



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

MINUTES OF MEETING

WEDNESDAY 6 OCTOBER 2021 at 2.00 PM

MICROSOFT TEAMS

Members:

| | | |
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| Prof Michael Brown | Chairman | (MB) |
| Ms Sarah Alldis | Associate Director for Adult Social Care | (SA) |
| Mr Anthony Bennett | Chief Strategy Officer | (AB) |
| Prof Chris Bentley | Non-Executive Director | (CB) |
| Mrs Jo Chwalko | Deputy Chief Operating Officer | (JC) |
| Ms Lynn Collins | Lead Governor | (LC) |
| Dr Nick Cross | Medical Director | (NC) |
| Mr Mark Greatrex | Chief Finance Officer/Deputy Chief Executive | (MG) |
| Ms Karen Howell | Chief Executive | (KH) |
| Mrs Alison Hughes | Director of Corporate Affairs | (AH) |
| Ms Beverley Jordan | Non-Executive Director | (BJ) |
| Ms Val McGee | Chief Operating Officer | (VM) |
| Mr Gerald Meehan | Non-Executive Director | (GM) |
| Mr Brian Simmons | Non-Executive Director | (BS) |
| Mrs Paula Simpson | Chief Nurse | (PS) |
| Mr Bill Wyllie | Lead Governor (retiring) (present for agenda items 1 - 7 only) | (BW) |

In Attendance:

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| Ms Victoria Boyle | Inspector, CQC | (VB) |
| Ms Barbara Bridle-Jones | Deputy Director of HR | (BBJ) |
| Mrs Cathy Gallagher | Observer | (CG) |
| Mr David Holden | Good Governance Institute | (DH) |
| Ms Karen Lees | Head of Corporate Governance | (KL) |
| Mr David Murphy | Chief Information Officer | (DM) |
| Ms Adanna Emeka Oji | Programme Assistant, Good Governance Institute | (AEO) |
| Mrs Heather Stapleton | Board Support Officer | (HS) |
| Ms Mamerta Thomas | Observer (Reciprocal Mentoring Scheme) | (MT) |
| Ms Karan Wheatcroft | Operations Director, MiAA | (KW) |

| Reference | Minute |
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| <p>1. WCT21/22-071</p> | <p>Journey of Care - Taking a multi-disciplinary team approach in the provision of care, treatment and support</p> <p>PS presented the Journey of Care story which focussed on a couple who lived in one of the Trust's communities. The story was told by Lynn Collins, Lead Governor.</p> <p>The story reflected the complexity of people's needs and the experience of receiving complex integrated care whilst living at home. The services involved took time to understand what mattered to the couple and they worked together to keep the husband out of hospital during the period of the pandemic.</p> <p>VM stated this was a heart-warming story and embodied what Trust staff did every day for families and was proud to know there were staff who could respond in this way to make somebody's life better.</p> <p>The Board of Directors welcomed the story and noted the care and support provided by the services.</p> |
| <p>2. WCT21/22-072</p> | <p>Apologies for Absence</p> <p>Apologies for absence were received from: Mrs Jo Shepherd, Director of HR & Organisational Development. It was noted that BBJ was attending in her place.</p> |
| <p>3. WCT21/22-073</p> | <p>Declaration of Interests</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>4. WCT21/22-074</p> | <p>Minutes of the previous meeting - 4 August 2021</p> <p>The Board of Directors approved the minutes of the meeting held on 4 August 2021, as a true and accurate record.</p> |
| <p>5. WCT21/22-075</p> | <p>Matters Arising - 4 August 2021</p> <p>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>MB advised that the agenda was to be adjusted and agenda item 19 - Medicines Optimisation Strategy 2021 -2024, would be moved into the Strategy section and become agenda item 14.</p> |
| <p>6. WCT21/22-076</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 reset and restart of the Trust's governance arrangements continued and the inaugural meeting of the Integrated Performance Board had taken place on 29 September. This was supported by a refreshed performance dashboard in the Trust Information Gateway (TIG). • BW had confirmed his intention not to stand for re-election as public governor for Wallasey and had advised of his decision to stand down from the role of Lead Governor, which he had held for the last two years. BW was thanked for his work and contribution over the years. • Lynn Collins (LC) had been elected as the new Lead Governor and was welcomed into this role. • Since this report had been written, the process for the status of fit and proper persons had been completed and checked and the Board of Directors was 100% compliant. |
| <p>7. WCT21/22-077</p> | <p>Lead Governor's Report</p> <p>BW presented the report and highlighted the following:</p> |

