



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

**SEVENTY-EIGHTH BOARD OF DIRECTORS  
MEETING  
(via Microsoft Teams)**

**WEDNESDAY 3 FEBRUARY 2021**

**2:00 PM**

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

Wednesday 3 February 2021 at 2.00pm

**AGENDA**

No	Time	Item	Action	Reference
<b>PRELIMINARY BUSINESS: (5 minutes)</b>				
1.		<b>Apologies for Absence</b>		WCT20/21-105 (v)
2.		<b>Declaration of Interests</b> (Any action to be taken as a result)		WCT20/21-106 (v)
3.		<b>Minutes of the previous meeting</b> • 2 December 2020	To approve	WCT20/21-107 (d)
4.		<b>Matters Arising:</b> • 2 December 2020	To assure	WCT20/21-108 (d)
<b>STATUTORY BUSINESS: (20 minutes)</b>				
5.		<b>Chair's Report</b>	To assure	WCT20/21-109 (d)
6.		<b>Lead Governor's Report</b>	To assure	WCT20/21-110 (d)
7.		<b>Chief Executive's Report</b>	To assure	WCT20/21-111 (v)
8.		<b>Reports from the sub-committees of the Board - December 2020/January 2021</b> • <b>Audit Committee</b> Chair of the Audit Committee • <b>Staff Council</b> Director of HR & Organisational Development	To assure	WCT20/21-112 (v)
<b>PERFORMANCE &amp; RISK: (10 minutes)</b>				
9.		<b>Board Assurance Framework (BAF)</b> Director of Corporate Affairs	To assure	WCT20/21-113 (d)
<b>CORPORATE GOVERNANCE: (10 minutes)</b>				
10.		<b>Emergency Governance Arrangements</b> Director of Corporate Affairs	To approve	WCT20/21-114 (d)
<b>QUALITY GOVERNANCE: (20 minutes)</b>				
11.		<b>Infection Prevention and Control Board Assurance Framework (BAF)</b> Chief Nurse	To assure	WCT20/21-115 (d)
12.		<b>CQC Statement of Purpose</b> Chief Nurse	To approve	WCT20/21-116 (d)
<b>GROUP MINUTES:</b>				
13.		<b>Staff Council:</b> • 10 November 2020	To assure	WCT20/21-117 (d)
<b>ITEMS FOR INFORMATION:</b>				
14.		<b>Any Other Business</b>		WCT20/21-118 (v)
15.		<b>Invitation for Public Comments:</b> Due to COVID-19 and government guidelines on social distancing, this meeting will not be held in public.		WCT20/21-119 (v)

		Any questions on the items on the agenda will be raised with the Director of Corporate Affairs in advance and addressed here.		
<b>16.</b>		<b>Items for Risk Register</b>		<a href="#">WCT20/21-120 (v)</a>
<b>17.</b>		<b>Summary of actions and decisions</b>		<a href="#">WCT20/21-121 (v)</a>

**Date and Time of Next Meeting:**

The next Public Board of Directors meeting will take place on **Wednesday 14 April 2021**. Further details on the venue and joining instructions will follow.

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

**MINUTES OF MEETING**

**WEDNESDAY 2 DECEMBER 2020 at 1.00 PM**

**MICROSOFT TEAMS**

**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)
Mr Bill Wyllie	Lead Governor ( <i>present from agenda item 11 onwards</i> )	(BW)

**In Attendance:**

Mrs Heather Stapleton	Board Support Officer	(HS)
Ms Claire Wedge	Deputy Chief Nurse	(CW)

Reference	Minute
<p><b>1.</b> WCT20/21-084</p>	<p><b>Journey of Care Story</b></p> <p>CW 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>CW referenced three personal accounts that had been shared with staff through the 'Shout Outs' in the daily updates:</p> <ul style="list-style-type: none"> <li>• The relative of a service user had praised Shelby Bull from adult social care for the excellent, effective response and support she had provided.</li> <li>• The exceptionally good care and support provided to a family's aunt from the Social Work and OT Team at the Transfer to Assess at the Leighton Park Unit. Becky Harris had been highly professionally effective and communicated thoughtfully with the friends and family involved in the care</li> </ul>

