

**TRUST BOARD OF DIRECTORS MEETING
(via Microsoft Teams)**

MINUTES OF MEETING

WEDNESDAY 7 OCTOBER 2020 at 1.00 PM

TRAINING SUITE, 3RD FLOOR, ST. CATHERINE'S HEALTH CENTRE

Members:

Prof Michael Brown	Chairman	(MB)
Ms Sarah Alldis	Associate Director for Social Care	(SA)
Mr Anthony Bennett	Chief Strategy Officer	(AB)
Prof Chris Bentley	Non-Executive Director	(CB)
Ms Jennie Birch	Interim Chief Finance Officer	(JB)
Dr Nick Cross	Medical Director	(NC)
Mr Mark Greatrex	Interim Chief Executive	(MG)
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	(PS)

In Attendance:

Ms Victoria Boyle	Inspector, CQC North West (Observer)	(VB)
Ms Amanda Clarke	Gatenby Sanderson (Observer)	(AC)
Mrs Heather Stapleton	Board Support Officer	(HS)

Reference	Minute
<p>1. WCT20/21-059</p>	<p>Journey of Care Story PS reported that, as previously, due to Covid-19 it had not been possible to interview an individual face to face to bring their Journey of Care story to the Board.</p> <p>On this occasion, a number of short accounts from a range of services had been incorporated to provide some examples of where people had experienced excellent care. These also provided an insight as to how the population feel when coming into contact with some of the community services and were presented for the Board to consider and review the number of complements received throughout the organisation.</p>

	<p>PS also made reference to the fact that although compliments received exceeded complaints, a number of concerns and complaints had been received during the Covid period and there had been experiences of care that could have been improved. Assurance was provided that all complaints and concerns were reviewed through the Risk Management Group, the Quality & Safety Committee received regular reports and the Trust Board received the annual report which highlighted any themes. Although the majority of feedback was positive, the services remained sighted to learn from negative experiences and continually improve services. This also helped to redesign the quality priorities for the coming year.</p> <p>The Communications Team was working closely with Quality & Governance in order to enable the Board to hear directly from people talking about their experience.</p> <p>MB confirmed the importance of receiving both positive and negative stories and the importance of the Board seeing the full picture.</p> <p>The Board of Directors was assured by the Journey of Care story provided.</p>
<p>2. WCT20/21-060</p>	<p>Apologies for Absence There were no apologies for absence received.</p> <p>Bill Wyllie had been unable to join the meeting until 13.45.</p> <p>MB extended a welcome to MG in his new role as Interim Chief Executive. A welcome was also extended to Jennie Birch (JB) who had recently joined the Trust and was attending in her new role as Interim Chief Finance Officer. There were also two observers present: Victoria Boyle, North West CQC Inspector and Amanda Clarke, Gatenby Sanderson, who would be working with the Board as part of a formal board development programme. This programme was initiated towards the end of 2019 but had to be paused due to Covid-19.</p> <p>The link to the Board papers had been shared with the Council of Governors and there was also a full set of papers available on the Trust public website. There were some governors present virtually at the meeting and although no questions had been received in advance, the opportunity to comment would be facilitated under agenda item 21.</p> <p>The Local Security Management Specialist, Mr Mick Blease, would be attending to present agenda item 18 - EPRR Annual Report 2019/20.</p>
<p>3. WCT20/21-061</p>	<p>Declaration of Interests 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>4. WCT20/21-062</p>	<p>Minutes of the previous meeting - 5 August 2020 The Board of Directors agreed that the minutes of the meeting held on 5 August 2020 represented a true and accurate record.</p>
<p>5. WCT20/21-063</p>	<p>Matters Arising - 5 August 2020 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> <p>BJ asked whether the Trust had obtained Dementia Friendly status as expected during September. JS advised this had paused during Covid but would be revisited and reported on in more detail at a future meeting.</p>
<p>6. WCT20/21-064</p>	<p>Chair's Report MB provided a verbal report to the Board of Directors which was received for</p>

