

## **Chair's Report - December 2021**

I am pleased to provide a written report to the Board of Directors which covers some key updates for members' attention and assurance.

### **Resetting governance arrangements**

The reset and restart of our governance arrangements has continued with arrangements at local level refreshed to provide greater clarity and consistency on reporting, oversight, and escalation, supported by the Trust Information Gateway (TIG) and relevant policies.

Following the inaugural meeting of the Integrated Performance Board in September and subsequent reporting to the committees of the Board and to the Board of Directors, it was determined that the timing of Board meetings would be changed to the second week of the month (bi-monthly). This allows the local governance arrangements to provide the validation of data, the Integrated Performance Board to complete the scrutiny and the committees of the Board to seek assurances before the integrated position is reported to the Board of Directors.

This revision has been reviewed and supported by members of the Board following discussion led by the Director of Corporate Affairs at the informal board meeting in November 2021. This demonstrates the on-going testing and scrutiny of governance arrangements to ensure they remain fit for purpose and aligned to the relevant duties and responsibilities described in Terms of Reference.

### **Annual Members Meeting**

The Trust held its Annual Members Meeting on 10 November 2021 following the laying before Parliament of the Annual Report and Accounts for the financial year 2020-21.

The full Annual Report and Accounts is available on the Trust website together with a recording of the meeting and Q&A - [Annual Members' Meeting 2021 - Wirral Community Health and Care NHS Foundation Trust \(wchc.nhs.uk\)](https://www.wchc.nhs.uk/annual-members-meeting-2021)

### **Non-Executive Director reappointments**

My thanks to the governor members of the RemNom subgroup who have now started the work to consider the reappointment of two existing Non-Executive Directors of the Board, Professor Chris Bentley and Mr Gerald Meehan. We look forward to meeting with the group on 14 December 2021 and providing a formal recommendation to the Council of Governors in January 2022.

The group will separately be leading the process to recruit a new Audit Chair for the Trust, starting in the New Year.

### **External well-led developmental review**

We have now commenced the programme of work with Mersey Internal Audit Agency who have been appointed to complete an external well-led developmental review of the Trust.

There is a further update on progress and next steps at agenda item 15 but my thanks to all members of the Board for supporting and engaging with this important piece of work.

Whilst we originally anticipated the work completing before the end of the calendar year, we now anticipate this will conclude early in 2022.

## **Council of Governors**

The Council of Governors have not met formally since the last meeting of the Board of Directors. A governor development session was held in mid-November and the report from our Lead Governor, Lynn Collins provides further information on this session.

Our governor elections are in progress, and we expect the declaration of results by mid-December for 6 seats (5 x public governor and 1 x staff governor).

I look forward to welcoming our new governors at an induction session in January 2022.

## **Cheshire & Merseyside Health and Care Partnership - Designate Chief Executive of the Integrated Care Board (ICB)**

I welcome the announcement of Graham Urwin to the position of Designate Chief Executive of the Cheshire & Merseyside Integrated Care Board (ICB) and I note that the next important step will be to recruit a Chair and Non-Executive members.

## **Cheshire & Merseyside Health and Care Partnership - Integrated Care Board Constitution**

At the informal meeting of the Board of Directors in November 2021, we received information and welcomed the opportunity to comment on the proposed ICB constitution.

Overwhelmingly the members of the Board were supportive and provided constructive comment in respect of the ICBs challenge to address health inequalities, be clear about population health and building its vision from 'place' up.

## **Wirral Place Partnership: Governance**

The work across the system on place governance arrangements has continued to gather pace with Chairs invited to a workshop to comment on proposals in early November 2021. The ambition remains to have a functioning place-based partnership and a Wirral Integrated Providers Collaborative from April 2022 with future formal arrangements developed throughout 2022-23.

The proposed arrangements follow the guidance given in the White Paper, ICS Design Framework and Bill on how place-based partnerships can operate within a system.

Together with Chair colleagues, we continue to support this important work and remain committed to ensuring the most appropriate place-based partnership governance arrangements for Wirral are achieved to ensure health and care outcomes for the borough are improved.

## **Healthy Wirral Partners Board**

As reported at the last meeting, the Healthy Wirral Partners Board is currently jointly chaired by myself with Cllr Yvonne Nolan and will pass for the last three months to joint chairing by Dr Paula Cowan and Sir David Henshaw. The Partnership continues to work jointly at pace on developing plans and holding workshops to determine the best way to operate on the Wirral. This work is led by two SROs, again working jointly, (Janelle Holmes and Karen Howell) to bring draft plans and arrangements together for further discussion and determination.

I invite the members of the Board of Directors to receive this report for information.

**Professor Michael Brown CBE DL**  
**Chair**

29 November 2021

## **Lead Governor Report**

I am delighted to provide my first formal report to the Board of Directors following my appointment as Lead Governor in late September 2021.

Since the last meeting of the Board of Directors, the Council of Governors have not met formally but we were pleased that governors once again, came together for a development session on 16 November 2021.

