

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

**MINUTES OF MEETING**

**WEDNESDAY 4 AUGUST 2021 at 2.00 PM**

**MICROSOFT TEAMS**

**Members:**

Ms Sarah Alldis	Associate Director for Adult Social Care	(SA)
Prof Chris Bentley	Non-Executive Director	(CB)
Mr Mark Greatrex	Chief Finance Officer/Deputy Chief Executive	(MG)
Ms Karen Howell	Chief Executive	(KH)
Mrs Beverley Jordan	Non-Executive Director <b>(Deputy Chair)</b>	(BJ)
Ms Val McGee	Chief Operating Officer	(VM)
Mr Gerald Meehan	Non-Executive Director	(GM)
Mr Brian Simmons	Non-Executive Director	(BS)
Mrs Paula Simpson	Chief Nurse	(PS)
Mr Bill Wyllie	Lead Governor	(BW)

**In Attendance:**

Ms Barbara Bridle-Jones	Deputy Director of HR	(BBJ)
Mrs Fiona Fleming	Head of Communications & Marketing <i>(present for agenda item 13 only)</i>	(FF)
Mrs Cathy Gallagher	Senior Assistant (minutes)	(CG)
Ms Karen Lees	Head of Corporate Governance	(KL)
Mr David Murphy	Chief Information Officer	(DM)
Mrs Heather Stapleton	Board Support Officer	(HS)

Reference	Minute
1. WCT21/22-045	<p><b>Journey of Care - Discharge to Assess (D2A)</b></p> <p>PS presented a journey of care patient story which focused on the care and support received from the Discharge to Assess team (D2A).</p> <p>The story was told by Sarah Love, Communications &amp; Marketing manager at the request of the patient.</p> <p>The patient had a fall at home which resulted in a fractured pelvis. She was taken to Arrowe Park Hospital by ambulance and spent two weeks as an inpatient before being transferred to the Trust's Discharge to Assess Service at Leighton Court.</p> <p>The patient received physiotherapy to assess her mobility and would receive further support at home from an occupational therapist.</p> <p>Once the therapy team felt the patient had reached a standard of mobility to be discharged, a social worker completed a Care Act Assessment to establish her needs at home. A Carers Assessment would also be offered to the</p>

	<p>patient and if appropriate signposting to support services.</p> <p>The patient praised the staff for being treated with dignity. The care and support had given her the confidence to walk again.</p> <p>VMc praised the journey of care pathway and advised that the current care home contracts would transfer to the Iris and Bluebell wards and that the transition was taking place across community care contracts.</p> <p>MG suggested using electronic devices such as watch that would link in with GPs to support patients at home.</p> <p>SA advised that the Trust was in close contact with local authority to discuss the use of electronic devices.</p> <p>PS advised that CW was leading on a piece of work with Wirral Falls Prevention Forum for Cheshire and Merseyside on how to identify people at risk from falls.</p> <p>The Board of Directors welcomed the story and noted the care and support provided by the Discharge to Assess Team.</p>
<p><b>2.</b> WCT21/22-046</p>	<p><b>Apologies for Absence</b></p> <p>Apologies for absence were received from:  Mr Anthony Bennett, Chief Strategy Officer  Prof Michael Brown, Chairman  Mrs Jo Chwalko, Deputy Chief Operating Officer  Dr Nick Cross, Medical Director  Mrs Alison Hughes, Director of Corporate Affairs  Mrs Jo Shepherd, Director of HR &amp; Organisational Development</p>
<p><b>3.</b> WCT21/22-047</p>	<p><b>Declaration of Interests</b></p> <p>The members of the Board confirmed standing declarations of interest but it was noted that there was nothing on the agenda for the meeting that required further action in respect of standing or new interests.</p> <p>The meeting was recorded between agenda item 9 and 13 for training purposes only.</p>
<p><b>4.</b> WCT21/22-048</p>	<p><b>Minutes of the previous meeting - 9 June 2021</b></p> <p>The Board of Directors approved the minutes of the meeting held on 9 June 2021, as a true and accurate record.</p>
<p><b>5.</b> WCT21/22-049</p>	<p><b>Matters Arising - 9 June 2021</b></p> <p>In the absence of AH, KL 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><b>6.</b> WCT21/22-050</p>	<p><b>Chair's Report</b></p> <p>In the absence of MB, BJ presented the report to the Board of Directors and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Trust services were transitioning from emergency governance arrangements to enhanced extant arrangements. Governance arrangements had been revisited to streamline processes in the context of the organisational redesign process.</li> <li>• The learning from the internal well-led review undertaken pre COVID-19 would be revisited at the next Informal Board session. The Board would be commissioning an external well led review to further strengthen learning for the Trust in the different environment that all trusts were working in.</li> <li>• Collaborative work at the Wirral level was taking place to bring all partners together to establish a local Integrated Collaborative Partnership (ICP).</li> </ul>