	<p>of their aunt.</p> <ul style="list-style-type: none"> <li>• A patient had praised Helena Connolly, McMillan Nurse from the Bladder and Bowel Service, when she visited him and he said she was lovely, polite and very understanding.</li> </ul> <p>CW stated that it was the communication and interaction that made an impact with patients, who all felt supported and were treated with compassion and kindness despite the challenge of working through the Covid-19 pandemic.</p> <p>CW advised that complements were balanced with complaints and concerns and a Quality System meeting had recently been established with WUTH to further enhance and improve the communication process.</p> <p>The Board of Directors was assured by the Journey of Care stories provided.</p>
<p><b>2.</b> WCT20/21-085</p>	<p><b>Apologies for Absence</b> The Board received apologies from Mrs Paula Simpson, Chief Nurse. Claire Wedge (CW), Deputy Chief Nurse, was attending in her absence.</p>
<p><b>3.</b> WCT20/21-086</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> WCT20/21-087</p>	<p><b>Minutes of the previous meeting - 7 October 2020</b> MG referred to Minute WCT20/21-066 - Chief Executive report, third paragraph from the end, which read: 'MG stated that during the initial peak, they had been instructed to stand down some services and deploy staff to the hospital.'</p> <p>This should read: 'MG stated that during the initial peak, they had reassigned staff into alternative services to support patient flow into the hospital.'</p> <p>Following the above amendment being made, the Board of Directors agreed that the minutes of the meeting held on 7 October 2020 represented a true and accurate record.</p>
<p><b>5.</b> WCT20/21-088</p>	<p><b>Matters Arising - 7 October 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 items. <i>(See separate actions/matters arising tracker.)</i></p> <p>AH advised that, due to Covid-19, there were a number of actions from earlier meetings marked as 'Pending'. The same process was to be followed as with the Quality &amp; Safety Committee whereby the pending actions would be revisited and either closed or brought forward to Board.</p> <p>JS provided a verbal update in relation to Minute WCT20/21-063 - Matters Arising - Inclusion Strategy Assurance Report. There had been an increase of 0.5% in self-declaration for disability and main status. A campaign would be re-run to ensure there was as much disclosure as possible to support the workforce.</p>
<p><b>6.</b> WCT20/21-089</p>	<p><b>Chair's Report</b> MB presented the report to the Board of Directors which was received for information.</p> <p>MB highlighted that the Trust had successfully completed the annual Fit and Proper Persons Regulations checks for Directors.</p>
<p><b>7.</b> WCT20/21-090</p>	<p><b>Lead Governor's Report</b> In BW's absence, AH presented the report.</p>

	<p>The following was highlighted:</p> <ul style="list-style-type: none"> <li>• Governors had been very supportive of the Trust throughout the response to Covid-19 and had been kept updated through both formal and informal sessions.</li> <li>• A development session had been held on 24 November 2020 and had included a discussion on the role of the FT governor. It was recognised that the statutory duties of governors were clear, however the role to represent the views of the Trust membership could prove to be challenging.</li> <li>• Governors would be working closely and regularly with the Trust's Your Voice group and taking this work forward.</li> <li>• The induction programme for new governors had been discussed. Suggestions to enhance the programme had been made and included a governor buddying programme, when an experienced governor would work closely with a new governor.</li> <li>• The election for public governors and one staff governor had opened in October and the declaration of results had taken place on 1 December 2020. There was one new governor elected in Wallasey and a re-election in Wirral West. Jan Hegarty had been elected the new staff governor.</li> <li>• Recognition was given to Sharon Pringle, public governor for Wallasey, who had to stand down from her seat with immediate effect due to other commitments and therefore could not be included in the latest elections.</li> </ul> <p>AH stated that the support of the Non-Executive Directors at the development day had been appreciated and positive feedback had been received from the governors.</p>
<p><b>8.</b> WCT20/21-091</p>	<p><b>Chief Executive's Report</b></p> <p>MG presented the Chief Executive's report to the Board of Directors and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The impact of Covid-19 had affected everyone and (as well as maintaining services, undertaking the reset and restoration of services and winter planning), the response to Covid-19 remained and the efforts of staff in this challenging situation were recognised.</li> <li>• Lateral flow testing had commenced and the Trust had received and distributed over 1000 lateral flow testing kits to frontline staff who would use them to self-test twice each week. It was acknowledged that further work needed to take place to ensure that staff recorded their results and could isolate as soon as they knew they had tested positive. It was noted that none of the Trust's staff had as yet tested positive.</li> <li>• Preparations for the Covid vaccination programme were underway following the announcement of the licensing of the Pfizer vaccine. It was anticipated the vaccine would arrive early December and the first people to be vaccinated would be frontline NHS and care staff. There were some complications in relation to the transporting of the vaccine and it was likely this would be delivered to hospitals to store.</li> <li>• The staff flu vaccination programme had gone well. As of 1 December, 87% of front line staff had received the vaccine. There had been a delay in the delivery of the flu vaccine and the Trust was waiting for a further delivery.</li> <li>• NHS111 First was operational on the Wirral, ahead of the national 'live' date. VM and her team had led on this and the hard work involved in this programme was acknowledged. The service would have an impact on emergency departments by streaming people away from emergency departments when they could be seen through other urgent treatment centres.</li> <li>• Black History Month had been celebrated in October and Yinka Koomson had been welcomed as the newly appointed chair of the Trust's BAME Staff Network.</li> </ul>

