launch an internal digital campaign** featuring our own staff, who will be sharing what they are pledging to do as individuals to help the trust deliver its objectives and realise its ambitions. **We hope you find them informative and inspiring** and that they help you and your teams think about your role and the part you play.

CQC report - displaying ratings posters

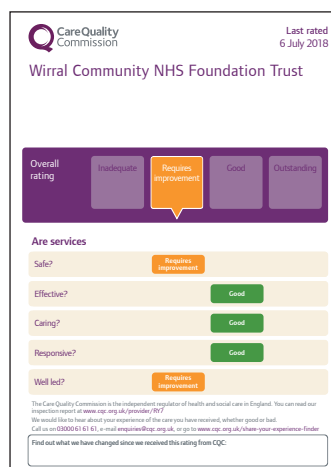
Following the **publication of our CQC report on 9 July 2018**, we are **required to display ratings posters in all of our bases and across all of our services**. The CQC produce the posters and require that they are available on display within 21 days (following production); **this gives us a deadline of 6 August 2018** to ensure our ratings posters are on display and available in all services. **This is a legal requirement**.

There are two posters for the trust. The first is a summary of the overall rating according to the CQC domains of Safe, Caring, Effective, Responsive and Well-Led. The second is a summary of the ratings for the core services inspected during the announced and unannounced inspections during March 2018. **Both** of these posters **MUST** be on display **in a prominent position**.

We are working with the estates team to ensure **ALL core bases** particularly those with patient-facing receptions receive printed posters and Perspex stands for display next week. **Please ensure these posters are displayed immediately**. Additional posters will be distributed **via the Divisional Management and Operations Teams next week** for those teams that deliver services from multiple bases and will need to ensure they are on display according to clinic timetables. The only exemption the CQC guidance states relates to **services delivered in individuals homes**; all other services **MUST ensure a poster is available and on display**.

There will be sufficient posters printed so if you don't receive a copy of each next week and in advance of **6 August 2018** please **contact your Divisional Manager** who will arrange for a poster to be sent to you.

Please ensure the old ratings posters are removed.



Summer message

Whilst we have been enjoying some wonderful summery weather for the last few months **(and long may it last!)** we now enter the busy holiday period with schools and colleges having broken up for the summer. To everybody who will be taking a well-deserved break during this time **we hope you enjoy a good rest and good times with family and friends. Thank you to everyone for your continued commitment.**

Our vision is to be the outstanding provider of high quality integrated care to the communities we serve.



Our objectives and goals

An outstanding trust, we will reliably provide the highest levels of safe and person-centred care through integration and collaboration with partners and patients.

We will attract, enable, value and involve skilled and caring staff, liberated to innovate and improve services, releasing time to care.

We will maintain financial sustainability and support our local system through efficiency, safe growth and a reputation for delivering outstanding services.

♥ Our Populations

- Outstanding, safe care every time
- More person-centred care
- Improving services through integration and better coordination

♥ Our People

- Improving staff engagement
- Advancing staff wellbeing
- Enhancing staff development

♥ Our Performance

- Growing community services across Wirral, Cheshire & Merseyside
- Increasing efficiency of all services
- Delivering against contracts and financial requirements

Trust priorities - achieving our vision by working with partners to develop...

1. Place-based, Integrated Care Teams*.

- Align WCT staff to 'Neighbourhoods' and GP practices

2. Services and pathways that provide proactive, well coordinated care and support.

- Review priority pathways, including frailty, long term conditions, urgent care and children and families
- Bring together physical and mental health care pathways
- Realise benefits of health and social care integration
- Develop Single Gateway

3. Focus on health and wellbeing (for staff and public).

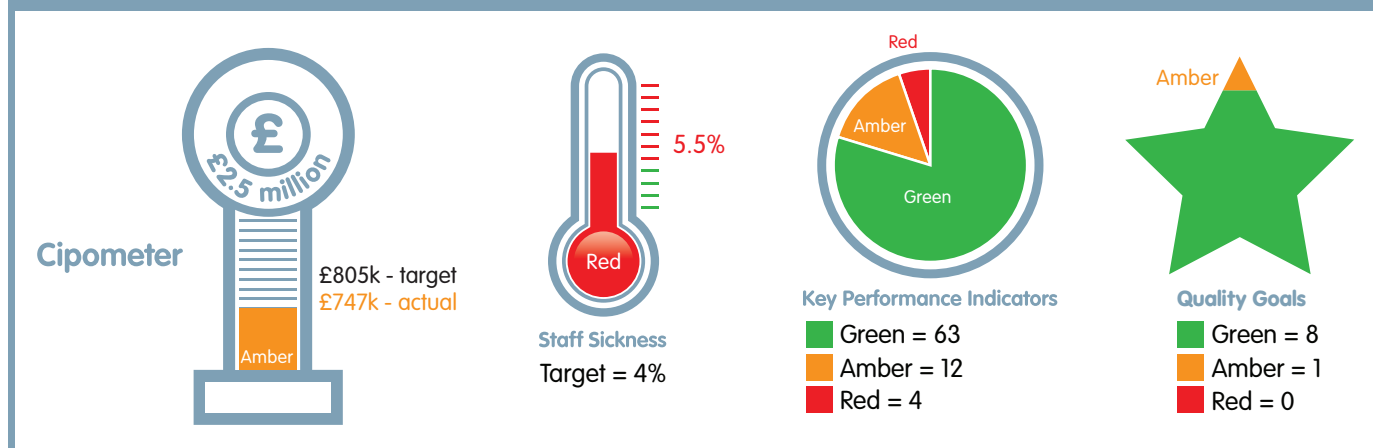
- Develop staff training to help people stay well
- Person-centred assessments
- Link people to community support
- Greater focus on staff wellbeing

*Place-based care means organisations collaborating to manage the common resources available, addressing the challenges they collectively face.

August 2018

Executive Briefing

Performance figures for July 2018



Performance Figures

At the end of July we reported a **year to date surplus of £746k**, rated **green** as we are £444k ahead of plan. To date the trust has achieved **CIP savings of £747k** which is rated **amber** as it is £58k behind plan. The overall Use of Resources Rating remains at level 1.

Sickness Absence increased to 5.5% in July (from 5.2% in June) with over **65%** being **long term** absences. Sickness reports are being reviewed across all divisions and **an audit is underway** to ensure return to work interviews are taking place. Service stress risk assessments will commence in quarter three with guidance for line managers and there will be a **focus on mental health in September/October** promoting well-being initiatives.

