

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

MINUTES OF MEETING

WEDNESDAY 8 DECEMBER 2021 at 2.00 PM

MICROSOFT TEAMS

Members:

Prof Michael Brown	Chairman (<i>present for agenda items 1 - 17</i>)	(MB)
Mr Anthony Bennett	Chief Strategy Officer	(AB)
Prof Chris Bentley	Non-Executive Director	(CB)
Ms Barbara Bridle-Jones	Acting Director of HR & Organisational Development	(BBJ)
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)

In Attendance:

Dr Jo Chwalko	Deputy Chief Operating Officer	(JC)
Ms Michelle Drake	Specialist School Nurse/Quality Improvement Practitioner	(MD)
Mr David Murphy	Chief Information Officer	(DM)
Mrs Heather Stapleton	Board Support Officer	(HS)

Reference	Minute
<p>1. WCT21/22-097</p>	<p>Journey of Care - The impact of Covid and how best to support families and children with additional needs</p> <p>PS presented the Journey of Care story which focussed on the journey of a family with a young adult with learning disabilities. MD had joined the meeting to listen to the journey of care and would be telling her own story though the Staff Story at the end of the meeting.</p> <p>MD had invited a mother (Vicky) and her daughter (Reagan) to an improvement event for 0-19 services and Vicky's story had been so compelling PS had wanted to present it to the Board. It described a number of issues and demonstrated the</p>

	<p>positive long-term relationships that the clients had with the 0-19 staff and the impact this had on their lives. Some of the initial examples described when the Trust did not get it right and through MD's understanding and listening and inviting Vicky to talk about it, had helped improvements to be made.</p> <p>PS stated that this aligned well with the Quality Strategy ambitions and MD had been able to assure Vicky and others in a similar situation, that they were being listened to. Vicky had now agreed to be a core member of the Your Voice group and would be able to contribute a lot to this committee.</p> <p>The story also described the experience of a young man who had a bad experience when receiving his vaccination. After watching the video MB asked what changes had been made in relation to the vaccination arrangements.</p> <p>PS reported that there had been complexities in delivering the vaccination programme in the special school setting. The experience of the young man had transformed the way this was now undertaken having taken due regard to his experience. Training was also being undertaken in the organisation and rolling this out was being worked through in conjunction with Learning & Organisational Development Team.</p> <p>MB stated that it was very humbling listening to Vicky's story and the Staff Story would provide a lot of the answers.</p> <p>KH asked where problems had been experienced with the roll out of the vaccination programme to special schools, whether contact was being made with others in a similar situation to ensure the learning was being put into place.</p> <p>PS stated she would ensure that this happened.</p> <p>The Board of Directors welcomed and noted this powerful story.</p>
<p>2. WCT21/22-098</p>	<p>Apologies for Absence Apologies for absence were received from: Mrs Jo Shepherd, Director of HR & Organisational Development</p>
<p>3. WCT21/22-099</p>	<p>Declaration of Interests The members of the Board confirmed standing declarations of interest, but it was noted that there was nothing on the agenda for the meeting that required further action in respect of standing or new interests.</p>
<p>4. WCT21/22-100</p>	<p>Minutes of the previous meeting - 6 October 2021 The Board of Directors approved the minutes of the meeting held on 6 October 2021, as a true and accurate record.</p>
<p>5. WCT21/22-101</p>	<p>Matters Arising - 6 October 2021 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 rising tracker.)</i></p>
<p>6. WCT21/22-102</p>	<p>Chair's Report 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. Following the inaugural meeting of the Integrated Performance Board and the subsequent reporting to committees of the Board, it was agreed that the timing of Board meetings would be changed to the second week of the month, on a bi-monthly basis. This was supported by members at the informal board meeting held in November 2021. • The Trust's Annual Members Meeting was held on 10 November 2021 and followed the laying before Parliament of the Annual Report and Accounts for the financial year 2020-21.

