



**TRUST BOARD OF DIRECTORS MEETING
(via Zoom)**

MINUTES OF MEETING

WEDNESDAY 9 JUNE 2021 at 2.00 PM

MICROSOFT TEAMS

Members:

Prof Michael Brown	Chairman	(MB)
Mr Anthony Bennett	Chief Strategy Officer	(AB)
Prof Chris Bentley	Non-Executive Director	(CB)
Mrs Jo Chwalko	Deputy Chief Operating Officer	(JC)
Dr Nick Cross	Medical Director	(NC)
Mr Mark Greatrex	Chief Finance Officer/Deputy Chief Executive	(MG)
Ms Karen Howell	Chief Executive	(KH)
Mrs Alison Hughes	Director of Corporate Affairs	(AH)
Ms Beverley Jordan	Non-Executive Director	(BJ)
Ms Val McGee	Chief Operating Officer	(VM)
Mr Gerald Meehan	Non-Executive Director	(GM)
Mrs Jo Shepherd	Director of HR & Organisational Development	(JS)
Mr Brian Simmons	Non-Executive Director	(BS)
Mrs Paula Simpson	Chief Nurse	(PS)
Mr Bill Wyllie	Lead Governor	(BW)

In Attendance:

Mrs Cathy Gallagher	Senior Assistant (minutes)	(CG)
Mrs Heather Stapleton	Board Support Officer	(HS)

Reference	Minute
1. WCT21/22-020	<p>Journey of Care Patient Story - Community Cardiology</p> <p>PS presented a journey of care patient story which focused on the care and support received from the Community Cardiology service.</p> <p>PS reported that she had been approached by the National Lead for Community Nursing to say how impressed she was with the Trust's Community Cardiology Service. The service was asked if they could provide a story to share with the Board of Directors to describe how patients were supported at home during lockdown.</p> <p>This story was about an 84 year old resident of Wirral who had been admitted to Arrowe Park Hospital during lockdown and had received immediate treatment for a heart blockage. A pacemaker was fitted and on discharge the</p>

	<p>patient was referred to REACH, the Heart Failure programme in Community Cardiology.</p> <p>During lockdown the patient had received a number of home visits from a Cardiology Nurse and Physiologist offering advice and support including playing an exercise DVD on their laptop. The patient was saddened she could not offer staff a cup of tea due to Covid. The nurse gave the patient a telephone number to call if she required any further advice or support.</p> <p>The patient was now recovering since having the pacemaker fitted. PS read her message to the Board.</p> <p>PS praised the staff for helping the patient reach her goals and demonstrated how caring and adaptable staff were in supporting vulnerable people in their home.</p> <p>The Board of Directors welcomed the story and noted the care and support provided by the Community Cardiology team.</p>
2. WCT21/22-021	<p>Apologies for Absence</p> <p>Sarah Alldis, Associate Director for Adult & Social Care</p>
3. WCT21/22-022	<p>Declaration of Interests</p> <p>The members of the Board confirmed standing declarations of interest but it was noted that there was nothing on the agenda for the meeting that required further action in respect of standing or new interests.</p>
4. WCT21/22-023	<p>Minutes of the previous meeting - 14 April 2021</p> <p>The Board of Directors approved the minutes of the meeting held on 14 April 2021, as a true and accurate record.</p>
5. WCT21/22-024	<p>Matters Arising - 14 April 2021</p> <p>AH provided an update on the actions from the previous Board meetings. The Board of Directors reviewed the current status and noted the outstanding items. (<i>See separate actions/matters arising tracker.</i>)</p>
6. WCT21/22-025	<p>Chair's Report</p> <p>MB presented the report to the Board of Directors and highlighted the following:</p> <ul style="list-style-type: none"> • Sub-committees of the Board had been reinstated after being temporarily suspended due to Covid. • Informal Board had met virtually in May 2021 to discuss key topics and was working to finalise the Informal Board programme for the remainder of the financial year. • Appreciation was expressed in relation to the progress made on the purchase of the land for the new Marine Lake Health & Wellbeing Centre. • Thanks and best wishes were extended to Alan Yates, Chair of the Cheshire & Merseyside HealthCare Partnership following confirmation that he would not be a candidate for consideration to the appointment of Chair of the statutory ICS. • Active participation continued to represent the Trust in the Healthy Wirral programme of work and in a range of regional and national fora. The main focus continued to be the development of governance arrangements in respect of the emergence of the Integrated Care System and Integrated Care Partnership. This work would continue over the coming months.
7. WCT21/22-026	<p>Lead Governor's Report</p> <p>BW presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • The Council of Governors next formal meeting would be held on 14 June 2021 and key agenda items would be the implications of the NHS reforms, the new CQC strategy and the Trust's Workplan 2021-22.

