



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

**SEVENTY-FOURTH BOARD OF DIRECTORS  
MEETING  
(via Video Conference)**

**WEDNESDAY 10 JUNE 2020**

**12:15 PM**

**BOARD OF DIRECTORS MEETING  
(via VIDEO CONFERENCE)**

Wednesday 10 June 2020 at 12.15 pm

**AGENDA**

No	Time	Item (15 minutes)	Action	Reference
<b>PRELIMINARY BUSINESS: (5 minutes)</b>				
1.		<b>Journey of Care Story:</b> Director of Nursing	To assure	WCT20/21-018 (v)
2.		<b>Apologies for Absence</b>		WCT20/21-019 (v)
3.		<b>Declaration of Interests</b> <i>(Any action to be taken as a result)</i>		WCT20/21-020 (v)
4.		<b>Minutes of the previous meeting</b> <ul style="list-style-type: none"> <li>6 May 2020</li> </ul>	To approve	WCT20/21-021 (d)
5.		<b>Matters Arising:</b> <ul style="list-style-type: none"> <li>6 May 2020</li> </ul>	To assure	WCT20/21-022 (d)
<b>STATUTORY BUSINESS: (20 minutes)</b>				
6.		<b>Chair's Report</b>	To assure	WCT20/21-023 (v)
7.		<b>Chief Executive's Report - Executive Briefing - April &amp; May 2020</b>	To assure	WCT20/21-024 (d)
8.		<b>Reports from the sub-committees of the Board - May 2020</b> <ul style="list-style-type: none"> <li>Quality &amp; Safety Committee</li> <li>Non-Executive Chairs of the Committees</li> <li>Staff Council</li> </ul>	To assure	WCT20/21-025 (v)
<b>PERFORMANCE: (15 minutes)</b>				
9.		<b>Board Assurance Framework (BAF)</b> Director of Corporate Affairs	To approve	WCT20/21-026 (d)
10.		<b>M1 Performance Report</b> Chief Executive	To assure	WCT20/21-027 (v)
<b>CORPORATE GOVERNANCE: (10 minutes)</b>				
11.		<b>Well-Led Developmental Review Action Plan</b> Director of Corporate Affairs	To assure	WCT20/21-028 (v)
12.		<b>Annual Declarations of Interest 2019-20</b> Director of Corporate Affairs	To assure	WCT20/21-029 (d)
<b>QUALITY GOVERNANCE: (30 minutes)</b>				
13.		<b>CQC Statement of Purpose</b> Director of Nursing	To approve	WCT20/21-030 (d)
14.		<b>Infection Prevention &amp; Control Board Assurance Framework</b> Director of Nursing	To assure	WCT20/21-031 (d)
15.		<b>Annual reports 2019/20:</b> <ul style="list-style-type: none"> <li>Safeguarding</li> <li>Complaints &amp; Concerns</li> <li>Information Governance</li> </ul> Director of Nursing Chief Finance Officer/Deputy Chief Executive	To assure	WCT20/21-032 (d)

**COMMITTEE REPORTS: (5 minutes)**

<b>16.</b>		<b>Staff Council:</b> <ul style="list-style-type: none"><li>See update at agenda item 8 from the meeting on 12 May 2020 which was virtual with no minutes taken.</li></ul>		<a href="#">WCT20/21-033</a>
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**ITEMS FOR INFORMATION**

<b>17.</b>		<b>Any Other Business</b>		<a href="#">WCT20/21-034 (v)</a>
<b>18.</b>		<b>Invitation for Public Comments:</b> <p>Due to COVID-19 and government guidelines on social distancing, this meeting will not be held in public.</p> <p>Any questions on the items on the agenda will be raised with the Director of Corporate Affairs in advance and addressed here.</p>		<a href="#">WCT20/21-035 (v)</a>
<b>19.</b>		<b>Items for Risk Register</b>		<a href="#">WCT20/21-036 (v)</a>
<b>20.</b>		<b>Summary of actions and decisions</b>		<a href="#">WCT20/21-037 (v)</a>

**Date and Time of Next Meeting:**

The next Public Board of Directors meeting will take place on **Wednesday 5 August 2020** at 2.00 pm. Further details on the venue and joining instructions will follow.