	<p>information.</p> <p>The following issues were highlighted:</p> <ul style="list-style-type: none"> • The weekly NED Assurance meetings continued and enabled the Non-Executive Directors to be involved and updated in relation to the business of the Trust. These meetings had been very successful and important in providing assurance to the Non-Executive Directors. • MiAA had conducted an audit on the Trust's new governance arrangements and structures to ensure there were no gaps in information flow in the system. Due to Covid-19 the review was completed in two parts and provided 'Substantial Assurance'. • An annual Board Development Programme had been agreed looking at Board effectiveness and development and was to be facilitated by Gatenby Sanderson. This had been temporarily paused due to Covid-19 and it had been agreed this work would commence in a virtual format over the coming months. • Informal Board sessions had restarted and provided the opportunity for broader discussions on hot topics. • KH had commenced a six month secondment working with the national team as the National Director of Recovery and Hospital Discharge. MG had commenced in his new role as Interim Chief Executive with the full support of the Board of Directors. • PS had been named as the Executive Board member responsible for health inequalities following the requirements of the Third Phase of the NHS Response to Covid-19. PS was to be supported in this role by CB (Non-Executive Director and Chair of the Quality & Safety Committee) who had a public health analytical background. • Thanks were expressed to Margaret Greenwood, MP, for entering the Trust into two NHS Parliamentary Awards and a letter of thanks would be written to her on behalf of the Board.
<p>7. WCT20/21-065</p>	<p>Lead Governor's Report</p> <p>BW had not joined the meeting and in his absence AH presented the report.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> • During Covid-19 governors had remained in touch with the Trust and the Executive Team was grateful to them for their challenge and support. The Council of Governors had met on three occasions during the Covid-19 period and this had been appreciated. The focus had been on the Trust's response and had provided assurance to governors when engaging with members in their own constituencies. • Following national guidance, the Council of Governors had been asked to extend the terms of office of the Chairman and Deputy Chairman by six months and this had been agreed. The reappointment process led by the Council of Governors' Remuneration Group would commence in due course. • Positive feedback had been received from governors following the virtual HEART awards held during July and August. These had been successful and thanks were expressed to governors for their participation and support in celebrating this event with staff. • The Council of Governors would be holding a development day in November and Council of Governor elections would be held in the near future. • Your Voice group had met virtually in September and the next meeting would be taking place in November. Thanks were expressed to governors for participating in that group.
<p>8. WCT20/21-066</p>	<p>Chief Executive's Report - Executive Briefing - August & September 2020</p> <p>MG presented the Chief Executive's report to the Board of Directors and stated that he was proud to have the opportunity to lead the organisation into the next six</p>

months as Interim Chief Executive and was privileged to work with the Executive Team and Board members.

The Trust's response to Covid-19 had demonstrated the organisation as being effective in supporting the local system and staff and cementing its position in the local health economy.

Notification had been received of two amendments to the report and these related to:

- Paragraph 13 which referred to 'all staff have completed an individual risk self-assessment'. This should be more specific and confirm that all staff **were offered** an individual risk assessment and 76% completed them.
- Paragraph 19 referred to 'there have been zero incidents reportable to the ICO' should say that there had been one incident reported to the ICO which related to paper diaries and was reported on 7 May 2020.

MG also highlighted the following:

- On behalf of the Executive Team, wished KH well at the start of her six month secondment as the National Director for Recovery & Hospital Discharge.
- A welcome was extended to JB who had joined the Trust as Interim Chief Finance Officer and was settling in quickly with the team.
- The Trust's response to the pandemic had focussed on the safety and welfare of staff and the local community in Wirral and Cheshire East. In line with national guidance issued in April, the Trust had responded and reviewed services, some of which had been stopped, some maintained and a number of staff had been reassigned across the organisation to focus in high priority areas. This had all happened at a significant pace but the quality and safety of services had been at the forefront of everything. Priority was given to identifying those at high risk to ensure care and support was available to them.
- Rapid adoption of innovative models had been made, including digital platforms to communicate with staff and to consult with patients and service users. The Inclusion Team had developed guidance documents to ensure any changes made to service delivery were assessed to understand the potential impact on vulnerable and protected groups.
- The response to Covid-19 had highlighted the excellent service provided and strengthened partnership working.
- The health and wellbeing of staff had been taken seriously and daily communications issued signposting staff to wellbeing support available and providing practical information. Weekly CEO blogs were also published and end of the week messages.
- The contracting round had been interrupted due to Covid-19 but some KPI's had continued to be monitored showing a strong performance. These included new birth visits and all safeguarding KPIs which continued to be monitored.
- Staff attendance levels had remained stable and mandatory training had not reduced and was performing well with compliance against all staff groups.
- The quality governance framework had remained in place and tracked the quality and safety of care provided.
- The Trust had participated in an assessment of the IPC control measures that had been put in place in response to Covid-19 and the CQC confirmed that robust procedures were in place.
- As the Trust moved into the phased restoring of services in line with the NHS Phase 3 response, complex planning and a robust approach was required. Thanks were expressed to all staff on behalf of the Executive Team for the hard work being done towards this.