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| | <ul style="list-style-type: none"> • The Council of Governors met formally on 30 September and received, at the request of governors, business items focussed on service and staffing updates together with service user engagement updates on the restart of services and the opening of further wards in the Community Intermediate Care Centre (CICC). • A number of governance updates were also received, including the Council of Governors election timetable, the Annual Accounts and Report for 2020-21 and the Annual Members Meeting. • A sub-group of the Council of Governors had been established to support and lead the process to appoint new external auditors. The sub-group had met for the first time in mid-September to agree the process and timeline. • The Your Voice Group met virtually on 21 September and discussed the future direction of the group to support the Trust's Quality Strategy. <p>BW thanked MB and AH for their support and co-operation during his time as Lead Governor.</p> |
| <p>8. WCT21/22-078</p> | <p>Chief Executive's Report</p> <p>KH presented the Chief Executive's report to the Board of Directors and stated how proud she was of the achievements and aspirations of the organisation at the present time.</p> <p>KH highlighted the following:</p> <ul style="list-style-type: none"> • The activity within Wirral was already running high and CEOs across the system had met, as this level of activity could not be sustained. • It had been agreed that VM would be deployed for a period of two months to work at the hospital to review the 'front door' policy to ensure this was not being used inappropriately in terms of gaining entry into hospital and whether some cases could be diverted. The hospital leadership had expressed their thanks for this support which was recognised as the Trust working with partners to help across the system ensuring skilled people were working where they were needed. • Jo Chwalko would be Acting Chief Operating Officer during this time. Thanks were expressed to the Local Authority for supporting this temporary arrangement financially. <p>MB thanked VM for her support with this complex situation.</p> <p>CB referred to the positive news of the Infection Prevention & Control Team winning the Team of the Year 2021 award and highlighted the importance of this initiative in terms of building relationships and infrastructures with the care sector.</p> <p>KH thanked AH for producing the report and ensuring there was regional and national information included as well as the performance of the organisation.</p> |
| <p>9. WCT21/22-079</p> | <p>Reports from the Sub Committees of the Board - August/September 2021</p> <p>Finance & Performance Committee</p> <p>BJ provided the following summary and reported that the Committee had met on 25 August 2021:</p> <ul style="list-style-type: none"> • An update on progress to deliver the 2021/22 IT workplan was received. The primary focus was on the stabilisation of the IMT function and the digital infrastructure, as well as supporting the Trust's response to the pandemic. The Committee received positive evidence and was assured by the progress, noting that all major risks were now mitigated or closed. An ambitious digital strategy would be developed going forward. The impact the team had made on IT improvement was recognised and the Committee expressed its thanks to the team. The Committee was assured by the progress being made. |

- An update was received from the Head of Procurement in relation to ICS procurement and its impact on the Trust. There was a well-established Cheshire & Merseyside procurement network with a good infrastructure and robust governance. A Collaboration at Scale Group had been established to identify needs and implement the ICS Procurement Guidance published by NHSE/I in Quarter 4 2020/21. A COVID Supply Response had been established during the pandemic with organisations supporting each other successfully with PPE mutual aid and shared learning. The Committee was assured by the update provided and by the Trust being an embedded and active member of the network.
- A finance update for month 4 was received which highlighted that the Trust was on target to achieve the planned break-even position for H1. Work continued to improve performance against the Better Payment Practice Code to 95% against a current level of 91% by volume.
- The capital spend was behind plan but the slippage was not a matter of concern given the planned expenditure on the new CICC wards in August and September and the delays to the IM&T projects which were being addressed. The team was confident the programme would be back on track.
- It was noted that good progress had been made to achieve the Cost Improvement Programme (CIP) target for H1 as almost half of the previously reported savings gap had been identified. There was a reliance however on non-recurrent savings which could increase further potential pressure on H2 budgets. The risk to delivering the CIP programme was recorded on the risk register, although the Committee acknowledged there was confidence the CIP target would be delivered.
- The Committee reflected on the potential level of the H2 CIP target and the unknown demands on staff alongside the additional pressures of the continuing COVID emergency situation, winter pressures and responding to new System requirements. The Committee requested this be escalated to the Board of Directors for further discussion once the funding target was known. The Committee was assured by the finance update for M4.
- The risk report was received and noted there was one new high-level risk for review which related to staffing issues in GP Out of Hours and also originating from the mobilisation of NHS111 and the budget transferring to NWS for the provision of out of hours call handling and clinical assessment. Commissioned work had migrated back to local providers and resulted in a significant increase in activity streams which the current model could not support, resulting in call back delays which were in breach of the contractual performance requirements. The risk had also been escalated to the Quality & Safety Committee.
- The Committee discussed risks that spanned more than one committee and noted that the Risk Policy was under review and the process for escalation of risks to the most appropriate sub-committee would be agreed. The Committee was assured of the actions taken to mitigate and control the risk reported.
- The Committee approved the Terms of Reference for consideration by the Board of Directors.
- An update on the Board Assurance Framework (BAF) was received following approval of the principal risks at the Board of Directors meeting held in August. The Committee supported the process to further populate the BAF.
- A report live from the Trust Information Gateway included the progress with internal audit recommendations in the Audit Tracker tool. No issues were identified and the Committee was assured that the implementation of recommendations was progressing to plan.
- The Data Security and Protection Toolkit Submission and Improvement Plan was presented and the Committee noted the self-assessment submission had been reviewed by MIAA and had received substantial assurance. The Trust was compliant with nine out of the ten National Data

Guardian standards, the exception related to backups being kept separately from the network. This had already been recognised by the Trust and was included in the IM&T workplan and was being addressed. The Committee was assured by the 2020/21 DSP Toolkit submission and the plan for achieving full compliance by 31 December 2021.

- The Committee reviewed the policy summary directly in the SAFE system and was assured that all FPC-aligned policies were in date and none were due to expire within the coming months.