I therefore provide a summary of the items discussed at this session for Board noting.

### **Council of Governors development session - 16 November 2021**

The CoG development sessions provide an opportunity for governors to meet informally to share, receive and discuss information with the Trust and members of the board. No formal decisions are taken in accordance with the NHS FT constitution at development sessions.

We were pleased to welcome all Non-Executive Directors and some members of the Executive Team to the session.

The meeting had a varied agenda and was structured in two parts to allow governors to participate in an engaging and useful focus group on the development of the Trust's five-year strategy. This session, led by the Deputy Director of Strategy, provided an opportunity for governors to share their thoughts on the role and place of the Trust and the future ambition for the local communities it serves. The governors recognise this as an important opportunity to contribute to the forward plans of the Trust, as described in the statutory duties for governors.

The development session also included a useful presentation from the Wirral Intelligence Service on the plethora of data and information available to support the Joint Strategic Needs Analysis (JSNA) for Wirral and how this can be used and interpreted for governors when representing their constituents and the wider community. In recognising that the Trust also delivers services outside of Wirral, it was agreed that this information for other geographies would also be useful.

An update on the Marine Lake Health & Wellbeing Centre was provided with the Trust noting recent delays but advising that work was on track to start in the next couple of months.

The Trust's Chief Operating Officer also attended the meeting to provide an update on their recent support to Wirral University Teaching Hospital NHS Foundation Trust and the further opportunities identified to strengthen discharge processes.

Finally, the governors considered the forthcoming induction of new governors and the relaunch of the buddying and mentorship programme for new governors.

My thanks to all governors, Non-Executive and Executive Directors and guest speakers who supported this session. We look forward to our next development session in February/March 2022.

### **Remuneration & Nomination subgroup**

The RemNom subgroup of the Council of Governors met on 5 November 2021 to consider the programme of work for the reappointment and recruitment process for three of the Trust's Non-Executive Directors.



## Wirral Community Health and Care NHS Foundation Trust

The process to reappoint the two existing Non-Executive Directors will continue with a meeting of the RemNom subgroup on 14 December 2021 where the Trust's Chair and if necessary, the Non-Executive Directors will be present. The members of the subgroup will receive all relevant information to consider the reappointments at this meeting and will provide a formal recommendation to the full Council of Governors meeting in January 2022.

The process to recruit a new Audit Chair for the Trust, will begin in earnest in January 2022.

### **Your Voice Group**

The Your Voice group met virtually on 25 November 2021 with governor colleagues in attendance. Whilst I was unable to attend, I was delighted that Veronica Cuthbert, public governor for Wirral South & Neston was in attendance. Veronica is the Chair of the Governor Quality Forum and despite the forum not having formally met due to the pressures of the pandemic, Veronica remains in close contact with Professor Chris Bentley who chairs the Quality & Safety Committee for the Trust. The forum supports the development of the Trust's Quality Strategy and therefore, moving forwards, will have a keen interest in the work of the Your Voice Group which is actively supporting the Engaged Populations pillar of the strategy.

In November 2021, the group welcomed a new member and reviewed and discussed the revised Terms of Reference which emphasise the engagement and participation focus of the group right across the Trust. The group also supported a campaign to recruit new members to the group.

The new patient experience platform ENVOY was shared with members and there was useful discussion and enthusiasm for the ways in which the Your Voice group will support engagement projects with Trust services. The opportunity to get involved in the Trust's Quality Improvement Faculty was also shared and members received feedback on a recent quality showcase in the Children's Division which had involved stories and reflections from service users.

The next meeting of the Your Voice group will be in January 2022 and any members interested in joining the group can access further information on the Trust's website - [Engagement Groups - Wirral Community Health and Care NHS Foundation Trust \(wchc.nhs.uk\)](https://www.wchc.nhs.uk/engagement-groups).

### **Council of Governor elections**

As reported by my predecessor Bill Wyllie in the last report to the Board of Directors, the elections for a number of governor seats commenced in early October 2021 and the ballot packs have now been issued to all public and staff members.

We look forward to the declaration of results in mid-December and welcoming new governor colleagues to the Council of Governors with an induction session in January 2022.

I provide this report to the Board of Directors for noting and assurance on the work of the Council of Governors.

**Lynn Collins**  
**Lead Governor (public governor, Wirral West)**

29 November 2021

## Chief Executive's Report - December 2021

1. I present this report to the Board of Directors providing an update on regional and local news and developments including important updates from across the Trust and an overview of the work considered by the Executive Leadership Team. I also highlight some key national updates for information.