	<ul style="list-style-type: none"> • Governor colleagues continued to engage with the Trust and in particular the Chair of the Quality Forum, Veronica Cuthbert, maintained regular communication with the Non-Executive Director Chair of the Quality & Safety Committee. • The next meeting of Your Voice would be held virtually on 10 June 2021 and some governor colleagues would attending.
8. WCT21/22-027	<p>Chief Executive's Report</p> <p>KH presented the Chief Executive's report to the Board of Directors and thanked AH for producing the report.</p> <p>KH reported that post Covid there was a lot of work to be undertaken and highlighted the following:</p> <ul style="list-style-type: none"> • Shaping Our Future, the priority areas being People, Quality, Operations and Investment. • Recognising the importance of digital developments by reviewing the job title of the current Deputy Director of Digital Services and changing this to Chief Information Officer. • Continued involvement with NHS Cadets. • The launch of the NHS People Pulse survey. • The development of the Marine Lake Health & Wellbeing Centre.
9. WCT21/22-028	<p>Reports from the Sub Committees of the Board - April/May 2021</p> <p>Finance & Performance Committee</p> <p>BJ provided the following summary and reported that the Committee had met on 28 April 2021. This was the first meeting of the Committee since 26 February 2020 and pending actions and previous minutes were revisited in order to review the progress made under the emergency governance arrangements. It was established that the majority of items discussed had either been dealt with or time-expired.</p> <p>There were some items that needed to be reviewed further by the Committee:</p> <ul style="list-style-type: none"> • The capital programme and review of the business cases, including understanding the outcomes for patients and staff and monitoring the delivery of these, together with an update on the new project management software to track progress, had been an action with an update to be provided to the Committee. • The cyber action plan update and understanding the critical actions for 2021-22 would be discussed at the next meeting. • On revisiting the Committee minutes, previous discussions on progress made to streaming at the front door and average length of stay had been identified and updates on these would be provided at the next meeting in order to track progress. <p>The following summary was then provided following the meeting held in April 2021:</p> <ul style="list-style-type: none"> • The draft Financial Accounts 2020-21 were provided for information and assurance. The position reported was consistent with the report submitted to the commissioners. Annual leave costs accrued, due to staff being unable to take their full annual leave entitlement, would be included in the accounts. Discussion had taken place in relation to the local government pension scheme and the external auditors had advised they would not be able to meet the timetable for submitting the financial statement by the end of June. NHSI had agreed a submission date in August to ensure robust auditing. Thanks were extended to the Finance team and the Committee was assured by the report. • The draft Financial Plan 2021-22 was approved and assurance given on the financial target. All systems across the country had been advised that a balanced plan had to be delivered and no other funding was anticipated. It was expected that funding would be transferred

- within the system as necessary to support financial sustainability.
- The Capital Programme requirements were presented for 2021-22 and assurance was given on the proposals. The Capital Programme was substantially higher than previous years and this was mainly due to the Marine Lake development, plus commitment had been given to support funding for the Urgent Treatment Centre. The Committee approved that the Capital Programme 2021-22 be presented to the Board of Directors.
 - The Risk Report was received and assurance provided on high level risks. The risk relating to the IT network infrastructure would be fully mitigated by the end of June.
 - The Board Assurance Framework was presented and it had been agreed that the relevant principal risks would be reviewed at each meeting, alongside the high-level organisational risks. There were four principal risks aligned to the responsibilities of the Committee and these were discussed and it was agreed that the theme of each of these risks remained relevant. There were two key themes to be considered for the principal risks for 2021-22 and these related to the capacity to manage waiting lists following the impact of COVID-19 and the relationships with partners in the Integrated Care Partnership and wider partnerships across the system.
 - The Policy Sitrep had been kept up to date and there were no out-of-date policies identified.
 - The Internal Audit Review looked at progress on two ongoing reviews on the audit tracker and noted that, whilst actions remained open, they were being addressed. The Committee was assured by the update provided.