Education & Workforce Committee (GM)

GM provided the following summary and reported that the Committee had met on 25 August 2021:

- The Committee received the Workforce Report and noted that the level of sickness had increased in month to 6.3%. YTD sickness was recorded at 5.6% and the target was 5%. It was noted that there had been some stability in sickness levels and the Committee's focus would be as much on maintaining the health and wellbeing of the staff who were in work as those who were absent. As the Wellbeing Guardian, GM advised this would be the subject of discussion at the next meeting of EWC.
- The main reasons for absence were stress and anxiety, chest infections and MSK, which was comparable with the national issues for staff absence. Staff turnover remained relatively stable at 8.1% and mandatory training levels remained at a satisfactory level of 92.9%.
- The Pulse survey continued to be used to provide regular current information and sensitivity to how staff were feeling and provided the Committee with access to this information which was constantly monitored.
- An update was received on the Workforce Race Equality Scheme (WRES). Thanks were expressed to the BAME Network Group for their commitment to this work.
- An update was received on the Workforce Disability Equality Scheme (WDES) with a view to looking at the adjustments made for staff, particularly if working from home, and looked at the disparity of figures on the staff survey compared to ESR. Staff were to be encouraged and enabled to speak up.
- An update on the BAF was received, looking at areas around inclusion, the impact of the COVID pandemic and the reset and recovery process.
- The Committee reviewed the Terms of Reference for consideration by the Board of Directors.

Quality & Safety Committee

CB provided the following summary and reported that the Committee had met on 8 September 2021:

- An update was provided on the latest SAFE Steering Group meeting held in August and by exception reporting included a team leader checklist, the medicines management checklist and the hand hygiene audit. Data relating to safe staffing metrics and the recording of supervision on ESR was also received. The Committee was assured by the detail received.
- The psychological safety of staff was discussed and feedback was received from the Trust's first Schwartz Round which had received a very good evaluation.
- The Quality Strategy Delivery Plan 2021/22 had been developed and presented to the Committee for assurance. Three quality priorities had been identified and each of these priorities was broken down into six themes with a number of robust actions in place. The Committee noted the development of this plan and the measuring of outcomes from the priorities would continue.
- Assurance was provided that service users with characteristics such as BAME, would be reflected in the planning. Work was taking place to assist

with the training and support of staff with specific priorities around capturing data.

- The Committee was assured by the Medicines Optimisation Strategy and approved it for submission to the Board of Directors.
- The Quality & Patient Experience Report provided assurance and discussion took place in relation to the distinction between harm developed whilst in the Trust's care and harm that was inherited. None of the pressure ulcers reviewed during the reporting period were appropriate for reporting via the Strategic Executive Information System (StEIS). Data on deprivation and ethnicity was being reviewed to ensure any inequalities were being taken account of.
- Positive performance reporting continued to be received from the Adult Social Care Services.
- The Committee noted that 97% of staff had received the second dose of the vaccine.
- 88 organisational risks were reviewed across all clinical and corporate services. The risk scores had been reviewed at the SAFE Steering Group and strengthening of the risk tracking process had been agreed through ELT to provide further assurance on the oversight of action plans at divisional level.
- There was one continuing high-level risk and two that had been downgraded.
- The BAF was received and it was agreed that some changes would be made and a further update provided to the Board of Directors.
- The Tri-annual Safeguarding Assurance Report was received for assurance and it was noted that within the Section 75 Agreement for Adult Social Care, two KPI measures had been identified by Wirral Council in respect of safeguarding activity. Other exceptions related to the KPI indicators for looked-after children in Cheshire East and concerns over children being looked after outside the borough. This would be escalated to the CCG in the borough in which they were placed.
- The Triannual Complaints & Concerns report was presented for assurance and an Equality & Diversity analysis had been included in the report.
- The Annual Committee Self-Assessment had been carried out and had been positive with some comments for the Committee to build on.
- The Committee approved the Terms of Reference for consideration by the Board of Directors.

Audit Committee

BS provided the following summary and reported that the Committee had met on 22 September 2021:

- The signing of the Annual Report & Final Accounts was due to take place at this meeting but had been delayed. An update was provided by Ernst & Young (EY) who had been in touch with the Local Government Pension Fund auditors requesting assurance as to when the Pension Fund audit would be completed. This situation was not unique to the Trust and nationally the sign-off had been deferred to later in October.
- The Committee's Terms of Reference were presented and these were approved for consideration by the Board of Directors .
- The tracking of audit and fraud reports were presented on the Audit Tracker via TIG.
- The full BAF was presented and the overall position reviewed, having travelled through each of the committees. Each of the strategic risks were being reviewed prior to the next meeting of the Board of Directors.
- The organisational risks were presented using the risk dashboard in TIG. The risks were viewed by profile and committees of the Board regularly received risks scoring 15 and above for discussion.
- The Trust-wide policy schedule was presented live from SAFE and showed the latest position on procedural documents and Trust-wide policies.

Confirmation was received that each committee reviewed the policies relative to that committee at their meetings. The Committee was assured that policies were being tracked through the governance structure.

- The responses following the Committee's annual self-assessment was presented and involved members of the Committee as well as internal and external audit members. Overall positive feedback was received on the Committee's effectiveness and values.
- The Policy for Policy Management was approved.
- Positive progress reports were received from the internal auditors and anti-fraud. The Trust had been awarded a green rating under the new assessment for counter fraud measures. The Committee was assured by these reports.

AH referred to the committee self-assessments and advised that these had not yet been completed for the Finance & Performance Committee and the Education & Workforce Committee as these two committees had been temporarily paused under the emergency governance arrangements.