The number of **KPIs** we report **has reduced**, due to changes in commissioning of MSK and Podiatry services from Wirral CCG. Overall **KPIs improved** in July with the number of reds reducing from six to four. There was however an increase in amber KPIs in Wirral 0-19 service (due to small reductions in performance across a number of KPIs).

The **Wheelchair Service** had **excellent KPI** results for the percentage of patients seen within 18 weeks of referral to order of powered and bespoke wheelchair. July showed **100% achievement**, following significant work by the service in on the pathway and service model. Well done!

The **amber quality goal** remains for **statutory and mandatory training**. We achieved **87% in July**, (target 90%). The DNA rate for health and safety programmes was 12% in July. Please encourage staff to notify the trainer if they cannot attend.

Organisational strategy

Following last month's Executive briefing we have uploaded the **plan on a page visual summary** of the strategic objectives, goals and programmes to **StaffZone** and we will also be running a **screensaver campaign** reminding staff to download a copy or request a hard copy direct from the communications team.

Please encourage your teams to familiarise themselves with this summary as it provides a good overview of what we are all working hard to achieve for the local populations we serve.

Interim Appraisals

The **interim appraisal window** has been brought forward following staff feedback and is now from **September to November** so that we avoid doing these during winter. **Line managers** should be **booking in the dates** for interim appraisals. The paperwork is under review and will be available on StaffZone by the end of August. During the interim meeting **you should review your objectives** and have the opportunity to look over your **job description** and discuss if it is still up to date and reflects what you do.

Staff Friends and Family Test

The Staff Friends and Family Test is your opportunity to shout about the **great work you and your team do**. If you are **proud of the service you deliver**, please take two minutes to **tell us all about it**. Complete the Staff Friends and Family Test by following the link on [StaffZone](#).

You can complete it **anonymously** or tell us what service you work for. The quarterly survey is invaluable in giving the Trust feedback, telling us **where things are going well** and identifying where we need to **help make improvements**. Your opinion matters, so please share it!

CQC update

Following the CQC inspection of the Trust we have developed **detailed action plans** to address all of the actions identified in the inspection report. Please make sure you are aware of any actions within your services and teams, are addressing them and keeping **evidence to demonstrate completion**.

We know what we need to do and believe that our action plan together with the unfaltering commitment, determination and professionalism of staff across the Trust will support us over the next 10 months as we prepare to welcome the CQC team back to our services.

The inspection report identified **many areas of good and some areas of outstanding practice** across our organisation; we know there is more and want to do everything we can to **support teams in shining** and showing the CQC the high quality, safe, responsive, effective and caring services we deliver for the people of Wirral and Cheshire East. If you have any questions about the CQC action plan or the inspection regime in general please speak to your line manager.

Council of Governor Elections - could you be a staff governor?

As a Foundation Trust we have a **Council of Governors** made up of **elected staff and public governors** and appointed governors from local stakeholder organisations. Governors are not directors. They have a collective **duty to 'hold the non-executive directors, individually and collectively, to account** for the performance of the Board of Directors'. This does not mean that governors are responsible for decisions taken by the Board of Directors; responsibility for those remains with the Board acting on behalf of the Trust.

In October and November 2018 we will be holding **elections for our Council of Governors** with **two staff governor seats available**. If you are interested in learning more about the role of governor please come along to an **information session** we are holding on **Monday 17 September** at 5.00pm in the Education Room at Victoria Central Health Centre. If you are unable to attend this session but would like further information please contact Ali Hughes, Director of Corporate Affairs via alison.hughes29@nhs.net.

Medical Director - Welcome Dr Nick Cross!

We would like to formally **welcome Dr Nick Cross as Medical Director** for the Trust with effect **from 10 September 2018**. Many of you will know Nick as he has been with us on an interim basis since December 2017 and brings with him a wealth of knowledge as a practising GP and Associate Medical Director at Humber Teaching NHS Foundation Trust.

Developing the long term plan for the NHS

Today NHS England and NHS Improvement have published a document on [developing the long term plan for the NHS](#). This briefing summarises the document; outlines what we know about the plan; our view on the process and development of the plan; and how we plan to engage in its development.

As ever, we welcome member thoughts or input on this and anything in the wider briefing. Please contact Chris Hopson, Chief Executive (chris.hopson@nhsproviders.org) or Amber Jabbal, Head of Policy (amber.jabbal@nhsproviders.org) with any feedback.

Overview of the five and ten year plans

In March, the Prime Minister committed to a “[sustainable long term plan](#)” for the NHS backed by “a multiyear funding settlement”. She expanded on this in June, confirming a [new funding settlement](#) for the NHS of an average of 3.4% real terms increase over the next five years. Mrs May also tasked the NHS with producing a 10 year plan in return for the increase in funding, setting out how the service intends to deliver major improvements. The timing of the plan’s publication is expected to coincide with the autumn Budget, where the funding uplift, and how it will be funded, will be formally set out. Further detail is set out in the next section.

The government’s priorities and tests for the plan

The Prime Minister set a number of priorities for the 10 year plan. They include:

- “getting back on the path to delivering agreed performance standards – locking in and further building on the recent progress made in the safety and quality of care
- transforming cancer care so that patient outcomes move towards the very best in Europe
- better access to mental health services, to help achieve the government’s commitment to parity of esteem between mental and physical health
- better integration of health and social care, so that care does not suffer when patients are moved between systems
- focusing on the prevention of ill-health, so people live longer, healthier lives”

The government also set the NHS five financial tests to show how the service will put the service onto a more sustainable footing. Those tests are:

1. “improving productivity and efficiency
2. eliminating provider deficits
3. reducing unwarranted variation in the system so people get the consistently high standards of care wherever they live
4. getting much better at managing demand effectively
5. making better use of capital investment”

The former and current secretaries of state for health and social care, as well as Simon Stevens and Ian Dalton, have also set out their priorities for the plan. The new Secretary of State implied to the Health and Care Select Committee that he would be formally consulting on his priorities in September. These can all be found in the appendix of this briefing. There is an interesting task to reconcile all these different priorities and ensure they fit within a financial envelope that barely keeps up with cost and demand pressures. It will also be interesting to see how much the new Secretary of State wants to be involved in the detailed creation of the plan.