	<ul style="list-style-type: none"> The reappointment of two existing Non-Executive Director appointments was to be considered by the RemNom subgroup when they meet on 14 December 2021. A formal recommendation would then be made to the Council of Governors in January 2022.
<p>7. WCT21/22-103</p>	<p>Lead Governor's Report</p> <p>LC presented the report and highlighted the following:</p> <ul style="list-style-type: none"> The Council of Governors met for a development session on 16 November 2021. Non-Executive Directors and some members of the Executive Team also attended. The agenda was varied and provided the opportunity to consider the development of the Trust's five-year strategy, an update on the Marine Lake Health & Wellbeing Centre and an update on the Trust's recent support to WUTH in relation to the discharge process. The ballot packs for the elections of a number of governor seats had now been issued to all public and staff members. The declaration of results would take place in mid-December.
<p>8. WCT21/22-104</p>	<p>Chief Executive's Report</p> <p>KH presented the Chief Executive's report to the Board of Directors and referenced the challenges being faced at the present time by colleagues across the NHS and social care.</p> <p>KH highlighted the following:</p> <ul style="list-style-type: none"> Graham Urwin, who was currently the Director of Performance and Improvement at NHS England North West, had been appointed Designate Chief Executive of the Cheshire & Merseyside Integrated Care Board. This appointment was a significant step in the development of integrated care in Cheshire & Merseyside. David Flory, Interim Chair of Cheshire & Merseyside ICS, and Graham Urwin were due to meet with MG and Mike Gibbs, Associate Director of Integration & Partnerships, WUTH, to discuss governance in relation to ICS. The Trust was the first in the NHS to achieve the Social Value Quality Mark at Level 1 in recognition of the Trust's commitment to social value, which included the wider and non-financial impacts of projects including the wellbeing of individuals, communities and the environment. The 'Congratulations' section included a number of recognised achievements of individuals and teams from across the organisation and KH expressed her pride in the Trust. <p>KH thanked AH for producing the report which provided a clear description of the current priorities for the Trust and the key activities underway to address them.</p>
<p>9. WCT21/22-105</p>	<p>Integrated Performance Report <i>(live from TIG)</i></p> <p>KH presented the report which provided the Board of Directors a summary of performance across the Trust live from the new Integrated Performance Dashboard in TIG.</p> <p>VM highlighted the following from the operational section, which demonstrated the Trust's responsibility in achieving local, as well as national and regional performance indicators;</p> <ul style="list-style-type: none"> The Trust had 59 green KPIs, 6 amber and 15 red. A lot of work was taking place on the amber and red KPIs, some of which was a legacy of Covid. The Walk in Centre KPI was consistently above target at 99%. There was a slight drop indicated which highlighted the pressure at the present time. The DTA bed occupancy rates in the CICC were 90%. The average length of stay was 30 days and this was being closely monitored as some patients were not being discharged as quickly as anticipated due to the pressure in the market. Discussions to improve this were being held with partners.

- GP Out of Hours was a new KPI and work needed to be done to improve response times for ambulances and clinical assessments.
- The overall report was positive and proved the high level of quality work staff were delivering on a daily basis.

KH emphasised the intense pressure the system was under with activity increasing at the present time. It was important that the CICC worked safely and the focus was on flow through the wards. The Executive Team would be spending time reviewing the winter pressures including this issue, to ensure there was alignment in the system.

MB asked about the issues surrounding the new response times in GP Out of Hours, as there was an action plan in place specifically for the issue of the availability of GPs to fill the shifts and the validation of data.

NC advised that part of the issue reflected the lack of capacity and demand on GPs which reflected national pattern. The response time target was 15 minutes which was described as either a pass or a fail and consequently work was underway to determine the response either side of the 15 minutes 'window. This would allow some stretch targets to improve the overall KPI.

BS referred to the higher length of stay of patients in the CICC and KH advised that pathway zero was always the preferred discharge option, however some patients needed more assistance.

BBJ highlighted the following from the Workforce section:

- Staff turnover in month was 9.2% and showed an increase from the previous month.
- Mandatory training compliance had increased to 93.7%, the year-to-date figure being 92.4%.
- Sickness absence showed a further increase at 7.5%, the year-to-date figure being 6%. The key reasons were stress, coughs and colds and flu and chest and respiratory issues. The key trend was that long term absence was increasing due to stress.
- A task and finish group had been established to consider the mitigations to help reduce pressure and stress and support the wellbeing of staff.
- The monthly pulse survey had teamwork as its theme for this month.
- Agency staff expenditure continued to be over the cap and difficulty in recruiting GPs and social care were the highest areas of agency spend.
- The vacancy turnover rate was 6.6%.