MG confirmed that EY had received outstanding information on the audit of the Local Authority Pension fund. The impact on the financial accounts was being worked through and was understood to be immaterial. MG was confident the accounts would be submitted following the extension to the timetable.

Informal Board

AH presented the following summary and reported that Informal Board had been held on 1 September:

- The Informal Board programme was based on the approved annual programme and there was a flow from Informal Board to information and reports submitted to formal Board.
- Updates had been received on the 5 Year Strategy and the first presentation of the new Integrated Performance dashboard in TIG was received.
- Steve Fogg from The Hive Youth Zone was invited as a guest speaker and talked about the partnership with the Trust in the delivery of the NHS Cadets programme. It was anticipated the positive impact of the programme would provide more opportunities for joint working.

Staff Council

In the absence of JS, BBJ presented the following summary and reported that Staff Council had met on 16 September:

- The Staff Council Deputy Joint Chair, Debbie Ollerhead, would be retiring and this provided the opportunity for other members to become involved.
- Alison Jones had attended a number of staff network meetings, giving a presentation on the work of the Staff Council and what it represented.
- A summary was presented on agile working, advising that IPC guidance remained unchanged. Discussions continued to take place in relation to hybrid working in the future.
- The temperature in clinical rooms during the hot weather and access to cold water for staff was raised. The installation of water machines was to be investigated.
- The new IT Service Desk Portal would be going live in October.
- The NHS People Pulse Survey Results was received for information and it was acknowledged this was used to track the moods and feelings of staff within the organisation.
- Consideration was being given to plans to best recognise staff including individually, collectively and in teams. The awards event was being planned to take place early Spring to be held in person but would be dependent on COVID-19 restrictions.
- The Team Tours had been completed, staff had been listened to and the Trust had been able to accommodate the majority of requests. Team

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| | <p>Tours feedback sessions were planned when further questions could be asked.</p> <ul style="list-style-type: none"> Information was shared on CICC, the 0-19 St. Helens staff, who had joined the organisation from 1 September, and 0-19 Knowsley staff who would be joining the organisation on 1 February 2022. Discussion also took place in relation to the preparation for the CQC visit. The new ICT service support portal would be launched shortly, with a phased approach and would be fully implemented by the end of the month. <p>Staff Council was assured by all the reports received.</p> |
| <p>10. WCT21/22-080</p> | <p>Integrated Performance Report <i>(live from TIG)</i></p> <p>KH presented the report which provided the Board of Directors with a summary of performance across the Trust live from the new Integrated Performance Dashboard in TIG.</p> <p>The Integrated Performance Board (IPB) had their first meeting on 29 September 2021 and formed part of the new governance arrangements established by the Trust. IPB would maintain oversight and provide clear leadership on the delivery of high-quality performance across all Trust services and would be aware of challenges and innovations put forward to make improvements in particular areas.</p> <p>The TIG system would support the performance framework which supported the IBP and the ability to look at data in real time. Additions were constantly being made to understand the Trust's performance and to support, test and challenge and deliver services safely. The IPB also provided the opportunity to target specific areas of support and provide assurance to the sub committees of the Board.</p> <p>VM highlighted the following from the Operational section, which demonstrated the Trust's responsibilities locally as well as the regional and national key targets it was expected to measure against:</p> <ul style="list-style-type: none"> The Trust had 55 green KPIs, 8 amber and 17 red. Actions plans were in place for the red KPIs and there was the facility within TIG to drill down for further information. During the emergency measures, a number of the contractual arrangements with the CCG were stepped down as some services were either stopped or partially stopped and staff were deployed into other areas. The reset and restore position was working through the organisation in order to get services back to the previous level of performance, whilst recognising some of the work would be done in a different way. As patients were being referred into services, a waiting list dashboard had been created which was managed through the SAFE system and was scrutinised by the Oversight Management Board. The Walk in Centre and Urgent Treatment Centre had been using a booking appointment system but had now reverted to patients 'walking in'. Performance had slightly decreased and this was linked to staffing issues. The situation was being monitored. The two new wards opened at Clatterbridge Hospital in the Community Intermediate Care Centre, Bluebell and Iris Wards, were now fully open and were permanently commissioned to the Trust. The target was for patients to stay no longer than 21 days. The occupancy level needed to be maintained to ensure the flow through the two wards. The Crisis team achieved 100% target to see patients referred into the service within two hours. <p>BBJ highlighted the following from the Workforce section:</p> <ul style="list-style-type: none"> Staff turnover in month was stable at 8.1%. Mandatory training compliance continued to be maintained at 92.9%. |

- Sickness absence was recorded at 6.3% and had increased during August. Short term absence had decreased to 1.5% between August and July and long-term absence had increased slightly from 4.7% to 4.8%.
- Agency staff was 4.2% and was above the cap in August. The main reason for this was the staffing situation in GP Out of Hours and in social care.
- The vacancy rate in August was 6.4%.

PS highlighted the following from the Quality & Safety section:

- The safety indicators included StEIS reportable incidents, information governance incidents, never events, complaints and Friends & Family Test (FFT).
- The RAG rated position for August was green and high-quality outcomes continued to be delivered, in particular zero Information Commissioner's Office reportable incidents, zero never events and zero StEIS reportable incidents both in year and year to date.
- The FFT score was consistently high and was reviewed regularly by the Quality & Safety Committee. The next target was to commence building the return rate for FFT as this was a metric that had been nationally paused but was now gaining momentum.