Delivery plan

A delivery plan to underpin the first few years of the 10 year strategic plan, is also being developed. It is not clear how separate this will be from the 10 year plan and how it will relate to the planning guidance that we believe the arms lengths bodies currently want to publish in late September. This September timeline would echo the 2017/18 planning guidance timetable which gave trusts the chance to complete draft plans before Christmas, rather than the 2018/19 timetable where trusts were still finalising plans in July.

NHS Improvement chief executive, Ian Dalton, in his first [interview with the *Health Service Journal*](#) identified a number of issues that he wanted to address through this planning guidance/delivery plan including include:

- Productivity levels – providers are likely to be expected to achieve more than last year, with Mr Dalton highlighting GIRFT as well as “transformation projects, and further cuts to agency, procurement, back office and corporate costs” as further savings opportunities
- Sector deficit – the national bodies may have to consider writing off some of the trust sector’s debts
- Control totals – these will be replaced with a new financial architecture from April 2019, with Mr Dalton commenting that the current approach to control totals encourages non-recurrent savings rather than a focus on underlying financial sustainability
- Fines and sanctions – these are likely to be reviewed (including the marginal rate for emergency care)
- Tariff – the gap between tariff prices and costs of provision needs to be addressed
- Provider Sustainability Fund – will be reviewed as “the distributional effects of that have again not necessarily been equal across the system”

Simon Stevens, in his [interview with the *Health Service Journal*](#) also said that they are planning to publish a plan covering three financial years from 2019/20 to 2021/22 in September, for this to be confirmed in November. This would include three years of firm clinical commissioning group allocations and two years indicatively. He also suggested that there would be a “wholesale shift” in NHS funding rules, including the payment system, and the end of “sustainability funding”.

We would also expect the planning guidance/delivery plan to be clear about detailed sector level demand assumptions, operational performance levels and recovery trajectories and financial expectations. In other

words, on current plans, members are likely to know much of the detail of what they will be required to deliver over the next few years, in September, before the final 10 year plan is published in November.

What do we know about the 10 year plan?

Working groups

The **ALB plan to secure wider engagement** into the 10 year plan focuses on creating a number of working groups, covering the priorities set out by the government. Each working group is expected to have a lead from an arm's length body (predominantly NHS England or NHS Improvement), and in the majority of cases a provider CEO representative. A number of these working groups and their leads have been confirmed (outlined below, and grouped by themes).

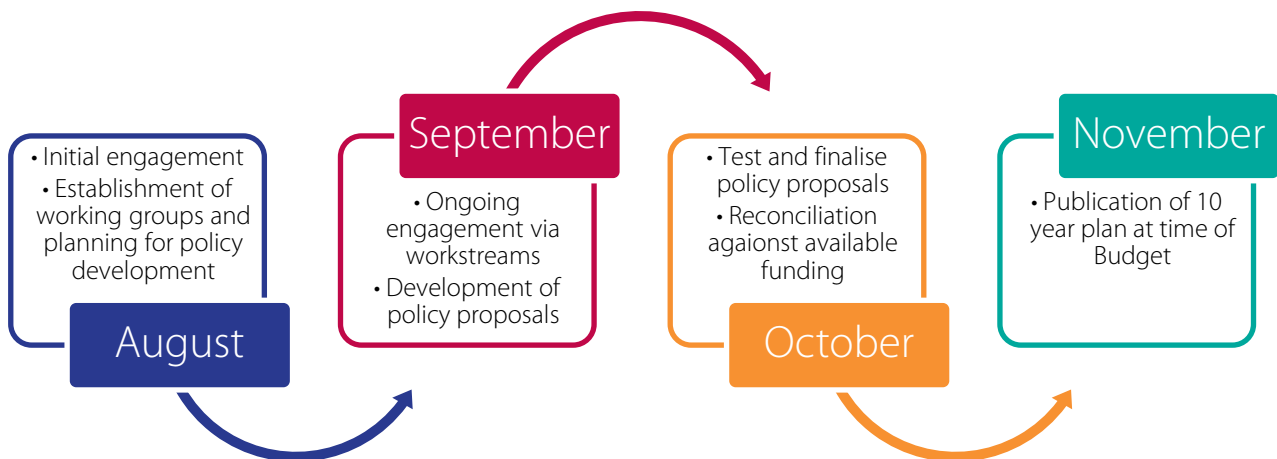
We also expect there to be groups covering key issues such as: financial architecture; transformation, productivity and efficiency; and legislation. We have been told privately that different consultation mechanisms will be used for this work.

Life course programmes	Clinical priorities	Enablers
<ul style="list-style-type: none"> • Prevention and Personal Responsibility <i>Duncan Selbie, Dr Neil Churchill, Dr Vin Diwaker, Dr Amanda Doyle</i> • Healthy Childhood and Maternal Health <i>Sarah-Jane Marsh, Professor Russell Viner, Professor Jacqueline Dunkley-Bent, Dr Matthew Jolly</i> • Integrated and Personalised Care for People with Long Term Conditions and the Frail Elderly (including Dementia) <i>Caroline Abrahams, Julian Hartley, Martin Vernon, Matthew Winn</i> 	<ul style="list-style-type: none"> • Cancer <i>Cally Palmer, Lynda Thomas, Paula Head</i> • Cardiovascular and respiratory <i>Professor Stephen Powis, Professor Mike Morgan, Simon Gillespie, Juliet Bouverie</i> • Learning Disability and Autism <i>Ray James, Dr Jean O'Hara, Rob Webster</i> • Mental Health <i>Claire Murdoch, Paul Farmer, Sheena Cumiskey</i> 	<ul style="list-style-type: none"> • Workforce, Training and Leadership <i>Dr Ruth May, Professor Ian Cumming, Jim Mackey, Dr Navina Evans</i> • Digital and Technology <i>Dr Simon Eccles, Sarah Wilkinson, Steve Dunn, Matthew Swindells</i> • Primary Care <i>Dominic Hardy, Dr Amanda Doyle, Dr Nikita Kanani, Professor Helen Stokes-Lampard</i> • Research and Innovation <i>Dr Sam Roberts, Professor Tony Young, Roland Sinker, Professor Dame Sue Hill</i> • Clinical Review of Standards <i>Professor Stephen Powis, Professor Carrie MacEwan, Imelda Redmond</i> • System Architecture <i>Ben Dyson, Ian Dodge, Matthew Swindells</i> • Engagement <i>Simon Enright, Sian Jarvis, Imelda Redmond, Rachel Power</i>

Timelines

We expect the timelines to be broadly:

- Structure and themes announced **early August**
- Working groups (aligned to each of the themes – see below for detail) confirmed **over the course of August**, and planning begins
- Engagement takes place **throughout September** – we understand this will include:
 - Bespoke engagement by each of the working groups
 - ALB engagement with the sector, e.g., through regional forums and roundtables
 - Stakeholder engagement, both with the working groups and with the ALB leadership
 - Engagement with staff, patients and the public (likely to take place through STPs)
 - Engagement through NHS Improvement’s CEO advisory group
- At the **end of September**, there will be a joint NHS England and NHS Improvement board meeting to discuss the plan
- During **October**, the working groups will refine their outputs and their collective work will be brought together in the plan
- The plan will be published in early **November**
- Following the publication of the plan NHS England and NHS Improvement will establish the NHS Assembly to oversee the delivery of the plan



NHS Providers view

Importance of provider engagement

We welcomed the long term funding settlement when it was announced by the Prime Minister, as a helpful recognition that the NHS needs significantly more money whilst stressing the need to be realistic about what it could buy. This settlement, along with the development of an NHS 10 year plan, offers the potential for a reset moment to get back to a day to day operational and financial task that the vast majority of trusts can actually deliver. It also provides a chance to develop a credible long term plan for improving care for patients and the public that is owned by the sector.

In her announcement the Prime Minister highlighted the importance of the service itself in drawing up the 10 year plan. This suggests an understanding that the plan has more chance of succeeding with meaningful involvement and input from the frontline. Without this, there is a risk that the 10 year plan becomes a lookalike of the *Five Year Forward View* with the provider sector signed up to a delivery task that is unrealistic and which the sector believes is undeliverable, right from the start. We have therefore been arguing that the involvement of the provider sector and NHS Providers, as the membership organisation that formally represents the sector, is crucial. Particularly as representative bodies can reflect the views of groups such as chairs and non-executives who often bring a different perspective.

Provider CEO involvement on working groups

We therefore welcome the involvement of provider sector CEOs on the working groups. It is important, though, that they are seen and act as sector representatives. We will be contacting all the relevant CEOs and offering our help in the following ways:

- Offering to collect member feedback to input into the work of the groups on which they sit
- Offering to test emerging proposals with members
- Offering to act as a formal or informal wider channel of communication with the provider sector.

Wider provider sector engagement

The need for meaningful engagement with the wider sector is also crucial to the successful implementation of the plan. There are plans in place for this wider engagement set out in today's communication. However given that timescales are short, there is a risk that wider engagement beyond the small working groups is tokenistic.

Creating the actual 10 year plan

At present, as outlined above, all the working groups will feed into NHS England and NHS Improvement who will then make the all important trade offs between the work streams and set the detailed priorities. We are currently discussing how to ensure appropriate provider sector involvement in this process as well since this is where the detailed provider sector ask will be finalised. Failure to provide appropriate input and assurance at this point risks a re-run of the flawed *Five Year Forward View* process.

The risks to the provider sector

As outlined above, this process provides a valuable opportunity to reset the frontline delivery task and create an ambitious 10 year plan to improve patient outcomes. But it also carries the following risks for the sector, which we will be seeking to explicitly manage in the process:

- The Government will want to demonstrate that the nation is getting a clear set of extra new benefits for the extra money invested especially if, as we expect, it is partly funded through higher taxes. There is therefore a danger that the plan overcommits the service to new ambitions that can't be afforded or delivered.
- As we pointed out in our recent briefing [\[link\]](#), there is a significant task to recover performance to the existing constitutional standards. There is a risk the plan underestimates the cost and time it will take to deliver this recovery, assuming the current standards or similar are retained.

- Given that the funding settlement effectively only matches current demand and cost increases, there will be pressure to make over optimistic assumptions about demand management and productivity efficiency gains, as happened with the *Five Year Forward View*. For example, we note that in his [HSJ interview](#) Ian Dalton argued that the sector should be set a higher productivity and efficiency requirement than the current task.
- The plan will need to carefully balance the need for transformation with day to day operational delivery requirements. There is a risk the plan strikes the wrong balance and underestimates the cost, resource and time taken to deliver the transformation required by the plan.
- The existence of a number of separate work streams seeking to improve outcomes within their area of focus risks creating too large a number of priorities and a set of ambitions that may look deliverable individually but are not deliverable collectively.
- The plan is unable to take proper account of social care, public health and prevention as the budgets for these sit outside the settlement that has been announced.
- The Government refuses to accept the plan and release the extra funding. We think it is unlikely that the government will withhold the funding settlement; however there may be Treasury push back on the plan prior to its publication if it doesn't deliver against the financial tests they have set.

There are also some obvious process risks here including insufficient time and insufficient weight being given to provider views originating from both the provider sector and NHS Improvement.

NHS Providers activity

NHS Providers is engaging in the development of the ten and five year plans at a number of levels:

- We are having private conversations with No10, the DHSC, NHS Improvement and NHS England to ensure that the priorities and process for the plan properly include frontline leaders, including appropriate input into what the provider sector will actually be asked to deliver.
- We will be reaching out to the provider CEOs on each of the working groups to ensure they have the information they need to work effectively on behalf of the provider sector as a whole.
- We will be inputting directly into the policy proposals and development of the plan where appropriate
- We will be inviting NHS England and NHS Improvement to engage with the provider sector at our regular network events.
- We will formally respond to any public consultation on the proposals as well as feed in directly via the working groups and stakeholder meetings.
- We will be regularly communicating with members as the plan is developed and will be seeking your input via email correspondence and roundtables.