Education & Workforce Committee

GM provided the following summary following the meeting held in May 2021:

- Thanks were expressed to all staff on behalf of the Executive Team, recognising their hard work and the magnificent job they had done.
- The People Plan 2021-22 was presented with the priority being staff welfare and a focus on recovery, as well as developing the capabilities and talent of the workforce. The emerging themes were collaboration with partners and working as a system. The pandemic had highlighted the importance of digital literacy for staff and this would be a priority. The People Plan would need to be consistent with issues raised by staff in the various surveys.
- There were two high level risks relevant to the Committee and these related to staffing and competency in CICC and in Adult Social Care. The Adult Social Care risk related to agency spend and the Committee noted that social care recruitment was a national issue.
- The Workforce Report indicated that throughout the pandemic, the Trust had maintained 90.7% mandatory training and at the end of May 2021 the rate had increased to 92.2%. Sickness level was recorded at 4.8%, of which 0.4% was COVID related absence. Staff COVID vaccination rates were reported as 88% of staff had received the first vaccination dose and 82% had received the second dose. Approximately 75% of BAME staff had been vaccinated. Agency expenditure had increased and was currently 31% above cap. The Committee was assured by the update provided.
- An update was received on the Workforce Disability Equality Standard (WDES) and the Workforce Race Equality Standard (WRES). The appointment of a new Staff Chair for the BAME Staff Network was noted but an appointment was yet to be made for the Ability Staff Network.

Quality & Safety Committee

CB provided the following summary following the meeting held in May 2021:

- Actions from previous meetings had been closed as being complete.
- A Task and Finish Group had been set up to look at how the Friends & Family test would function in a digital environment.
- The Audit Plan had been approved for the year and would be monitored, particularly in relation to digital issues.
- An update on the SAFE Steering Group meeting was reported with key assurances provided on some issues. All risks had been reviewed.
- The Quality & Patient Experience Report provided assurance and reported that careful monitoring of harms reported was taking place. Ten pressure ulcers had been reported during April and a review of these was in progress. The use of ethnicity and deprivation data would be used to understand the equity issues in ethnic and deprived communities. Clarity on the difference between "Trust harms" and "referred harms" was provided and a clear response detailed how these were managed. The annual Adult Social Care survey indicated good performance by the Trust during a difficult time. The Improvement Board had been reinstated.
- The Risk Report demonstrated there were no new or pre-existing high-level risks although there was one risk emerging and this was being assessed on compliance for service specialist training. Discussion had taken place in relation to the falls risk in CICC being downgraded due to the lessening of falls which led to a request for some benchmarking and learning from established practices elsewhere.
- The Board Assurance Framework was received and risks relevant to the Committee were reviewed. The Committee discussed those risks to be closed or carried over and those where a modified description was appropriate. The Committee recognised there was further work to be done on this system and making BAF more streamlined was discussed.
- Good progress was noted on the Policy Sitrep with 51 policies being tracked through the committee, 8 of which had expired or were under review.
- The audit tracker was reviewed through TIG and this would take place at each meeting of the committee.
- The Committee was assured by receipt of the Safeguarding Annual Report 2020-21 which was a detailed and comprehensive report. A sitrep position would be submitted to the Executive Leadership Team regarding alternative routes in place for safeguarding.
- The Complaints & Concerns Annual Report 2020-21 was presented and the Committee reflected on how raising concerns was embedded in the organisation and how staff were able to raise concerns.
- The Mortality Report Learning from Deaths Framework for Quarter 4 was received and the Committee was assured and approved the report for submission to the meeting of the Board of Directors and subsequent publication on the Trust's website.
- The Committee received the Medicines Optimisation Annual Report 2020-21 which provided assurance medicines were handled safely and in line with best practice.
- The Claims Annual Report 2020-21 provided assurance to the committee that robust processes were in place for investigating claims and learning from harm.
- Triannual Regulation Compliance Assurance Report provided assurance of the focus for preparedness of the CQC focussing on regulation compliance, quality strategy delivery and fundamental standards.