	<ul style="list-style-type: none"> <li>• Congratulations were extended to the Cardiac Heart Failure Team and the Rapid Community Response Team who had both been shortlisted in this year's Nursing Times Awards.</li> <li>• The CQC had published its annual State of Care Report and a link to facilitate access to this Report was included in the report. A link was also provided to access the full report following the annual survey of NHS hospital, mental health, community and ambulance trusts conducted by NHS Providers</li> <li>• The Chancellor's spending review 2020 announcement had been made. There would be an extra £3 billion of new money provided to deal with the planned care backlog, extra mental health capacity and some additional capital for the new hospital building programme.</li> <li>• A summary of the topics discussed by the Executive Leadership Team during October and November was provided for noting.</li> </ul> <p>CW provided an update and reported that 90% of staff had now received the flu vaccination. JS reported that the response rate for this year's NHS Staff Survey had now reached 53% which had exceeded the target and thanks was extended to the Communications Team for their support.</p> <p>AH reported that the visual for NHS 111 First included in the report (para. 37) had been developed by the Trust's Communications Team and they had been approached for this to be adopted and rolled out nationally.</p>
<p>9. WCT20/21-092</p>	<p><b>Reports from the Sub Committees of the Board - October/November 2020</b></p> <p><b>Quality &amp; Safety Committee</b></p> <p>CB provided a verbal report following the meeting held in November 2020:</p> <ul style="list-style-type: none"> <li>• The committee had agreed to review all pending actions from previous meetings from the decision and action log with a view to either closing or transferring onto a separate decision and action log.</li> <li>• A SAFE report update was provided following the meeting held in November 2020. A comprehensive report was received on the issue of clinical supervision and as a result of this, a Task and Finish Group had been formed.</li> <li>• Restoration plans were discussed and any issues would be monitored at the "Reset meeting" and escalated to the Tactical Command Group if required.</li> <li>• Regular reports were received on medicines management, IG checklist and hand hygiene.</li> <li>• The introduction of wearing face masks had a current risk rating of 16.</li> <li>• The clinical command Covid update was shared at SAFE, by exception.</li> <li>• Discussion took place on the draft Annual Quality Account 2019/20 and some modifications were suggested. All of these were adopted and the changes made accordingly.</li> <li>• The Quality and Patient Experience report was received. A robust discussion took place on the flu vaccination programme and it was agreed to increase the risk scoring from RR12 to RR16.</li> <li>• Harm and moderate harm was discussed. It had been noted that moderate harm had increased during Covid as those services being stepped down were low harm. In October moderate harm had increased and may be due to a delay in uploads. CW had agreed to review the detail and report back to the committee.</li> <li>• The Risk Management report was received and noted there was one new high level risk which related to a reduction in staff in the Urgent Care division. Mitigations were in place and included a rolling recruitment programme in the division. An update was provided and assurance given that the risk in relation to clinical supervision was making good progress. A new policy had been completed for all health and social care staff. The recording of supervision on ESR was being achieved at local level and assurance was provided that the annual audit programme evaluated qualitative and quantitative data but this did not give the position across the whole organisation. Therefore services had been asked to report assurances back and PS was confident supervision</li> </ul>