PS highlighted the following from the Quality & Safety section:

- The safety indicators included StEIS reportable incidents, Information Commissioner report, never events and falls. The information reported was by exception and was up to the end of October.
- There was one incident that had been reported through the Clinical Risk Management Group and reached the threshold for StEIS reporting. Learning would be reported to the Quality & Safety Committee. There would be two more incidents which would move forward to the Quality & Safety Committee in January 2022 for further review.
- The red RAG rated information governance incident had been fully investigated and no further information requested by the Information Commissioner's Office. This case had been closed.
- The FFT score was below 90% and discussions had taken place in the Quality & Safety Committee where it was noted that having implemented the text messaging system, the FFT reporting into the organisation had significantly

increased. A lot of this related to urgent care and the Quality & Safety Committee was closely monitoring and triangulating against this information.

MG highlighted the following from the Finance section:

- The Trust achieved a breakeven position in H1 and planned for breakeven in H2.
- H2 had started with a deficit of £470k and was due to:
 - the 3% pay award paid for H1 had not been fully funded although this was included in the settlement and there had been an issue of Trust staff who were working on Local Authority contracts
 - the H2 planning had not been concluded and therefore the CIPs not included. This would be included for month 8.
- The rest of the year was planning a small surplus to breakeven with an adjustment to the end of the year for leave accrual. This was a national directive and work was ongoing with regulators to review progress.
- Capital was behind plan and had reduced from £7.7m to £5m due to slippage on the Marine Lake Health & Wellbeing Centre. It was anticipated a revised plan for capital would be submitted at the end of month 8.
- The Better Payment Practice Code had reduced to 85%, which reduced the cumulative to 92%. This was due to the fact that there was a focus on clearing overdue invoices which did not count until they had been paid.

MB stated there had been no compensation received for NHS staff working on local government contracts and no compensation for increases on NHS salaries agreed nationally and this may become problematic in the long term.

MG stated that from the national perspective the view would be that there was an allocation for this in the funding package for H2, however this had been reduced.

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

10.

WCT21/22-106

Reports from the Sub Committees of the Board - October/November 2021

Finance & Performance Committee (FPC)

BJ provided the following summary and reported that the Committee had met on 13 October and 1 December 2021:

- At the meeting held in October, the first report on the newly created Integrated Performance Board was received and covered finance and performance elements aligned with the Committee's responsibilities.
The key points were:
 - All trusts were instructed to improve performance against the Better Payment Practice Code (BPPC). Managers were to be reminded of the importance of the timely approval of invoices and requisitions.
 - The Committee noted that it would be necessary to renegotiate some KPIs to reflect the changes that had taken place during the pandemic in the way some services were delivered.
 - The Committee was assured by the report.
- The December meeting noted the following key points:
 - The BPPC level had deteriorated slightly and the risk to achieving the 95% target was noted on the risk register.
 - The financial planning returns for H2 had been submitted by the deadline but discussions were ongoing on whether the process for distributing allocations was equitable. The remaining system gap of £50m was being addressed by organisations through increased income or CIP requirements. The proposed revised plan for the Trust to continue to achieve breakeven was presented to the Committee and to the Board of Directors for approval at their private meeting held on 8 December 2021.