Informal Board

AH reported on the Informal Board session held on 5 May 2021, which was the first full session for 12 months. External guest speakers were welcomed

and challenging discussions took place around the ambition of the Trust in relation to the Digital Strategy.

The Learning and Organisational Development Team were welcomed to the session. They had been instrumental in supporting staff reassigned across the organisation, those who had returned to work out of retirement and students who worked for the Trust, and they talked about their experiences and reflections.

The Informal Board programme would be finalised for the remainder of the financial year.

Staff Council

JS provided the following summary following the meeting held on 6 May 2021:

- The meeting was well attended and at the start of the meeting members checked on how everyone was, as a focus on staff wellbeing.
- Staff Council was always willing to widen the participation and to welcome more people to join their meetings.
- The usefulness of having a Charter was discussed and having principles outlining the work of the Staff Council. They were also keen to be inclusive and involve the networks.
- Organisational redesign was discussed and the importance of communication and the team tours that would be taking place. Corporate staff had expressed concerns regarding their involvement and how they supported the organisation and how the reorganisation affected them.
- People and Quality plans were shared and were well received.
- Engaging with staff generally was discussed and undertaking different ways the Staff Council could be involved including their opinion on the Staff Survey, the Pulse survey, team talks and the executive brief being opened up to the whole organisation. These discussions would be carried over to the next meeting in order to gain some feedback.

This had been a positive and engaging meeting.

10.

WCT21/22-029

Board Assurance Framework (BAF)

AH presented the BAF which provided an update on the work completed by the committees in April and May 2021 to review the principal risks and identify risk themes for tracking during 2021-22. Updates had been received from Non-Executive Directors as BAF became embedded into the work of the Board committees.

A high level sitrep was provided as committees were reinstated and had discussed the existing principal risks as during 2020-21 these had been aligned to the NHS response to COVID-19. A summary of risk themes and the principal risks that each committee had oversight on was included in the report for clarity and these would be discussed further by the Board through Informal Board in July 2021.

AH reported that this complemented the feedback received from the Non-Executive chairs and recognised this was still work in progress.

BJ referred to the organisation redesign that was currently taking place and how fundamental this would be in delivering the Trust's strategy and the potential risk to delivering services. AH agreed to ensure the organisation redesign was included within the strategic risk areas.

The Board of Directors:

- was assured of the review and focus on principal risks at the committees of the Board

	<ul style="list-style-type: none"> • received the summary of risk themes for principal risks for 2021-22 as determined by the committees and assured of the process to finalise these through the committees and the Informal Board session in July 2021.
11. WCT21/22-030	<p>Memorandum of Understanding - Out of Hospital Cell/Collaborative</p> <p>KH presented the Memorandum of Understanding for the development of a provider collaborative for NHS organisations providing mental health, learning disabilities and community services to the people of Cheshire & Merseyside.</p> <p>KH reported that within the framework of the Integrated Care System (ICS) for the NHS, each ICS was required to develop a provider collaborative that would bring together all provider Chief Executives to work together across their geography. Cheshire & Merseyside was significantly large and consisted of a number of organisations, both secondary and tertiary and mental health and learning disability services.</p> <p>Following discussions with other Chief Executives across Cheshire & Merseyside and Chief Executives of mental health and learning disability community services, it was agreed that having one provider collaborative to represent all the services would not be the most effective way forward to ensure safe, fit for purpose services for patients in the future. All the Chief Executives across Cheshire & Merseyside agreed to form an Out of Hospital collective which had been in operation within the command and control structure to manage the COVID-19 response and had worked effectively.</p> <p>KH advised that the Out of Hospital collective had expanded to include Alder Hey Children's NHS Foundation Trust and St. Helens and Knowsley Teaching Hospitals NHS Trusts, as they provided a small community service to select care groups. They were therefore invited to join the collaborative and had accepted.</p> <p>All organisations had agreed to submit the Memorandum of Understanding to their Boards to gain support in principle and to establish formally the Cheshire & Merseyside NHS Provider Organisations Mental Health, Learning Disabilities and Community Services Collaborative. Chief Executives agreed and recognised there would be two collaboratives in Cheshire & Merseyside and the details of the Provider Collaborative was outlined in the Memorandum of Understanding. This also had the support of colleagues in secondary care.</p> <p>The North West region had been informed formally that Cheshire & Merseyside would have two collaboratives and they had responded by stating that appointments would have to be made to the posts of Chairman and Chief Executive. KH reported that Mike Maier had been appointed Chair and Joe Rafferty had been appointed Chief Executive and these appointments were for one year only.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • supported the development of a Provider Collaborative for NHS organisations providing mental health, learning disabilities and community services to the people of Cheshire and Merseyside • provided the Chief Executive with delegated authority to sign the Memorandum of Understanding on behalf of the Trust.
12. WCT21/22-031	<p>Organisational Values</p> <p>AB presented the revised set of Trust values and thanked David Hammond, Deputy Director of Strategy and Jane Parry, Organisational Development Manager for the work they had done on this.</p>