<p><b>7.</b> WCT21/22-051</p>	<p><b>Lead Governor’s Report</b></p> <p>BW presented the report and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Council of Governors met formally on 14 June 2021 and was provided with important updates on national, regional and local developments.</li> <li>• A Council of Governors development session on 26 July 2021 included discussions on the Quality Strategy, an update on the reset of the Trust’s governance arrangements and the new CQC Strategy and the engagement plan to develop the Trust’s new 5-year strategy.</li> <li>• The Your Voice Group met virtually on 22 July 2021, and discussed the restart of Trust services, the Quality Strategy and the future focus of the Group as part of the Quality Strategy engaged populations work.</li> </ul>
<p><b>8.</b> WCT21/22-052</p>	<p><b>Chief Executive’s Report</b></p> <p>KH presented the Chief Executive’s report to the Board of Directors and highlighted the following:</p> <ul style="list-style-type: none"> <li>• KH welcomed the appointment of Dr Amanda Doyle as the new NHS England and NHS Improvement Regional Director for the North West. Amanda replaced Bill McCarthy who retired as Regional Director at the end of July 2021.</li> <li>• David Flory, Chair of Lancashire and South Cumbria ICS would be the Acting Chair for the ICS whilst a permanent appointment was secured as part of the national recruitment process.</li> <li>• Sheena Cumiskey from Cheshire &amp; Wirral Partnership Trust would act as the Chief Officer for 3 months to ensure continuity while the national process for appointing Chief Officers took place.</li> <li>• The Trust had secured a two year contract for the Community Intermediate Care Centre on the Clatterbridge Hospital site and a further two wards would be opened in addition to the Bluebell Ward.</li> <li>• The uptake on the first COVID-19 vaccine was 91% across the workforce with 96% of those staff having received the second vaccine.</li> <li>• The Trust recently received a Practice Assessment Record and Evaluation (PARE – practice placement quality monitoring tool) quality quarterly report which gave the Trust an overall score of 98.59%.</li> <li>• The Trust had successfully retained the prestigious Sustainability Award (ISO 14001:2015) for the fourth year running. KH thanked everyone involved in securing the award for the Trust.</li> <li>• Two Trust projects were shortlisted at this year’s HSJ Patient Safety Awards recognising their outstanding contribution to healthcare following one of the toughest years in health and social care.</li> </ul> <p>BS asked how the ICS Delivery Group were engaging with Wirral local authority. KH advised Wirral was working closely with the local authority and that there would be regular reporting including a series of workshops, that would be managed and facilitated through the group.</p>
<p><b>9.</b> WCT21/22-053</p>	<p><b>Reports from the Sub Committees of the Board - June/July 2021</b></p> <p><b>Finance &amp; Performance Committee</b></p> <p>BJ provided the following summary and reported that the Committee had met on 23 June:</p> <ul style="list-style-type: none"> <li>• The Committee received the finance update for month 2 up to the end of May 2021, which highlighted that in line with the plan agreed by the Board and with Cheshire &amp; Mersey system, the Trust had delivered a break-even position for month 1 and month 2.</li> <li>• The importance of some non-recurrent cost improvement measures required to achieve break-even were highlighted, this related to the timing of ongoing work on the Cost Improvement Programme (CIP). In H1 over 60% of the target was to be generated by non-recurrent CIP. Assurance was given that a risk to CIP achievement had been placed on the Trust’s risk register.</li> </ul>

- An update on the capital plan noted the Trust had a capital programme for the financial year of £7.2m which included £5m for the Marine Lake Health & Wellbeing Centre.
- At Month 2 the total capital expenditure was £265k behind plan of which £131k related to IM&T spend where a review of work programmes was underway, but no concerns were highlighted.
- The Director of Finance provided an update from the Cheshire & Merseyside CFO meeting and advised that there was a £6.9m deficit across the system, with the majority relating to CCGs as most providers were on track to deliver. Capital expenditure by the system at the end of M2 was £8.3m behind plan, but forecast to achieve the planned target. It was expected that any trusts falling behind their capital plan would have their capital allocations redistributed across the system.
- It was noted that the Use of Resources metric was still not being assessed due to the ongoing emergency situation. The Committee questioned whether this could be a risk for the Trust if/when it was reintroduced given the currently high agency expenditure levels. The Director of Finance advised the situation would not be unique as many trusts were reliant on bank and agency staff to restore operational services. This matter would be kept under review by the Committee. Following discussion, the Committee was assured by the finance update for M2.
- The update on Operational Performance and emerging themes for 2021-22 was presented. Performance had been captured differently during the COVID-19 pandemic as services were stepped down, with the exception of safeguarding work and supporting people with complex needs.
- The Trust's approach to identify and deliver CIP opportunities was presented, together with the governance arrangements that were being put in place to monitor overall performance against targets. Longer term CIP generating initiatives would be incorporated into organisational and system plans. The Committee was assured by the update provided noting the risk on the risk register.
- The estates work plan was presented. The land purchase had been completed and the agreement for lease signed by the GP Practice for the Marine Lake Health & Wellbeing Centre. The first phase of the communications and engagement plan was well received by stakeholders and local residents.
- Preparations were underway to ensure a seamless implementation of two further wards at the Community Intermediate Care Centre from 1 October.
- In preparation for the start of the 0-19 contract in St Helens, the team was engaging with landlords across the estates to secure cost-effective leases.
- The target of 34% reduction in carbon emissions by 2020 set by the Climate Change Act in 2008 had been achieved by the Trust and the ambition remained to achieve 80% before the 2050 deadline. The Committee was assured by the update on the estates work plan.
- The Risk Report was received and noted there were no high-level risks to be escalated to Committee in accordance with the Risk Policy.
- A report live from the Trust Information Gateway included the progress with internal audit recommendations in the Audit Tracker tool. The Committee was assured by the update provided.

