



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

**SEVENTY-NINTH BOARD OF DIRECTORS MEETING
(via Zoom)**

WEDNESDAY 14 APRIL 2021

2:00 PM

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

Wednesday 14 April 2021 at 2.00pm

AGENDA

No	Time	Item	Action	Reference
1.		Journey of Care & Staff Story - Community Intermediate Care Centre Chief Nurse	To assure	WCT21/22-001 (d)
PRELIMINARY BUSINESS: (5 minutes)				
2.		Apologies for Absence		WCT21/22-002 (v)
3.		Declaration of Interests <i>(Any action to be taken as a result)</i>	To assure	WCT21/22-003 (v)
4.		Minutes of the previous meeting • 3 February 2021	To approve	WCT21/22-004 (d)
5.		Matters Arising: • 3 February 2021	To assure	WCT21/22-005 (d)
STATUTORY BUSINESS: (20 minutes)				
6.		Chair's Report	To assure	WCT21/22-006 (d)
7.		Lead Governor's Report	To assure	WCT21/22-007 (d)
8.		Chief Executive's Report	To assure	WCT21/22-008 (d)
9.		Reports from the sub-committees of the Board - February /March 2021 • Quality & Safety Committee • Audit Committee Non-Executive Chairs of the Committees • Informal Board Director of Corporate Affairs • Staff Council Chief Operating Officer	To assure	WCT21/22-009 (d/v)
PERFORMANCE & RISK: (10 minutes)				
10.		Board Assurance Framework (BAF) - Year end 2020-21 Director of Corporate Affairs	To approve	WCT21/22-010 (d)
STRATEGY & PLANNING: (10 minutes)				
11.		Communications, Marketing & Engagement Strategy Quarter 3 update Director of Corporate Affairs	To assure	WCT21/22-011 (d)
CORPORATE GOVERNANCE: (15 minutes)				
12.		Approval of 2020-21 Annual Accounts Delegated Authority Director of Corporate Affairs	To approve	WCT21/22-012 (d)
13.		Annual Declarations of Interest 2020-21 Director of Corporate Affairs	To assure	WCT21/22-013 (d)

QUALITY GOVERNANCE: (10 minutes)

14.		Mortality Report - Learning from Deaths Framework (Quarter 3) Medical Director	To assure	WCT21/22-014 (d)
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GROUP MINUTES:

15.		Staff Council: <ul style="list-style-type: none">12 January 2021	To assure	WCT21/22-015 (d)
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ITEMS FOR INFORMATION: (5 minutes)

16.		Any Other Business		WCT21/22-016 (v)
17.		Invitation for Public Comments: Due to government guidelines on social distancing, this meeting will be held virtually. Any questions on the items on the agenda should be raised with the Director of Corporate Affairs in advance and addressed here.		WCT21/22-017 (v)
18.		Items for Risk Register		WCT21/22-018 (v)
19.		Summary of actions and decisions		WCT21/22-019 (v)

Date and Time of Next Meeting:

The next Public Board of Directors meeting will take place on **Wednesday 9 June 2021**. Further details on the venue and joining instructions will follow.

Journey of Care & Staff Story - Community Intermediate Care Centre			
Meeting	Board of Directors		
Date	14/04/2021	Agenda item	1
Lead Director	Paula Simpson, Chief Nurse		
Author(s)	Fiona Fleming, Head of Communications and Marketing		
Action required (please tick the appropriate box)			
To Approve <input type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
The Journey of Care Story and the Staff Story share experiences from across the Trust to provide assurance to the Board of Directors that the feedback received is used to continuously improve the quality of care that we deliver and the experience of our staff.			
Executive Summary			
The Journey of Care and Staff Story have been brought together this month as they both feature experiences and share feedback from the Community Intermediate Care Centre (CICC), opened by the Trust in January 2021.			
The CICC is a bedded unit on the Clatterbridge site providing reablement support with a multi-disciplinary team consisting of nurses, therapists and social care all with the common goal of supporting patients to get home safely following a stay in hospital.			
Today's stories feature a gentleman who is currently a patient on the CICC and a member of staff who has returned to the Trust from retirement to support the response to COVID-19 and has worked on the CICC supporting staff and students.			
Listening to the voices of our service users and patients is central to our culture of learning and improvement. This is particularly important for a new facility like the CICC and when we hear any concerns and complaints.			
As part of our clinical governance framework, the Quality and Governance Committee receive a regular report outlining themes of learning from our patient and service user experiences with Trust Board receiving an annual report.			
Risks and opportunities: No risks identified at present			
Quality/inclusion considerations: Quality Impact Assessment completed and attached <input checked="" type="checkbox"/> Equality Impact Assessment completed and attached <input checked="" type="checkbox"/> Quality and equality impacts have been evaluated to support inclusivity in gathering journey of care and staff stories.			
Financial/resource implications: No financial or resource implications identified			
Trust Strategic Objectives <i>Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.</i>			