	<ul style="list-style-type: none"> • Close working had been taking place with partner organisations to submit the Winter Plan for 2020-2021 to NHS England. Progress would be regularly monitored. • The annual staff flu vaccination programme had been launched and all staff were being encouraged to be vaccinated in order to protect themselves, their families and patients. • A different approach had been taken to the annual appraisals this year. These had been streamlined and positive feedback had been received from managers and staff. NHS Employers had requested details, showcasing the paperwork as best practice and thanks were expressed to the HR team for their leadership on this. • Congratulations were extended to the Wirral Cardiovascular Rehabilitation Team who have become one of four beacon sites across the UK to pilot the Enablement in Chronic Heart Failure trial led by Exeter University. • The Hospital at Home Service and Community Cardiology were both finalists in this year's Nursing Times Awards. • A number of reports and guidance had been published as well as the CQC draft strategy and links were available within the report. • A summary was provided of the ELT business. The Strategic Command Group had now been incorporated into the weekly ELT. As the Programme Management Board had been temporarily paused, ELT had been approving some capital business cases and the Trust's capital plan for 2020-21. • Other topics discussed by ELT during August and September included: <ul style="list-style-type: none"> ○ the Hospital at Home business case which was submitted to CCG commissioners ○ a 12 month extension to the Electronic Patient Record solution ○ approval of the development of an in house stock management system with on-site storage <p>MB stated that it was important to understand the pressures the Trust was under and supporting colleagues across the system as the Covid-19 situation worsened. The Executive Team needed to be able to react in an appropriate way to support partners and staff.</p> <p>MG stated that during the initial peak, they had reassigned staff into alternative services to support patient flow into the hospital. Now the level of emergency had eased, permission had not been granted to stand down services but patients continued to be admitted so this was more challenging at the moment.</p> <p>SA stated that there was an awareness of challenges in the care market and the Trust's understanding of some of the challenges was significant due to the work done alongside the care market and domiciliary care and the recognition of the work done.</p> <p>The Board of Directors was assured by the contents of the report.</p>
<p>9. WCT20/21-067</p>	<p>Reports from the Sub Committees of the Board - August/September 2020</p> <p>Quality & Safety Committee</p> <p>CB provided a verbal report following the meeting held in September 2020:</p> <ul style="list-style-type: none"> • A SAFE report update was provided and included the CQC Assurance Report including the completion of Hand Hygiene audits, the Covid-19 quality standard and flu update. There were no additional items for escalation. The committee reflected on the importance of keeping the SAFE Steering Group in place and acknowledged the important role it had played during the Covid-19 response. • AH stated that action points from previous meetings were tracked. There were some actions pending from a number of meetings and these were

screened.

- The PPE risk was reviewed and the downgrading of this risk was recognised. Supplies were kept current and they had not run out at any time but had been able to supply other organisations.
- The draft Annual Quality Account was received for review and PS was proud to recount the successes and achievements during the 2019/20. Time was spent in the meeting looking forwards and three priorities were suggested: falls and fracture prevention, pressure ulcer development and discharge pathways ensuring safety in discharge. This discussion extended into the links with care homes in terms of providing support and the provision of specialist community facilities. SA agreed this would be a priority and was aligned to the focus of the Adult Social Care winter plan. Covid-19 continued to dominate the priorities looking forward into 2021, including infection prevention control, digital access to services, health inequalities and the health and welfare of staff. The Annual Quality Accounts would be discussed further by the committee in November prior to submission to Board in December.
- The Quality & Patient Experience Report was received and quality goals reported on by exception from August. There had been one pressure ulcer incident reportable under STEIS and reviewed by the CRMG. There were zero missed medication incidents and nothing to report by exception from an Adult Social Care perspective. CRMG continued to meet weekly and had completed a deep dive on pressure ulcers. The level of incidents reporting harm was within the normal range and benchmarked well against other trusts. The committee was assured by the August position.
- The Risk Management Report was received and noted there was one new high level risk reported which related to the footfall through the Urgent Treatment Centre (UTC) and the impact on social distancing. Discussion took place and it was reported that the way this system was used was reviewed and mitigations were in place. This issue had also been raised with the governors who were concerned about older people accessing services, particularly in a crisis. The committee agreed it was an important obligation to carry out audits on significant access issues and engaging with the Older People's Parliament on this. An existing risk in relation to the consistent recording of supervision data was being reviewed by the Task and Finish Group who were reviewing the current systems and processes. A pilot process had been put in place and was receiving positive feedback and was reported back to the Strategic Workforce Development Group. A further existing risk related to the GA access for dental patients at WUTH and had been escalated to NHS England with the potential for mutual aid. The Council of Governors had been updated on this risk.
- The Terms of Reference for the committee had been reviewed with some modification agreed. The revised Terms of Reference would be submitted to Board for approval.
- The Controlled Drug Accountability Officers Annual Report 2019/20 was welcomed by the committee and was a comprehensive and clear report, providing assurance that the Trust was compliant with the controlled drug legislation and procedures and incidents were reviewed regularly. Feedback was welcomed as this was a new report. The committee endorsed the report for submission to the Board of Directors.
- The CQC Compliance Assurance Report was received and focussed on the Quality Standards Framework for Covid-19. All 34 standards had been reviewed and overall compliance noted. Checklists had been built into SAFE and were highlighted as essential. Hand hygiene had reported 95% compliance for quarter 1 and the medicines management audit had provided good results. The Covid-19 audits in relation to social distancing and the use of PPE had been based on a self-assessment and backed up by an audit programme.
- Detailed discussion took place on the EPRR Annual Report 2019/20 which would be submitted to Board for approval. The committee also approved the

EPRR assurance template for forwarding to Wirral CCG and approved the Major Incident Plan with some suggested modifications to reflect Covid-19. The committee was also assured that the Trust was compliant with the statutory requirement as a category 1 responder under the Civil Contingencies Act 2004.