MG highlighted the following from the Finance section:

- M4 did require some changes from a financial perspective and the Better Payment Code needed to be added to the dashboard. There was some improvement in this and overall, the performance reporting was good.
- The forecast for the first half of the year was to break even. Income had slightly increased and pay and non-pay budgets were slightly overspent. This was due to the timing effect for income received for Telehealth and the Reablement beds. This would all be realigned for the second half of the year.
- The revenue position was good, and the Trust would break even this year, although there was a reliance on non-recurrent savings.
- There would now be a focus on CIP as during COVID there had been some CIP slippage.
- There had been a cost variation on the development of the Marine Lake Health & Wellbeing Centre due to an increase in construction costs and a reforecast plan had been submitted.
- Guidance had been received for H2 and this was being worked through. It was anticipated there would be a gap between the allocations and the anticipated expenditure. This would be viewed as a collective to ensure every organisation in Cheshire & Merseyside achieved a break-even position.

KH stated the live data assisted with the test and challenge and there would always need to be adjustments made. This was important for the Board of Directors as the governance reset was now functioning. There may be the requirement to re-order the Board agenda and for this item to appear prior to the reports of the sub committees of the Board.

MB stated the system was automatic and fed from the data in existing systems and therefore minimised the load of collecting data. This was an efficient method of capturing data going forward. BJ praised this presentation as it was the first time this had been formally presented in the dashboard format.

The Board of Directors was assured by the governance arrangements established to monitor performance across the Trust.

11. Board Assurance Framework (BAF)

WCT21/22-081

AH presented the BAF which provided an update on the strategic risks managed through the BAF following oversight at each of the sub-committees of the Board during August and September 2021. A high-level summary of the risks together with further detail on each strategic risk was included as appendices to the report.

AH noted that ID06 was included but was out of sequence in the papers.

AH highlighted the following:

- Further consideration had been given to the scope of ID11 - *The Trust's corporate governance does not remain effective in providing a framework for the Trust's business, within the developing governance framework of the system* - and at Informal Board, discussion had taken place as to how much of this risk was out of the Trust's control as it related to system governance and the NHS reforms. It had been proposed that this risk should be revisited following an ICP governance workshop taking place on 8 October which was to be attended by KH, MG and AH and a further update would be provided.
- There were ten remaining strategic risks, and it was proposed that one of these - ID02 - would be reduced. ID02 - *Inability to restore NHS services inclusively with the aim of protecting the most vulnerable people in our communities* - had reduced from a risk rating of 16 to 12 due to the mitigations in place. This risk would be monitored through the Quality & Safety Committee.
- The target risk ratings had been included within each of the individual risk reports and none had reached their target. The BAF continued to be a standing agenda item on each of the sub-committees and the trajectory to mitigate the risks was clear. Processes were in place so each individual risk would not have the same mitigations repeated.
- There were two high-level organisational risks that had been tracked through the Education & Workforce Committee and mapped across to the BAF.
- There was no proposal to change any risk ratings in relation to the strategic risks but it was acknowledged that the theme of each risk was addressed through the business of the board and its sub-committees.

CB referred to ID11 in terms of the mitigations in place bearing in mind the involvement of KH, MG and AH and suggested that the mitigations should reflect the work taking place to shape the system and map the Trust's input.

KH made reference to the ICP governance workshop with system leaders, when the development of a system risk BAF was likely to be discussed and the way in which the Trust was progressing and leading with this system development.

CB stated that it would be beneficial for the Trust to document this important piece of work as evidence of the work being undertaken in the Trust.

BJ referred to ID02, noting that the risk appetite was averse with a target risk rating of 8. BJ considered the target rating to be high relative to the appetite and asked whether this should be referred back to the Quality & Safety Committee for further discussion.

The Board of Directors received the update provided in relation to the strategic risks managed through the BAF and noted the current risk rating, mitigations in place and identified gaps. The Board of Directors was assured of the oversight and management of strategic risks through the sub committees of the Board.

12.
WCT21/22-082

12-month Workplan 2021-22 - progress report

AB presented an update on the 12-month Workplan for 2021-22.

AB reflected that the Board of Directors had approved to pause the development of the Trust's 5-year strategy due to the pandemic. A lot of work had been completed to date on the workplan and thanks were expressed to the staff within the organisation.

AB reported that the workplan was aligned to eight key areas with updates provided for each:

- Strategy

- Operations
- Quality
- People
- Mobilisation
- Information Management & Technology (IM&T)
- Capital
- Social Value

No immediate risks had been identified in the workplan and any specific operational risks were identified through the operational risk register.

There had been some slight slippage in terms of the Social Value element and the Board of Directors had agreed to sign off the pledges and this was now back on track and would be submitted to the next Public Board of Directors meeting.

BJ referred to the IM&T section and in particular the Electronic Patient Record where reference was made to consideration being given to being aligned to 'place' and Cheshire & Merseyside systems. In terms of the Trust's collaboration, there should be some statement regarding the solutions and understanding how these would work rather than 'consideration' being given.

AB advised that Wirral and Cheshire & Merseyside had ambitions and there needed to be continuity with no duplication, ensuring there was a system that was fit and proper and right for the Trust in collaboration with partners in the system. The aim was to explore this but with no consequence or detriment for the Trust's staff.