**TRUST BOARD OF DIRECTORS MEETING  
(VIDEO CONFERENCE)**

**MINUTES OF MEETING**

**WEDNESDAY 6 MAY 2020 at 11.45 AM**

**TRAINING SUITE, 3<sup>RD</sup> FLOOR, ST. CATHERINE'S HEALTH CENTRE**

**Members:**

Ms Sarah Alldis	Associate Director for Social Care	(SA)
Mr Anthony Bennett	Chief Strategy Officer	(AB)
Prof Michael Brown	Chairman	(MB)
Prof Chris Bentley	Non-Executive Director	(CB)
Dr Nick Cross	Medical Director	(NC)
Mr Mark Greatrex	Chief Financial Officer/Deputy Chief Executive	(MG)
Mrs 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	Director of Nursing & Quality Improvement	(PS)

**In Attendance:**

Mrs Heather Stapleton	Board Support Officer	(HS)
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Reference	Minute
<p><b>1.</b> WCT20/21-001</p>	<p><b>Journey of Care Story - Thankyou</b></p> <p>PS had received a communication which was read to the Board. The letter had been received from a family and forwarded from the Director of Adult Social Care expressing thanks to Sandra Potke, Assessment Enablement Officer in the STAR team, for the outstanding support she had given to a member of their family who was a resident in a care home and had been unable to attend his wife's funeral. Sandra had arranged for him to see the funeral on an iPad and sat with him whilst the funeral was taking place.</p> <p>PS advised this had been shared with the team and the staff member had been recognised for the exceptional care provided and reflected the way in which staff were working 'above and beyond'.</p> <p>SA stated that Sandra was a credit to the STAR team and demonstrated the importance of key values and being sensitive and caring.</p>

Reference	Minute
	<p>MB asked that a letter be sent from the Board of Directors to the staff member thanking her for her care and for being prepared to go 'above and beyond'. A letter would also be written to the family member expressing appreciation for the kind words.</p>
<p><b>2.</b> WCT20/21-002</p>	<p><b>Apologies for Absence</b> There were no apologies for absence.</p>
<p><b>3.</b> WCT20/21-003</p>	<p><b>Declaration of Interests</b> 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 interests.</p>
<p><b>4.</b> WCT20/21-004</p>	<p><b>Minutes of the previous meeting - 5 February 2020</b> The Board of Directors agreed that the minutes of the meeting held on 5 February 2020 represented a true and accurate record.</p>
<p><b>5.</b> WCT20/21-005</p>	<p><b>Matters Arising - 5 February 2020</b> AH provided an update on the actions from the previous Board meetings. The Board of Directors reviewed the current status and noted the outstanding actions. <i>(See separate actions/matters arising tracker.)</i></p> <p>AH explained that any actions open or pending had been re-categorised. At some point in the future these would be carried forward and reviewed in order that the actions would not be lost.</p>
<p><b>6.</b> WCT20/21-006</p>	<p><b>Chair's Report</b> MB provided a verbal report to the Board of Directors which was received for information.</p> <p>The following issues were highlighted:</p> <ul style="list-style-type: none"> <li>• The NHS was currently under level 4 Command and Control at national and regional levels. Emergency governance arrangements had therefore been established during the Trust's response to this emergency and had been approved by all Board members outside of a Board meeting. The new arrangements had also been shared with the Lead Governor for information and assurance. Arrangements were in place to ensure appropriate routes for oversight, assurance and approval.</li> <li>• As part of these arrangements, a weekly Non-Executive Director (NED) assurance meeting had been established and was conducted via video conference for all NEDs and the Chief Executive, Chief Finance Officer and Director of Corporate Affairs. These were important meetings and provided a high degree of assurance for the NEDs whilst using the senior executives' time frugally.</li> <li>• The Quality &amp; Safety Committee and Audit Committee continued to meet but the Finance &amp; Performance Committee and Education &amp; Workforce Committee would not be meeting until later in the year. In the meantime, the NED assurance meetings would address any specific finance or workforce issues.</li> <li>• MB was part of the NHS Providers Chairs WhatsApp network which was proving to be very useful, and also participated in fortnightly Chairs' briefings with the North West regional team led by the Regional Director.</li> <li>• The NEDs had written to all staff in the Trust recognising their incredible efforts and hard work and thanking them for their commitment and determination. MB had also written to the Council of Governors updating them on the work of the Trust. They also received regular communications from across the Trust including CEO blogs, e-mails and briefing videos. A</li> </ul>