### Regional and local news and developments

#### Cheshire & Merseyside Health and Care Partnership - Designate Chief Executive of the Integrated Care Board (ICB)



2. Graham Urwin has been appointed to the position of Designate Chief Executive of the Cheshire and Merseyside Integrated Care Board (ICB).
3. Graham is currently the Director of Performance and Improvement at NHS England North West, a role with responsibility for system leadership and oversight of NHS Commissioners and Providers in the North West region. Graham has a finance background in both local government and the NHS. He has worked at local, regional, and national level. He has also worked across both commissioning and provider organisations. Graham was also the Regional Incident Director throughout the Covid pandemic.
4. The confirmation of Graham in this role is a significant step in the development of integrated care in Cheshire and Merseyside and the establishment of an NHS Integrated Care Board which, subject to legislation, will hold a substantial budget for commissioning high quality patient care, and have the authority to establish performance arrangements to ensure this is delivered.
5. The next step will be to recruit Non-Executive members and Executive Directors to the ICB.

#### Cheshire & Merseyside Health and Care Partnership - Integrated Care Board Constitution

6. The Board of Directors received information on the proposed ICB constitution at a recent informal board session in early November 2021 and welcomed the opportunity to consider, reflect and comment on its development providing feedback to the HCP.
7. Overwhelmingly the members of the Board were supportive and provided constructive comment in respect of the ICBs challenge to address health inequalities, be clear about population health and building its vision from 'place' up.
8. Further, the board offered comment on the importance of ICB members truly representing their area of expertise in the widest possible sense having a working knowledge and experience of the full spectrum of NHS services and that of its partners, present and future.

### **Wirral - Integrated Care Partnership**

9. The work to develop and agree the local place-based governance arrangements continues at pace and with good progress being made. The ICP delivery group continues to work effectively and efficiently with regular reporting to myself and Janelle Holmes, WUTH CEO as joint SROs.
10. Following the place governance workshop held in October 2021, agreement has been reached that the Wirral Plan 2021-25 vision for place is the overarching strategy, and the core principles for integrated care in Wirral (developed by system leaders and the Healthy Wirral Partnership) remain valid and appropriate. It was agreed that all partners will continue to work together to fulfil the high-level functions of Wirral's place-based partnership as defined by 'Thriving Places' guidance.
11. A programme of continued consultation and engagement with a diverse range of stakeholders, led by the recently established communications and engagement workstream, will be an important next priority.
12. There remains a strong commitment by partners across Wirral to continue to work together to drive forward integration, joint working and new ways of working to improve outcomes for residents and partners to truly make a sustained difference.

### **Our response to COVID-19 and service recovery**

13. As a Trust we continue to respond to the challenges of the COVID-19 pandemic and whilst our primary focus continues to be on the restoration of our services, we continue to support the local hospital with discharges to ensure it maintains capacity for those most vulnerable in our community and that people receive the care they need.
14. Our Chief Operating Officer, Val McGee recently spent some time working with and directly supporting the Executive Team at Wirral University Teaching Hospital (WUTH). Over a 6-week period, Val gained valuable insight that will support not only our Trust but also the wider Wirral system. My thanks to Val for her invaluable support to the Wirral health and care system.
15. Val participated in 6 MADE (Multi Agency Discharge Event) events which reported to the WUTH Executive Team, our Executive Leadership Team and the system Chief Operating Officers group. These events marginally increased discharges but also highlighted some key themes for future working. These included:
  - Opportunities to enhance care for patients with Learning Disabilities and Fast Track/End of Life
  - Opportunities to educate and raise awareness to ward staff of community services
  - Long delays for packages of care for out of area patients (specifically Cheshire West)
16. A number of areas were also identified where the Trust can enhance patient care across pathways, either to avoid hospital attendances or admission and to improve discharges. These included:
  - Opportunities for an integrated therapy offer across both organisations
  - Single management structure for the Integrated Discharge Team (IDT)
  - Improve care for patients with frailty at the front door (Emergency Department) or earlier in the pathway

- Improve streaming from the Emergency Department
  - Wrap around support for Fast Track/End of Life patients working in collaboration with the Hospice
  - Meetings to improve relationships and communications around alternatives to hospital conveyance with NWS
17. We continue to actively manage extended waiting lists to ensure clinically prioritised and appropriate access to front-line services. This challenge is not unique to our organisation and our priority remains to ensure our services are restored equitably whilst also responding to the inevitable health inequalities that have emerged as a result of the pandemic.
18. The Integrated Performance Report later on the agenda provides further detail and assurance on performance across the Trust in respect of regional and local operational measures, quality metrics, workforce metrics and finance.
19. We are supporting our staff to carry on following the guidance, to ensure a safer environment for everyone and to reduce the risk of infection. Our staff right across the Trust continue to observe all existing safety measures; wearing face masks in all areas around the Trust, maintaining 2 metre social distance, wearing PPE when needed, washing hands thoroughly and more often, and continuing to Lateral Flow Test. Following a recent update to IPC guidance the Trust is currently reviewing all arrangements in place and will implement as necessary during December 2021.
20. We are asking our patients and service users to also continue to follow all existing safety measures when accessing our services across our estate. Our priority is to keep each other, our patients and service users safe and we thank our local communities for their support.
21. From November 2021, the Trust put arrangements in place to ensure that all staff accessing care homes to support the delivery of care were fully vaccinated and plans are now being put in place to ensure the Trust supports all front-line staff with the legislative requirement to be double vaccinated by 31 March 2022.
22. The Trust continues to operate within the national emergency funding arrangements and remains on track to achieve the H1 plan previously approved by the Board of Directors. Guidance on H2 funding arrangements has now been received and reviewed through the Executive Leadership Team (ELT) and the Board of Directors.