	<p>was taking place. The community nurse staffing risk had increased from a risk score of 12 to a score of 15 and was being tracked through Tactical Command. The Urgent Treatment Centre (UTC) risk relating to the footfall through the UTC waiting room and social distances had reduced from a risk score of 16 to a risk score of 12. The risk relating to the Wheelchair Service which related to an attempted break in had been reduced from a risk score of 16 to a risk score of 9.</p> <ul style="list-style-type: none"> <li>• The Claims Triannual Report was received and reported one new claim and 14 ongoing claims.</li> <li>• The Complaints and Concerns Triannual report was received and it was noted that 17 complaints had been received during reporting period. There had been some delays in sending a full response but all complaints had been acknowledged within the timeframe. Themes around discharges and communications had been noted and discussed at the weekly CRMG meetings. There was now a Wirral Wide System Group established which included WUTH, Healthwatch and Age UK and progress was being made.</li> <li>• The Mortality Review Report for quarter 2 was received and focussed on qualitative and learning. Sixteen unexpected deaths had been reported and one met the criteria for STEIS reporting.</li> <li>• A policy update had been provided reporting on the positive status of policies and a number were being reviewed even though they were not yet due.</li> </ul> <p><b>Staff Council</b></p> <p>JS provided a verbal report following the meeting held in November, which had been a positive meeting and well attended.</p> <p>The following issues were discussed:</p> <ul style="list-style-type: none"> <li>• Following the reassignment of staff, the majority had now returned to their original service. However there remained some staff who were still reassigned and they had some concerns and sought reassurance for the future and the arrangements for them to return to their service. Further communications would be put in place following this feedback.</li> <li>• Patients having to wait outside for clinic appointments due to Covid restrictions was raised and whether consideration could be given to some form of seating being available for them.</li> <li>• The use of Zoom for training purposes was requested, taking into account information governance issues. Microsoft Teams was recognised as the standard for meetings.</li> <li>• The flu campaign and the importance of staff being vaccinated was raised.</li> <li>• Staff members were engaged in the work being led by AB on the Trust values and common purpose and agreed involving the workforce on this important piece of work was the correct way to go.</li> </ul> <p>MB referred to the use of Zoom and advised that this was being considered for use at public Board of Director meetings and Council of Governors meetings. AH advised that a full DPIA had been completed and approved by the Information Governance Group. Due to the data protection impact, there were only very specific purposes for which Zoom could be used across the organisation.</p>
<p><b>10.</b> WCT20/21-093</p>	<p><b>Board Assurance Framework (BAF)</b></p> <p>AH presented the BAF which provided the detailed information underpinning the principal risks that constituted the full BAF for 2020-21. The principal risks to be tracked through BAF had been approved by the Board of Directors in October and were aligned to the priorities outlined in the NHS Phase 3 letter.</p> <p>AH reported there were 13 strategic risks being tracked through BAF and full details were included in the individual mitigation tables.</p> <p>There were two high level risks, ID02 - <i>Inability to measure equity of access, experience and outcomes for all groups in our community</i> and ID06 - <i>Failure to restore NHS services inclusively to protect the most vulnerable</i> and both had been</p>