#### **Education & Workforce Committee**

GM provided the following summary and reported that the Committee had met on 23 June:

- GM advised Committee that he had recently been appointed as a Wellbeing Guardian for the Trust, this linked into strategic priorities for the health and wellbeing of staff.
- There were two high level risks relevant to the Committee and these related to two staffing and competence risks for Access & Intermediate Care and Adult Social Care. A task and finish group were working closely

to release staff for training so that services were not affected. The Adult Social Care risk related to agency expenditure and the Committee was advised that social care recruitment continued to be a national issue.

- The Board Assurance Framework was received and risks relevant to the Committee were reviewed. The organisational design was identified as a strategic risk and was to be added to the risk register. The Committee was assured by the update provided.
- The internal audit review from the Audit Tracker Tool in TIG on the progress with the recommendations was reported in the tool. The Committee was assured with the update provided.
- The Workforce Race Equality update was presented, and the new NHS targets for race disparity in the NHS were noted.

#### **Quality & Safety Committee**

CB provided the following summary and reported that the Committee had met on 28 July 2021:

- The Committee meeting was observed by a CQC inspector and staff members from the mentoring programme.
- Actions from previous meetings had been closed as complete.
- The SAFE Steering Group meeting was reported with key assurances provided:
  - Trust Team leader checklist was 96.6% compliant
  - the medicine management compliance rate was 96%
  - hand hygiene was 100% compliant
  - information governance checklist was 90% complete and 99.7% compliant
  - training compliance was above the Trust's target rate
  - All risks at 10 rating had been fully reviewed
- The Committee received the report to provide assurance that key priorities had been developed for each of the Trust's Quality Strategy each of the strategic objectives for 2021-2022.
- The Quality & Patient Experience Report provided assurance and reported that initial high-level analysis appeared to indicate higher incidence of people developing community acquired pressure ulcers at category 3 and above lived in 30% of the most deprived areas of Wirral.
- The Risk Report included one new high-level risk for consideration by the Committee which related to staffing levels at the Urgent Treatment Centre. The risk was being monitored at the Operational Oversight Group and it was noted that the service had reviewed and reduced the risk due to some staff returning to work.
- The Committee agreed the strategic risks for 2020-21 to be managed through the Board Assurance Framework.
- The dashboard for the Audit Tracker in TIG had been shared with the Committee for review. It was noted that there was one outstanding recommendation relating to the implementation of the SAFE framework for staff.

#### **Audit Committee**

BS provided the following summary and reported that the Committee had met on 10 June 2021:

- The Annual Report and Accounts were proceeding well and the Audit Committee would meet on Wednesday 11 August 2021 to sign off the Annual Report and Accounts.

#### **Informal Board**

In the absence of AH, KL presented the report to the Board of Directors and highlighted the following:

- An Informal Board session was held on 7 July 2021 to discuss the

	<p>implications of the White Paper 'Integration &amp; Innovation: working together to improve health and social care for all' and the progress to establish the ICS and ICP locally.</p> <ul style="list-style-type: none"> <li>The Trust's Chief Information Officer (CIO) joined members of the Board to provide a briefing on the digital aspirant journey the Trust was embarking on across Cheshire &amp; Merseyside.</li> </ul> <p><b>Staff Council</b></p> <p>In the absence of JS, BBJ presented the report to the Board of Directors and highlighted the following:</p> <ul style="list-style-type: none"> <li>The meeting was attended by enthusiastic members of staff and it was hoped more people would be encouraged to attend the Staff Council meetings.</li> <li>A presentation was given to the group on Patient Engagement and Experience by Julia Bryant. The presentation showed the quality priorities developed. The Trust had been working with system partners to seek insight into the needs of people and recognising the expertise people and communities had. In relation to the level of engagement, NHS England colleagues presented on co-production and asked some staff how they rated themselves around levels of co-production and the average score was three. The Friends and Family test question had been re-launched.</li> <li>Operational Team Tours had taken place across the Trust that gave staff the opportunity to discuss any issues relating to the organisational design programme.</li> <li>The group received the NHS People Pulse Survey Results for information and acknowledged that this was how the Trust were tracking moods and feelings within the organisation. The Pulse Survey was a quick five minute survey to get a feel for staff wellbeing/seeing how staff were feeling.</li> </ul>
<p><b>10.</b> WCT21/22-054</p>	<p><b>Board Assurance Framework (BAF)</b></p> <p>In the absence of AH, KL presented the BAF which provided an update on the work completed by the committees during June and July 2021. The relevant strategic risks were discussed by the committees and at the Informal Board session in July. This work resulted in the recommendation of 11 strategic risks and these were detailed in Appendix 1 of the report. The BAF would be included as a standing agenda item on each committee agenda and the committees would continue the ongoing work on the monitoring of strategic risks. The Board would receive a report on the BAF at each meeting.</p> <p>The Board recognised the work by the committees on the BAF as evidenced in the Chair's reports on recent meetings.</p> <p>The Board of Directors received the strategic risks and approved them for tracking through the BAF during 2021-22, with each committee taking appropriate oversight. The Board of Directors approved the BAF and agreed to discuss organisational design risk at the next Informal Board.</p>
<p><b>11.</b> WCT21/22-055</p>	<p><b>People Plan 2021-22</b></p> <p>In the absence of JS, BBJ presented the People Plan and the following key points were noted:</p> <ul style="list-style-type: none"> <li>The Trust's People Plan for 2021-22 was a strategic framework which set out the key areas of focus in relation to all workforce issues. The Education and Workforce Committee had supported the development of the Trust's People Plan and was now receiving regular updates on the implementation. The People Plan 2021-22 was approved at Education and Workforce Committee on 23 June 2021. Sitting behind the People Plan was a comprehensive action plan that would be presented and monitored at EWC on a regular basis.</li> <li>The national NHS People Plan was described and this included four key areas: <ul style="list-style-type: none"> <li>- Looking after our People</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Belonging in the NHS</li> <li>- New ways of Working and Delivering Care</li> <li>- Growing for the Future</li> <li>• The Trust's People Plan was presented and this included four pillars: <ul style="list-style-type: none"> <li>- Wellbeing &amp; Recovery</li> <li>- Culture</li> <li>- Developing Capability and Talent</li> <li>- Transformation of the Organisation</li> </ul> </li> </ul> <p>The Board of Directors was assured by the Trust's People Plan for 2021-22 and was assured that the structured programme of work would address the key elements required to support and develop the workforce and recognised the oversight through the Education and Workforce Committee.</p>
<p><b>12.</b> WCT21/22-056</p>	<p><b>Quality Plan 2021-22</b></p> <p>PS presented the Quality Plan 2021-22 to the Board of Directors and the following key points noted:</p> <ul style="list-style-type: none"> <li>• The Trust's Quality Plan for 2021-22 provided a strategic framework setting out the key areas of focus for the delivery of high-quality care. The plan was supported by a comprehensive action plan that was being monitored at the Quality &amp; Safety Committee.</li> <li>• The plan provided assurance to the Board of Directors that a structured programme was in place to assess and support local priorities for the Trust. The 3 pillars of the plan were confirmed as follows: <ul style="list-style-type: none"> <li>- Engaged Populations</li> <li>- Effective and Innovative</li> <li>- Safe Care and Treatment every time</li> </ul> </li> <li>• Work to deliver the plan included active engagement with system partners to build services and strengthen processes across the integrated care system, increasing quality improvement expertise and identifying and embedding innovative ways of working to build quality improvement.</li> </ul> <p>The Board of Directors was assured that the Quality Plan for 2021-22 would provide the focus for key quality activities during 2021-22 and recognised the oversight through the Quality and Safety Committee.</p>
<p><b>13.</b> WCT21/22-057</p>	<p><b>Communications, Marketing &amp; Engagement Activity Update Report for Q4 - 2020-21</b></p> <p>In the absence of AH, FF presented the Communications, Marketing &amp; Engagement Strategy activity report for Quarter 4 covering the period January - March 2021.</p> <p>The overview of Q4 summarised the work delivered by the team and the positive feedback received across the organisation on internal communications.</p> <p>The following key projects were highlighted:</p> <ul style="list-style-type: none"> <li>• During Q4 period it had been business as usual with 59 daily updates, 177 shout-outs, 13 CEO blogs and 56 screensavers being produced.</li> <li>• The digital presence continued to grow with StaffZone page reviews at 177,414 and website page views at 157,731. The Trust's Twitter account followers had increased to 3,572. Tweet impressions = 118.9K, (25.1k in January, 48.6k in February and 45.2k in March 2021).</li> <li>• An information page was added to StaffZone to keep staff informed and up to date with developments at the Community Intermediate Care Centre Bluebell Ward that opened in January 2021.</li> <li>• The launch of the staff COVID vaccination programme and 2<sup>nd</sup> COVID vaccination programme had been included in the Daily Updates and all internal communications across the Trust.</li> <li>• The launch of the St Helens 0-19 bid included a video, information leaflets, bid questions and the Trust's System Model.</li> </ul>