We will also be publishing a number of documents, which will include:

- Five key provider sector focussed tests to measure the plan against
- A publication on the productivity and efficiency ask
- Thought leadership on how to address current legislative and regulatory barriers facing the provider sector

Appendix: Priorities of the national NHS leadership

Theresa May, Prime Minister

In the [June announcement](#) of increased funding, Mrs May set out her priorities as:

- “Getting back on the path to delivering agreed performance standards – locking in and further building on the recent progress made in the safety and quality of care
- Transforming cancer care so that patient outcomes move towards the very best in Europe
- Better access to mental health services, to help achieve the government’s commitment to parity of esteem between mental and physical health
- Better integration of health and social care, so that care does not suffer when patients are moved between systems
- Focusing on the prevention of ill-health, so people live longer, healthier lives”

Matt Hancock, secretary of state for health and social care

In his [first speech as secretary of state](#) – delivered in July at West Suffolk Hospital – Matt Hancock said:

- The NHS must reduce and tackle waste, and ensure it “focuses on using this new money to work smarter and more effectively”
- The long-term plan needs to be “nationally agreed, clinically led and locally supported”
- There are three areas where “we must make swift and decisive progress for that plan to be a success”: workforce, technology, and prevention

Simon Stevens, NHS England

In an interview with [the HSJ in July](#), Simon Stevens set out his priorities as:

- Mental health
- Cancer
- Cardiovascular disease
- Children’s services
- Health inequalities

He also highlighted:

- Integration programmes will be as set out in the *Five year forward view*, but accelerated
- Outpatients and community services may be radically repurposed to release funds
- There will be a number of technical changes, such as targets being reviewed and funding mechanisms reformed
- There could be trade offs if those areas not covered by the settlement – education, public health and capital – were not protected
- Social care funding needs to be at a level that people are properly looked after and pressure isn’t put on the NHS
- Workforce being integral, with reforms (such as those to cancer care) dependent on changes to the workforce over a 10 year timeframe

Ian Dalton, NHS Improvement

In his [August interview](#) with the *HSJ*, Ian Dalton highlighted his views:

- Providers will need to achieve higher levels of productivity than those achieved last year, with further savings opportunities identified as coming from the GIRFT programme, transformation projects, and further cuts to agency, procurement, back office and corporate costs
- National leaders will have to consider writing off some NHS trust debts from the last three years
- The current control total system will be replaced with a new financial architecture from April 2019
- The current fines and sanctions regime, including the marginal rate for emergency care, is likely to be reviewed
- The “significant delta” between the price of the tariff and the actual cost of providing care will need to be addressed
- The Provider Sustainability Fund will be reviewed as the distributional effects of that have again not necessarily been equal across the system
- It is too simplistic to say there’ll be an end to the purchase provider split, given the need to continue with strong providers

Jeremy Hunt, former secretary of state for health and social care

In his [May interview with the HSJ](#), Jeremy Hunt as secretary of state for health and social care set out his vision for the NHS long-term plan:

- The full integration of the health and social care system
- Better use of IT to make sure the NHS is at the forefront of medicine
- Transforming services in order to ease pressure in the emergency care system during winter
- Recovering performance standards
- “A 10 year perspective on really big efficiency improvements”, mentioning the need for modern IT systems and artificial intelligence, and centralising procurement, as well as recognising the impact of predictable funding levels and flows

Brexit Briefing: August 2018

With the principles of the UK's withdrawal from the EU and a transition period provisionally agreed, the negotiations are moving on to look at the future relationship of the UK and EU. Just before Parliament's summer recess began at the end of July, the Government published its White Paper setting out its proposals for that relationship. However, Michel Barnier – the EU's chief negotiator – has suggested key elements of the plan, such as the Facilitated Customs Arrangement, are unworkable. There is significant pressure to make progress, with Mr Barnier setting a deadline of the EU Council meeting on 18 October to have the negotiations and agreement completed. This would allow the deal to be ratified by the European Parliament (and the UK) before exit day on 29 March 2019.

This briefing sets out:

- Trust preparations for the impact of Brexit, including a no deal scenario
- The latest UK political developments relating to Brexit.
- Developments in the Brexit negotiations.
- Parliamentary activities relating to Brexit, including the EU (Withdrawal) Act, the Trade Bill and Taxation (Cross-border Trade) Bill.
- NHS Providers' work with the Cavendish Coalition and the Brexit Health Alliance to address the potential impacts of Brexit for the health and care sectors.

1. Trust preparations for the impact of Brexit, including a no deal scenario

Whilst the Government continues to negotiate for a deal, talk of planning for a 'no-deal' Brexit – where the UK will leave the EU without securing agreement – has filled the news agenda.

Simon Stevens, chief executive of NHS England, appeared on the [Andrew Marr show](#) and announced that "extensive" planning is underway to ensure NHS supplies in the event of a no-deal.

Matt Hancock, the new secretary of state for health and social care, subsequently [appeared](#) at the health and social care select committee on 24 July, where he was questioned about preparations for a no-deal Brexit. Members of the committee highlighted the potential interruption of the supply of medicines and medical equipment and asked about contingency planning. In response, Mr Hancock said that the Department is "working right across Government to ensure that the health sector and the industry are prepared" and said he has "asked the Department to work up options for stockpiling by industry, and we are working with industry to prepare for the potential need for stockpiling in the event of a no-deal Brexit". This led to news that certain drug companies have already begun stockpiling medicines as Matt Hancock sought to reassure the committee that preparations are underway.

The risks of a no-deal Brexit for NHS trusts have been highlighted in the [media](#) by trust impact assessments, obtained by FOI, which warn of the risk to patients from staff shortages and delays in importing medicines. Similar impact assessments are being carried out by local councils and express concerns about social care, food and medicines availability, as well as potential delays at the borders.

In his Marr show interview, Simon Stevens also highlighted that trusts have been asked to “reach out” to their EU staff with information about how to apply to stay in the UK. The Home Office has published a new [toolkit](#) with practical advice for EU citizens on how to apply for settled status. The toolkit includes videos, how-to-guides, leaflets and posters. The settlement scheme will open in phases later this year and will be fully open by 30 March 2019. The deadline for applications will be 30 June 2021. The Home Office is piloting the digital process for applying for settled status with EU staff at 12 NHS trusts and students and staff at three universities in the North West.

2. UK political developments

The Government’s approach to the UK’s future relationship with the EU

On 12 July the Government published its [White Paper](#) setting out its proposals for the future relationship between the UK and the EU. The paper covers the economic relationship, security cooperation, cross-cutting issues and the institutional arrangements that will govern the future relationship.

Proposals with relevance to health care include:

- The UK's wish to continue use of the European Health Insurance Card (EHIC) post-Brexit, allowing UK citizens travelling within the EU (and EU citizens in the UK) to receive medical treatment on the same basis as the local population.
- The desire to maintain "just-in-time" supply chains for goods and avoid unnecessary customs delays at the border.
- Active participation in the European Medicines Agency under new arrangements that recognise the UK will not be an EU Member State.
- Establishing a system of mutual recognition of qualifications.
- Close collaboration with EU agencies to deal with threats to public health.
- Continued participation in European Reference Networks and Horizon Europe (the EU's research funding programme post-2020).