Reference	Minute
	<p>video conference with the Council of Governors was due to be held when the current governance arrangements would be discussed, the response across Wirral to COVID-19 would be presented and the opportunity to answer any questions would be given. The governors were also very proud of the Trust and the work being delivered by staff in all teams and services.</p> <ul style="list-style-type: none"> <li>• In accordance with guidance from NHSE/I, the NED appraisals have been delayed until later in the year and as soon as was practicable arrangements would be made for these to take place. Work was also taking place with the governors in relation to the impact of NED reappointments at this time.</li> <li>• The HealthyWirral system had responded creatively to the COVID-19 crisis with a focus on removing patients quickly from hospital being one of the main drivers. There was a determination between the Chairs and CEOs in the HealthyWirral system to build on the progress made. There was a unanimous view that the Trust needed to provide a ‘bedded’ facility in the future.</li> <li>• The Improvement Manager from the Emergency Care Improvement Support Team (ECIST), NHSE/I, had written to congratulate the HealthyWirral system on its spectacular improvement. The system had been classed as being challenged within the North West and nationally in terms of the high number of patients with length of stay over 21 days. The national team acknowledged that the bed occupancy was now one of the lowest nationally and the Trust was commended for this improvement. As a system there had been a request for this journey to be shared with the national team and the national discharge cell who wrote the discharge requirements for Covid.</li> <li>• MB had written to Dr Brian May expressing his appreciation for his part in the re-recording of ‘You are the Champions’ as a way of acknowledging the work undertaken by the NHS, with the proceedings going to WHO. A response had been received from Dr May asking this his appreciation and thanks be specifically conveyed to the Trust staff for the difficult and challenging work they were doing. MB would compose an appropriate note to be provided to Trust staff.</li> </ul>
<p><b>7.</b> WCT20/21-007</p>	<p><b>Chief Executive’s Report</b></p> <p>KH provided a verbal Chief Executive’s report to the Board of Directors and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Trust found itself in unprecedented times and the response of the organisation had been incredible. KH praised the leadership shown by the Directors and referred to the improvement in the number of patients with a length of stay over 21 days. This demonstrated the importance of having responsibility in the right place.</li> <li>• MB had mentioned that the Trust remained under Level 4 Command and Control at national and regional levels. It was likely this would remain the position until the end of the financial year. However the Trust did have control for realigning services whilst exercising innovation and financial control. Non-Executive Directors were kept informed through the regular weekly NED assurance meetings and this also provided them with the opportunity to challenge. The command structure in place for the organisation, which included Strategic Command, Tactical Command and various operational cells, dovetailed with those in place regionally and nationally and was working well.</li> <li>• As part of the regional structure going forward, hospital cells and out of hospital cells had been ratified to support the national command and control structure. It had been agreed that Chief Executives of community and mental health services should combine their influence to highlight areas nationally where it was believed the Autumn statement should change community services for the future. KH had taken the lead to understand how to improve working with care homes in order to provide support for them in the future.</li> </ul>