	<ul style="list-style-type: none"> <li>• A new 0-19 Health and Wellbeing website page was launched that included all relevant services for children, young people and their families. The launch of the new Chathealth service provided 11-19 year olds with a test message route to contact a health profession.</li> <li>• Social Work week in March 2021 was launched which included a virtual event for staff to attend.</li> <li>• The Trust had five health columns in the Wirral Globe during January and March 2021.</li> </ul> <p>The Board of Directors was assured that the communications activity in Q4 met the aims of the Trust, with particular focus on the communications needs of the organisation during COVID-19.</p>
<p><b>14.</b> WCT21/22-058</p>	<p><b>Charitable Funds - Financial Reporting Annual Update</b></p> <p>MG presented the report which provided assurance on the reporting and governance arrangements regarding the Trust's charitable funds. The financial statements for the Trust's charitable funds for the financial year ending 31 March 2020 were included within the funds of the Cheshire &amp; Wirral Partnership (CWP) Charity. An update was also provided for the charitable funds for 2020/21 and beyond.</p> <p>The Trust's charitable funds comprised donations and fund raising by staff and patients as well as legacy funds from Wirral PCT. These were managed on behalf of the Trust by CWP and were presented annually to the CWP Board of Directors. A copy of the Annual Report and Accounts was attached as an appendix.</p> <p>The accounts showed the value at 31 March 2020 was £76,088 of unrestricted, designated funds. There had initially been a loss on investments due to COVID-19, however the market had started to recover and the loss had been reversed. Funding received following the efforts of Captain Sir Tom Moore were included, and had been used to purchase medals for staff in recognition of the significant efforts made during the COVID-19 pandemic, and for the purchase of laptops to allow student nurses to work remotely.</p> <p>A review had taken place to see how the charitable funds were portrayed on StaffZone and as a result of this, StaffZone had been updated to make them more accessible to staff and the charitable funds were available for any department to use. Picnic benches and planters had been purchased to enhance the environment for staff.</p> <p>The Board of Directors was assured on the financial reporting arrangements for the Trust's charitable funds.</p>
<p><b>15.</b> WCT21/22-059</p>	<p><b>Resetting Trust governance arrangements</b></p> <p>KH presented the report which provided an update on the resetting of governance arrangements across the Trust.</p> <p>KH reported that emergency governance arrangements were approved and put in place in April 2020. The Trust was now coming out of the command and control arrangements and progressing with the reset and restore. Consideration had been given to the building of a new governance reset, learning new ways of working under the emergency governance arrangements and merging these with a more focussed method of reporting and reducing bureaucracy across the organisation.</p> <p>Under the emergency arrangements, Board committees had been stood down, with the exception of the Quality &amp; Safety Committee and the Audit Committee which had continued to meet. NED Assurance meetings were put in place to ensure the NED's remained informed and were assured on issues relating to the Trust. The Trust's internal auditors (MIAA) tested the emergency governance arrangements and the Trust received Substantial Assurance.</p>



	<p>A flowchart included within the report demonstrated the new reporting structure. This would be further reviewed during August and September with a view to being operational from October.</p> <p>KH highlighted the following:</p> <ul style="list-style-type: none"> <li>• As a result of agile and remote working, an Agile Working Policy was being developed and thanks were expressed to BBJ for undertaking this task.</li> <li>• Dave Murphy, Chief Information Officer, would be attending public Board meetings in an advisory capacity due to the amount of digital development required going forward.</li> <li>• A Clinical Forum was being developed to ensure the strategic build and business delivery was clinically led. The Clinical Reference Group would have oversight of this.</li> <li>• An Integrated Performance Board (IPB) would be formed and chaired by KH. The aim of the IPB would be to support and monitor the delivery of high-quality performance across all Trust services. An example of its Terms of Reference (to be kept to one side of A4) was attached, the biggest change being its direct reporting line to provide assurance to Board committees.</li> <li>• The Operational Oversight Group (OOG) would be chaired by VM and would be a transition from the Tactical Command Group.</li> <li>• The SAFE Steering Group would continue.</li> <li>• The Programme Management Group (PMG), formerly Programme Management Board, would be chaired by MG as this would have oversight of capital programme planning and monitor key strategic programmes. PMG would have explicit reporting arrangements to IPB and Finance &amp; Performance Committee.</li> <li>• A new performance framework was being developed and would support the new governance arrangements. An Integrated Performance Report would be provided to the Board of Directors for assurance.</li> <li>• A timetable commencing from October, was provided based on a 4-week business cycle to ensure the reporting groups were reporting into the right group at the right time. This would support the bi-monthly Board of Director meetings and allow the reset and restore of governance from emergency COVID-19 to move into business as usual.</li> </ul> <p>CB considered the level of detail that would be reported between the committees and the IPB and questioned whether the detail of discussion taking place in the Partnership Board would be reflected in the reporting to various committees. Some discussion had previously taken place regarding OMB and SAFE and CB was pleased to see that SAFE continued to report into Quality &amp; Safety Committee. The Terms of Reference needed to be reviewed alongside this in order to gain an understanding as to how this would work through.</p> <p>BJ highlighted the fact that IPB did not report directly into the Trust Board but reported into the Quality &amp; Safety Committee.</p> <p>KH stated that testing during August and September would be used to ensure there was no duplication and NED's who chaired the committees were receiving the information and oversight they required to be assured.</p> <p>The Board of Directors was assured of the new arrangements being put in place and noted the review of Committee Terms of Reference in advance of the October Board of Directors meeting.</p>
<p><b>16.</b> WCT21/22-060</p>	<p><b>Informal Board Programme 2021-22</b></p> <p>KL presented the proposed Informal Board Programme for 2021-22 to the Board of Directors.</p>