AB reported that the revision of the Trust values commenced in late 2019 following discussions on the HEART values when it was evident that the phrases that made up the acronym were difficult for staff to remember. The values were revisited within the organisation and discussions held with staff to determine the appropriate values to be used on a daily basis. Although the pandemic had been a difficult time, it had brought about different ways of working together and, together with the 10 year anniversary of the Trust, it was a significant and appropriate time to review the values.

In late 2020, the workforce took part in a Cultural Values Assessment (CVA) survey which asked about personal values, perception, culture and desired culture. The CVA survey was completed by 25% of staff, which was a positive response rate and there were key words that came through. A series of focus groups were set up involving 46 staff members from a range of operational and corporate teams and they took part in five groups.

The core themes identified were:

- Trust
- Openness & Honesty
- Togetherness
- Safety
- Being values
- Compassion
- 'Doing the right thing'

These led to the new organisational values of Compassion, Open and Trust, with an additional Common Purpose Statement. Following review by Executive Directors, Non-Executive Directors and recommended to ELT, they were shared with those people who were involved in the focus groups.

Following agreement to the Organisational Values, the next steps would be branding with explanatory statements so staff would understand the meaning behind the words, and the exploration of the development of a Charter. A communications campaign would launch the new Organisational Values by the end of June 2021.

BJ reflected on the comment in relation to the HEART acronym and advised of caution when developing supporting statements for the new values where the words stood alone and were clear.

JS was proud of the way in which this exercise had been undertaken in terms of it being driven by the staff. It demonstrated that staff appreciated having the opportunity to influence and have a voice and the focus groups had provided them with this. JS fully supported moving forwards with the new Organisational Values.

The Board of Directors approved the recommended values.

13.

WCT21/22-032

2021-2022 Workplan

AB presented the Workplan which provided assurance that the Trust had identified, and had the governance framework to be assured of, delivering key activities for the period 2021-22.

AB advised that within the document, reference was made to the Strategic Workplan which was incorrect and would be amended prior to being published on line.

The current Trust strategy covered the period 2018 - 2021. In response to the COVID pandemic, the decision was made to concentrate on the Trust's

	<p>key priorities over the following 12 months which led to the following eight headings:</p> <ul style="list-style-type: none"> • Strategy: A collaborative 5-year Organisational Strategy would be developed which would bring strategic direction within the Trust in alignment to the recently published White Paper. • Operations: The organisational restructure was a large piece of work which would take place over the next 12 months, looking at different ways of working and having a workforce and skill set to take forward in future years. • Quality: The Quality Strategy Plan would focus on the key themes of population health addressing inequalities, wellbeing and safe care. • People: The People Strategy would focus on wellbeing and recovery, culture and developing capabilities and talent in relation to the values of the organisation. • Mobilisation: Close working would be taking place with St. Helens & Knowsley to mobilise the 0-19 service and address their needs. • IM&T: It was important that the Trust adjusted to the change in the digital landscape and ensured the right infrastructure was in place to support it. A planned procurement exercise would take place for the Trust's EPR and there would be close working with all users to ensure that it was fit for purpose. A Digital Strategy would be developed. • Capital: Marine Lake Health & Wellbeing Centre would be completed in 2023 and would provide an innovative wellbeing centre in West Kirby. • Social value: The Cheshire & Merseyside Social Value Level 1 Kitemark had been successfully applied for and work to recruit locally and work with partners in the voluntary sector would continue. <p>AB stated that staff were working hard and were enthusiastic to ensure the right processes were in place over the next 12 months.</p> <p>BJ referred to the 'Assurance and governance' section of Capital in relation to the Marine Lake Health & Wellbeing Centre which was being monitored through the Programme Management Board. BJ questioned whether escalation to Board should come from the Finance & Performance Committee.</p> <p>AB stated that there were some additions that needed to be made to the document and advised that this project was being monitored by the Programme Management Board as it was a significant programme of work but that it would also travel through the Board committees.</p> <p>MB agreed with focus on a 12 month 'holding plan' whilst the 5-year plan was being developed and was conscious of the hard work being undertaken by staff.</p> <p>The Board of Directors was assured that the Trust had a Strategic Workplan which would provide focus for key activities during 2021-22.</p>
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14.