Reference	Minute
	<p>Trust staff had had to be mobilised into care homes and the nature of these services needed to change whilst recognising their importance.</p> <ul style="list-style-type: none"> <li>• The system working together had been and continued to be amazing and there was recognition regionally and nationally of the Trust as a high performing system. Representatives were working collaboratively with colleagues across the system including the NHS and Local Authority.</li> <li>• New performance activity had emerged in some areas which reflected the innovations and COVID-19 work being implemented. An example of this was supporting patients discharged from hospital on various pathways to meet their needs. The 'Hospital at Home' support had increased and a telephone triage system introduced for urgent care services. The Trust's ability to maintain these high levels of performance was due to the flexibility and commitment of all staff within the organisation.</li> <li>• There had been challenges including PPE, staff testing and providing support in care homes. Work continued across the Wirral system and the Cheshire &amp; Merseyside system to resolve any issues quickly. A Memorandum of Understanding had been completed and was to be signed to support nurses working in care homes. Indemnity had also been agreed for those nurses working in other organisations and thanks were expressed to clinical executives and JS for supporting this.</li> <li>• The Trust's staffing levels remained stable with low sickness rates being recorded. Mandatory training compliance remained at above 95%.</li> <li>• Thanks were expressed to almost 100 members of staff who had returned to the organisation and been trained and mobilised into services across the Trust they may not have been familiar with, some of which were on the front line. Almost 30 students had been welcomed into the organisation from the University of Chester and been mobilised into Community and Specialist Nursing Teams, having undergone a robust training programme.</li> <li>• Thanks had been expressed by services to the IT team who had been working hard to support the increased demand on digital working enabling staff to work from home efficiently and supporting services to deliver models of care with digital consultations.</li> <li>• Digital engagement with the workforce continued three times a week with the support of the Communications Team and AH. This consisted of a blog, a vlog and a round up e.mail. Positive feedback had been received from staff that they were finding these useful. Also the COVID daily report included 'Shout Outs' for staff to staff and this had also been positively received.</li> <li>• The Trust was now considering the 'new normal' and the response to the requirements of the NHS over the next 18 months - 2 years. A CEO pod had been formed consisting of KH, MG, AB and AH who would be involved in considering the new system design for Wirral which would provide opportunities for the Trust. KH continued to work across a number of local, regional and national networks including the regional out of hospital cell which would shape the services moving forwards.</li> <li>• PS was engaged with the CQC inspection team, who were adapting their approach and regulatory actions to the different needs of people who use the services and providers in each sector.</li> <li>• Further consideration was being given by the CEO pod, to the annual Staff Awards which were due to be held in March 2020 and unfortunately had to be postponed due to the COVID situation. An alternative delivery method was being considered in order to ensure the award winners were recognised.</li> <li>• The Trust's draft annual accounts were submitted according to a revised deadline of 27 April 2020. The year-end position was subject to audit but was in line with the financial plan and was a great achievement for the organisation.</li> </ul>