- The Data Security and Protection Toolkit was received and had been submitted in order to meet the September deadline. The toolkit for 2020/21 would be 'live' in October and focussed on cyber security. The Information Governance Data Security Group received monthly reports and the committee was assured by the high standards maintained.
- The Core Skills Training Framework Alignment was a detailed report with six new requirements to take forward and these were all approved. There had been a sustained performance on mandatory training throughout the pandemic with the latest performance noted at 92.38% for all training.
- The report on the Seasonal Flu Vaccination Programme was approved and would be reported to Board. It had been noted that the EIA recognising ethnic groups would follow.
- The draft Quality Improvement Annual Audit Programme was received for approval. It was suggested that the capture of ethnicity and effective ethnic monitoring should be included. A further reference was suggested to digital inclusion to ensure those not able to access digital solutions were still receiving proactive management and support. A revised version of the plan would be circulated to members for virtual approval.
- The Safeguarding Triannual Report was received and provided an overview of the safeguarding and MASH arrangements in place, led by the Trust, across Wirral. The report illustrated how MASH connected with the Local Governance Board for Safeguarding which reported regionally. The committee was assured that all the statutory requirements were met.
- The Medicines Optimisation Triannual Report was received and there was nothing to report by exception. The committee was assured that best practice guidance was followed.
- The Infection Prevention and Control Triannual Report was received with a focus on a risk on environmental audits which was noted as amber. This was due to some of the environment closing down as services were restructured to deal with Covid-19. Discussion took place as to how to maintain environmental audits and the committee was advised that a specific module would be developed on SAFE to capture the data and mitigate the risk. The current environmental audits would be enhanced through Covid-19 audits and would support the implementation of change as necessary. Covid-19 audits had only included services that had been operational. A clear process was discussed for review before services re-opened and the committee was assured that the reset and restore process for all services now included a number of standards to evidence social distancing measures, PPE supplies and environmental checks.

PS acknowledged the work undertaken by colleagues in the governance service in their response to ensure staff and patients were kept safe and the level of assurance was testament to those teams. PS also thanked the NED's for their concern for the health and wellbeing of the staff. MB stated that nationally there was concern that staff were becoming exhausted and it was important to ensure staff were looked after.

Audit Committee

BS provided a verbal report following the meetings held in August and September:

- As previously reported to Board, NHSI had approved an extension of the sign off deadline for the Trust's Annual Report and Final Accounts by one month and this took place on 10 August 2020. The delay had been in relation to one issue being resolved regarding the valuation of the local government pension scheme contributions and was outside the control of the Trust. This related to social services staff transferred into the Trust. Ernst & Young had provided an Unqualified Opinion and the committee was

	<p>appreciative of the work undertaken by the external auditors as well as the Finance Team led by MG and Claire Deegan, Interim Deputy Director of Finance & Business Intelligence.</p> <ul style="list-style-type: none"> • The September meeting of the Audit Committee received from the MiAA an Audit of Governance checklist which included reports examining financial controls, procurement and HR processes in response to the impact of Covid-19. Assurance was received with no recommended actions. • MiAA had undertaken an Internal Audit Governance review and granted a rating of Substantial Assurance which reflected the excellent work undertaken by the Executive Team in response to the Covid-19 pressures. • Update reports were received on governance, counter fraud, security management and related issues. <p>BJ stated that the Substantial Assurance rating following the MiAA review acknowledged the fact that the basic underlying processes in place were strong and needed little adjustment to cope with the Covid-19 situation.</p> <p>Staff Council</p> <p>JS provided a verbal report following the meeting held in September 2020. This was a virtual meeting and had been well attended.</p> <p>A variety of items had been discussed and included the work being done on the strategy and values of the organisation and they were supportive of the approach being taken. Briefings had been given on key items such as the winter plan, changes to NHS111, and phase 3 planning progress. Feedback was provided from the Pulse survey and agile working project and the intention to involve staff in discussions out of this as it progressed.</p> <p>Staff Council also commented on issues mainly in relation to Covid-19 and arrangements in place for staff for home working and PPE requirements.</p> <p>Further clarification was requested on isolation arrangements following the receipt of positive tests or returning from holidays abroad as well as clarification on testing. There had been a lot of communication issued and it was important for staff to understand the arrangements in place.</p> <p>The meeting had been wide-ranging and engaging and beneficial for both Staff Council members and executive team members.</p> <p>Informal Board</p> <p>AH reported that an Informal Board had been held on 30 September 2020 and quality discussions had taken place on the Trust's response to Covid-19 including the local and regional position, a briefing on the Winter Plan 2020-21 and a proposal in respect of the forward planning and strategy development for 2020-21.</p>
<p>10. WCT20/21-068</p>	<p>Board Assurance Framework (BAF)</p> <p>AH presented the BAF and provided an update on progress with the development of the BAF 2020-21.</p> <p>AH reported that BAF had been discussed regularly and had been a key focus over the last few months as the priorities outlined in the NHS Phase 3 response to Covid-19 had been considered. The Executive Leadership Team, the Quality & Safety Committee and the Non-Executive Director committee chairs had all been involved in this focussed work and the BAF now reflected the principal risks the Board was sighted on and was aligned to. These risks were crucial and appropriate as the priorities in the Phase 3 letter were clear and the Trust needed to ensure it delivered to those priorities.</p> <p>The proposed set of principal risks was attached as an appendix and included more local risks which were important to track.</p>