WCT21/22-033

Audit Committee Annual Report

BS presented the Audit Committee Annual Report for the financial year 2020-21 and set out how the committee met its terms of reference and key priorities.

BS reported that MiAA, who provided an internal audit service to the Trust, had reviewed the impact of COVID-19 by undertaking a review of the internal audit risk assessment and plan for 2020-21 and the overall Head of Internal Audit opinion provided Substantial Assurance and confirmed that the Trust had a good system of internal controls in place.

	<p>BS thanked MG and the finance team for having the robust processes in place in relation to fraud and was pleased that the organisation had demonstrated compliance with the NHS Counter Fraud Authority Standards for Providers. The Trust had embedded an anti-fraud culture which resulted in an overall Green anti-fraud assessment rating.</p> <p>AH added that in relation to the anti-fraud work, the managing conflicts of interest had been completed. At the previous Board meeting, there had been a focus on increasing the numbers of declarations across the Trust and in the financial year 2020-21 there had been 130 declarations completed which was testament to the robust processes embedded across the organisation.</p> <p>The Board of Directors endorsed the Annual Report of the Audit Committee.</p>
15. WCT21/22-034	<p>NHS Provider Licence Self-Certification</p> <p>AH presented the paper which provided evidence of compliance against the NHS Provider Licence which was required to be submitted on an annual basis. An appendix was attached to the report which provided the evidence of compliance.</p> <p>AH reported that the two licence provisions relevant for self-certification were Condition G6(3) and Condition FT4(8). Condition G6(3) had been previously circulated to Board members for comment as the deadline for Board approval was 31 May 2021 and published on the Trust's website by 30 June 2021.</p> <p>Condition FT4(8) required sign off by Board by 30 June 2021 and any comments were welcomed.</p> <p>The Board of Directors considered the evidence aligned to each element of the provider licence conditions in the appendix, which the Board was required to self-certify against, and approved the proposed response. The Board of Directors noted that the agreed return in relation to G6 would be published no later than 30 June 2021.</p>
16. WCT21/22-035	<p>Mortality Report - Learning from Deaths Framework (Q4)</p> <p>NC presented the report in relation to the implementation of the Learning from Deaths framework. The report had previously been submitted to the Quality & Safety Committee for scrutiny and approval.</p> <p>NC reported that the Q4 report provided assurance that processes and governance was in place when learning from deaths. The appendix highlighting the learning from deaths for the quarter was attached to the report and would be published on the Trust website subject to the report being approved by the Board of Directors.</p> <p>NC reported that there had been six deaths within scope and there were no lessons identified which the Trust could learn from.</p> <p>CB stated that although there had not been any COVID-19 related deaths in the Trust, and therefore these had not been included in the report, he wondered whether there were any lessons to be learnt as a system in relation to progress made in COVID mortality and whether a report would be received by the Trust to enable learning in terms of being part of the system going forward?</p> <p>NC advised that there had been COVID related deaths system wide and these had been cited in some Public Health reports which were regularly received, in terms of health inequalities. Correspondence had recently been</p>