- The Committee was assured by the report.
- At the December meeting, the first report from the Programme Management Group (PMG) was received and it concluded that the CIP programme had been reviewed and it was agreed that CIP delivery would be added to the PMG Terms of Reference. An independent organisation had undertaken a review of the project management approach and capability across the Trust. This had led to a number of actions including the appointment for a replacement to the Head of PMO post. This would increase skills to support critical and strategic projects across the Trust and the introduction of a project prioritisation matrix. Given the criticality of project delivery on the achievement of the Trust's strategy and financial targets, the Committee requested overview of the review findings and the project prioritisation matrix should travel through to the next meeting of the Informal Board. The Committee was assured by the update provided.
- The Chief Information Officer (CIO) provided a regular update to both meetings on progress in delivering the 2021/22 digital workplan. A detailed summary was provided of all the actions in the current workplan providing assurance that the majority were on track. There was one outstanding action from the 2020/21 Data Security and Protection Toolkit in relation to the provision of immutable back-ups which the Trust had committed to NHS Digital to be addressed by the end of Q3. This had been achieved early at the end of November and the final assurance was being sought by MIAA. Discussion had taken place on the work being undertaken to support the wider System digital agenda by the integration of SystmOne with the GP medical record system EMIS. This would enable staff in GP Out of Hours to access records from GP practices to support clinical decision making and enhance patient safety. The Committee was assured by the engagement the CIO and the Digital Team were undertaking.
- The Deputy Chief Finance Officer provided an update to both meetings and presented the Month 7 report. The Committee noted that the Trust was reporting its first deficit and the reasons were outlined and the forward plan to achieve the required year end breakeven position was shared for assurance:
 - The capital programme remained behind plan.
 - The Committee noted that capital spend was an area of scrutiny across Cheshire & Merseyside with the potential for underspends to be redistributed between trusts as there could be no last-minute slippage which occurred in the previous year.
 - The Committee was assured that progress in capital spend would be closely monitored by the Programme Management Group with assurance on delivery being brought to each meeting of the Finance & Performance Committee.
 - The risk to delivering H2 financial targets and achieving the planned capital investment was recognised and the Committee was assured that these had been appropriately recorded on the risk register.
 - The Committee was assured by the finance update.
- An update on CIP performance in 2021/22 was received from the Chief Operating Officer together with the planned programme for 2022/23. Since the October meeting of the Committee, a new governance structure had been established to ensure the delivery of the current year CIP and to develop the 2022/23 plan with the COO taking the executive lead. There was a significant element of recurrent savings that remained unidentified with the potential of £1.7m of non-recurrent CIP being recorded by the year end. This would create significant additional pressure on the CIP programme for 2022/23. A positive discussion took place about the importance of CIP and the need to re-engage frontline staff in the CIP programme whilst being realistic about what could be achieved given workload demands. A request was made to link the work back to the Wellbeing pledges being discussed by the Education & Workforce Committee. The discussion concluded that the Trust Board would need to understand the totality of what was possible in relation to CIP, overlay this with all other priorities and consider in the context of what the resultant demands

would be on staff. The Chief Finance Officer was asked to revisit the risk scores for CIP 2021/22 and 2022/23.

- An update on the operational performance of the Trust was received and it was noted that at month 7 over 80% of KPIs were RAG rated green or amber. This was an improved position from month 5 and provided assurance on the progress made to recover and reset services. The majority of red KPIs related to waiting lists and work was ongoing to address performance. The Committee was assured on the quality and safety aspects of the red KPIs as there was no increase in incidents or complaints being reported.
- The high-level risk report was received at both meetings and there were no new or existing high level risks for review by the Committee. At the December meeting it was noted that there were nine medium rated risks relating to IM&T, operational waiting lists and the H2 financial position. The Committee understood the challenges should the risk position deteriorate. The Committee was assured of the actions being taken to mitigate and control the risks reported.
- An update on the Board Assurance Framework (BAF) was received at both meetings and it was noted that there were no elements of the BAF for the Committee to approve. There were no further gaps identified as a result of the items discussed on the agenda. The Committee remained assured by the mitigations, gaps, outcomes and trajectories for each of the principal risks.
- An update was received on the plan for submitting the next Data Security and Protection Toolkit and the 2020/21 Reference Cost post-submission report.
- The Terms of Reference for those committees reporting to the FPC were reviewed and approved.
- The progress being made with the internal audit recommendations were monitored and the positive progress being made, especially by the IM&T team was noted.
- The policy schedule was reviewed to ensure that all the policies aligned to the FPC remained in date or the required reviews were under way.
- There was nothing of concern within these matters and nothing to escalate to the Trust Board.

Education & Workforce Committee (EWC)

GM provided the following summary and reported that the Committee had met on the 13 October and 1 December 2021:

- The People Plan 2021/22 was received and the main items of the plan were wellbeing, recovery and culture. The Committee discussed the health and wellbeing of staff and whether this was at the centre of management and leadership. Health and wellbeing needed to be the routine culture of the Trust.
- The Workforce Report was received live from TIG. The qualitative aspects of appraisals were considered to ensure they are a quality discussion and health and wellbeing was part of that process.
- The Risk Management Report was received, and the Committee noted there were no new or pre-existing high-level risks for consideration. Risk ID2689 - *Community Intermediate Centre* - had been reduced from a risk score 16 to 12 on the basis of successful and ongoing recruitment. This risk would continue to be monitored by HR and weekly by the Operational Oversight Group. ID2690 - *GP Out of Hours* - had been reduced from a risk score of 16 to 12 as additional cover had been provided by Primary Care. This risk was being monitored at divisional level and weekly by the Operational Oversight Group. The Committee was assured by the risk report.
- An update on the BAF was received and the Committee approved the mitigations, gaps, outcomes/outputs and trajectories for each of the principal risks on the BAF.
- A progress report on Internal Audit reviews was received live from TIG and the Committee noted the update.
- The Policy Schedule update was received live from SAFE and the Committee was assured by the update.