The Board of Directors received the update and was assured on the progress made at the mid-year stage to implement the 2021-22 workplan.

13.

WCT21/22-083

Developing the Trust's 5-year strategy

AB presented the paper which provided assurance on the work completed to date and the plans for further development of the Trust's 5-year strategy 2022-27. AB emphasised how much collaboration and engagement had taken place in supporting the Trust's 5-year strategy.

The new common purpose and values had been developed and the work completed on this had been extensive with staff focus groups held to gain qualitative feedback on what was important to staff.

During September - December 2021, the Strategy Team would be bringing together existing information to engage with staff and partners, and it was planned to bring the new 5-year strategy to the Board of Directors in April 2022.

The development of the strategy would be taken through the Informal Board programme and the plans aligning to the Trust's systems and reflecting the needs of the population was important. Invitations for partners and stakeholders to be involved in the development of Shaping our Future had been issued in the form of an invitation booklet.

A series of focus groups for all Trust staff to attend had been launched covering the themes of:

- Population Health & Health Inequality
- Digital and Innovation
- People (workforce)
- Quality

AB expressed thanks to all those who had been involved with collaboration and co-production being key for those who delivered the services.

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| | <p>The Board of Directors was assured by the plans in place to develop the new Trust's 5-year strategy 2022-27.</p> |
| <p>14. WCT21/22-084</p> | <p>Medicines Optimisation Strategy 2021 - 2024</p> <p>NC presented the Medicines Optimisation Strategy 2021-24 and advised this had previously been approved by the Quality & Safety Committee on 8 September 2021.</p> <p>NC advised that the format was familiar and continued to be utilised by the CQC and throughout the NHS to define pharmaceutical best practice.</p> <p>The delivery of medicines optimisation was based on four principles, as outlined by the Royal Pharmaceutical Society of Great Britain (2013):</p> <ul style="list-style-type: none"> • Principle One - Aim to understand the patient's experience: The focus was on creating a non-judgmental environment where patients were encouraged to discuss their concerns. • Principle Two - Ensure choice of medicine is evidence based: The workforce was supported with evidence-based framework, patient group directions and the delivery of training to non-medical prescribers to ensure they possessed the competencies. • Principle Three - Ensure medicine use is as safe as possible: Strong governance processes needed to be embedded in the system. • Principle Four - Make medicine optimisation part of routine practice: Ensure there was learning from medication incidents and clinical audits were undertaken. <p>The Board of Directors approved the final 2021-2014 Medicines Optimisation Strategy.</p> |
| <p>15. WCT21/22-085</p> | <p>Board of Directors and Committee Terms of Reference</p> <p>AH presented the Terms of Reference for the Board of Directors, Quality & Safety Committee, Education & Workforce Committee/People Committee, Finance & Performance Committee and Audit Committee. The Terms of Reference for the Remuneration Committee were currently being reviewed and would be submitted for approval in due course.</p> <p>Following the reset of the governance arrangements, a review of all committee Terms of Reference had taken place. The review identified an opportunity to streamline and provide a more focussed and innovative approach to the Terms of Reference which now appeared on one page. Positive feedback had been received, stating that the Terms of Reference were concise and clear to understand.</p> <p>VM agreed and stated that the Terms of Reference had travelled through different groups and there had been agreement that they were easier to understand and comprehensive.</p> <p>The addition of the Chief Strategy Officer was to be made to the Board of Directors Terms of Reference.</p> <p>The Board of Directors received and approved the revised Terms of Reference for each committee of the Board and received and approved the revised Terms of Reference for the Board of Directors.</p> |
| <p>16. WCT21/22-086</p> | <p>Board of Directors Annual Workplan</p> <p>AH presented an updated workplan which mapped throughout the year the public business of the Board of Directors.</p> |

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| | <p>AH stated that the workplan was essential to determine the flow and reporting of information in a timely way through Board and through the committees, in accordance with the Board's cycle of meetings. The workplan may be updated should requirements change in terms of onward reporting and provided a useful framework for Board members.</p> <p>BJ appreciated the workplan and drew attention to the number of annual reports due to be submitted in June and asked whether these could be staggered to relieve some of the pressure if they were not time critical. AH agreed to review this.</p> <p>The Board of Directors reviewed and was assured by the annual workplan.</p> |
| <p>17. WCT21/22-087</p> | <p>External Well Led Development Review</p> <p>AH presented the report which provided assurance to the Board of Directors on the preparations and scope of the externally facilitated well led review of leadership and governance using NHS Improvement's Well Led Framework.</p> <p>AH reported that prior to COVID, the Trust had completed an internal review of well-led which had been paused due to the focus on the response to the pandemic. Updates continued to be provided to the Board of Directors whilst the Trust was operating in emergency governance arrangements.</p> <p>The most recent discussions held through formal and informal sessions showed a keenness, support and commitment to continue to have an externally facilitated and independent well led review.</p> <p>AH confirmed the process to commission the review and the methodology to be used. This was recognised as an opportunity to collate all the learning gathered through the internal review. The findings and initial conclusions would be presented to the Board for discussion at the Informal Board meeting in January 2022. An action plan would be developed for those areas requiring further improvement. Key themes from the review would be shared widely with staff, external partners, NHS Improvement and the CQC.</p> <p>The Board of Directors noted the methodology to be used and was assured by the plans put in place to deliver an externally facilitated well led developmental review of leadership and governance using the well led framework across the Trust.</p> |
| <p>18. WCT21/22-088</p> | <p>The National Staff Influenza Programme 2021-22</p> <p>PS presented the report which provided assurance that a robust plan was in place for the effective delivery of the staff influenza programme 2021-22. Approval was also requested for a proposed incentive scheme which was a new requirement that had been requested from NHSE/I to bring to the Board of Directors at the commencement of the programme to request approval of the scheme.</p> <p>PS advised that each year the Trust Board was cited on this programme and recognised the opportunity to demonstrate commitment to the wellbeing of staff and protection to the community by delivering a staff flu vaccination programme. In the previous year, the Trust's target of 90% was exceeded and an uptake of 91% was achieved. The programme was more important than ever this winter as both COVID and influenza were to be managed and national modelling suggested that seasonal flu would circulate at a higher rate this year.</p> <p>PS drew attention to paragraph 12 of the report which referenced a national vaccination update letter which was published for the attention of all NHS organisations and included a best management checklist for the delivery of the programme. This had to be presented for public assurance at the Trust Board meeting at the commencement of the programme.</p> |