### **Shaping Our Future - Quality and People Strategy Focus Groups**

23. During November we have held focus groups with staff from across the Trust to help us develop priority areas for our People and Quality strategies. This opportunity to engage with our staff and get their input and reflections is so important as we develop our strategies for the coming years.
24. The People Strategy focus groups have considered,

- skills and career development
- positive culture, and
- supporting wellbeing

25. The Quality Strategy focus groups have considered,

- understanding and improving people's experience of our services,
- quality improvement, and
- greater effectiveness and safety

### **Long COVID service**

26. Long COVID or Post COVID syndrome is the legacy that this global pandemic will leave health and societal challenges for decades to come.

27. I am proud to report that the Trust has been asked to create a local, placed based multidisciplinary team (MDT) to deliver the New Tier 3 Wirral Community Long Covid Assessment and Treatment Service.

28. The MDT will include but is not limited to Nurses, Exercise Physiologists, Physiotherapists, Occupational Therapists, Mental Health Practitioners (IAPT), Social Prescribers and clinical admin support. The aim is to provide individualised and integrated care pathways to promote recovery and rehabilitation and where clinically indicated, onward referral to specialist services and diagnostics leading to treatment where appropriate, to improve clinical outcomes and quality of life.

29. We expect that lessons learnt through this service will give us a valuable insight into how we can shape future integrated models for effective management of complex long-term conditions.

30. To date the service has completed 50 face to face MDT assessments, with excellent feedback from patients and their families.

31. The Wirral model is the first to go live in the Cheshire & Merseyside ICS footprint and it will continue to develop over the months to come with all involved committed to making it a beacon site for best practice.

32. My thanks to all involved in the development of this important service.

### **Celebrating our Allied Health Professionals (AHPs)**

33. We were delighted to celebrate and recognise our Allied Health Professionals across the Trust during October 2021. On Thursday 14 October it was the national Allied Health Professional Day (AHP), but we used the whole week to showcase our diverse AHP workforce and raise awareness of the contribution they make every day to the lives of people in our communities.

34. Our AHP workforce worked hard to plan a week of activities focusing on; celebrating the diversity of the profession, inspiring others to join the AHP team, connecting with other professions and appreciating the value of our AHPs.

35. As an integrated health and care organisation working in the community, our AHP colleagues and the services they provide are a fundamental part of what we do. They play a vital role in helping manage peoples' care throughout life, from birth to palliative care. Their focus is on

prevention and improvement of health and wellbeing to maximise the potential for people to live full and active lives within their family circles, social networks, education/training and the workplace.

36. Throughout the pandemic, and whilst some AHP services were paused, our AHPs colleagues' ability to be flexible and adaptable throughout has been astounding. Many reassigned to unfamiliar roles, they have each played a significant role in the response to COVID-19. They have embraced new technologies to support the provision of services, safely to their patient and client groups and work in integrated ways with our other nursing and specialist colleagues to support patients and service users.

### Preparing for winter - staff vaccination programmes



37. One of the most important ways we can all look after our health and wellbeing this year is by getting vaccinated.
38. We are working with partners across the system to deliver the COVID-19 booster programme for our staff.
39. Our annual staff flu vaccination campaign launched on 4 October 2021 encouraging all staff to protect themselves, their patients and their families; over 52% of eligible staff have already received the vaccine. Over the last few months, we have all been so careful to protect and look after each other; we don't want to stop now.

### Three Conversations



40. In my report to the Board in October, I was very proud to share progress on our partnership with Wirral Council and Partners 4 Change to pilot an innovative new approach in Adult Social Care - **The Three Conversations** - in two localities, West Wirral and Birkenhead.
41. The 13-week pilot has now concluded and both innovation sites have done a great job despite pressures from existing work and waiting lists. We have managed to get to people quicker, help them quicker and still spend more time in meaningful conversations – and less time with the system.
42. Evaluation of the pilot sites has demonstrated that 80% of our conversations are about prevention and helping people get on with their lives without us - completely in line with the Care Act. The impact in the innovation sites has been very positive and I share below some feedback and reflections from clients and our staff.