Reference	Minute
	<p>CB made reference to the provision of PPE and the letter issued by NHSI indicating ordering should be done nationally as opposed to locally.</p> <p>MG advised that guidance was issued with a specific list of items included in the remit. There was the opportunity to order more long sleeved gowns: however Cheshire &amp; Merseyside had declined to join on this order. Feedback was awaited as to whether this item was not in as much demand amongst other providers.</p> <p>CB asked about the role of primary care in care homes and KH advised that it was hoped that primary care would agree to provide mutual aid to support the situation. This had been raised with the Chief Executive out of hospital cell in Cheshire and Merseyside. A primary care cell had been set up regionally, however this was in isolation and it had been agreed should form part of the out of hospital cell.</p> <p>VMc advised that work had been taking place with primary care and care homes and it was established that 70% of care homes on the Wirral were aligned to a GP practice. Work was ongoing with the CCG in respect of the 30% who were not aligned to a practice. Another piece of work was understanding the role to support testing in care homes.</p> <p>GM expressed thanks for the work and support that had been taking place in care homes by the nursing teams. MB stated this also included hospices and specialist care.</p> <p>KH stated that for assurance that this had been raised with the Regional Director and that he was aware of the work undertaken by the Trust. A Memorandum of Understanding would be signed and this issue would be central to the out of hospital cell. It was anticipated that the Autumn Statement would provide a more formal way of working collaboratively with care homes.</p> <p>JS advised that there remained pressure across the care home system and nationally discussions were starting to take place around community trusts providing support and finding solutions.</p> <p>The Board of Directors was assured by the contents of the report.</p>
<p><b>8.</b> WCT20/21-008</p>	<p><b>Reports from the Sub Committees of the Board - April/May 2020</b></p> <p><b>Quality &amp; Safety Committee</b></p> <p>CB provided a verbal report following the meeting held in April 2020:</p> <ul style="list-style-type: none"> <li>• Due to the emergency governance arrangements in place, the minutes from the Oversight &amp; Management Board and SAFE were not available. However the three clinical command cells, weekly CRMG and the weekly NED assurance meetings provided a robust system to ensure information was flowing appropriately.</li> <li>• The Quality, Patient Experience &amp; Risk Report was received and the end of year position in relation to quality goals was noted. Eight had achieved a green RAG rating and Adult Social Care Assessment goal had achieved an amber RAG rating. The improvement in this goal was noted. The incident reporting levels had improved by 20% and having a specific code on Datix for COVID-19 had made a difference. The performance of CQUINs was noted and reported that FFT responses had been suspended nationally due to COVID. National guidance had been issued confirming Trusts would be supported to pause complaints investigations. The safety thermometer submission had also been stopped nationally. It was acknowledged however that the mechanisms for safety metrics would still be monitored internally. The detail reported on new and existing risks was noted and further detail on the ANTT risk (ID2163) was discussed and the committee advised that the</li> </ul>



Reference	Minute
	<p>date for the revised plan to achieve 90% compliance by 31 March 2020 had been extended. However as IPC was a high priority, assurance was provided that a plan would be in place by 24 April 2020 and the staff had the experience and competencies required.</p> <ul style="list-style-type: none"> <li>• The Risk Management Report was received and risk ID2405, which was a high level risk and related to clinical and professional supervision, was discussed. The committee was advised and encouraged that this risk did not relate to supervision taking place but to the consistent and ongoing monitoring to be able to track and assure on compliance levels. The other high level risk ID1831 related to GA provision at WUTH for the dental service. The committee was advised that only essential GA procedures were taking place currently and therefore progress to mitigate this risk was limited. Risk ID2356 had been downgraded as more stocks of thermometers had been received with a further delivery expected. The committee was advised of a new high level risk that had been identified and related to the access of PPE for front-line staff. This was under daily review.</li> <li>• A presentation was received providing an overview of the clinical governance and safety arrangements in place to support the Trust's response to COVID-19. The committee was assured by the content of the presentation.</li> <li>• The quarterly report providing assurance on the implementation of the Learning from Deaths framework was received and approved the forwarding of the report on to the meeting of the Board of Directors for approval and subsequent publishing on the Trust's website.</li> <li>• The Verification of Death procedure was received and approved. This reflected the new advice being given during the COVID-19 health emergency to provide a framework for nurses when asked to verify an expected death. The committee noted that separate guidance was available on PPE on StaffZone.</li> <li>• The committee agreed that policies would be circulated and approved outside of the meeting.</li> </ul> <p>KH reported that the CE pod was in the process of arranging some 'time out' in order to review the commanding control structure in terms of the new senior management structure which would inform the working for the remainder of the financial year. The need to work differently was recognised and the details would be brought to a future NED awareness session for further discussion.</p> <p><b>Audit Committee</b></p> <p>BS provided a verbal report following the meeting held in April 2020:</p> <ul style="list-style-type: none"> <li>• The committee received an update covering the COVID-19 emergency governance arrangements that had been put in place following the guidance received from NHSE/I. The impact of this was that Audit Committee and Quality &amp; Safety Committee continued to meet whereas the other board committees had been stood down. A weekly virtual meeting of NEDs, Chief Executive, Chief Finance Officer and Director of Corporate Affairs had been put in place and provided the latest position for Wirral, Cheshire and Merseyside operational, staffing and financial position.</li> <li>• The internal audit tracker tool was reviewed and the committee was assured by the actions being taken. It was highlighted that due to the current emergency, there had been some slippage in meeting the deadline for actions to be completed by 31 March 2020.</li> <li>• An internal IT Resilience Review audit report was received which looked at the resilience and recovery arrangements in place within the IT infrastructure and as a result of the findings, the level of Limited Assurance was provided. The committee was assured by the robust action taken to address the issues.</li> <li>• The Board Assurance Framework was received and the committee advised that the 2019/20 BAF was in the process of closing down. An exercise was taking place when new strategic risks would be considered and the BAF rebuilt for the new financial year. Careful consideration would be given to the</li> </ul>