Other key proposals include:

- Proposal for frictionless trade through a new UK-EU free trade area for goods underpinned by a common rule book.
- Facilitated Customs Arrangement (FCA), intended to be a business-friendly model that removes the need for new routine customs checks and controls between the UK and the EU.
- UK and EU to continue operational cooperation on law enforcement and criminal justice. This proposal is seen as compromising the Government’s red line on ending ECJ jurisdiction.

- Ending the free movement of people and establishing a mobility framework. This includes allowing “citizens to travel freely, without a visa, for tourism and temporary business activity”.

Developments in the Cabinet

On 6 July, the Prime Minister attempted to secure Cabinet agreement on the UK's proposals for its future relationship with the EU after Brexit at a crunch meeting held at Chequers, her country retreat. Yet 72 hours later, two key figures had resigned, David Davis, Secretary of State for Exiting the EU, and Boris Johnson, Foreign Secretary. Both had supported a “hard Brexit”, a position characterised by a desire for regulatory divergence from the EU and a departure from existing EU customs arrangements.

These resignations, alongside that of Brexit Minister Steve Baker, resulted in a small but significant Cabinet reshuffle. Jeremy Hunt, who recently became the longest serving Health Secretary, had his loyalty to Theresa May rewarded with a promotion to Foreign Secretary, with Matt Hancock replacing Mr Hunt at the Department of Health and Social Care. Dominic Raab takes over as Secretary of State for Exiting the EU. Since the reshuffle, the Prime Minister has **announced** that she will lead the Brexit negotiations, with the Brexit Secretary deputising, while Mr Raab's Department will lead on the Government's preparations for Brexit, including for a “no deal” scenario. This will likely have little impact on the EU, as it has conducted most of the negotiations to date with Olly Robbins, the Prime Minister's EU advisor.

Questions about Theresa May's leadership and ability to deliver Brexit have loomed for some time, and these high-profile departures renewed speculation. The immediate likelihood of a leadership challenge seems to have passed, with Parliament now in recess until September.

Opposition approach to Brexit

The balancing act being performed by Labour continues. Labour's position shifted slightly during the final stages of the EU (Withdrawal) Bill, when the party tabled an amendment around single market membership, which talked about “shared institutions” with the EU and “full access” to the “internal market”. Without committing to it, this has moved the party's position closer towards maintaining single market membership.

Nevertheless, Jeremy Corbyn, Leader of the Opposition, remains adamant that membership of the single market would restrict his room for manoeuvre on issues such as state aid and renationalisation of industries. Mr Corbyn also insists that Britain needs to take control of its immigration policy.

3. Brexit negotiations

Progress in the negotiations

Little progress has been made in the negotiations since the publication of the **joint UK-EU withdrawal deal** in March. The European Council met on 29 June and this was due to be a significant summit, being the last before the October deadline imposed by Michel Barnier, the EU's chief negotiator, of having the Brexit

deal complete. But as the summit's [conclusions on the March withdrawal agreement](#) highlights, although there has been some progress in talks "other important aspects still need to be agreed". These include:

- **Gibraltar.** For any post-Brexit deal to apply to [Gibraltar](#), Spain has to agree – the EU could not agree it by a qualified majority against Spain's wishes.
- **Northern Ireland.** The Irish government wanted substantial progress on the Irish backstop issue by the June summit, but that did not materialise and is now a key problem in the negotiations.

The EU called for "realistic and workable" proposals from the UK regarding its position on the future relationship, essentially laying blame for any delays in the negotiations firmly at the UK's door. Michel Barnier used his post summit press conference to insist that the EU remains committed to its red lines, stressing the integrity of the four freedoms and that the EU is still waiting to hear what the UK wants.

It was agreed that negotiations would be accelerated over the coming weeks under the four agreed areas:

- Basis for cooperation – to include governance and dispute settlement.
- Economic partnership – to include customs, financial services and a mobility framework.
- Security partnership – to include continued membership of Europol and use of the European arrest warrant.
- Cross-cutting cooperation and standalone issues – to include data protection and an accord on science and innovation.

The [European Parliament Brexit steering group](#) welcomed the Chequers Statement and the White Paper "as a step towards establishing a new relationship between the UK and the EU once the UK is no longer a Member State". However, the group also reaffirmed that the European Parliament "will not consent to a withdrawal agreement, including a transition period, without a credible 'back stop' provision for the Northern Ireland/Ireland border to prevent a hard border and safeguard the integrity of the single market".

In a press conference following a meeting with Dominic Raab on 26 July, Michel Barnier ruled out a key element of the Chequers plan saying that "The EU cannot – and the EU will not – delegate the application of its customs policy and rules, VAT and excise duty collections to a non-member who would not be subject to the EU's governance structures". This effectively rules out the Facilitated Customs Arrangement (FCA). Barnier might have been suggesting that if the UK agreed to be "subject to the EU's governance structures" then the FCA could still work, but that would mean allowing the ECJ to have oversight of the UK's customs regime, which is one of the UK Government's red lines.

Mr Barnier also commented on the proposal for a "backstop" solution for the Irish border saying that the EU did not oppose the "principle" of a UK-wide customs arrangement – this would be key to keeping Northern Ireland and the UK under the same customs regime.

4. Parliamentary activity

European Union (Withdrawal) Act

The EU (Withdrawal) Bill received Royal Assent on 26 June. Facing defeat over an amendment for Parliament to have a 'meaningful vote' on the final deal, the Government tabled its own amendment in lieu. Its amendment sets out how Parliament will vote on the withdrawal agreement and that, if it does not approve, a minister will make a statement setting out how the Government 'proposes to proceed' within 28 days. In addition, the Government accepted that the Commons would have a vote on a motion 'in neutral terms' to consider this ministerial statement. It would also have a vote on a motion 'in neutral terms' to consider a ministerial statement if no deal is reached with the EU by 21 January 2019.

The EU (Withdrawal Agreement) Bill

The Department for Exiting the EU published a [White Paper](#) on *Legislating for the Withdrawal Agreement between the United Kingdom and the EU*, which sets out how the Government will implement the final Withdrawal Agreement reached with the EU in UK law.

The White Paper also gives further detail on citizens' rights. The proposed Bill will establish a new independent body to oversee the Government's adherence to its commitments to grant "settled status" to EU citizens resident in the UK who meet the criteria agreed in the Withdrawal Agreement. It will also provide that any future repeal of the UK legislation implementing those rights will be subject to an "additional procedural step" in Parliament, to ensure it is difficult to backtrack on the commitments.