#### **Clients**

- *...has been helpful, getting me to think about stuff... things that move me towards being able to see my daughter*

- *...gave us time and had a lot of empathy, she is very good and was interested in our life*
- *I feel like she is doing stuff, like actually helping me!*

#### **Staff**

- I feel like I can get to the root of why someone contacted us
- This way of working is so much more creative than I've been used to....and it's great
- The core assessment used to focus on what people couldn't do, but now I ask people what it is they like to do

#### **Your Experience - the importance of feedback**

43. I recently wrote in the Wirral Globe about the importance of feedback, of hearing the thoughts and reflections of our patients and service users on the services they access. This helps us to learn from what we do well and to change or improve when things could have gone better.
44. There has been a lot of work taking place across the Trust in recent months as we have been resetting and restoring our services and this work has included refreshing the ways in which we request and receive feedback. There are so many different ways patients and service users can share their experiences with us and I would like to acknowledge the commitment and hard work of our Quality Leads in leading this piece of work.
45. Our INVOLVE group is made up local young people across Wirral who support us to develop and sustain services. Our Your Voice group gives members of our local community the opportunity to share their voice with health and care staff at the Trust and have direct dialogue on what is important. And our new feedback questionnaires invite patients and service users to share their experiences of a service in a quick and easy to follow online form.
46. The value and the insight we get from these and other forms of feedback is invaluable.

#### **Welcoming back our volunteers**

47. Over the last few months, we have been delighted to welcome back some of our wonderful volunteers to the Trust and we are excited to have introduced a new volunteering role to support our services in gathering feedback from patients and service users. This is such an important role and one which I am pleased our volunteers are enjoying. We are also hoping to safely introduce volunteers to our wards at the Community Intermediate Care Centre in the next few weeks and look forward to hearing of the support they will provide to our patients and our staff working there.
48. To support the safe return of our volunteers we were successful in a funding bid application to NHS England and look forward to being able to use this temporary funding to increase our capacity to support our volunteers as they return right across the Trust.
49. The Trust has been working with the League of Friends charity for a number of years to support volunteer recruitment for the tea bar in the Walk-in Centre in Victoria Central Health Centre. This has been a welcome facility for patients accessing the services in Wallasey and Trust staff have been very fortunate to benefit from the support of the charity. Sadly, following the challenges of the pandemic the League of Friends will not be returning to operate the tea bar and I therefore want to record my sincere and

heartfelt thanks to all the volunteers that have been so generous with their time over the years and supported this organisation and our staff. I am looking forward to welcoming the League of Friends volunteers to St Catherine's Health Centre in the spring/summer to recognise and celebrate their individual and collective contributions to the Trust and the NHS.

50. I would also like to extend thanks to two of our volunteers who have been supporting our staff vaccination programme over the last few weeks. Thank you to Bob Giles and Barry Parsons for all their support to the Trust.

### **Social Value Quality Mark Level 1**

51. We are delighted to be the first NHS organisation nationally to achieve the Social Value Quality Mark at Level 1 demonstrating our commitment to social value across the Trust.
52. Social value refers to the wider financial and non-financial impacts of projects and programmes including the wellbeing of individuals, communities, social capital, and the environment.
53. I am incredibly proud that staff right across the Trust recognise the importance of our social value and together we have developed the following definition for our Trust.

*'To use our role as a large NHS employer to provide person centred, place-based care that builds stronger communities, reduces health inequalities and supports the health and wellbeing of our local population. We will do this through innovation, engagement and collaboration.'*

54. The focus of the Level 1 Quality Mark is to ensure organisations have processes in place to set and track performance against key indicators and we are delighted to have been recognised for our commitment to this important agenda.

### **Health & Safety Executive Inspection**

55. In early November we welcomed the Health and Safety Executive (HSE) Inspection Team to the Trust, to spend time with specific services over two days. This visit was part of a national inspection campaign looking at violence and aggression, musculoskeletal disorders and the management of COVID-19 within the public sector organisations.
56. We look forward to receiving formal feedback from the inspection team, but initial feedback was positive.
57. My thanks to all those involved in preparing for the inspection and to all those services and members of staff who spoke to the inspection team whilst they were with us.

### **National Safeguarding Adults Week 2021**

58. We recognised National Safeguarding Adults Week, 15-19 November 2021 across the Trust, offering an opportunity to all staff to check and ask, 'Do I know my role in safeguarding?'
59. Safeguarding is everyone's responsibility and virtual drop-in sessions were held across the week for all staff to attend. These sessions covered a range of topics including, 'What do we mean by 'Safer Cultures'? 'The power of language' and 'Mental Capacity Act myth busting'.

60. Thanks to our Adult Safeguarding and Adult Social Care colleagues for leading these activities.

### **Congratulations!**

#### ***Infection Prevention & Control Team***

61. Following the success of our Infection Prevention and Control Team winning Team of Year at the Infection Prevention Society Awards in September, I am delighted to confirm that the team have been invited, by Sam Sherrington, national Community Nurse Lead, to the national Clinical Reference Group to talk about their work and recent award success.

62. The success of the team was also recently featured in a presentation by Ruth May, Chief Nursing Officer recognising the innovation of the Care Home Project.