Our Populations - outstanding, safe care every time	Our Populations – provide more person-centred care	Our Populations - improving services through integration and better coordination
Board of Directors is asked to consider the following action		
To receive the stories as useful feedback on this new initiative for the Trust.		
Report history		
Submitted to	Date	Brief summary of outcome
No previous reporting history.	8T	8T

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

MINUTES OF MEETING

WEDNESDAY 3 FEBRUARY 2021 at 2.00 PM

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	Chief Nurse	(PS)
Mr Bill Wyllie	Lead Governor	(BW)

In Attendance:

Mrs Heather Stapleton	Board Support Officer	(HS)
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Reference	Minute
1. WCT20/21-105	Apologies for Absence There were no apologies for absence.
2. WCT20/21-106	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.
3. WCT20/21-107	Minutes of the previous meeting - 2 December 2020 The Board of Directors agreed that the minutes of the meeting held on 2 December 2020 represented a true and accurate record.
4. WCT20/21-108	Matters Arising 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>5. WCT20/21-109</p>	<p>Chair's Report</p> <p>MB presented the report to the Board of Directors and highlighted the following:</p> <ul style="list-style-type: none"> • The workload and stress that the Executive Team and all members of Trust staff were working under at the present time was acknowledged and thanks were expressed for all that was being achieved in a short space of time. • The understanding of the Non-Executive Directors and Governors was appreciated and whilst assurance was provided, meetings were minimised in this complex and fast moving situation. • NHS Providers had issued public statements stating that when it was time to start to restore services, it would not be done at the same pace as previously due to staff fatigue.
<p>6. WCT20/21-110</p>	<p>Lead Governor's Report</p> <p>BW presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • An induction meeting had taken place to welcome new governors to the Trust and thanks were expressed to the Chair, Non-Executive and Executive Directors who had been able to attend. • There were a number of new governors who were willing to be actively involved with the Trust and one of the young new governors was forming a link with the younger element of Your Voice and would be a direct channel of communication between young people and the Council of Governors.
<p>7. WCT20/21-111</p>	<p>Chief Executive's Report</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"> • The impact of COVID-19 continued to be challenging and the Trust had continued to respond tirelessly to the pandemic, supporting local partners and communities across Wirral and Cheshire East. The Board of Directors was proud of the commitment, hard work and courage of the workforce who have had to work in different ways. Their continued contribution was recognised and thanks were extended to every member of staff. • The staff flu vaccination programme had gone well and the target of 90% of front line staff to receive the vaccine had been reached at the end of last year. Thanks were expressed in particular to the flu vaccination team who had worked hard to achieve this high target. • Following the approval of the Pfizer and Oxford/Astra Zeneca COVID-19, vaccine, 1400 members of Trust staff had been vaccinated. This had been achieved through close working with local partners, mainly WUTH and the Countess of Chester Hospital and was a great achievement. • An announcement had been made towards the end of last year that the efforts and contributions made by staff throughout the pandemic were to be recognised. A unique commemorative medal had been commissioned for each member of staff and these would be distributed and presented to every staff member. • This unique token was being funded from the NHS Charities Fund made possible by the fundraising efforts of Captain Sir Tom Moore, who sadly recently passed away. Tribute was paid to this true hero who in the first lockdown was a source of inspiration both for the country and worldwide and had taught the importance of bringing communities together. • Working collaboratively with the system and local partners continued and the Trust had been productive and positive in actively supporting discharges. Services had been under pressure, particularly through winter and the lockdown. The Trust had had to be innovative and able to adapt operationally by standing down services in order to open new wards and channel resources into key frontline services. In order to achieve this, many staff had been temporarily reassigned to new roles with new responsibilities and thanks were extended to those staff who had responded. • Two new wards had been opened, Bluebell and Iris Wards, in the Trust's