	<p>GM referred to principal risk 11 which referred to the regional Integrated Care Partnership and it was agreed the wording should be reviewed.</p> <p>The Board of Directors reviewed and approved the proposed principal risks and supported the process to finalise the BAF.</p>
<p>11. WCT20/21-069</p>	<p>Terms of Reference - Quality & Safety Committee</p> <p>AH presented the Terms of Reference for the Quality & Safety Committee which was received as part of the annual review. They had previously been received and supported by the committee in September 2020.</p> <p>The Terms of Reference reflected the business and duties of the committee and AH acknowledged that under the emergency governance arrangements there may be the requirement to review the duties of all the board committees and if necessary, update their Terms of Reference.</p> <p>The Board of Directors reviewed and approved the Terms of Reference for the Quality & Safety Committee.</p>
<p>12. WCT20/21-070</p>	<p>Informal Board Sessions and Board Development Programme for 2020-21</p> <p>AH presented the paper which detailed the proposed 2020-21 annual plan for the Informal Board sessions and the planned commencement of the Board Development programme. The paper also provided an overview of the informal board sessions successfully held during 2019-20 and the work completed.</p> <p>A draft 2020-21 programme had been shared at an informal board session in March 2020 but had been paused due to Covid-19. Board members had agreed that informal board sessions would recommence in September 2020 although in a shorter and alternative format.</p> <p>AH reported that one of the successes of the informal board sessions had been the 'lunch and learn' sessions when visits had been received from services and teams. This had been enjoyed from a Board perspective and positive feedback had been received from the services and provided a valuable opportunity for them to meet with members of the Board. This would be a key factor built into the remainder of the programme for this financial year.</p> <p>The Board Development Programme would be commencing in October/November 2020 and would be delivered externally by Gatenby Sanderson. A digital solution had been found to progress this exciting piece of work.</p> <p>MB acknowledged the enthusiasm of Gatenby Sanderson to deliver this programme of work. The session due to be held on 11 November was highlighted as important as it focussed on developing the position of Healthy Wirral and collaborative working. Making the Trust's services more effective in partnership with others was crucial.</p> <p>The Board of Directors approved the proposed 2020-21 annual plan for the informal board sessions and was assured on the planned commencement of the formal Board Development Programme.</p>
<p>13. WCT20/21-071</p>	<p>Trust-wide Policy Schedule Assurance Report</p> <p>AH presented the paper which provided the Board of Directors with a status on the Trust-wide procedural documents from the SAFE tracker tool.</p> <p>AH had planned to share the information live from the SAFE system, however due to IT problems, was unable to do so.</p> <p>AH reported that the Audit Committee maintained oversight on the Trust-wide policy schedule and the Policy for Policy Management stated that the Audit</p>

	<p>Committee should receive twice yearly reports. The Trust Board would also receive twice yearly reports following the report to the Audit Committee.</p> <p>The Audit Committee had viewed the policy schedule details and had reported that 89 Trust-wide policies were being tracked and 15 of those policies had currently expired or were under review. A number of these policies had recently expired at the end of September 2020, and the Trust overall was in a strong position bearing in mind the current situation with Covid-19. A virtual approval process of the policies was implemented and this was now included in the Policy for Policy Management and allowed policies to be approved at pace.</p> <p>BS provided further assurance to the Board and confirmed that AH had presented the Trust-wide Policy Schedule live from SAFE to Audit Committee and had indicated the latest position on procedural documents and Trust-wide policies.</p> <p>AH reported that advice and learning had been sought from some local Trusts and there were some policies that could be refreshed as Standing Operating Procedures (SOP's) rather than formal procedural policy documents. AB was reviewing the IM&T policies to determine whether these were for guidance or a SOP.</p> <p>From an HR perspective due to Covid-19, the Social Partnership Forum had agreed that priority should be given to staff welfare rather than policy discussion and this remained in place until the end of September 2020. Progress was now being made with JUSS to open discussions on some of the HR policies due for review. JS advised that there had not been the capacity within staff side given the support they were providing to the workforce but this work was now being taken forward with a number of policies shortly to be issued for approval.</p> <p>AH agreed to share the data and detail with the Board of Directors following the meeting.</p> <p>The Board of Directors was assured that there was a robust mechanism for tracking Trust-wide procedural document updates.</p>
<p>14. WCT20/21-072</p>	<p>Trust Well Led Developmental Review - next steps</p> <p>AH presented the paper which provided the Board of Directors with a summary of the progress made with the well led developmental review and a proposal for the next steps.</p> <p>AH reported that the developmental review of leadership and governance using NHS Improvement's Well-Led Framework had been completed and the development of an action plan in response to the findings commenced. This work however was paused due to Covid-19.</p> <p>Attention was drawn to the next steps which would involve senior management involvement, whereby they would be asked to complete a survey to review the baseline position and identify progress made in the areas for improvement during the last six months. By doing this the action plan would be developed based on the latest feedback available.</p> <p>Discussion had taken place with BJ in relation to the next steps, as she was the NED sponsor for this work. BJ endorsed the plan of action and by completing the work demonstrated the Trust was applying consistent leadership. By completing the SAFE element evidence was provided to the CQC when they re-inspected the Trust. The streamlining of governance arrangements covered a lot of the actions regarding the areas covered and was a positive way forward.</p> <p>The Board of Directors approved the proposed next steps for the well-led review.</p>