Quality & Safety Committee (QSC)

CB provided the following summary and reported that the Committee had met on 10 November 2021:

- The SAFE Assurance Group update was received from the Medical Director who reported that the Group had received an update on the work of the newly established Quality Strategy & Regulatory Delivery Group which was strengthening the processes of scrutiny and challenge across the Trust in respect of regulatory compliance. The Group had been actively supporting the Community Integrated Care Centre (CICC). The service restoration plans were reviewed and quality assured. The Team Leader checklist completion had slightly increased to 90% for October. Compliance with the Medicines Management checklist was high with one exception which was being addressed by the Service Director. There had been a slight decrease in the IG checklist on Bluebell Ward but assurance was provided that this was due to an IT issue which had now been resolved.
- A revised Trust wide Quality Strategy Delivery Plan for 2021/22 was presented by the Chief Nurse and covered the electronic Friends & Family Test, re-engagement with public members through the Your Voice group, recruitment of four QI practitioners and the newly established Learning & Review Panel. The Committee was assured by the update provided.
- The Quality & Patient Experience Report was presented, and the Committee noted there was one red RAG rated quality measure and one amber with all other measures rated green. The red and amber rated measure had been mitigated. There had been five falls reported in September and these had been categorised as low or no harm. A Safety Risk & Learning Panel had been established which reported to CRMG and a review was underway. The Committee was assured by the risk governance framework in place.
- The Risk Management Report was presented by the Chief Nurse and there were no new or pre-existing high-level risks for consideration by the Committee. Discussion took place in relation to medium level risks which were being reviewed individually whereas a collective view may be more helpful. The Committee agreed that an escalation of themes would be taken through to IPB for oversight.
- The BAF was received, and discussion took place in relation to delivering culturally sensitive care. The mitigations in relation to ID02 were to be strengthened.
- The quarterly Mortality Report was received, and the Medical Director reported that five deaths had been reported in the reporting period of which one was in scope. Some discussion had taken place in relation to acknowledging the Trust's responsibilities in relation to learning from deaths in St. Helens, Cheshire East and Knowsley.
- The Controlled Drugs Accountable Officer's Annual Report was received and presented by the Medical Director. A query had arisen in relation to the prescribing of methadone and assurance was provided that the Trust did not prescribe methadone and the example in the report had been incorrectly attributed to the Trust. The Committee noted the report and was assured that controlled drugs were handled safely throughout the organisation.
- The quarterly IPC Assurance Report for Q2 was received and had been designed around the 10-criterion in the IPC Code of Practice. Two areas were highlighted as amber and eight as green and the Committee was assured by the implementation. Congratulations were extended to the IPC team who had won the Infection Prevention Society Team of the Year Award for 2021.
- The Freedom to Speak Up (FTSU) report was received and thanks were expressed to Sarah Alldis, Associate Director for Adult Social Care, for her work as the FTSU Guardian. The Committee wished her well in her new role. The Committee noted the contents of the report and was assured that robust systems and processes were in place.

- The Chief Information Officer joined the meeting to present the Data Security Protection Toolkit and reported that the Trust was fully compliant with 53 of the 145 RAG rated assertions in the toolkit, 89 were rated amber and three red. The Committee noted the contents of the report and agreed that in future the tracking of the toolkit should be monitored through the FPC.
- An update was received from the Director of Corporate Affairs on the review and refresh of the Terms of Reference of the groups who reported to the Committee and these were agreed.
- The audit tracker dashboard in TIG was shared and there was nothing to report by exception. The Committee was assured by the report.

Audit Committee

BS reported that the Audit Committee had held an Extraordinary meeting on 21 October 2021 to sign the Annual Report & Accounts for 1 April 2020 - 31 March 2021.

The financial statements were prepared on a going concern basis and had been prepared in line with the NHS timetable. A delay had been experienced in the signing of the accounts as the Trust's external auditors had had to wait for the LA pension scheme to be signed by their external auditors.

There were no significant issues with the accounts and thanks were expressed to the finance team for their hard work in the preparation of the accounts.

Informal Board

AH presented the report to the Board and reported that Informal Board had been held on 3 November 2021.

This had been a varied session and a number of guest speakers had attended, both from the Trust and externally in the system.