	<p>scored with a risk rating of 16. Discussions on how to address these risks had been discussed at Quality &amp; Safety Committee and by the Council of Governors. The importance of addressing these risks had been raised through the Tactical Command structure and each of the tactical meetings was aware of them. The Executive Leadership Team had received a paper from VM regarding the reset and restore and work continued to complete the Quality Impact Assessment for those services. Although these were high level risks, it was noted that work was ongoing to mitigate the risk and manage them appropriately.</p> <p>AH summarised the risk scores for the remaining risks:</p> <ul style="list-style-type: none"> <li>• Seven risks had a risk rating of 12 (ID01, ID03, ID05, ID07, ID11, ID12 and ID3)</li> <li>• Two risks had a risk rating of 9 (ID09 and ID10)</li> <li>• One risk had a risk rating of 8 (ID08)</li> <li>• One risk had a risk rating of 6 (ID04)</li> </ul> <p>Risks with a risk rating of 9 or 12 were monitored regularly to ensure the score did not increase and there were clear mitigations in place.</p> <p>AH made reference to risks ID07 and ID05 and advised that more detail was to be included in the mitigation. AH expressed thanks to CB who, as chair of the Quality &amp; Safety Committee, had identified some areas where the mitigations could be streamlined and AH would be discussing this further with CB.</p> <p>AH reported that following the development of a Covid-19 vaccine, risks ID04 and ID11 had been amended slightly.</p> <p>Whilst emergency governance arrangements remained in place, the principal risks would travel through the NED Assurance meetings with oversight from the Audit Committee.</p> <p>The Board of Directors reviewed and approved the BAF and approved the amended two principal risks.</p>
<p>11. WCT20/21-094</p>	<p><b>Whole system integration and response to Covid-19</b></p> <p>MB stated that this was a detailed report which highlighted the work taking place across the system. The emergency arrangements were adopted to ease the routine pressure from the Executive Team and this was necessary. The ongoing work was often increased at short notice, sometimes with little guidance, and the performance of the team was outstanding. VM as the Tactical lead Commander had demonstrated great resilience throughout despite an intense workload.</p> <p>VM expressed thanks to the members of the Tactical Command Group who had contributed to this paper, and in particular to Jo Chwalko, Deputy Chief Operating Officer, who had compiled the paper. VM stated that the senior managers worked closely together and had built up strong relationships within the organisation and the integrated actions were taken together.</p> <p>VM presented the report which provided an update regarding the integrated response to Covid-19 during March - December 2020 and drew attention to the following:</p> <ul style="list-style-type: none"> <li>• Despite responding to Covid-19, the Winter Plan had also been developed and had been submitted to the Executive Leadership Team. The planning had been crucial across the system and the Trust had led on significant pieces of work of the overall plan.</li> <li>• The development of the Community Intermediate Care Centre (CICC) based at Clatterbridge Hospital would be used to support the reduction in the length of stay for patients in hospital. These beds would be used to support adults</li> </ul>

with rehabilitation needs that could not be delivered in their own homes. Access to the wards would be available from 18 December with a view to gradually opening the wards to patients from 4 January 2021. Jenny Briggs, Programme Management Consultant, had supported HR and ensured the work remained on track. A lot of work had taken place on recruitment and some staff had been re-sited.

- In partnership with Wirral Borough Council (WBC), the Trust was recruiting a number of Healthcare Assistants who would 'bridge' the support needed for patients who were ready to be discharged from hospital and waiting for the commencement of their packages of care. WBC would provide the funding as part of their Covid response.
- CW reported that in view of the high rates of hospital admissions due to falls, a System-Wide Falls and Fracture prevention meeting had been established to avoid hospital admission.
- Since the beginning of the pandemic, hospital discharges into the community had become the responsibility of the Trust who understood the services and ensured people were in the most appropriate place of care. The chart within paragraph 26 of the report showed discharge to assess model pathways and indicated more work needed to be done from the system perspective in terms of pathway zero hospital responsibility.
- The use of virtual and digital consultations was a different way of working and the successful response to achieving consultations over the internet was to be commended.
- The virtual ward/Telehealth service was recently launched and there were now 44 patients being managed by this process, including some with heart problems. The Trust was on target to receive 300 licences for patients to be monitored safely in the community. VM expressed thanks to the integrated working relationships including the GP Federations, CCG, WUTH, NWAS and WBC.
- NHS 111 First had been launched and offered patients a different approach to the access of care and healthcare received. On the first day nine patients had pre bookable appointments made for them in the Emergency Department and 13 were diverted to a clinical advisory service. These numbers had slightly increased but ensured the Emergency Department was not over crowded.
- The Target Operating Model supported people with severe frailty and was an enhanced care model linked into the work done on frailty and keeping people at home. This was also aligned PCN's and the model of care home support.
- In terms of integrated health and social care, SA had brought together a range of interesting opportunities with services that would benefit the organisation.
- The Children's services work continued locally and the staff had been prepared to make changes and work in a different way for the benefit of the people in Wirral.

BJ stated this was a positive report with everyone in the organisation playing their part. In relation to the CICC pathways, BJ asked how robustly these pathways were defined and whether there was any risk of patients being inappropriately discharged into the community.

VM advised that the Integrated Discharge Team was two-thirds managed by the Trust and a post for a manager was being advertised to further ensure the right people were within this team. A number of conversations had taken place about the clinical model and it had been clear that this model was not to be compromised, particularly from the Covid perspective as there was still a day case cancer ward operating within the facility.