#### ***Cheshire & Merseyside Cardiac Network***

63. Many congratulations to Caroline Golder and Jennifer Hannay from our Community Cardiology Service who have been jointly appointed as the Cardiac Rehabilitation Clinical Lead to the Cheshire & Merseyside Cardiac Network. These appointments follow the launch of the national Cardiac Pathways Improvement Programme, and the joint role will provide clinical leadership to improvement activity across Cheshire & Merseyside and will play a pivotal role in driving forward improvements to Cardiac Rehab services for patients, their carers and families

64. We are very proud that the expertise and influence of Caroline and Jennifer will be felt at system and regional level.

#### ***Chief Nursing Officer Silver Award***

65. I extend huge congratulations to David Williamson-Draper who has been awarded the prestigious Chief Nursing Silver Award.

66. David was nominated for the award by Katie Mansfield-Loynes from The University of Chester, and I am delighted to share below her thoughts;

*David Williamson-Draper joined Chester University with the legacy cohort for the Health Education England Trainee Nursing Associates (HEE TNA) programme in 2017 and qualified in January 2019. Through his journey he implemented a training programme for staff within Learning Disability services to support conversations around sexual health. For this work he was nominated and was a finalist in the Student Nursing Times awards and spoke at the university's Sharing Healthy Futures conference. David also represented the TNA programme at the House of Commons for the celebration event as well as met HRH Camilla at Chester Cathedral.*

*Once qualified David moved into Health Visiting where he supported their first ever male listening group. Within this he supported men through perinatal trauma. Throughout the pandemic David was deployed and worked tirelessly. Wirral Community Trust have now supported David to move into a brand-new role where he supports the healthcare staff with their own personal development through supervision, accessing training etc.*

*The CNO Silver Award recognises performance that goes above and beyond the expectations of the everyday role that a health professional is expected to perform. David had come along*

*to talk about his career progression as a Registered Nursing Associate to our final day January 2020 cohort and was presented with the award by our Associate Dean Julie Bayley-McHale.*

## **National news and developments**

### **Autumn Budget and Spending Review 2021**

67. The Chancellor delivered his Autumn Budget and Comprehensive Spending Review on 27 October 2021 which focused on the government's 'levelling up' agenda, providing increased support for early years and education and spending on infrastructure.
68. The announcement of £5.9bn capital funding for the NHS over the next three years to support elective recovery and improve digital technology was briefed in advance.
69. NHS Providers published a useful briefing outlining the key announcements, economic headlines which can be accessed via the following link - [october-2021-budget-and-csr.pdf \(nhsproviders.org\)](https://www.nhsproviders.org/october-2021-budget-and-csr.pdf)

### **CQC State of Care Report**

70. The CQC published its State of Care Report in October 2021. The report is their annual assessment of health and social care in England looking at the trends, sharing examples of good and outstanding care, and highlighting where care needs to improve.
71. Last year's State of Care was written as the country anticipated a second wave of COVID-19 infections and deaths. This year, the success of the vaccination programme has given hope but alongside this, recognition that COVID-19 will continue to cast a shadow over all aspects of everyday life, in particular the health and care system.
72. The report highlights the ongoing challenges trusts are facing when working through the backlog of care, and the impact this has had on patient experiences and quality of care. It is right to recognise that more must be done to tackle health inequalities, which have been exposed and exacerbated by the pandemic, and the concerns raised about the fragility of the social care sector and its wider impact on the health system are valid.
73. The report recognises the impact of dedicated funding for the discharge to assess model during the pandemic, which has supported patients to leave hospital and receive care closer to their homes where appropriate, freeing up capacity within hospitals. However, the funding allocation beyond March 2022 remains a concern for community services, like this Trust.
74. The full report can be accessed via the following link - <https://www.cqc.org.uk/publications/major-report/state-care>

### **Winter preparedness in the NHS**

75. The NHS continues to experience significant levels of pressure. The continued impact of managing COVID-19, plus the recovery of services and relative return to usual activity levels led to a challenging summer; especially in the context of constrained capacity due to COVID-19 related infection prevention and control (IPC) and workforce issues.
76. As we move into the winter months with more unknowns than usual a system-led approach is critical. As such, all NHS organisations have been asked to develop and deliver plans in a collaborative manner, leveraging the strengths of each individual Integrated Care System as well as partners across the wider health and social care system.

### **NHS Providers State of the Provider Sector report**

77. On 16 November, NHS Providers published a new report "*State of the provider sector*", which shows that trust leaders anticipate this being the "most difficult winter in the history of the health service".
78. The report highlights trust leaders' deep concerns about the combined impact of increased demand for emergency care, growing waiting lists, significant and sustained staff shortages, potential staff burnout, the extra resource needed for vital vaccination campaigns and the prospect of high levels of COVID-19, flu and other respiratory viruses.
79. Whilst the report emphasises the significant pressures the NHS is under it also shines a spotlight on some of the achievements and innovations trusts and their partners in local systems have led so successfully over the past year.
80. The full report can be accessed via the following link - [State of the provider sector 2021: Survey findings \(nhsproviders.org\)](#)

### **Health and Care Bill**

81. Following recent updates on the Health and Care Bill, The Kings Fund has published a useful report answering six key questions on the bill - [The Health and Care Bill | The King's Fund \(kingsfund.org.uk\)](#)
82. The purpose of the Bill is to establish a legislative framework that supports collaboration rather than competition and many of its proposals have been informed by the NHS's recommendations.
83. The Bill also contains new powers for the Secretary of State over the health and care system, and targeted changes to public health, social care, and quality and safety matters.
84. The Bill will be debated in parliament throughout autumn and winter 2021 and is expected to be passed in time for changes to come into effect in April 2022.