The next Informal Board would be held on 5 January 2022.

Staff Council

In the absence of JS, BBJ presented the following summary and reported that the Staff Council had met on 9 November 2021 when a variety of subjects had been discussed:

- The feasibility of having a staff garden had been raised and finance colleagues would be exploring the use of charitable funds for this purpose.
- The reverse advent calendar where donations were made to the food bank had been discussed.
- The legislation in relation to the mandatory requirement for staff to have received their vaccinations in order to work in the care homes was discussed, as well as the legislation with effect from 1 April 2022 in relation to the requirement for all front line staff to have had both their vaccinations
- Members were being encouraged to take up the role of the Staff Council Deputy Joint Chair following the retirement of the current holder.
- There was a discussion on staff Christmas gatherings and it was noted that a cautious approach should be taken.
- Staff were encouraged to attend the next 'Get Together'.
- The NHS Staff Survey was promoted, and more staff members were to be encouraged to take part.
- Staff were also being encouraged to become involved in the Shaping our Future focus group discussions in order for their voice to be heard in formulating various strategies.

Staff Council was assured by all the reports received.

11.
WCT21/22-107

Board Assurance Framework (BAF)

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 October and November 2021.

AH highlighted the following:

- Finance & Performance Committee and the Quality & Safety Committee had reviewed their risks and considered the trajectories. Some updates had been made to strengthen the mitigations and overall, there was nothing escalate in respect of those risks.
- The Education & Workforce Committee had met in December and considered the four strategic workforce risks (i.e., ID07, ID08, ID09 and ID10). The details were included in the cover paper to the report and provided a summary of discussions held with staff wellbeing and workforce pressures being the recurrent themes.
- The Committee had considered the risks in the context of the wider agenda and recommended that at the next Informal Board meeting, the full Board of Directors test the strategic workforce risks in the wider context to ensure they remained fit for purpose and were being described effectively based on the challenging environment and the increasing workforce pressures across the NHS.
- The accuracy of the risk description for ID10 was discussed and challenged, particularly in the context of the delivery of the People Plan, the wellbeing pledges and the workforce report. The revised description for ID10 was highlighted in red text.
- MIAA had completed phase 1 review of the Trust's Assurance Framework. This was an annual exercise and informed the Head of Internal Audit Opinion. It had been agreed that a two-phased approach would be taken and phase 1 had concluded that the BAF was structured to meet the NHS requirements and was visibly used by the organisation on an ongoing basis.
- Risk ID11 had been an outstanding 'matters arising' following the Board meeting held on 4 August 2021. This remained in abeyance although there was now further insight in relation to place based governance and this would be revisited in the coming weeks.

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,
- approved the proposed risk description for ID10, and
- supported the recommendation from the Education & Workforce Committee to review the workforce strategic risks through an informal board session.

12.

WCT21/22-108

Health & Wellbeing Pledges

BBJ presented the paper which sought approval of the wellbeing pledges that every North West trust had been asked to comply with in relation to health and wellbeing. The pledges had been proposed by the NW Human Resources Director network as an overall shift of focus from sickness absence to holistic wellbeing.

The health and wellbeing pledges evidenced wellbeing as a priority for the Board and were included in the papers. The Trust had demonstrated that this was a priority for the organisation and for the Board. One of the pledges was to give staff a voice and it was noted that the Trust already had a range of mechanisms in place for this.

'Leadership development that supports managers in our new approach' was another pledge and the Trust had this as a focus with compassionate leadership being developed.

The pledges had to be made by the end of December and the organisation's enabling action plan had to be agreed by the end of January 2022 and would be incorporated into the 2022/23 wellbeing plans, as recommended by EWC.