CB requested consideration being given to the inclusion of a health inequalities score sheet/checklist dashboard in order to enable reporting back on inequalities. CB advised that he had done a presentation showing the excess levels of admission in Wirral and this would also provide some evidence to review the

	<p>reasons for this was happening.</p> <p>VM reported that the virtual wards were supporting people with disabilities in the community and this was a vulnerable group who had suffered Covid.</p> <p>Thanks were formally expressed to VM and the Tactical Command Group on behalf of the Board of Directors for the work they were doing.</p> <p>The Board of Directors was assured of the Trust's commitment to integration across a number of workstreams and with key partners across the health and care system and the commitment to developing and enhancing out of hospital care.</p>
<p><b>12.</b> WCT20/21-095</p>	<p><b>Revised Emergency Governance Arrangements</b></p> <p>AH presented the paper which provided the Board with a revised draft of the emergency governance arrangements which had been developed initially in response to the NHS national level 4 incident in response to the Covid-19 pandemic.</p> <p>The arrangements had been reviewed and some minor changes had been highlighted in red text with the request for Board support to further extend these arrangements.</p> <p>AH reported that in order to support the request for an extension of the emergency governance arrangements, and at the request of the Chairman, a robust mapping information flow exercise had been completed to ensure there were no potential information gaps due to the Board committees being suspended. This review had been reported to the Executive Leadership Team and to the NED Assurance Group held on 26 November 2020, where some recommendations had been made, and supported for immediate implementation. The arrangements would be reviewed again in January 2021.</p> <p>MB stated that the arrangements had been quickly adopted due to the crisis and it was important to review and ensure there were no gaps in the system.</p> <p>MG stated that, although there was a desire for arrangements to return to normal, realistically these arrangements would probably be in place at least for the remainder of the financial year.</p> <p>The Board of Directors approved the updates to the emergency governance arrangements and approved the extension until the end of January 2021.</p>
<p><b>13.</b> WCT20/21-096</p>	<p><b>Infection Prevention and Control Board Assurance Framework (IPC BAF)</b></p> <p>CW presented the IPC BAF which provided assurance that a further comprehensive self-assessment had been undertaken to evidence compliance with the IPC quality standards incorporating all guidance in response to Covid-19.</p> <p>CW reported that the framework had been developed by NHSE/I and was structured around the existing ten criteria within the Code of Practice that members were familiar with through the IPC Annual Report and the triannual reporting done through the Quality &amp; Safety Committee.</p> <p>This document was presented to the Board of Directors in June 2020 when there were three points identified which required further information. Progress had been made to mitigate these areas and they have been updated and highlighted in red text. They relate to:</p> <ul style="list-style-type: none"> <li>• Confirmation that the Service Level Agreement with the Cheshire and Wirral Partnership NHS Foundation Trust for cleaning the Trust's premises is fully compliant with national guidance.</li> </ul>

	<ul style="list-style-type: none"> <li>• Robust contract tracing mechanisms established to support the national test and trace system.</li> <li>• The access to Vitamin D for BAME colleagues had been further assessed and robust processes were in place for this group of staff.</li> </ul> <p>CW advised that the document had been reviewed by the CQC and NHSE/I.</p> <p>The Board of Directors was assured and approved the updated IPC BAF.</p>
<p><b>14.</b> WCT20/21-097</p>	<p><b>Mortality Report - Learning from Deaths (Quarter 2)</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 scrutiny and approval.</p> <p>NC reported there had been a total of 17 deaths in quarter 2, one of which met the criteria for StEIS reporting. This death was not attributable to any of the services or care provided by the Trust.</p> <p>There was some external learning for the Trust relating to the management of deaths in care homes and the way in which the resuscitation status was being managed. This issue was being addressed at relevant forums to highlight the importance of having the correct systems and processes in place.</p> <p>There were some internal learning themes which were service specific rather than general issues within the Trust and focussed on the recognition of the deteriorating patient in those areas where the Trust and care home staff worked together.</p> <p>Training needs assessment had been identified for some therapists working in the interface with care homes and in therapies to improve and make a more robust assessment of pain and safeguard training. An action plan was being actively monitored to address these points.</p> <p>The appendix highlighted 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>The Board of Directors:</p> <ul style="list-style-type: none"> <li>• was assured that processes were in place to meet the statutory obligations surrounding Learning from Deaths</li> <li>• was assured that processes were in place to engage with families and meet the Duty of Candour obligations</li> <li>• approved the report in Appendix 1 to be published on the Trust's public website.</li> </ul>
<p><b>15.</b> WCT20/21-098</p>	<p><b>Draft Quality Account 2019-20</b></p> <p>CW presented the draft Quality Account 2019-20 for approval prior to the national publication on 15 December 2020.</p> <p>CW reported that the Quality Account was usually published in June each year following the independent audit process. However, due to the Covid-19 pandemic, publication had been extended and the requirement to be audited removed.</p> <p>The Quality Account had been reviewed on two previous occasions by the Quality &amp; Safety Committee and members were assured that comments and requests had been included and incorporated within the document. The Wirral Commissioning Quality &amp; Risk Group had also commented and their feedback had been included. Feedback from Healthwatch was due to be received.</p>