	<p>This reflected the discussions held at Informal Board in July 2021 and the structure of the Informal Board sessions included limiting the number of agenda items to allow for longer discussions and provided the opportunity to discuss forthcoming items or 'hot topics'. Arrangements may also be made for external speakers to attend. The session also included longer lunch breaks which incorporated Lunch &amp; Learn sessions, which provided the opportunity for members of the Board to meet staff from across the Trust and hear about their service focus, team opportunities and challenges.</p> <p>Information was provided on topics for each of the sessions through to March 2022.</p> <p>BJ observed that there did not appear to be any time allotted for Board development sessions and asked whether the work started with Gatenby Sanderson would be continued.</p> <p>KH provided assurance that Board development was being taken seriously, particularly in view of the new governance arrangements being worked through. MB, KH and AH were working together to have in place a programme of Board development for the future which would be in addition to the Informal Board programme.</p> <p>KL stated that Board development would focus on the development of the Board as a team and sit alongside the Informal Board programme.</p> <p>The Board of Directors approved the Informal Board programme for 2021-22.</p>
<p><b>17.</b> WCT21/22-061</p>	<p><b>CQC Statement of Purpose</b></p> <p>PS presented an updated CQC Statement of Purpose for approval for proposed changes.</p> <p>PS advised that the CQC Statement of Purpose was a legally required document that aligned to the CQC regulations and included a standard set of information about a provider's service, including regulatory activity and where it was being provided from. The information contained in the document always had to be accurate and up to date and was therefore subject to regular review.</p> <p>The Trust's CQC Statement of Purpose was last approved by the Board in February 2021 and included the increased bed capacity potential at the Community Intermediate Care Centre (CICC). Since that submission the following changes had been made to the Statement of Purpose:</p> <ul style="list-style-type: none"> <li>• The addition of common purpose statement and updated Trust values,</li> <li>• The addition of provision of the 0-19 Healthy Child Programme (HCP) in St. Helens from 1 September 2021, and</li> <li>• Confirmation of the bed capacity at the CICC across three wards.</li> </ul> <p>The changes had been highlighted in red text in the updated Statement of Purpose.</p> <p>CB referred to the statement of aims and objectives and asked whether the current goals could be used, as inclusion or health inequalities were not mentioned.</p> <p>PS agreed they did require an update and would discuss with AB that consideration be given to including the Trust's current goals within the CQC Statement of Purpose.</p> <p>The Board of Directors approved the updated CQC Statement of Purpose, subject to the above amendment being made.</p>
<p><b>18.</b> WCT21/22-062</p>	<p><b>Infection Prevention &amp; Control Board Assurance Framework</b></p> <p>PS presented the Infection Prevention &amp; Control (IPC) Board Assurance Framework (BAF) to provide assurance that the Trust had fully assessed compliance against the updated version of the IPC BAF version 1.6, which</p>

	<p>was released on 30 June 2021.</p> <p>The IPC BAF was last received by the Board of Directors on 3 February 2021, at which point the Trust was assessed as fully compliant against all expected standards. Subsequent to this review, additional standards were released and these were reviewed by the Quality &amp; Safety Committee on 24 February 2021 and were fully compliant.</p> <p>The updated version of the IPC BAF supported implementation of the latest COVID-19 IPC Guidance published in June 2021. A comprehensive review had been undertaken and the appendix in the report outlined the changes made to both the key lines of enquiry and the evidence available since last reviewed by the Board. All the changes made had been highlighted in red text.</p> <p>PS advised that the review highlighted full compliance across nine standards and partial compliance against one standard - <i>systems are in place to manage and monitor the prevention and control of infection</i>. The improvement to be made was minor and required a review of the current risk assessment processes and templates, to ensure full alignment with the hierarchy of controls framework. This review had commenced and would be completed by 31 August 2021. Assurance would be provided to the Quality &amp; Safety Committee in September that this action had been completed and full compliance reached.</p> <p>PS stated that she was proud of the responsiveness of the IPC teams and the consistent assurance to Board of full compliance.</p> <p>BJ stated this was a comprehensive summary and echoed the thanks expressed by PS, as this was a fundamental area to get right.</p> <p>The Board of Directors was assured by the updated IPC BAF, version 1.6.</p>
<p><b>19.</b> WCT21/22-063</p>	<p><b>Mortality Report - Learning from Deaths Framework Q1</b></p> <p>In the absence of NC, PS 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>PS reported that the quarterly report provided evidence that learning from deaths was firmly embedded as a priority across the Trust, ensuring full adherence to the National Quality Board Learning from Deaths framework.</p> <p>The report provided anonymised details of the numbers of unexpected deaths reported by Trust staff throughout Quarter 1 2021-22 together with a summary of thematic learning identified during investigation of the cases. An appendix was attached detailing this information and would be published on the Trust website subject to the report being approved by the Board of Directors.</p> <p>PS reported that in Quarter 1 2021-22 there had been 12 reported deaths that were subject to a learning from deaths review, and none of these deaths were attributable to the Trust or met the criteria for StEIS reporting. The report outlined the mechanisms for review which were very robust and summarised the key learning themes, which included:</p> <ul style="list-style-type: none"> <li>• Mechanisms for identifying frequent attenders at urgent care services</li> <li>• Communication pathways between system partners across local authority boundaries.</li> </ul> <p>BJ referred to the appendix and highlighted a minor amendment to be made prior to publication on the Trust's website.</p> <p>The Board of Directors was assured that:</p>