PS reported that the appendix attached to the report outlined the Trust's self-assessment position against the checklist and the Trust was fully compliant with all the required elements. As part of this assurance, Board approval was required for a locally selected incentive scheme and details of the scheme were included in the report at paragraphs 29 - 33.

A proposal had been developed by the Flu Group which had been considered and approved in principle by ELT. The proposal was that within each local area (Wirral, Cheshire East and St. Helens) staff would be given the opportunity to vote for a local charity which could demonstrate they had a positive impact within the community, after which a contribution would be made based on the numbers of staff vaccinated. This aligned closely with the social value ambition by supporting local charities. Colleagues had indicated they would feel connected and proud to support local charities in the areas where they worked.

GM asked whether there was any co-ordination with the COVID booster vaccination for staff over 50.

PS advised that all Trust staff would be offered the booster vaccination. The delivery mechanism was different for the flu vaccination which could be delivered by the Trust's internal flu team, whereas the COVID vaccination was delivered either by PCN's or mutual aid. The specific requirement was for the incentive scheme to be attached to the flu scheme. Both vaccinations would be promoted heavily to staff.

The Board of Directors was assured that the staff influenza programme for 2021-22 was in line with the Healthcare worker influenza vaccination best practice management checklist. The Board of Directors also approved the proposed 2021-22 incentive scheme.

19.
WCT21/22-089

Annual Reports 2021/22:

Emergency Preparedness, Resilience & Response (EPRR)

MG presented the EPRR Annual Report which provided assurance on the Trust's state of readiness to respond to threats, hazards and major disruptive events that may impact on the delivery of services. A detailed response to NHSE/I was required, confirming key learning identified.

MG reported that as a Category 1 Responder under the Civil Contingencies Act (CCA) 2004, the Local Health Resilience Partnership (LHRP) required the Trust to be compliant against set standards and this assessment had been previously circulated to Board members. The Trust received an overall rating of 'Substantially Compliant' and this had been approved by the Board of Directors (via virtual approval in September 2021), the statement signed and submitted in line with the timetable.

The Major Incident Plan which had previously been reviewed and some minor changes made, was also attached for approval.

The business continuity plans had been reviewed and a number of them had been activated during the year including the loss of power and IT associated with essential work carried out relating to the generator at the St. Catherine's Health Centre site and staffing issues in Walk in Centres during COVID. The LHRP received this as robust evidence and allowed the Trust to put plans into practice which proved to be a good test for the business continuity plans.

MG reported that there were five threat levels of counter terrorism and currently the threat level to international terrorism in the UK was 'Substantial' having previously been 'Severe'. The Trust's Emergency Planning Lead/Local Security Management Specialist continued to liaise with the Counter Terrorist Police.