Reference	Minute
	<p>recording of the COVID-19 response as part of the risk register. The committee was assured by the review being undertaken.</p> <ul style="list-style-type: none"> <li>• The committee agreed not to approve the annual Audit and Quality Improvement Programme 2020/21 due to the health emergency.</li> <li>• The organisational Risk Policy was approved taking into account two further actions.</li> <li>• The internal audit MIAA progress report was received and the committee assured by the positive response and progress in implementing the internal audit recommendations.</li> <li>• The internal audit Annual Report and Head of Internal Audit Opinion 2019/20 received an overall opinion of Substantial Assurance and supported the production of the Trust's Annual Governance Statement. The committee welcomed this and acknowledged the executive team's commitment in achieving this position.</li> <li>• The draft internal Audit Plan 2020/21 was approved.</li> <li>• The Anti-Fraud Annual Report 2019/20 was received and demonstrated compliance with NHS Counter Fraud Authority Standards for Providers. The robust anti-fraud arrangements in place were noted. The committee was assured by the work being undertaken. The action plan covering Standard 3.1 was approved.</li> <li>• The proposed Anti-Fraud Workplan for 2020/2021 was approved.</li> <li>• The committee received for assurance the Local Security Management end of year report.</li> </ul>
<p>9. WCT20/21-009</p>	<p><b>COVID-19 Risk Management/Board Assurance</b></p> <p>AH provided a verbal update in relation to the Board Assurance Framework and referred to an informal Board that was due to be held in March when consideration would have been given to BAF for the new financial year. Although progress with this work had been delayed, the work being undertaken through COVID-19 Emergency Command Structure in relation to risk management processes was now supporting and shaping the further development of the BAF.</p> <p>AH advised that although there was no refreshed BAF to discuss with the Board, assurance was provided that an update was submitted to the Audit Committee on 15 April 2020 and at that meeting the Assurance Framework Review for 2019-20 was presented to members and received Substantial Assurance in relation to the structure and processes in place across the Trust for strategic risk management.</p> <p>The Risk Policy had been recently updated and approved by the Audit Committee and through the COVID-19 Emergency Command Structure a robust risk management process had been established which was supporting the identification, management and escalation of organisational risks related to COVID-19.</p> <p>AH reported that PS was overseeing the management of organisational risks and this process was being managed on Datix with a live link into TIG. The review of the organisational risks, both covid and non-covid, allowed consideration both for the BAF refresh to take account of the ongoing response across the NHS to COVID-19 but also as consideration was given to the reset of the NHS over the next 12 - 18 months.</p> <p>The Board noted that a refreshed version of the BAF would usually be available for the new financial year, however the processes were in place to ensure all appropriate risk themes were recorded.</p> <p>PS reported on the COVID-19 organisational risk register and advised there was one high level covid related risk which related to PPE for the workforce and was scored at 15 with a consequence of 5. Assurance was provided that all staff</p>