	<ul style="list-style-type: none"> <li>• processes were in place to meet the statutory obligations surrounding Learning from Deaths</li> <li>• processes were in place to engage with families and meet Duty of Candour obligations.</li> </ul> <p>The Board approved the report subject to the minor amendment noted above.</p>
<p><b>20.</b> WCT21/22-064</p>	<p><b>Annual Reports 2020/21:</b></p> <p><b>Freedom to Speak Up</b></p> <p>SA presented the Freedom to Speak Up (FTSU) Annual Report which provided an overview of FTSU activity during the last 12 months.</p> <p>SA reported that FTSU continued to play a pivotal role within the organisation and was closely aligned to well-led and promoted the culture where staff felt safe and supported to Speak Up. During 2020/21, FTSU continued to maintain a high profile and was important as staff faced unprecedented challenges during the pandemic. The importance of raising concerns had been actively promoted to Black, Asian and Minority Ethnic colleagues.</p> <p>The National FTSU Index was published in June 2021 and was attached as an appendix to the report. The Trust's FTSU index score was 84.2% and was an indication of the Trust's ongoing commitment to strengthen awareness to the developing approach to FTSU.</p> <p>SA reported that 30 concerns were reported during 2020/21 which was a slight reduction on the previous year. The majority of concerns were raised by front line workers, the highest being raised by Nurses and Allied Health Professionals, closely followed by Social Care. In terms of the national picture, it had been identified that further work needed to be done with Administrative &amp; Clerical Staff to understand any barriers, 19% of whom had raised concerns.</p> <p>The themes of concerns raised related to culture communication, COVID-19 arrangements and a small number of clinical issues. Actions had been taken to address the concerns and wrap-around support was provided. Wider learning had been developed and a number of key recommendations taken forward to strengthen the Trust's approach and evaluate the effectiveness of speaking up arrangements.</p> <p>SA highlighted the key priorities moving forward which included the development of a workplan for 2021/22 for 'Speaking Up', use of the Pulse surveys and additional support and training for FTSU Champions.</p> <p>BS expressed thanks to SA and the team, stating this was a comprehensive summary of an area that had grown and was aligned to the People Strategy and Quality Strategy. The commitment of the FTSU Champions was acknowledged.</p> <p>The Board of Directors was assured that there were robust systems and processes in place for inviting, listening and responding to concerns raised by staff.</p> <p><b>Director of Infection Prevention Control (DIPC)</b></p> <p>PS presented the Director of Infection Prevention and Control Annual Report for 2020/21 which reported the activity in relation to IPC governance. The report had previously been submitted to the Quality &amp; Safety Committee and provided the Committee with a high level of assurance.</p> <p>PS advised that the report included a summary of performance against:</p> <ul style="list-style-type: none"> <li>• IPC Code of Practice standards</li> <li>• COVID-19 emergency response</li> <li>• IPC Board Assurance Framework</li> <li>• Healthcare acquired infections</li> </ul>