	<p>CW reported that there were nine quality goals required by the organisation for 2019-20 and eight had been fully achieved and included a 60% reduction in avoidable pressure ulcer development at the highest category. A 20% increase had been achieved in incident reporting with the greatest improvement in reporting identified across low and no harm incidents. All engagement events were fully achieved.</p> <p>CW reported there was one amber RAG rated quality goal in relation to social care assessment and was partially achieved during 2019-20. The team achieved 79.2%, narrowly missing the Trust's internal standard of 80%.</p> <p>The NHS Staff Survey had an overall final response rate of 52% which was an improvement on the previous response. The survey had been split into 11 themes and the Trust had improved performance in eight themes and maintained performance in three.</p> <p>As a result of the pandemic, the quality goals for 2020-21 were temporarily paused during quarters 1 and 2. The development of quality goals for quarters 3 and 4 had progressed and following discussion at the Quality &amp; Safety Committee, three priorities had been identified:</p> <ul style="list-style-type: none"> <li>• Population health management to reduce inequalities</li> <li>• Maximise the health and wellbeing of staff</li> <li>• Improve discharge pathways</li> </ul> <p>CW advised that the standard text and layout within the report would be familiar to Board members and the addition of audit processes completed throughout the year were included within the report.</p> <p>CW expressed thanks to the many people who had been involved in the production of the document.</p> <p>BJ referred to the table on page 84 of the report 'Patient Safety Incidents Severe Harm or Death as an actual Degree of Harm'. Assurance had been provided that none of these incidents were due to the actions of the Trust and therefore a comment should be included to that effect. CW agreed that a comment on mortality rates in the context of Covid-19 be included as discussed at the Quality &amp; Safety Committee.</p> <p>CB referred to the Priority Areas for Improvement listed under the Community Nursing Leg Ulcer goal, with no indication of progress being made. It was agreed that some information be included on the progress being made since the end of 2019/20.</p> <p>SA supported this and emphasised the integrated approach and continued development in relation to the quality goals. There were positive relationships and good processes within the wider care market which was positive moving forwards.</p> <p>Following the above amendments being made, the Board of Directors approved the final draft of the Quality Account 2019-20.</p>
<p><b>16.</b> WCT20/21-099</p>	<p><b>Staff Council - 8 September 2020</b> The decision and action log from the meeting of the Staff Council held on 8 September 2020 was received and noted.</p>
<p><b>17.</b> WCT20/21-100</p>	<p><b>Any Other Business</b> There was no Any Other Business to be reported.</p>
<p><b>18.</b> WCT20/21-101</p>	<p><b>Invitation for Public Comments</b> There were some governors present but no questions or comments had been received.</p>