	<p>Community Intermediate Centre on the Clatterbridge Hospital site, to facilitate rehabilitation beds and enable patients to return home as quickly as possible. Thanks were recorded to all those involved in the opening of these wards which had been organised within a couple of weeks.</p> <ul style="list-style-type: none"> • During the third wave of the pandemic, a lot of the usual reporting format had been stood down. The workforce performance remained strong and overall the Trust had low sickness levels, both COVID and non-COVID. Mandatory training compliance had remained above the target. • The emergency governance procedures remained in place following receipt of a letter from NHSE/I in January 2021. The weekly NED Assurance meeting was held which provided assurance whilst some of the usual board committees were not meeting. Quality & Safety Committee continued to meet and updates in relation to workforce and finance were received through NED Assurance. The emergency command structure was still in place with the Tactical Command Group meeting daily, supported by Clinical, Workforce and Operational Cells and reporting to the Strategic Command Group who meet twice weekly. • The Chief Executive and Chief Operations Officer from the Local Authority meet daily with MG and VM. The Tactical Command Group also meet daily to monitor discharges and ensure the patients flow through the system. • The internal communications received positive feedback from staff and included the daily update, the CE weekly blog, Wednesday vlog and Friday's round up to summarise all that was taking place and key messages. In January the monthly Executive Brief was held via Microsoft Teams and the invitation was extended to the whole Trust to attend. 60 members of staff had joined the meeting and there had been a Q&A session on recent developments and changes and positive feedback had been received on this. • The new children and young people's website had been launched which had been developed by the 0-19 Health and Wellbeing Services in Cheshire East and Wirral. A new young people text messaging service called ChatHealth, had also been launched. • The Trust had been successful in receiving the Cheshire & Merseyside Social Value Awards for the next five years, recognising the Trust's commitment to the importance of investing in the local community. <p>MB added that working with partners in the discharge process had been outstanding in terms of performance and achievement.</p>
<p>8. WCT20/21-112</p>	<p>Reports from the Sub Committees of the Board - December 2020/January 2021</p> <p>Audit Committee</p> <p>BS provided a verbal report following the meeting held in December 2020:</p> <ul style="list-style-type: none"> • The Audit Committee had continued to meet during the COVID pandemic to ensure appropriate governance was maintained across the Trust. • Mersey Internal Audit Agency (MiAA) had undertaken a review of the Community Nursing Service and this had received Substantial Assurance. The issues raised were being followed up and a number of the recommendations had already been installed. • MiAA reported they were able to continue to achieve their workplan despite the pandemic and the committee was assured of the good progress and valuable service being provided. • An update was provided on the fraud prevention and awareness initiatives that were being promoted across the Trust as well as recommended improvements in some processes to minimise the risk of fraud. • MiAA had conducted an internal audit review of data protection checklists, using a recommended governance checklist and the committee was assured by this review. • MiAA had been reviewed by the Chartered Institute for Public Accountancy and Finance (CIPFA) against the Public Sector Internal Audit Standards