<p>15. WCT20/21-073</p>	<p>MiAA Governance Review</p> <p>AH presented the MiAA Governance Review Final Report following the review of governance arrangements in the Trust.</p> <p>The review had been planned as part of the internal audit plan and had commenced pre Covid-19. The objective of the review initially was to test the governance structure established, including the Oversight & Management Board (OMB), Programme Management Board (PMB) and the information flows to the committees of the Board. The review was paused in February 2020 due to the Covid-19 response. The second part of the review was completed in July/August 2020 and tested the emergency governance arrangements and their effectiveness to provide oversight and assurance. The report provided Substantial Assurance with two recommendations and no immediate risks identified.</p> <p>The two recommendations were:</p> <ul style="list-style-type: none"> • To consider completing a risk assessment in relation to the impact of postponing the sub-committee meetings during its response to Covid-19. This recommendation was risk rated Medium. AH advised there was currently work being done where the information flow was being mapped pre-Covid and to ensure all the information was being picked up either through the Quality Governance Framework, NED Assurance meetings or Audit Committee. This information would be shared through the NED Assurance meeting when completed. • To formally review the Terms of Reference for each sub-committee, on their resumption, under the standard governance arrangements. This recommendation was risk rated Low. AH advised that the Terms of Reference for the Quality & Safety Committee had been approved by the Board of Directors earlier on the agenda and the other sub-committees Terms of Reference would be reviewed when they commenced meeting. <p>MG stated he was pleased to receive the Substantial Assurance opinion and was looking to reinstating OMB and PMB and some initial dates had been noted for November 2020. The Terms of Reference and membership for PMB had been reviewed. It was anticipated OMB would have a slightly different format as not all of the performance indicators were in place at the moment.</p> <p>CB stated that the management of risk between two different systems had been discussed at a number of committees as well as the NED Assurance meeting and these discussions should be documented as part of the review.</p> <p>AH advised that the flow of risk management had formed part of the command structure and this work would pick up the information flow both pre-Covid and now.</p> <p>The Board of Directors received the final report and noted the recommendations made and the overall Substantial Assurance given.</p>
<p>16. WCT20.21-074</p>	<p>The National Staff Influenza Programme 2020-21</p> <p>PS presented the report to assure the Board that the Trust had established a robust and innovative plan to deliver the staff influenza programme 2020/21 in line with the healthcare worker influenza vaccination best practice management checklist. This had previously been submitted to the Quality & Safety Committee, who supported the programme and following discussion, some changes had been made.</p> <p>PS reported that the previous year the Trust achieved 82% coverage across all staff groups and this year the target was 90% for frontline staff by the end of November 2020.</p>

	<p>As a result of Covid-19, the national programme was extended and reasserted that all frontline health and social care workers should receive a vaccination provided by their employer in order to protect staff and patients and ensure the safe running of services. A healthcare worker influenza vaccination best practice management checklist had been issued and this was presented to Board as an appendix to the report. The programme to be implemented by the Trust was fully aligned to the best practice checklist. Access to the vaccines had been affected by the national programme and they would be received incrementally throughout the programme.</p> <p>PS stated that an omission had been recognised at Quality & Safety Committee to the Trust Board in reporting the evaluation from last year's programme. It was considered this was now too historic as the context had changed. Communications had undertaken a poll as part of the seasonal flu preparation plan and the results of the poll were included in the report.</p> <p>PS reported that the operational model would have bookable appointments in order to minimise the risk of social distancing and there would be an e.consent process and automated data collection process. The communications plan was strong and harnessed the essence of the Covid culture that had developed over the last few months.</p> <p>PS informed the Trust Board that the programme had been running 2.5 days and already 211 members of staff had been vaccinated. A bespoke inbox had been developed where staff who had accessed the vaccine elsewhere could inform the Trust, ensuring the data was updated on a daily basis.</p> <p>MG stated that the importance of the flu vaccination programme had been raised at the North West System Leaders Call where plans had been reviewed and some Trusts were to be contacted as their campaign was not ambitious enough. MG also highlighted that another dashboard had been built into TIG to monitor the programme.</p> <p>JS acknowledged the support for vulnerable groups and advised that she would be raising the importance of the influenza programme to the BAME network and the Disability network and keeping them engaged to ensure they could access their vaccinations.</p> <p>MB referenced the target of 90% for frontline staff and asked how this was defined. PS stated that this had previously been recognised as patient facing staff but acknowledged this should read protecting and supporting everyone in the organisation.</p> <p>The Board of Directors was assured that the staff influenza programme 2020/21 was in line with the healthcare worker influenza vaccination best practice management checklist.</p>
<p>17. WCT20/21-075</p>	<p>Controlled Drugs Accountable Officers Annual Report 2019/20</p> <p>NC presented the Controlled Drugs Accountable Officers Annual Report 2019/20 and outlined the activities undertaken throughout the Trust to optimise the safe use and governance arrangements surrounding controlled drugs. The report had previously been submitted to Quality & Safety Committee who had been assured by the report.</p> <p>NC reported that traditionally the information on controlled drugs was included in the Medicines Optimisation Annual Report however as the role of the Trust Board included accountability for controlled drugs, this report ensured the Board received assurance that the processes and legislation were in place.</p>