### **Integrated Care Board guide to developing a scheme of reservation and delegation (SoRD)**

85. NHS England and NHS Improvement (NHSE/I) have published a guide to developing a scheme of reservation and delegation for integrated care boards (ICBs).
86. The guide is intended to support designate ICB chairs, chief executives and other board members (when in post) to develop the SoRD. All ICBs are required to publish a SoRD by the time they are formally established as statutory bodies (expected to be on 1 April 2022).
87. The Health and Care Bill will give ICBs statutory powers, functions and duties including (subject to the passage of legislation through parliament):
- The ability to delegate to a committee or sub-committee of the ICB board, or to an individual board member or employee
  - The flexibility to appoint individuals who are neither ICB employees nor board members to ICB committees and sub-committees
  - The power to agree with trusts and/or local authorities that they will exercise functions on behalf of the ICB or jointly with the ICB

88. The ICB board, regardless of any delegation arrangements it has made, will remain legally accountable for the exercise of its functions.

89. The SoRD will set out the functions, powers and decisions of the ICB that are:

- Reserved to the ICB board itself (this is the default arrangement)
- Delegated to individuals (board members or employees)
- Delegated to committees and sub-committees that have been established by the ICB board
- Delegated to other statutory bodies using the boards new legal powers to delegate functions to another organisation or to a joint committee with another organisation
- Any functions that have been delegated to the ICB by other bodies e.g., NHSE/I primary care / specialised commissioning.

90. As reported earlier in this report, the Board of Directors has had the opportunity to comment on the development of the Cheshire & Merseyside ICB constitution.

### **Health and social care integration: white paper**

91. As part of the government's announcements on the health and social care levy, the cap on lifetime costs and a separate white paper on adult social care reform, the government are expected to publish a health and social care integration paper soon. This paper was first announced in September 2021.

92. NHS Providers has been in discussion with the government about the proposals under consideration over the past few months and have submitted a paper setting out their views to ministers and senior officials at No10 Downing Street, the Department of Health and Social Care, HM Treasury and NHSE/I.

93. The full paper can be accessed via the following link - [nhs-providers-written-evidence-to-inform-the-health-and-social-care-integration-white-paper-final.pdf \(nhsproviders.org\)](https://www.nhsproviders.org/sites/default/files/2021-09/nhs-providers-written-evidence-to-inform-the-health-and-social-care-integration-white-paper-final.pdf)

### **Adult Social Care reform: white paper**

94. On 1 December 2021 the Department of Health and Social Care (DHSC) published the adult social care reform white paper, *People at the Heart of Care*.

95. The white paper builds on the government's announcements in September, which included raising national insurance contributions for a health and social care levy (of which £5.4 billion will be allocated to reform the social care sector over the next three years), the new £86,000 cap on personal care costs, and the more generous means-test.

96. The white paper, which has been shaped by engagement with the adult social care sector, sets out the government's 10-year vision for social care. This vision focuses on three main objectives including: choice, control and independence; high-quality personalised care; and a fair and accessible system.

97. The full paper can be accessed via the following link - [People at the Heart of Care – adult social care reform white paper \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1014209/People-at-the-Heart-of-Care-adult-social-care-reform-white-paper.pdf)

### **Mandatory COVID-19 vaccinations for frontline NHS staff**

98. Following a consultation in September 2021, the government has elected to introduce regulations mandating that health and care sector employees can only be deployed as

frontline staff if they are vaccinated against COVID-19. The Health Secretary has stressed that this decision has been made with the overarching goal of protecting patients and staff and, in turn, that this hopefully eases the pressures on the NHS.

99. Similar to staff in care homes, the Health Secretary has outlined that there will be exceptions for those who are clinically exempt from COVID-19 vaccination, those who are under 18 and those who have taken part or are currently taking part in a clinical trial for a COVID-19 vaccine.
100. In addition, those who do not have face-to-face contact with patients in their work will also be exempt. This will include those providing care remotely, such as through triage or telephone consultations, or managerial staff working in sites that are separate from patient areas
101. As reported earlier in this report, the Trust is now actively working to support staff to whom this new legislation will apply.