Reference	Minute
	<p>performing clinical duties had access to PPE and a significant governance system was in place. Due to procurement staff and clinical leaders being able to forecast activity, a week's supply of PPE could be provided for trust staff and the PPE position was regularly reported to the Tactical Command Group. The reliance on the supply chain was a significant risk and close working was ongoing to mitigate this.</p> <p>PS reported there were three themes featured in the covid risk register:</p> <ul style="list-style-type: none"> <li>• The wellbeing of the workforce, in particular the level of anxiety staff were feeling and being directly able to access PPE - support mechanisms were in place for staff, including PAM Assist and Cheshire &amp; Wirral Partnership had a helpline in place. The daily covid bulletin ensured staff were regularly updated and the 'Shout out' item had been well received. IT support was provided to ensure access to micro teams. Individual support was provided for staff reassigned to different clinical areas through an excellent training programme which had received positive feedback from staff.</li> <li>• Diagnostic testing - daily response to changes were required as directed by national guidance and the Trust was involved in the screening process across the system, care homes and the screening of key workers. Moving forward the screening programme would be robustly expanded to provide screening across the community and mitigate anxiety for staff.</li> <li>• Indemnity cover for assigned staff - this was an important issue and had proved challenging to resolve. Meetings had taken place with system partners and reference made to the Covid Act to mitigate for this risk.</li> </ul> <p>GM referred to the PPE risk and asked if there had been any approach made by local suppliers to assist with this. MG advised there was a small number of local businesses manufacturing small quantities but no major suppliers he was aware of at the present time.</p> <p>The Board of Directors was assured by the update received.</p>
<p>10. WCT20/21-010</p>	<p><b>Approval of 2019-20 Annual accounts Delegated Authority</b></p> <p>AH presented a paper requesting the Board of Directors delegate authority to the Audit Committee to adopt and approve the Trust's Annual Accounts for 2019-20.</p> <p>The Board of Directors approved the request to delegate authority to the Audit Committee to sign off the Foundation Trust annual accounts for 2019-20.</p>
<p>11. WCT20/21-011</p>	<p><b>NHS Provider Licence Self-Certification</b></p> <p>AH presented the paper which provided evidence of compliance against the Provider Licence to support a decision by the Board of Directors.</p> <p>AH advised that this was a year-end requirement to self-certify against condition G6(3), condition CoS7(3) and condition FT4(8). Condition CoS7(3) was not applicable to the Trust as the Trust was not a designated CRS provider and this had been confirmed with the CCG. A proposed response to the remaining two questions was attached for further Board discussion.</p> <p>The Board of Directors approved the proposed response to the provider licence conditions and noted the templates issued by NHSI would be completed confirming the self-certification position. The Board also noted that the agreed return in relation to G6 would be published no later than 30 June 2020.</p>
<p>12. WCT20/21-012</p>	<p><b>Mortality Report - Learning from Deaths Framework (Quarter 4)</b></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 &amp; Safety Committee for approval.</p> <p>NC reported there had been 21 deaths reported and they had all been reviewed in</p>