	<p>NC highlighted the following:</p> <ul style="list-style-type: none"> • The Trust had in place appropriate policies and procedures to support the workforce and ensured it was aligned to the best possible evidence based practice. • The Trust had responded to changes in legislation and completed the CQC self-assessment tool for Controlled Drugs. • All relevant individuals had received the appropriate training in relation to the use and handling of controlled drugs and were kept up to date with best practice. • All controlled drug incidents were monitored via the Medicines Governance meeting. • All incidents were reported to the Regional CDAO via the local intelligence network which the Trust participated in. • The CQC had published the Safe Management of Controlled Drugs Annual Update 2019 and included three recommendations for healthcare organisations. The details of the Trust's response to these recommendations was included in paragraph 45 of the report. <p>The Board of Directors considered the annual report and was assured that the Trust had robust, comprehensive policies and procedures in place to support the safe use and management of controlled drugs.</p>
<p>18. WCT20/21-076</p>	<p>EPRR Annual Report 2019/20</p> <p>Mick Blease (MiB), Emergency Planning Lead and Local Security Management Specialist, was present for this item.</p> <p>MiB presented the report which had previously been submitted to the Quality & Safety Committee who had approved the 2020-21 EPRR Assurance template and the Major Incident Plan. The template had been forwarded to Wirral CCG who was compiling the system response, in order to meet the deadline of 1 October 2020.</p> <p>MiB reported that the report provided assurance that the Trust was complying with the statutory requirements.</p> <p>BJ, as the Non-Executive Director for EPRR, recognised the robust processes in place in the organisation and this was testament to MiB's leadership and was reflected in the report.</p> <p>MG echoed this and acknowledged that the Trust was well equipped to respond to major incidents. MG advised the Board that the role of Accountable Emergency Officer (AEO) was now his responsibility having previously been undertaken by David Hammond.</p> <p>The report did reference that the Trust had twice experienced a major loss of power which affected all services delivered from St. Catherine's Health Centre and other services across the organisation. MiB was key to the robust response made by the organisation. Finance had recently been approved from within the Capital Programme to reconfigure the plant room and included the replacement of the generator with a more up to date version.</p> <p>MiB reported that he had recently been nominated for the role of Senior Reporting Officer to the NHSE in relation to the EU exit.</p> <p>The Board of Directors was assured that the Trust was compliant with statutory requirements placed upon it as a Category 1 Responder under the Civil Contingencies Act (CCA) 2004.</p>

<p>19. WCT20/21-077</p>	<p>Staff Council - 10 July 2020 The decision and action log from the meeting of the Staff Council held on 10 July 2020 were received and noted.</p>
<p>20. WCT20/21-078</p>	<p>Any Other Business MB reported that he and KH had met with the CEO of the CQC and the Chief Inspector of Hospitals to discuss the Trust's situation having been inspected by the CQC three years ago and receiving Requires Improvement grading. A further inspection to review this grading was due 12 months after the original inspection but this had not taken place and in the meantime the Trust still carried the Requires Improvement grading.</p> <p>The meeting had been positive and the CQC were sympathetic to the Trust's position and, although there had been no specific commitment made, the CQC would review the situation in order that the grading could be reviewed using a robust approach but without requiring a full inspection.</p>
<p>21. WCT20/21-079</p>	<p>Invitation for Public Comments Members of the Council of Governors were present (virtually) and the following comments were raised:</p> <ul style="list-style-type: none"> • The change of PS's job title from Director of Nursing to Chief Nurse was highlighted and the question asked why this had taken place? PS referred to the Chair's report which had referenced this and advised that the decision had been made nationally to reflect the national structure for nurse leaders. PS's portfolio had not changed and the same support would continue to be provided. • A discussion had taken place at the Older People's Parliament and issues raised regarding services accessed in the community, in particular physiotherapy and podiatry. High risk patients were being prioritised and, whilst this was understandable, those patients not identified as high risk remained on the waiting list. Reassurance was requested as winter approached, for those people who were waiting longer to access services. VM advised that as part of the reset and restore work, all patients on caseloads had been reviewed and VM understood that a commitment had been made that people would be contacted so they were aware of their situation. The Council of Governor member concerned agreed to gain some evidence around this issue and contact VM directly.
<p>22. WCT20/21-080</p>	<p>Items for Risk Register There were no risks identified for the risk register.</p>
<p>23. WCT20/21-081</p>	<p>Staff Story: Children's Speech & Language Therapy Service JS presented the staff story, which was the first one since the Covid-19 response and provided the opportunity to gain an insight into the experiences of colleagues working in the Trust. It had been the intention to share the video produced by the Children's Speech and Language Therapy Service but this had not proved possible due to technical difficulties. An appendix was attached which had been written by the team describing their experience as a front line team and how they had coped and responded in challenging circumstances.</p> <p>The Children's Speech & Language Therapy Service had seen significant changes during the pandemic and staff had been reassigned to other services as a number of their own services had been stood down. The team had been asked to concentrate on follow-up appointments and continue to support high risk patients. The inability to meet patients face to face had been challenging and, as the team worked from home, there was also the challenge of connecting and supporting each other.</p> <p>These challenges had been met and new technology had been adopted wherever possible in order to support each other and the children and families they looked</p>