	<p>The pledges would be part of the Wellbeing Guardian launch communications in Quarter 4 and progress would be monitored by the Board of Directors and sub committees on a quarterly basis.</p> <p>The Board of Directors approved the commitment to the wellbeing pledges.</p>
<p>13. WCT21/22-109</p>	<p>Communications, Marketing & Engagement Activity Update Report for Quarters 1 & 2 - 2021/2022</p> <p>AH presented the Communications, Marketing & Engagement Strategy activity report for Quarters 1 and 2 covering the period April - September 2021.</p> <p>The following key projects were highlighted:</p> <ul style="list-style-type: none"> • There had been a huge internal communications effort across the organisation to ensure staff had access to all messages at the right time and in the best way. There were twenty project highlights reported in addition to business as usual with blogs, vlogs and editions of The Update. • One of the projects was to welcome St. Helens colleagues to the Trust and positive feedback was received from them. • The bid for the Knowsley Healthy Child Programme was supported and following the successful announcement Knowsley colleagues would also be welcomed in the new year. • During Quarters 1 and 2 the Communications Team were more actively engaged in system working and were involved in the coming together of communication leads across the system. • There was also involvement in the UECUP programme, ICS, place based partnership governance and cross system working in relation to winter pressures and sending messages out to the community. • The priorities for Quarter 3 were noted and all of these were underway. • Priority areas for Quarter 4 was the prioritisation and segmentation to staff of the number of messages being communicated to the workforce. • There would be close working with the regional team around the profile of community nursing and the role of community services in place and in the system. <p>MB praised the Communications Team for their professionalism and stated that the output from them, as a small team, was impressive and they were to be congratulated.</p> <p>The Board of Directors was assured that the communications, marketing and engagement activity evidenced in this report for Quarters 1 and 2 met the aims of the Trust.</p>
<p>14. WCT21/22-110</p>	<p>Board of Directors Workplan</p> <p>AH presented and updated and revised workplan which mapped throughout the year the public business of the Board of Directors.</p> <p>Following the Board meeting held October, the timing of annual reports had been revised for the forthcoming financial year.</p> <p>The Board of Directors received and was assured by the annual workplan presented.</p>
<p>15. WCT21/22-111</p>	<p>External Well-Led Development Review - progress review</p> <p>AH presented the report which provided the Board of Directors with an update of the developmental review which was currently underway with MIAA.</p> <p>Further work would include staff surveys and wider engagement with partner organisations. The report also included the next steps for the feedback and action planning to address any areas for improvement identified through the review. AH</p>

	<p>expressed thanks to all Board members for their participation in the recent interviews.</p> <p>The Board of Directors noted, and was assured by, the good progress with the delivery of the externally facilitated well led developmental review of leadership and governance, using the well led framework, and the next steps described.</p>
<p>16. WCT21/22-112</p>	<p>CQC Statement of Purpose</p> <p>PS presented the paper which updated the CQC statement of purpose for approval.</p> <p>PS reported that regular updates had to be made as services changed. There were two minor changes that required to be made and these related to:</p> <ul style="list-style-type: none"> • An update of the grammatical tense, confirming that the Trust has provided the 0-19 Healthy Child Programme in St. Helens since 1 September 2021. • Inclusion of the intended delivery of the Knowsley 0-25 Healthy Child Programme from 1 February 2022. <p>The changes were highlighted in red in the updated statement of purpose for ease of reference.</p> <p>The Board of Directors approved the updated CQC Statement of Purpose.</p>
<p>17. WCT21/22-113</p>	<p>Mortality Report - Learning from Deaths Framework Quarter 2</p> <p>NC presented the report in relation to the implementation of the Learning from Deaths framework. The report had previously been submitted to the Quality & Safety Committee for scrutiny and approval.</p> <p>NC reported that as part of the feedback from the Quality & Safety Committee, paragraph 8 had been slightly modified as it clarified where the unexpected deaths occurred, and this would follow the same governance processes irrespective of where it occurred from the Trust's services.</p> <p>There had been a total of five reported deaths of which one was within scope with no specific learning for the Trust. There were no deaths which met the criteria for StEIS reporting.</p> <p>There was one outstanding case from Quarter 1 which did identify learning, and this had been actioned through the service leads.</p> <p>The Board of Directors was assured that:</p> <ul style="list-style-type: none"> • quality governance systems were in place to ensure continuous monitoring and learning from deaths in accordance with Trust policy • that the Trust was actively involved in supporting the system-wide development of processes reporting and learning from deaths. <p>The Board of Directors approved Appendix 1 prior to publication on the Trust website.</p>
<p>18. WCT21/22-114</p>	<p>Controlled Drugs Accountable Officer's Annual Report</p> <p><i>At this point in the meeting MB had to leave and BJ took over the chair.</i></p> <p>NC presented the Controlled Drugs Accountable Officer's Annual Report and advised that this had previously been submitted for assurance to the Quality & Safety Committee.</p> <p>The report provided detailed information on the processes in place to ensure the Trust was compliant with updated controlled drugs legislation. Controlled drugs</p>