Other Brexit legislation

Some progress has been made on the Trade Bill 2017-19, which the House of Lords will consider after recess. The Bill includes provisions for the UK to implement existing EU trade agreements and help ensure firms can still access foreign government contracts. During its Commons stages:

- The Government narrowly avoided defeat on an amendment that would force it to try to keep the UK inside the customs union if it hasn't managed to secure frictionless trade with the EU by mid-January.
- The Government lost a vote on an amendment which says it should have to negotiate an agreement for the UK to participate in the European medicines regulatory network.

Given the number of amendments tabled by the House of Lords on the EU (Withdrawal) Bill, we can expect more amendments and potential lost votes for the Government as this Bill progresses.

The Taxation (Cross-border Trade) Bill 2017-19, also known as the Customs Bill, proved equally contentious when it was debated in the House of Commons. It would allow the UK to have a stand-alone customs regime after Brexit with the flexibility to accommodate future trade agreements, and allow for changes to be made to the UK's VAT and excise regimes. The key controversy here was around an amendment to

prevent HM Revenue & Customs from collecting duties or VAT on goods on behalf of the European Union unless there was a reciprocal arrangement for the EU to do the same for the UK. Collecting duties on behalf of the EU forms the basis of the Facilitated Customs Arrangement, so this amendment was seen to go against the Chequers deal, with the Government initially rejecting it, but then performing a U-turn to support it, with the amendment narrowly passing.

There are a number of other Brexit bills announced in the Queen's speech that are yet to appear, as well as white papers on immigration and fisheries. These delays, combined with the hard March 2019 deadline for much of this legislation to be in place, risk creating a pile-up in Parliament this autumn.

Immigration

The Immigration White Paper is now expected in the autumn. Home Secretary Sajid Javid is thought to have delayed publication, waiting for the Migration Advisory Committee to publish its report in (due in September) before releasing the White Paper.

5. NHS Providers' work on Brexit

The Cavendish Coalition

The Coalition brings together a group over 35 health and social care organisations and focuses on addressing the potential impacts of Brexit on the health and care workforce.

The Coalition has published a [working paper](#), which explores the implications for the social and health care system of the main future immigration policy options.

Brexit Health Alliance

Bringing together the NHS, medical research, industry, patients and public health organisations, the Brexit Health Alliance (BHA) aims to safeguard the interests of patients and the healthcare and research they rely on during the Brexit negotiations.

The latest BHA campaign focuses on public health. The BHA and the Faculty of Public Health, a member of the Alliance, have produced a [briefing](#) which sets out how people across Europe currently benefit from the close collaboration between the UK and EU on public health, and proposes solutions to maintain and improve a high level of public health protection after the UK leaves the European Union.

The Alliance is calling for:

- Both the EU Commission and UK government to prioritise the public's health in negotiations on the future relationship between the UK and the EU.
- A security partnership based on strong coordination between the UK and EU in dealing with serious cross-border health threats, such as pandemics, infectious diseases, safety of medicines

(pharmacovigilance) and contamination of the food chain. Ideally, this would be by continuing access to the European Centre for Disease Prevention and Control and other relevant EU agencies, systems and databases.

- Alignment with current and future EU regulatory and health and safety standards relating to (for example) food, medicines, transplant organs and the environment, to avoid the need for replication of inspections and non-tariff barriers at the UK/EU border.
- The UK government to commit to a high level of human health protection when negotiating future free trade and investment agreements.

Reports from the Sub Committees of the Board July & August 2018

Meeting	Board of Directors		
Date	18 September 2018	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	
<i>Please mark ✓ against the strategic goal(s) applicable to this paper</i>	
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 Principal Risks in the Board Assurance Framework - please mark ✓ against the principal risk(s) - does this paper constitute a mitigating control?	
Failure of organisations across the system to delegate appropriate authority to support the integrated care system (Healthy Wirral)	✓
Failure to engage staff to secure ownership of the Trust's vision and strategy	✓
Increasing fragility of the social care market	✓
The impact of the outcome of the Urgent Care Review compromising financial stability and the future model of care	✓
Services fail to remain compliant with the CQC fundamentals of care leading to patient safety incidents and regulatory enforcement action and a loss of public and system confidence	✓
Inability to implement the Trust's clinical transformation strategy and preferred model of care - Neighbourhood care	✓
Commissioning decisions do not promote integrated working across the health and care system	✓

Failure to build the workforce skills and infrastructure to transform services to meet the demographic needs of the workforce and population	✓
Security of public health funding and subsequent contractual decisions impacting on the range of services provided to Wirral & Cheshire East	✓
Failure to foster, establish and manage the right partnerships that enable a response to commissioning intentions	✓
Development of place-based care outside of Wirral, limits the Trust's ability to expand/retain services in these areas	✓
Failure to deliver the efficiency programme	✓
Failure to achieve all the relevant financial statutory duties	✓
The impact of the outcome of the Carter Review on community services benchmarking on commissioning decisions	✓
Impact of supporting the delivery of the 3-year financial plan and future sustainability of the Wirral system	✓

Link to the Organisational Risk Register (Datix)

Highlight any risks referred to within this paper, the relevant risk ID from the ORR.

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 Board Development Session - August 2018

Purpose

1. This is a brief report to record the key topics discussed and the information shared at a board development sessions held on 1 August 2018.
2. The Board of Directors meets on a bi-monthly basis for dedicated development time to consider key strategic items and support organisational planning. The Chairman of the Board will call further development sessions if and when required.

Key topics discussed

1 August 2018

3. The Board of Directors reviewed the draft MUST DO and SHOULD DO actions plans associated with the Trust's CQC inspection report prior to submission to the CQC. It was noted that a robust monitoring and governance process associated with the action plans was being put in place with ELT and the Quality & Safety Committee maintaining oversight and receiving assurance on progress.
4. There was a useful presentation on Service Line Reporting provided by the Trust's Income & Costing Accountant summarising the Trust's latest position and to support the on-going work of the Finance & Performance Committee.
5. In line with the Trust's revised organisational strategy, the Board of Directors had a useful discussion and workshop session on the plans for Neighbourhood Care and an Organisational Development Plan to support this change at scale and pace. These key topics were recognised as priorities for the relevant committees but an opportunity for informal board discussion and debate was welcomed.
6. The Chairman led a discussion on assurance frameworks aligned to the work initiated to review the sub-Board governance structures; the discussion provided a clear focus on the appropriate information required by Non-Executive Directors in order to effectively Chair committees of the Board. An update was provided on the progress made thus far to review and streamline reporting lines and information flows with the Trust Information Gateway highlighted as a key enabler to this wider piece of work. The NEDs expressed their wish to focus and streamline data flows to allow focus on key and emerging issues and risks, and encouraged the Executives to be radical in their thinking. The Board of Directors and particularly the Non-Executive Directors supported and welcomed this review.
7. The calendar of forthcoming board development dates were shared with the Board of Directors based on a bi-monthly schedule. The format of future sessions were discussed allowing for quarterly formal board development sessions considering board dynamics, regional and national policy and challenges external to the Trust and informal meetings allowing for joint discussion and information sharing in the intervening months.