## **Communications and Engagement**

### **Get Together - Team WCHC Briefing**



102. The monthly on-line Get Together meetings continue to be well attended by staff from right across the Trust and we continue to use this important engagement forum to share news and updates but also to seek feedback from our staff using the on-line platform Sli.do. At recent meetings we have used Sli.do to ask our staff for their feedback on;
  - Health and wellbeing as individual and as teams
  - What makes the organisation a great place to work, and how could we improve it?
  - The completion of the national staff survey asking “What would encourage you and your team to complete the annual staff survey”
103. I really look forward to these sessions every month and the opportunity to engage with so many members of Team WCHC.
104. In early November, I had the opportunity to spend some time on the wards at the Community Intermediate Care Centre and I was pleased to be able to meet with many of the staff supporting our patients and with some of our patients. The mutual support and teamwork amongst the staff were evident and I do not underestimate and want to recognise the hard work and commitment of every single member of staff working at the CICC. My thanks to Toni Shepherd, Service Director for welcoming me to the CICC.
105. The members of the Executive Team have enjoyed engaging with teams and staff over digital platforms in recent months and during our response to COVID-19, however the opportunity to meet with services in person and to spend time talking to staff has been missed by us all. We are therefore pleased that members of the team, in accordance

with appropriate IPC guidance, have started to visit teams in person and are really looking forward to more opportunities before Christmas and in the New Year.

106. During October and November 2021, I have also continued to represent the Trust at regular system meetings including Northwest Leaders, Cheshire & Merseyside Providers Chief Executives, and Cheshire & Merseyside Providers Out of Hospital Chief Executives. The Healthy Wirral Partners Board has continued to meet bi-weekly and together with the Chair and Deputy Chief Executive/Chief Finance Officer we have attended and remain committed with our partners to developing plans for the local health and care system and the Wirral place.

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

107. The following is a summary of issues discussed by ELT during October and November 2021.

108. ELT has continued to receive regular updates on the following:

- The work of the Place Delivery Group (formerly ICP Delivery Group) which had been established to oversee the reviews of the Health and Wellbeing Board and the Integrated Commissioning Group and agree the form/function, enabling functions and opportunities for integration of the Provider Collaborative in Wirral
- Developments across the national, regional and Wirral health and care systems including the development of the Cheshire & Mersey ICS
- The epidemiological position on Wirral in terms of the number of Covid cases, the number of Covid+ patients in the hospital and an update on vaccination programmes.
- Developments relating to the Community Integrated Care Centre including the development of a third ward managed by the Trust to support Discharge to Assess provision
- Action plans developed to address concerns in specific Trust services
- The collaborative '3 Conversations' work (referenced above)
- The Trust's organisational design process, including timescale for implementation and the appointment of Service Directors
- The work of the various UECUP (Urgent & Emergency Care Upgrade Programme) committees and workstreams
- An overview of the Trust results in the NHS People Pulse Survey for September (the Pulse Survey was subsequently stood down for October and November to allow a focus on the National Staff Survey).

109. During October and November 2021, the following were also presented to ELT for approval:

- A business case for additional Ageing Well income to expand the Trust's 2 Hour Crisis Response Service to meet additional requirements defined in the Planning Guidance, which was subsequently approved by the ICS
- A case for the financial investment required to implement the recommendations of the review by Attain of the Trust's Programme Management function
- A recommendation for the Trust to participate in the tender process for the Wirral Infection Prevention & Control (IPC) service contract
- A business case to amend the three-year rolling replacement programme for computing endpoints to meet increased demand
- A proposal to re-introduce incentive payments to support additional cover on the CICC wards

- A business case for revenue funding to develop the SAFE system to support the Organisational Design work
- The pledge and key value indicators to support the Trust's application for a Level 1 Social Value Quality Mark
- The Trust's expression of interest in Phase 2 of the Rainbow Badge scheme which was created as a way for NHS staff to visibly demonstrate that they are aware of the issues that LGBT+ people can face when accessing healthcare

110. Additional items were also presented to ELT for assurance or discussion including,

- An update on the Cost Improvement Programme for 2021/22
- A summary of the workforce and financial plan submissions for H2 and an overview of the process for finalising the plans and making submissions to NHSE/I
- An overview of the measures being put in place by the Trust to address the requirement for all patient facing NHS employees to be doubly Covid vaccinated by 1 April 2022
- An update on the outcomes of the MADE (Multi-Agency Discharge Event) programme taking place at the hospital in conjunction with partner organisations to support improved patient flow, identify and unblock delays and simplify and improve complex discharge processes.
- An overview of the Trust's Clinical Governance systems - Datix and SAFE
- An overview of the Trust's submission of data to the NHS Benchmarking Network's Monthly Community Indicator
- An update on the development of the Wirral Frailty Strategy.
- An overview of the Trust's participation in the NHS Collaborative funded scheme for the recruitment of international nurses
- An update on the Trust's participation in the CIPHA (Combined Intelligence for Public Health Action) data sharing agreement which will broaden the use of the data from a Covid response to a Population Health purpose
- A revised Team WCHC staff recognition scheme to be rolled out trust-wide

## **Conclusion**

111. I hope you find this report interesting and helpful, and it provides a clear description of the current priorities for the Trust and the key activities underway to address them.

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

Alison Hughes  
Director of Corporate Affairs

2 December 2021