	<p>systems, procedures and incidents were regularly reviewed, and actions were taken as necessary to strengthen controlled drugs safety and governance.</p> <p>NC drew the Board's attention to paragraph 3 which detailed the responsibilities of the Controlled Drug Accountable Officer. The structure around these duties and descriptions of the supporting evidence the Trust had in place was included in the report.</p> <p>Paragraph 32 detailed the focus on the national recommendations from the CQC and highlighted the challenges COVID-19 presented.</p> <p>The Board of Directors was assured that controlled drugs were handled safely throughout the Trust's services.</p>
<p>19. WCT21/22-115</p>	<p>Staff Council - 16 September 2021</p> <p>The decision and action log from the meeting of the Staff Council held on 16 September 2021 was received and noted.</p>
<p>20. WCT21/22-116</p>	<p>Council of Governors</p> <p>AH advised that the minutes from the CoG meeting on 30 September were subject to approval. The Lead Governor Report from October 2021 (at agenda item 7) provided a briefing from the last formal meeting and the development session in November 2021.</p>
<p>21. WCT21/22-117</p>	<p>Any Other Business</p> <p>Prior to leaving the meeting, MB congratulated JC on her recent appointment to the post of Chief Operating Officer.</p> <p>MB also thanked HS for her work in supporting the meetings of the Board of Directors and the Audit Committee and wished her well in her forthcoming retirement.</p>
<p>22. WCT21/22-118</p>	<p>Invitation for Public Comments</p> <p>A member of the Council of Governors reflected on the Journey of Care which she had found to be very insightful. Reference was made to the training being rolled out and the question asked whether the social model for disability would be introduced and whether Vicky could be involved in the learning sessions for staff as she had experienced the situation firsthand.</p> <p>PS advised that Vicky had attended a learning event which had been initiated by MD to share her story with 0-19 staff so they could hear about her experience firsthand. Vicky had also agreed to join the Your Voice group. This Journey of Care also reflected the framework for the Health Inequalities Strategy and the need to ensure fundamental processes were in place when services were accessed.</p> <p>VC asked whether this would include human rights and welfare and PS confirmed these would be included in the conversations.</p> <p>The question was also asked about the number of patient safety incidents and the seriousness of them in terms of the proportion of patients seen.</p> <p>PS advised that an indepth analysis took place in the Quality & Safety Committee, but the majority of the incidents were of low or no harm and the data was tracked robustly through committee. PS offered to talk more fully to governors in the Quality Forum if this would be useful.</p> <p>PS advised that the reporting of incidents was welcomed and demonstrated the positive safety culture within the organisation. In proportion to the monthly activity, it was a very small proportion, and this could be shown in future reports.</p>

	VM referred to the Journey of Care and in particular the everyday language that was used which was powerful. Going forward, more patient stories should include service users in order that services could be developed to be more patient centred.
23. WCT21/22-119	Items for Risk Register There were no new risks identified for the risk register.
24. WCT21/22-120	Staff Story - Special School Nursing BBJ introduced the Staff Story which was linked to the Journey of Care. MD was present for this item and was welcomed to the meeting. BBJ stated that Vicky and Regan's experience had impacted on the way people did their job and the importance of listening, communicating and navigating the journey with patients and clients. MD stated that when she reflected back on the experience the impact was not always realised. The organisation was very caring and she had been fortunate to have had the opportunity to work with these families. PS thanked MD and stated that as an experienced Special School Nurse and a Paediatric Nurse, the skills used every day were not always realised. Thanks were expressed from the Board of Directors for the values and compassion MD brought to her work every day and for impacting on the lives of the most vulnerable families. KH stated that this was a reminder that the organisation was here to provide services to provided treatment, care and support and to listen to what people needed from the Trust and MD was a credit to her profession.
25. WCT21/22-121	Summary of actions and decisions AH provided a summary of actions and decisions taken during the Board of Directors meeting.
Date and Time of Next Meeting: The next formal Trust Board meeting will take place on Wednesday 9 February 2022. Further details on the venue and joining instructions will follow.	

Board - Chair Approval

Name:		Date:	
Signature:			

The Board of Directors Meeting closed at 16:35 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	Pending. Risk suspended from BAF as place governance arrangements and accountabilities are finalised.

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.

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
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.

Actions from the meeting held on: **8 December 2021**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Staff Story: Special School Nursing	WCT21/22-120	Learning from the vaccination programme in special schools to be shared with other colleagues across the region.	P.Simpson	February 2022	Complete.