<p><b>19.</b> WCT20/21-102</p>	<p><b>Items for Risk Register</b> There were no risks identified for the risk register.</p>
<p><b>20.</b> WCT20/21-103</p>	<p><b>Staff Story</b> As with the Journey of Care story, JS referenced Staff Story accounts that had been shared through the ‘Shout Outs’ in the daily updates:</p> <ul style="list-style-type: none"> <li>• Rapid Response Therapy gave a shout out to all the Allied Health Professionals who had worked tirelessly and been pushed out of their comfort zones during COVID.</li> <li>• Laura Burns, Community Matron, South Wirral received a shout out “for her resilience, adaptability and compassion covering the South Wirral ICCT team clinically and administratively during this challenging time- thank you Laura.</li> <li>• 0-19 Cheshire East, South Locality Team “for the excellent support and mentoring they are providing to our student nurses who joined the team at a very challenging time during Covid-19 restrictions and a service redesign. Shout out also to students Dean and Louis for embracing the learning opportunities and new ways of working.”</li> <li>• Helen Harris and Jean-Paul Middleton, Specialists in Safeguarding Adults Team for all their support with delivering the L3 Safeguarding Training. “Since the end of July 2020, they have delivered over 40 sessions and trained over 500 staff whilst delivering this through a new platform of MS Teams to ensure WCHC staff were compliant. Thank you both so much as this is a massive commitment in a very busy team.”</li> <li>• “At the start of the pandemic Viv Harrison chose to come out of retirement and support the community response to Covid and supported care homes and later led the Covid satellite testing centre. She is now supporting the staff flu programme and the paediatric continence team. Thank you so much for your support Viv!”</li> <li>• Mamerta Thomas had a big shout out to colleagues Lucy O’Callaghan, Pauline Marsden and Liz Hoey - Advance Nurse Practitioners from the Walk-in Centres and Urgent Treatment Centre “for their help and support to our family during our COVID-19 isolation, for delivering groceries and medications to our doorsteps and lending much needed emotional and psychological support. Big thank you ladies!”</li> <li>• To Aimee Gryba and Katherine McCready. “Thank you for all the hard work and support you have given us since joining the ADHD team. As dedicated admin staff you have embraced the high volume of extra work and nothing has been too much trouble for either of you. We now feel very supported, less stressed and confident that as a team we will continue to grow.”</li> <li>• Alison Nugent would like to give a shout out to Joe and Rob from Estates who solved a social distancing issue for her. “They acted quickly and efficiently to my request which makes me now feel safer to come into the workplace.”</li> </ul> <p>JS stated these examples demonstrated the range of support staff had given each other during Covid-19 and the level of appreciation demonstrated to each other and to the Trust’s values.</p> <p>BJ stated how humbling it was to read the daily ‘Shout Outs’ and referred to one in particular where support had been given to student nurses who had stepped up into a difficult situation and the time and support staff had given them in the midst of everything else showed how compassionate they were.</p>
<p><b>21.</b> WCT20/21-104</p>	<p><b>Summary of actions and decisions</b> AH provided a brief summary of actions and decisions taken during the Board of Directors meeting.</p> <p>MB wished all members a Happy Christmas and New Year.</p>

**Date and Time of Next Meeting:**

The next formal Trust Board meeting will take place on **Wednesday 3 February 2021**.

Further details on the venue and joining instructions will follow.

**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, June and August 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.

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

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
<b>Healthy Wirral - Whole System Integration Update</b>	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	<b>Pending.</b>

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 February 2021 <b>April 2021</b>	EDS2 process for 2020-21 is in development with stakeholder event anticipated for February 2021.  <b>UPDATE - 29.01.21:</b> JS advised that further to the latest surge and system response, commissioners have been asked for an update on expectations in relation to EDS2. A verbal update will be



Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
					provided to Board.
Invitation for Public Comments	WCT19/20-093	Human rights to be more prominent in the report on the Inclusion Strategy.	J.Shepherd	February 2021	<b>Complete.</b> 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	<b>Pending</b> <i>FFT remains suspended nationally.</i>

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 April 2021	<b>Pending</b>
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	See update provided in minute WCT20-21/088

Actions from meeting held on **2 December 2020**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
<b>Whole system integration and response to Covid-19</b>	WCT20-21/094	Consider including a health inequalities score sheet/checklist dashboard to enable reporting back on inequalities.	V.McGee	February 2021	<p><b>In progress</b></p> <p><b>UPDATE - 28.01.21</b></p> <p>This aligns to the requirements of the phase 3 implementation guidance and the urgent actions to address inequalities in NHS provision and outcomes</p>
<b>Draft Quality Account 2019-20</b>	WCT20-21/098	Include comment on mortality rates in the context of COVID-19 as discussed at Quality & Safety Committee.	C. Wedge	December 2020	<p><b>Complete.</b></p> <p><b>UPDATE - 28.02.21</b></p> <p>The Quality Account 2019-20 has been published on the Trust's website and NHS Choices. See links below.</p> <p><a href="https://www.wchc.nhs.uk/about/publications/annual-quality-account-2019-20/">https://www.wchc.nhs.uk/about/publications/annual-quality-account-2019-20/</a></p> <p><a href="https://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=29673">https://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=29673</a></p>
		The Priority Areas for Improvement associated with the Community Nursing Leg Ulcer goal to include some information on the progress made since the end of 2019-20.			