Alison Hughes
Director of Corporate Affairs

10 August 2018

Briefing from the Chairman of Staff Council

Purpose

1. This is a brief report from the meeting held on 19 July 2018. The ratified minutes of that meeting will be presented formally to the Board in due course.

Significant agenda items

2. The following key agenda items were discussed:

Staff Council Member Items

- Picnic Table at Victoria Central Health Centre (VCH)
- Fast Track Physiotherapy
- Clinical SystemOne Roles
- Staff Council Logo and Promotion

Board Items

- Listening Events
- Governor Elections
- IT Update
- CQC Inspection Update
- Trust Name Proposal
- 'I Will' Campaign
- Leadership For All
- Organisational Update
- Executive Briefing - June 2018 and Update on Bids, Tender and Organisational Change
- Sharing Good Practice

Outcomes and actions agreed

1. Staff Council raised a request from staff at VCH if there could be an option to purchase some picnic benches for staff to use and were advised to contact the Finance Team to ask about applying for funding through the Charitable Trust Fund.
2. Staff Council raised an issue with staff accessing the Fast Track Physiotherapy service as feedback from staff was that physiotherapy staff were seeing staff during their lunch hour. The Chief Operating Officer agreed to explore any outstanding issues.
3. Staff Council highlighted an issue around lack of support for staff now that the Clinical SystemOne support had been reallocated to support Adult Social Care. The Chief Finance Officer clarified that this responsibility sat with individual teams to nominate a member of staff from within their service to undertake a train the trainer approach and become Super Users.
4. Staff Council asked for confirmation of a budget code to fund the roller banner and pin badges as the new staff council logo had been agreed by the group. The Chief Finance Officer asked Staff Council to write formally to Executive Leadership Team to request funding.

5. The Director of Corporate Affairs provided an update on the recent Listening Events and it was noted that the final event was due to take place shortly in East Cheshire. Staff Council fed back that there had been issues with staff booking onto this event and it was agreed that the event would be rescheduled so that staff had the opportunity to attend. The Director of Corporate Affairs noted that the trust was keen to receive staff suggestions via the Communications Inbox WCT.communications@nhs.net and asked Staff Council members to share this with staff.
6. The Director of Corporate Affairs updated that Governor Elections were due to begin in October and the results would be announced end of November and there would be at least one Staff Governor seat available. Staff Council were asked if they could promote the role of Staff Governor and advised that Governor Information sessions would be held for all staff interested in finding out more about the role.
3. The Chief Finance Officer provided Staff Council with an update on IT. The key topics were:
 - An IT Bulletin had been shared with staff on a quarterly basis and was available on Staff Zone [here](#)
 - Single Sign On
 - Troubleshooting Sessions
 - Cyber Security
 - Public Access WiFi
 - Videoconferencing
 - Microsoft License
4. The Director of Corporate Affairs provided an update on the CQC Inspection. The key points were:
 - The CQC report had been received and published on the CQC website confirming the overall rating of “Requires Improvement”
 - Communications to staff had been sent out
 - Action planning was now in place and a plan was due to be submitted to CQC on the ‘must do actions’ (and we have included ‘should do’s’)
 - Ratings posters had been produced and need to be put on display in our bases and premises within 21 days. There was a link in the poster to our website and our action plan and a communications plan was in place.
 - CQC staff would be spending a day a week within the trust on a monthly basis as part of the new well led framework and would be visiting services who did not receive a visit during the CQC inspection process.
5. The Director of Corporate Affairs reported that the trust was proposing a trust name change to ‘Wirral Health & Care NHS Foundation’ which incorporated our social care service. The trust had engaged with stakeholders and staff and would now engage with Governors and Public members.
6. The Director of Corporate Affairs reported that as part of our launch of the Organisational Strategy, the trust was launching an internal campaign that links to the ‘I will’ campaign to bring to life our strategic objectives and goals that fall under three themes – **The three Ps!** Population, People and Performance. A digital poster campaign and screensaver would be launched featuring staff who have made a pledge under three key themes. Videos and slides from the launch event can be viewed on Staff Zone.
7. The Director of HR & OD reported that the trust was reviewing the Leadership For All model to link the model into the launch of the Organisational Strategy. Feedback on the current model from staff across the wider trust would be invaluable and the Director of HR & OD agreed to email a list of questions to Staff Council to gain feedback from their teams.

8. Staff Council received a copy of Executive Briefing for information and the Chief Operating Officer provide an update on the Organisational Strategy and an update on Bids, Tenders and Organisational Change which included an update on:
 - Organisational Strategy
 - Phlebotomy
 - MSK
7. Staff Council agreed to keep Sharing Good Practice as a standing agenda item to give Staff Council members the opportunity to share anything positive that was happening across the trust.
8. The following items were raised under Any Other Business:
 - **Staff Awards**

The Director of Corporate Affairs asked Staff Council for their input into the Staff Awards 2019 as this would be the seventh year that the awards had taken place. The trust's ambition was to make the event bigger by extending the invite so that more staff could attend, review the judging process and review the award categories to increase nominations from non-clinical staff, admin staff and social care staff. The Director of Corporate Affairs agreed to review the criteria for the categories and guidance and email to Staff Council members for their feedback before the nomination process begins in September.
 - **Morale and Resilience**

JH updated on the Trust's Resilience Action Plan including listening events and staff survey. It was reported that staff had received Mental Health First Aid training to support resilience in the workplace.
9. It was agreed that key messages from the meeting would be shared with staff via the Staff Bulletin.

Any formal recommendations

10. There were no formal recommendations.

Fiona Davies
Staff Council Chair

Jo Harvey
Director of HR & Organisational Development
Staff Council co-chair

August 2018