	<p>(PSIAS). This was an external quality assessment process undertaken every 5 years which had confirmed that MiAA conformed to the necessary requirements.</p> <ul style="list-style-type: none"> • The BAF was presented and the committee agreed this reflected the current operational challenges as a result of COVID-19 and national NHS directions. The progress on managing individual risks was noted. • The Security Summary report was received and a significant reduction in reported incidents was noted which reflected the impact of COVID-19. • One tender waiver for a specialist requirement was received and had been approved in accordance with the Trust's Standing Financial Instructions. • The Audit Committee supported a recommendation to the Council of Governors for the extension of the external auditor's contract, Ernst & Young, by one year. This was supported at the meeting of the Council of Governors held on 25 January 2021. <p>BS stated that the Trust continued to manage its affairs diligently and followed sound financial and management practices. There had been changes made to quicken decision making and free up management time but the Trust continued to operate successfully whilst managing public funds.</p> <p>The Trust was also providing extra patient care and was led by an excellent team.</p> <p>Staff Council</p> <p>JS reported that throughout the pandemic, engagement had been maintained with the Staff Council. Despite the pressures, there was a good representation across the workforce of both frontline and corporate staff at the meeting which took place in January.</p> <p>JS provided a verbal report and highlighted the following:</p> <ul style="list-style-type: none"> • The current situation was discussed and priorities the Trust would be taking forward. • Information was provided on the new Bluebell & Iris Wards in the Community Intermediate Care Centre and the progress that was being made. • An update was provided on the COVID vaccination programme. • The continued positive position in relation to PPE was reported. • The Shaping our Future project was discussed and Staff Council agreed that under the current circumstances, it had been the right decision to delay the wider and more engaging approach with the workforce. • The positive sickness levels had been maintained throughout the pandemic and discussion had taken place as to whether this was due to the increased level of staff working from home, as well as the issue of PPE for the workforce enabling staff to protect themselves in a challenging period. • A valuable discussion had taken place on the reassignment of staff and feedback was received around the impact of reassignment, both positive and negative. This feedback had been useful when staffing Bluebell and Iris Wards and consideration had been given to the support mechanisms in place for staff currently on reassignment and the challenging environment they were working in. • The members of Staff Council remained positive and the importance of having wellbeing check-ins with team members was highlighted and all teams should be encouraged to do this in regular meetings.
<p>9. WCT20/21-113</p>	<p>Board Assurance Framework (BAF)</p> <p>AH presented the BAF which provided the Board of Directors with assurance on the ongoing use of the BAF for 2020-21 and to consider and approve the proposed changes to the risk ratings for three principal risks.</p> <p>AH reported that due to the increased operational pressures and in the context of the Trust's response to the 3rd wave of COVID-19, the full BAF had not been submitted and instead the report provided updates by exception on four principal risks.</p>

	<p>Work continued on BAF and as reviewed in previous meetings, had moved to the new framework which was more outcome focussed. It was anticipated this would be finalised by the next Board meeting in April. BAF was aligned to the priorities as set out in the Phase 3 response to COVID guidance and progress had continued to be tracked to mitigate each of the potential strategic risks. There remained two high level risks both with a risk rating of 16 and these were:</p> <ul style="list-style-type: none"> • Risk ID02 - inability to measure equity of access, experience and outcomes for all groups in our community • Risk ID06 - Failure to restore NHS services inclusively to protect the most vulnerable. <p>These risks continued to be monitored through the Tactical Command Group and reported to the Executive Leadership Team. They were also shared at the weekly NED Assurance meetings.</p> <p>AH made reference to the update in the Matters Arising as discussed by the Audit Committee and the weekly NED Assurance meeting, in relation to the progress to address the requirements to publish health inequalities data through the Tactical Command Group. As these were high level risks, assurance was provided that these were being monitored at many levels throughout the organisation.</p> <p>AH highlighted the four risks detailed in the report and advised that there had been slight revisions made following a review of the strategic risks and these were highlighted in red text:</p> <ul style="list-style-type: none"> • ID04 - Low uptake of staff flu and COVID-19 vaccination programmes - it had been agreed to review the description of this risk in light of the Phase 3 implementation guidance. • ID05 - Failure to restore community services in line with the NHS 3rd Phase response including crisis responsiveness and discharge to assess processes - there was no change to the risk rating but acknowledged the impact of the 3rd wave on the restoration of services. There was reference in the description to discharge to assess processes and MG had advised that there were robust discharge processes in place and it was working well within the system. • ID07 - Failure to deliver to the expansion of NHS111 First by agreed local timeframes - it was important to note that an achievement of the target risk rating was proposed as the service expansion was rolled out by the agreed local timeframe. • ID08 - Inability to safely meet the requirements of the NHS 3rd Phase response due to lack of availability of staff and reduced staff motivation (due to ongoing COVID-19 pressures) - It was proposed to increase the likelihood to 3 to reflect the demands on services and the potential impact of the increase in sickness absence. <p>VM stated that the work being undertaken on discharges was important and ensured the flow of patients within the hospital. Strengthening more processes was being looked at going forward in preparation for next winter and the local system was working well together.</p> <p>The Board of Directors noted the ongoing use of the BAF and noted the position reported for ID05. The Board of Directors reviewed and approved the proposed amendments to principal risks ID04, ID07 and ID08.</p>
<p>10. WCT20/21-114</p>	<p>Emergency Governance Arrangements</p> <p>AH presented the latest draft of the emergency governance arrangements, requesting support for a further extension of these arrangements to the end of March 2021.</p> <p>As a result of the third peak of COVID-19, further guidance and advice had been</p>