	<p>after. Although this had been a challenging time, it had been used to continually innovate and improve the morale in the team and had had a positive impact on outcomes. JS stated that the team were to be applauded for the approach taken during a challenging period.</p> <p>VM stated that Covid-19 had provided a number of services the opportunity to be innovative and this was an example of a team working in a different way. Their morale had remained high and was demonstrated through low sickness rates.</p> <p>AH agreed to circulate the Staff Story video link to Board members and governors.</p>
<p>24. WCT20/21-082</p>	<p>Summary of actions and decisions AH provided a brief summary of actions and decisions taken during the Board of Directors meeting.</p>
<p>Date and Time of Next Meeting: The next formal Trust Board meeting will take place on Wednesday 2 December 2020. Further details on the venue and joining instructions will follow.</p>	

Board - Chair Approval			
Name:		Date:	
Signature:			

The Board of Directors Meeting closed at 3.15 pm.

Board of Directors - Matters Arising 2018-19

All actions from meeting held in January, March, May, July and September 2019 now complete.
All actions from meeting held in May and June 2020 now complete.

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

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

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

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Inclusion Strategy Update	WCT19/20-090	To ensure EDS2 is submitted to both EWC and QSC.	J.Shepherd	March/April 2020 February 2021	EDS2 process for 2020-21 is in development with stakeholder event anticipated for February 2021
Invitation for Public Comments	WCT19/20-093	Human rights to be more prominent in the report on the Inclusion Strategy.	J.Shepherd	February 2021	Inclusion Strategy refresh to be progressed. Update provided to the CoG development session in November 2020.
		The total number of FFT responses to be provided in the Integrated Performance Report in order to give some perspective.	J.Shepherd	April 2021	Pending

Actions from meeting held on **5 August 2020**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
COVID-19 Workforce Risk Assessments	WCT20/21-047	The percentage of BAME staff tested positive for COVID-19 to be established whilst being clear what the data will be used for.	J.Shepherd	August 2020	Complete At 29/9 1.3% of total BAME staff had tested positive compared to 1.8% of total White staff. Data is for comparative purposes only, to identify any disproportionate impact of COVID on BAME workforce.
The NHS People Plan	WCT20/21-048	Further discussion on the NHS People Plan to be scheduled to take place at weekly NED Assurance meeting to look at how this will be operationalised.	J. Shepherd	September 2020	Complete This will be scheduled through Informal Board, in November 2020.
Inclusion Strategy Assurance Report	WCT20/21-049	The domains from EDS2 to be shared with the relevant committee to support the development of evidence.	J. Shepherd	October/November 2020	Complete To be shared through Informal Board following discussions with CCG re local requirements
Annual Report 2019/20: Freedom to Speak Up	WCT20/21-053	Consideration to be given to reporting the percentage of reporters by service as well as by job role.	J.Shepherd / S.Aldis	October 2020	Complete This will be actioned for future FTSU annual reports by Division, whilst acknowledging that some concerns are raised anonymously

Actions from meeting held on **7 October 2020**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Journey of Care Story	WCT20-21-059	The discharge processes implemented as a result of COVID-19 to be included in a future Journey of Care story.	P.Simpson	December 2020 February 2021	Pending.
Matters Arising - Inclusion Strategy Assurance Report	WCT20/21-063	Data on the disclosure of self-declarations in relation to protected characteristics to be shared through the NED assurance process.	J.Shepherd	October 2020	Verbal update to be provided.
Board Assurance Framework	WCT20/21-068	The wording of risk 11 which refers to the regional Integrated Care Partnership, to be reviewed.	A.Hughes	October 2020	Complete.
Staff Story - Children's Speech & Language Therapy Service	WCT20/21-082	The Vimeo link to the Staff Story to be shared with the Board of Directors and Council of Governors.	A.Hughes	October 2020	Complete.