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| | <p>MG also made reference to the following:</p> <ul style="list-style-type: none"> • Tests and exercise events were listed for information and showed how the testing and training was provided. • The response to the pandemic was detailed and involved system escalation processes and the standing down of services. • Details of the loss of power at St. Catherine’s Health Centre and the actions taken were provided. The Switch Room Panel and generator were replaced. The upgraded generator would meet the new Tier 5 emission standards and would help to maintain sustainability and mitigate the risk from the power outage. • Addressing the ongoing issues resulting from COVID continued together the impact of winter pressures including seasonal flu. <p>BJ stated that as the Non-Executive Director responsible for EPRR, she supported and was assured by the report and approved the Major Incident Plan.</p> <p>The Board of Directors was assured that the Trust was compliant with the statutory requirements placed upon it as a Category 1 Responder under the Civil Contingencies Act (CCA) 2004.</p> <p>The Board of Directors approved the Major Incident Plan.</p> |
| <p>20. WCT21/22-090</p> | <p>Staff Council - 13 July 2021</p> <p>The decision and action log from the meeting of the Staff Council held on 13 July 2021 was received and noted.</p> |
| <p>21. WCT21/22-091</p> | <p>Any Other Business</p> <p>There was no Any Other Business to be reported.</p> |
| <p>22. WCT21/22-092</p> | <p>Invitation for Public Comments</p> <p>A member of the public raised the following:</p> <ul style="list-style-type: none"> • Thanks were expressed for the Journey of Care story, the focus being on communications and how vital this was for patients. The patient’s wife in the story had said that she did not know about Community Matrons and the member of the public had looked at the Trust’s website and could not find a reference to them. A request was made for the profile of Community Matrons to be raised either by having some information put onto the Trust’s public website or information provided via the Chief Executive’s column in the Wirral Globe. • The question was asked whether a future Journey of Care story could involve someone from the ethnic minorities or whose first language was not English. It was recognised that this would be dependent on who would be willing to be featured on a Journey of Care but would demonstrate the Board’s focus and link into equalities and deprivation. <p>It was agreed both of these points would be followed up.</p> |
| <p>23. WCT21/22-093</p> | <p>Guest speakers - Infection Prevention & Control Team - Infection Prevention Society (IPS) Team of the Year 2021</p> <p>Colleagues from the Infection Prevention & Control team joined the meeting to celebrate their award success as the IPS Team of the Year. PS noted that this was a national award and a great accolade for the team and for the organisation.</p> <p>There was recognition early on in the pandemic that as an organisation, there was a duty of care to support colleagues working in the care sector. The team had an innovative idea to extend the use of the Trust’s SAFE system to provide a governance framework for care home managers by picking up basic and complex standards for IPC and building a system not only for COVID but one that would continue to support and protect people living within the care sector. The IPC team</p> |

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| | <p>reached out to colleagues in the care sector and shared expertise, taking equal responsibility for protecting the residents.</p> <p>MB invited the team to introduce themselves and briefly explain their job role.</p> <p>The team was congratulated for the impressive way they worked in partnership with the care homes and were thanked for joining the Board meeting.</p> |
| <p>24. WCT21/22-094</p> | <p>Items for Risk Register</p> <p>There were no new risks identified for the risk register.</p> |
| <p>25. WCT21/22-095</p> | <p>Staff Story - Taking a multi-disciplinary approach - Senior Community Matron</p> <p>BBJ introduced the Staff Story which featured Linda Taylor, who is a Community Matron and had been working for the Trust for 11 years. The story linked to the Journey of Care.</p> <p>Linda told the story of her patient who was 91 years old, and his wife who was his main carer. The patient had become poorly and deteriorated following a severe infection and the Rapid Response Team had become involved. The patient was anxious about being admitted into hospital due to fears surrounding COVID and the Team nursed him through and provided healthcare assistants to assist with his personal care.</p> <p>Due to recurrent infections, support to manage his COPD was needed and he was referred for ongoing care to the West Wirral Community Matrons.</p> <p>There was a lot to be learnt from this case to recognise problems that occurred with frailty and the importance of prompt recognition and treatment of patients who were deteriorating.</p> <p>KH stated that this linked with the public members comments and highlighted how advanced and holistic the role of the Community Matron was and would follow up on raising their profile.</p> |
| <p>26. WCT21/22-096</p> | <p>Summary of actions and decisions</p> <p>AH provided a brief summary of actions and decisions taken during the Board of Directors meeting.</p> |
| <p>Date and Time of Next Meeting: The next formal Trust Board meeting will take place on Wednesday 1 December 2021. Further details on the venue and joining instructions will follow.</p> | |

Board - Chair Approval

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| Name: | | Date: | |
| Signature: | | | |

The Board of Directors Meeting closed at 4.40 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 meetings held in February, April and June 2021 are now complete.

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

| Topic Title | Minute Reference | Action Points | Lead | Due Date | Status |
|---|------------------|--|-------------------------|----------------|--|
| Board Assurance Framework | WCT21/22-054 | The current risk rating in relation to ID11 to be discussed at the next Informal Board session. | A.Hughes | September 2021 | Risk to be reviewed post ICP governance workshop and discussed at informal board in November 2021. |
| CQC Statement of Purpose | 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 | Complete. |
| Infection Prevention & Control Board Assurance Framework | WCT21/22-062 | Quality & Safety Committee to receive final confirmation that the risk assessment action has been completed. | P.Simpson | September 2021 | Complete. The final completed version went to QSC and reported full compliance. |
| Mortality Report - Learning from Deaths Framework Q1 | WCT21/22-063 | Minor amendment to be made to the appendix prior to publication on the Trust's website. | P.Simpson | August 2021 | Complete |

Actions from the meeting held on **6 October 2021**

| Topic Title | Minute Reference | Action Points | Lead | Due Date | Status |
|---|------------------|---|-----------|---------------|--|
| Board Assurance Framework | WCT21/22-081 | The target risk rating of ID02 to be reviewed versus risk appetite. | A.Hughes | October 2021 | Complete. |
| Board of Directors Workplan | WCT21/22-085 | Review the timing and sequencing of Annual Reports to be presented to the Board of Directors. | A.Hughes | December 2021 | Complete. Revised workplan at agenda item 14 |
| Invitation for Public Comments | WCT21/22-092 | Consider communications activity to raise the profile of Community Matrons in the local community. | A.Hughes | December 2021 | On-going. |
| Guest speakers - Infection Prevention & Control Team | WCT21/22-095 | A formal note of congratulations to be sent from the Board to the IPC team, following their success in receiving the award of Infection Prevention Society Team of the Year 2021. | P.Simpson | October 2021 | Complete. |