	<p>received in a letter from Amanda Pritchard, Chief Operating Officer, NHSE and a copy of this letter was attached with the Board papers.</p> <p>AH advised that the governance arrangements had been reviewed in December 2020 and some of the detail had been strengthened and updated. These were aligned with the NHSE position to reduce the burden and release capacity to manage the COVID-19 pandemic. They would be further reviewed in Quarter 1 2021-22.</p> <p>MB stated that an external audit had taken place to ensure all the appropriate and relevant information was flowing through ensuring the Board members were kept informed.</p> <p>The Board of Directors approved the extension to the emergency governance arrangements until the end of March 2021.</p>
<p>11. WCT20/21-115</p>	<p>Infection Prevention & Control Board Assurance Framework (BAF)</p> <p>PS 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>PS reported that the initial IPC BAF had been received by the Board of Directors in June 2020 and three minor areas had been identified as requiring further work. These were addressed and the IPC BAF was brought back to Board in December 2020 to provide further assurance that all the areas had been addressed and provided assurance of full compliance with all the quality standards.</p> <p>In January 2021, the Trust embarked on the delivery of care at the Community Intermediate Care Centre (CICC) on the Clatterbridge Hospital site and this significantly changed the requirements as to the application of IPC standards as the CICC had in-patient status across two wards.</p> <p>The IPC BAF was reviewed and the additions were highlighted in red text. PS paid tribute to the IPC team and CW, who had led on this work. It was important that staff were well supported and the evidence provided a level of assurance that full consideration had been given to this area of work.</p> <p>The Trust's assessment against the NHS Ten Point Plan, as previously discussed with Non-Executive Directors, was attached as an appendix. PS highlighted that the links had been made between the Trust's low sickness absence levels and the staff commitment to observe the guidelines.</p> <p>MB congratulated PS on the achievement of this demanding work.</p> <p>CB was assured by the additions made and raised the issue of pharmacy cover on the wards in relation to antibiotic prescribing considering the difference between hospital prescribing and the Trust.</p> <p>NC advised that the Trust had been working closely with WUTH to provide pharmacy cover and the same formula, choice of antibiotics and clinical decision making was used in relation to the most appropriate antibiotics. The skills of a local GP practice had been used and all were in line with those prescribed in a typical primary care setting.</p> <p>CB raised the issue of the new policies required for the CICC and asked whether Equality Impact Assessments had been undertaken.</p> <p>PS stated that the new provision had created significant work to ensure staff had</p>