	<p>received which advised that the Medical Examiner role would be expanded to cover all deaths and the processes in relation to this would be worked through. The Trust would be intrinsically linked into this and discussions would be taking place with the Regional Medical Examiner in terms of involvement and learning from the system-wide perspective.</p> <p>The Board of Directors was assured that processes were in place to meet the statutory obligations surrounding Learning from Deaths and that processes were in place to engage with families and meet Duty of Candour obligations. The Board of Directors approved the report in Appendix 1 which could be published on the Trust's website.</p>
17. WCT21/22-036	<p>Annual Reports 2020/21:</p> <p>Safeguarding</p> <p>PS presented the Safeguarding Annual Report which had previously been presented to the Quality & Safety Committee where it received a high level of scrutiny and debate. Comments had been made in terms of strengthening compliance and these had been incorporated into the report.</p> <p>The report consisted of five sections:</p> <ul style="list-style-type: none"> Section 1 - Statutory Framework and National Policy Drivers Section 2 - Assurance and Compliance for Safeguarding Section 3 - Safeguarding Children Activity and Priorities Section 4 - Safeguarding Adults (Health and Care) Activity and Priorities Section 5 - Future Priorities 2021/22 <p>The report demonstrated good levels of compliance against all key standards and there were a number of legislative statutory duties the Trust had to comply with.</p> <p>The Trust was pivotal in terms of the good levels of partnership working across Cheshire and Merseyside. A Wirral Adult Partnership Board was being established and the Trust was working with partners within the team to ensure the Trust's services were well represented across the governance system of the new infrastructure.</p> <p>Compliance against Prevent safeguarding training was key and at the end of 2020-21 the Trust had reported 97%. PS thanked Sue Fogarty, Head of Integrated Safeguarding Governance, for the innovative way the training had taken place during the pandemic, by engaging with a theatre company to design an on-line training programme which had proved highly successful.</p> <p>PS reported that the Safeguarding Team understood their purpose, roles and responsibilities and the report demonstrated how the Trust would continue to adapt to the changing priorities to safeguard patients and staff who use the services.</p> <p>The Board of Directors was assured that the organisation had a strong safeguarding governance structure in place and was meeting all the statutory requirements in relation to safeguarding children and vulnerable adults.</p> <p>Complaints & Concerns</p> <p>PS presented the Complaints & Concerns Annual Report which provided assurance that complaints and concerns were being managed in line with the regulatory framework and that learning from complaints was embedded within care delivery.</p>

PS reported that 69 complaints had been received during the reporting period and was a reduction on the previous year. It was likely that this was due to COVID-19 but it would continue to be monitored. A good performance against the response rate had been achieved and 269 complaints had been responded to within the timeframe and of those 42 were upheld.

The report outlined the themes that had been brought forward for learning and the complaints themes explored in detail.

Equality and diversity monitoring was included and further efforts were to be made to ensure that the information collected was as robust and complete as it could be for analysis moving forward. There was an improvement on the previous year but it was acknowledged there was further work to be done.

PS reported there were some triangulation of themes that were reviewed at the Clinical Risk Management Group and were also being highlighted through the complaints process. This triangulation was helpful and it had been agreed to further strengthen the complaints process in order to bring it in line with the way complaints were being investigated.

In the Quality Strategy, one of the themes was partnership working, particularly in end of life care and much of this learning was about communication. Within social care, common themes were regarding charges and work was ongoing with the Local Authority to ensure people living within communities had access to the right level of communication. This also fed into the audit programme to ensure any improvements being made were tested.

MB asked if there was any feedback received from the complainants as to how the complaint had been handled. PS advised that some feedback was received and during the last six months there had been some repeat concerns of people contacting the Trust requesting more information. Complainants satisfaction would be incorporated into future reports as they were reported through the Quality & Safety Committee.

The Board of Directors was assured by the contents of the report.

Information Governance

AH presented the Information Governance Annual Report which provided assurance on the activity undertaken across the organisation for the reporting period 1 April 2020 - 31 March 2021 in relation to the Trust's compliance with legislative and regulatory requirements relating to the handling of information and key pieces of legislation.

AH, reporting as the Trust's Senior Information Risk Owner (SIRO), reported that the assurance framework in place was very robust. The role of the Information Governance and Data Security Group was strong under the chairmanship of the Deputy Director of Nursing and the Group supported many topics with full participation and commitment from members of the Group. The Deputy Director of Digital Services together with IM&T colleagues, focussed on cyber security and the IT infrastructure.