	<ul style="list-style-type: none"> <li>• Incidents</li> <li>• Training</li> <li>• Staff Vaccination programmes</li> </ul> <p>The following was highlighted:</p> <ul style="list-style-type: none"> <li>• Despite the pandemic a positive position had been maintained on IPC training. Staff recognised the fundamental importance of good IPC practice and hand hygiene audits continued to evidence good performance in training compliance.</li> <li>• The staff influenza immunisation programme saw a final uptake of 91% of reportable staff, receiving recognition by NHSE/I as a high performing Community Trust.</li> <li>• The Trust was successful in protecting staff throughout the pandemic by effectively implementing robust IPC precautions and Personal Protective Equipment to staff across the Trust.</li> <li>• The Trust supported the Wirral System to implement a Standards Assurance Framework for Excellence (SAFE) IPC governance system to provide assurance of IPC standards within Wirral Care Homes. The work had been recognised nationally and had been shortlisted for an HSJ Patient Safety Award 2021.</li> <li>• The Community Intermediate Care Centre (CICC), the Trust's first bedded unit, had been opened and as part of the mobilisation effort there had been impressive attention to detail in relation to IPC. The facility had remained a COVID-19 green site and had been successful in preventing COVID-19 outbreaks in the facility. PS was proud of the operational and governance team in achieving this.</li> <li>• There was zero Community Trust acquired MRSA bacteraemia cases.</li> <li>• The Trust performed well against the IPC code of practice and the appendix attached to the report summarised the position, with any exceptions reported fully within the annual report.</li> <li>• The version of the IPC Board Assurance Framework that the Trust was fully compliant against at the end of 2020/21 was attached as an appendix to the report.</li> </ul> <p>PS stated that the Trust was subject to a CQC review of IPC practice governance arrangements during the reporting period, and the process provided the Trust with a high level of assurance by the regulator.</p> <p>The Board of Directors was assured that IPC systems and processes had been implemented during 2020/21 to effectively evidence compliance with the Health and Social Care Act 2008, Code of Practice on the Prevention and Control of Infections, Care Quality Commission, Regulations 12 and 15 and the COVID-19 IPC Board Assurance Framework.</p>
<p><b>21.</b> WCT21/22-065</p>	<p><b>Staff Council - 6 May 2021</b></p> <p>The decision and action log from the meeting of the Staff Council held on 6 May 2021 was received and noted.</p>
<p><b>22.</b> WCT21/22-066</p>	<p><b>Any Other Business</b></p> <p>There was no Any Other Business to be reported.</p>
<p><b>23.</b> WCT21/22-067</p>	<p><b>Invitation for Public Comments</b></p> <p>There was a member of the public present and the following was raised:</p> <ul style="list-style-type: none"> <li>• Within the Communications, Marketing &amp; Engagement Activity Update Report (see agenda item 13) mention was made of NHS Cadets celebrating Wirral's first Cadet Nurse Scheme. The Board was reminded that there was a Cadet Nurses Scheme formed some years ago so this statement was technically incorrect. This was noted.</li> <li>• Reference was made to the Quality Plan 2021/22 (see agenda item 12) and the response to feedback from people who use the service. The question was asked how people who find services hard to access would have their say, and was there a way to ensure all services were not hard to</li> </ul>

	<p>access via availability, transport links etc.</p> <p>KH acknowledged this as a fair challenge and referenced the significant work being done by AH with the Your Voice group in terms of reaching out to this group of people. KH also stated that this was exactly what the governors needed to be highlighting and feeding into the organisation on behalf of the constituents. KH offered to speak to the Council of Governors if this was required.</p>
<p><b>24.</b> WCT21/22-068</p>	<p><b>Items for Risk Register</b></p> <p>There were no new risks identified for the risk register.</p>
<p><b>25.</b> WCT21/22-069</p>	<p><b>Staff Story: Care Navigator, Adult Social care</b></p> <p>The staff story was about a member of staff who worked as a Care Navigator for Adult Social Care.</p> <p>The member of staff had been employed by the Trust for over 4 years working alongside social workers in Adult Social Care, when an opportunity came up for her to undertake an apprenticeship.</p> <p>The staff member explained her role as Care Navigator and how this role had given her a greater understanding of the care pathway for service users returning home from hospital as well as the importance of good communication when working across partnerships.</p> <p>The staff member described the positive relationships between service users and staff and the care and support provided by the team. In addition, the staff member reflected on the positive experience during her apprenticeship including feeling valued by the Trust for the opportunity and the investment in her future.</p> <p>The Board of Directors welcomed the staff story.</p>
<p><b>26.</b> WCT21/22-070</p>	<p><b>Summary of actions and decisions</b></p> <p>KL provided a brief summary of actions and decisions taken during the Board of Directors meeting.</p>
<p><b>Date and Time of Next Meeting:</b> The next formal Trust Board meeting will take place on <b>Wednesday 6 October 2021</b>. Further details on the venue and joining instructions will follow.</p>	

### Board - Chair Approval

<b>Name:</b>		<b>Date:</b>	
<b>Signature:</b>			

The Board of Directors Meeting closed at 4:45 pm.

## Board of Directors - Matters Arising 2021-22

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

All actions from meeting held in February and June 2021 now complete.

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

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
<b>Board Assurance Framework (BAF) - Year end 2020-21</b>	WCT21-22-010	In the development of the BAF and the review of strategic risks consider the thresholds for risk review of both new and current risks.	A.Hughes	April 2021	<b>Complete.</b>

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

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

Actions from meeting held on **4 August 2021**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
<b>Board Assurance Framework</b>	WCT21/22-054	The current risk rating in relation to ID11 to be discussed at the next Informal Board session.	A.Hughes	September 2021	See agenda item 11.
<b>CQC Statement of Purpose</b>	WCT21/22-061	Consideration to be given to including the Trust's current goals in the CQC Statement of Purpose.	P.Simpson/ A.Bennett	August 2021	<b>Complete.</b>
<b>Infection Prevention &amp; Control Board Assurance Framework</b>	WCT21/22-062	Quality & Safety Committee to receive final confirmation that the risk assessment action has been completed.	P.Simpson	September 2021	<b>Complete.</b> The final completed version went to QSC and reported full compliance.
<b>Mortality Report - Learning from Deaths Framework Q1</b>	WCT21/22-063	Minor amendment to be made to the appendix prior to publication on the Trust's website.	P.Simpson	August 2021	<b>Complete</b>