	<p>the right policies and protocols to support the practice of caring for patients in bedded care. The Clinical Command Group had overseen the development of all the CICC policies and procedures and robust consultation processes had taken place to ensure they were all fit for purpose. They would be monitored and reviewed at the CICC SAFE meeting and assurance would be received through SAFE that everything was in place and remained in date.</p> <p>All policies were subject to Equality Impact Assessment and would have been processed prior to approval. Committee oversight was not required but the list of policies and procedures would flow through NED Assurance.</p> <p>The Board of Directors was assured by the updated IPC BAF.</p>
<p>12. WCT20/21-116</p>	<p>CQC Statement of Purpose</p> <p>PS presented the updated CQC Statement of Purpose which ensured there was continued regulated compliance throughout the pandemic and this had been the main focus of the Strategic, Tactical and Clinical cells. The registration arrangements with the CQC needed to be accurate and fit for purpose.</p> <p>PS reported that the Statement of Purpose had been approved virtually by the Board of Directors in December to include changes to support the provision of the GP Out of Hours Service from St. Catherine's Health Centre during weekends and bank holidays. Since that submission, further changes had been made to the Statement of Purpose in response to the COVID-19 pandemic.</p> <p>In January the Wirral system requested the Trust to consider adding a COVID designated facility located at Elliot House and the CQC were approached for an emergency variation to the regulations which were approved. Following this and due to different pressures, the Trust was asked to focus on the Community Integrated Care Centre on the Clatterbridge Hospital site and the CQC were advised that the variation for Elliot House would not be taking place.</p> <p>PS advised that the change to be approved in the Statement of Purpose related to the increased bed capacity in the CICC from 30 to 73. PS also advised that prior to this, the Statement of Purpose had stated that care would only be provided on one ward.</p> <p>The Board of Directors approved the updated CQC Statement of Purpose.</p>
<p>13. WCT20/21-117</p>	<p>Staff Council - 10 November 2020</p> <p>The decision and action log from the meeting of the Staff Council held on 10 November 2020 was received and noted.</p>
<p>14. WCT20/21-118</p>	<p>Any Other Business</p> <p>There was no Any Other Business to be reported.</p>
<p>15. WCT20/21-119</p>	<p>Invitation for Public Comments</p> <p>There were some governors present and one question was in the chat box and asked about the 'lack of beds in care homes for discharges.'</p> <p>MG responded by stating that there was not necessarily a lack of beds but the complexity of matching patient needs with bed availability as well as nursing homes closing when there was a COVID outbreak.</p>
<p>16. WCT20/21-120</p>	<p>Items for Risk Register</p> <p>There were no risks identified for the risk register.</p>
<p>17. WCT20/21-121</p>	<p>Summary of actions and decisions</p> <p>AH provided a brief summary of actions and decisions taken during the Board of Director meeting.</p>

Date and Time of Next Meeting:

The next formal Trust Board meeting will take place on **Wednesday 14 April 2021**.

Further details on the venue and joining instructions will follow.

Board - Chair Approval

Name:		Date:	
Signature:			

The Board of Directors Meeting closed at 3.00 pm.

Board of Directors - Matters Arising 2019-21

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
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 April 2021	EDS2. A verbal update will be provided to Board. UPDATE - March 2021 The EDS2 evaluation was carried out by CCG on our behalf to support Covid response and they suggested focus on workforce. The overall grade for Goal 4: Inclusive Leadership was “achieving”. Once quality

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
					assured, the report will be submitted to EWC
Invitation for Public Comments	WCT19/20-093	Human rights to be more prominent in the report on the Inclusion Strategy.	J.Shepherd	February 2021	Complete. 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 <i>FFT remains suspended nationally.</i> UPDATE - 24 02 21: JS advised that FFT is no longer suspended nationally, an update will be provided once the IPR report is reinstated.

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	Pending
Matters Arising -	WCT20/21-063	Data on the disclosure of self-declarations in relation to protected	J.Shepherd	October 2020	Complete

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Inclusion Strategy Assurance Report		characteristics to be shared through the NED assurance process.			

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

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Whole system integration and response to Covid-19	WCT20-21/094	Consider including a health inequality score sheet/checklist dashboard to enable reporting back on inequalities.	V.McGee	February 2021	It is proposed that this action is closed acknowledging the extensive work on-going led by the Chief Nurse as Health Inequalities Lead for the Trust and in the restoration and future operational delivery of Trust services.