Within the context of COVID, the focus remained on the Data Security and Protection Toolkit. Despite the challenges, the Trust had commissioned

	<p>MIAA to undertake an assurance readiness report and good progress had been evidenced across the four areas of the review.</p> <p>During the reporting period there were no complaints made to the Information Commissioner's Office about the Trust. Freedom of Information requests had decreased and the response rate increased. 328 Subject Access Requests were received and 94% responded to within the required timescales.</p> <p>The number of Information Governance incidents had increased and there was a robust identification and tracking system in place which had been visible through communication campaigns throughout the organisation. Incidents and staff learning outcomes were reported to the Quality & Safety Committee.</p> <p>There had been one information governance incident reported to the Information Commissioner's Office but no further action was taken. One risk remained active and there were robust action plans in place to support its mitigation and reduce the identified risk.</p> <p>During 2020-21 the Mandatory Data Security Awareness e-Learning was successfully completed by over 97% of staff across the Trust.</p> <p>The Board of Directors was assured by the Information Governance Annual Report 2020/21.</p>
18. WCT21/22-037	Staff Council - 16 March 2021 The decision and action log from the meeting of the Staff Council held on 16 March 2021 was received and noted.
19. WCT21/22-038	Any Other Business There was no Any Other Business to be reported.
20. WCT21/22-039	Invitation for Public Comments <p>There were some members of the public present and the following were raised:</p> <ul style="list-style-type: none"> • A question was asked in relation to the proposed boundary changes announced in the local press that were due to take place in 2023 and whether these would impinge on the Trust's future plans. <p>KH advised that she had not, as yet, been formally informed of any proposed boundary changes which may affect the NHS. The White Paper included the duty for collaboration and Chief Executives and HR Directors across Cheshire and Merseyside worked well together on issues that affected everyone. As soon as any more information was known, KH would bring it to the Board.</p> <ul style="list-style-type: none"> • Reference had previously been made to BAME being 'people of colour'. Would this not exclude White Irish? <p>GM advised that the current definition for White Irish was a minority group and the use of the term 'people of colour' was not yet official. The term 'BAME' would continue to be used until advised otherwise.</p>
21. WCT21/22-040	Items for Risk Register There were no new risks identified for the risk register.
22. WCT21/22-041	Staff Story JS introduced the staff story which was from a Nurse Practitioner who worked in the Walk in Centre and wanted to share her story on International Nurses Day.

	<p>The staff member described how she had been supported in her application for the Florence Nightingale Programme and had completed the programme with special recommendations. The Trust was proud and delighted at her achievement which had given her the confidence to tell her story. The staff member reflected on her experience of being a nurse during the pandemic and what it meant to her.</p> <p>JS stated that it was important to focus on the contributions made by nurses during the past 18 months.</p>
23. WCT21/22-042	<p>Summary of actions and decisions</p> <p>AH provided a brief summary of actions and decisions taken during the Board of Directors meeting.</p>
Date and Time of Next Meeting:	
The next formal Trust Board meeting will take place on Wednesday 4 August 2021 .	
Further details on the venue and joining instructions will follow.	

Board - Chair Approval

Name:		Date:	
Signature:			

The Board of Directors Meeting closed at 4.15 pm.

Board of Directors - Matters Arising 2021-22

All actions from meeting held in January, March, May, July, September and November 2019 now complete.

All actions from meeting held in May, June, August, October and November 2020 now complete.

At the meeting of the Board on 2 December 2020, it was agreed that all pending actions would be reviewed for continued relevance and where appropriate new due dates agreed. The revised position would be shared at the February meeting of the Board.

All actions from meeting held in February 2021 now complete.

Actions from meeting held on **14 April 2021**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Board Assurance Framework (BAF) - Year end 2020-21	WCT21-22-010	In the development of the BAF and the review of strategic risks consider the thresholds for risk review of both new and current risks.	A.Hughes	April 2021	<p>In progress.</p> <p>In the review of all strategic risks trajectories, outcomes and timeframes to support risk reduction are being considered.</p>

Actions from meeting held on **9 June 2021**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Board Assurance Framework	WCT21/22-029	Ensure the organisation design is included within the strategic risk areas	A.Hughes	July 2021	<p>Complete.</p> <p>This has been agreed through informal board discussions and confirmed at Quality & Safety Committee on 28 July 2021. Any risks associated with the</p>



**Wirral Community
Health and Care**
NHS Foundation Trust

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
					organisational design will be addressed through the organisational risk register monitored through the governance of the Trust.