Reference	Minute
	<p>accordance with the Trust policy. None had been deemed attributable to the care received by the Trust.</p> <p>There were however, five deaths which had significant lessons the Trust could learn from and these were as follows:</p> <ul style="list-style-type: none"> <li>• <b>Communication:</b> To ensure there was understanding around the implications of a service provided, in this case the Transfer to Assess bed base, and the expectation of this resource.</li> <li>• <b>Awareness of Acute Clinical presentations within Care Homes:</b> Support to be provided to care home staff to identify symptoms of clinical deterioration and these to be shared with the community nursing staff. Support to care homes had been demonstrated well during covid when Trust staff had been reassigned and the further developing of this would be interesting moving forward.</li> <li>• <b>Advanced Care Planning:</b> The importance of ensuring people received the most appropriate care to meet their needs and the family were all sighted on these. Although the Trust staff were not responsible for determining the advance care plan, it was important it was executed in the best way possible and processes needed to be in place and the system wide implications recognised for the hospital. Discussions with system partners were taking place to ensure there were consistent ways of advance care planning in place.</li> </ul> <p>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>CB stated that there would be more deaths reported due to covid and asked whether there were any discussions taking place as to how the whole system would respond and how this would be addressed.</p> <p>NC advised that the Clinical Senate was not meeting in its current format but had been replaced by a covid system clinical meeting which met twice weekly and discussions were taking place within that meeting.</p> <p>The Board of Directors was assured that quality governance systems were in place to ensure continuous monitoring and learning from deaths in accordance with Trust policy. The Board of Directors was also assured that the Trust was actively involved in supporting the system-wide development of processes reporting and learning from deaths.</p>
<p><b>13.</b> WCT20/21-013</p>	<p><b>Staff Council - 10 March 2020 (draft)</b></p> <p>The draft minutes of the Staff Council held on 10 March 2020 was noted.</p> <p>AB raised, as a point of accuracy, that he was the Chief Strategy Officer and not Chief Operating Officer as stated in 'Present'.</p>
<p><b>14.</b> WCT20/21-014</p>	<p><b>Any Other Business</b></p> <p>KH expressed thanks to the Non-Executive Directors for their kind words of encouragement received in an e.mail to the Executive Directors.</p>
<p><b>15.</b> WCT20/21-015</p>	<p><b>Invitation for Public Comments</b></p> <p>Due to COVID-19 and government guidelines on social distancing, this meeting was not held in public and no questions had been submitted.</p>
<p><b>16.</b> WCT20/21-016</p>	<p><b>Items for Risk Register</b></p> <p>There were no items identified on the risk register.</p>

Reference	Minute
<p><b>17.</b> WCT20/21-017</p>	<p><b>Summary of actions and decisions</b> AH provided a brief summary of actions and decisions taken during the Board of of Directors meeting.</p>
<p><b>Date and Time of Next Meeting:</b> The next formal Trust Board meeting will take place on <b>Wednesday 10 June 2020</b> at 2.00pm. Further details on the venue and joining instructions will follow.</p>	

<b>Board - Chair Approval</b>			
<b>Name:</b>		<b>Date:</b>	
<b>Signature:</b>			

The Board of Directors Meeting closed at 1.10 pm.

## Board of Directors - Matters Arising 2018-19

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

Actions from meeting held on: **3 July 2019**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Board Assurance Framework	WCT19/20-012	Clarify the golden thread of specified controls and mitigations	A.Hughes	Sept 2019	<p>Ongoing through development work on the new BAF for 2020-21. This will be discussed at informal board in March 2020.</p> <p>FEBRUARY UPDATE: <b>Complete</b></p> <p>Board was assured BAF was being discussed through board committees and supported closing this action.</p>

Actions from the meeting held on: **6 November 2019**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Healthy Wirral - Whole System	WCT19/20-065	To consider focusing on the Heart Failure Transformation in either the Journey of Care	P.Simpson/ J.Shepherd	Feb 2020	<b>Pending.</b>

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
<b>Integration Update</b>		or Staff Story.			

Actions from the meeting held on: **5 February 2020**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
<b>Inclusion Strategy Update</b>	WCT19/20-090	To ensure EDS2 is submitted to both EWC and QSC.	J.Shepherd	March/April 2020	<b>Pending.</b> These actions will be carried forward to the next Board of Directors Meeting meeting (NB: emergency governance arrangements are currently in place to respond to COVID-19)
<b>Invitation for Public Comments</b>	WCT19/20-093	Human rights to be more prominent in the report on the Inclusion Strategy.	J.Shepherd	April 2020	
		The total number of FFT responses to be provided in the Integrated Performance Report in order to give some perspective.	J.Shepherd		
		Details of public Board of Director meetings and the papers to be more prominent and accessible on the new Trust website.	A.Hughes	April 2020	<b>Complete</b>

Actions from the meeting held on: **6 May 2020**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
<b>Journey of Care Story - Thankyou</b>	WCT20/21-001	Letter to be written from the Board of Directors to the member of staff thanking her for going 'above and beyond'.	A.Hughes	May 2020	<b>Complete</b>
		Letter to be written from the Board of Directors to the letter writer expressing appreciation for her words.	A.Hughes	May 2020	<b>Complete</b>