

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

MINUTES OF MEETING

WEDNESDAY 13 April at 2.00 PM

Members:

Prof Michael Brown	Chairman	(MB)
Mr Anthony Bennett	Chief Strategy Officer	(AB)
Prof Chris Bentley	Non-Executive Director	(CB)
Dr Jo Chwalko	Chief Operating Officer	(JC)
Dr Nick Cross	Medical Director	(NC)
Ms Karen Howell	Chief Executive	(KH)
Mrs Alison Hughes	Director of Corporate Affairs	(AH)
Ms Beverley Jordan	Non-Executive Director	(BJ)
Mr Gerald Meehan	Non-Executive Director	(GM)
Mr Brian Simmons	Non-Executive Director	(BS)
Mrs Paula Simpson	Chief Nurse	(PS)

In Attendance:

Ms Lynn Collins	Lead Governor	(LC)
Mr David Miles	Deputy Chief Finance Officer (representing MG)	(DMi)
Mr David Murphy	Chief Information Officer	(DMu)
Mrs Heather Stapleton	Minute taker	(HS)
Ms Becky Willis	Health Visitor, 0-19 Team, Cheshire East (present for agenda items 1 only)	(RW)

Reference	Minute
1. WCT22/23-001	<p>Staff Story: Health Visiting Enhanced Team, Cheshire East</p> <p>PS explained that the Staff Story and the Journey of Care would be presented together as they were linked.</p> <p>PS welcomed RW to the Board meeting. RW worked as a Health Visitor in the 0-19 Team in Cheshire East and talked about her experience of supporting and working with families as part of the Afghanistan resettlement programme. The work reflected the importance of the specialty community public health nursing delivered through the 0-19 service and the work done by them to support families. It also demonstrated how they were informing future commissioning, service access and policy development.</p> <p>RW stated she was passionate to support the programme, and working alongside the families had made her proud of her job role, and that she was privileged and</p>

	<p>proud to work for the Trust. The programme allowed the value and role of the 0-19 team to be showcased and families appreciated the support received.</p> <p>Journey of Care: Afghanistan Resettlement Programme, Cheshire East PS introduced the Journey of Care which provided an account of a family member who was part of the resettlement programme and described how support from the service had assisted her in the traumatic journey of resettlement.</p> <p>The Board of Directors noted that the individual service user had requested anonymity hence her name was not used within the story.</p> <p>The service user provided feedback of her experience in relation to the care and support she had received from the 0-19 team, whilst temporarily residing in the area. This included support for her three children in terms of their emotional wellbeing and health, mental health and advice on accessing health appointments. The service user was now in employment and the children were settled in schools.</p> <p>RW asked whether there was anything that could be built upon to strengthen the service.</p> <p>The service user explained that since moving into their house, some difficulty was being experienced in accessing appointments and RW would feed this back to the GP services. The service user stated that their life was now easier, and she knew she could contact the 0-19 team if any help or advice was needed.</p> <p>RW advised the Board that this was a whole team approach and included administrative and medical staff. Everyone had taken an active role to support the programme which was currently done in addition to their enhanced caseload.</p> <p>BJ reflected that it was a humbling story to hear, which also highlighted the issue of there being no additional funding for these enhanced services.</p> <p>MB thanked RW for attending and for the work being undertaken by the team.</p>
<p>2. WCT22/23-002</p>	<p>Apologies for Absence Apologies for absence were received from:</p> <p>Mr Mark Greatrex, Chief Finance Officer/Deputy Chief Executive Ms Tracy Hill, Interim Director of HR & Organisational Development Mrs Jo Shepherd, Director of HR & Organisational Development Lynn Collins, Lead Governor was present to observe ONLY and was not able to participate</p>
<p>3. WCT22/23-003</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. WCT22/23-004</p>	<p>Minutes of the previous meeting - 9 February 2022 Minute WCT21/22-129 - Integrated Performance Report - PS advised that she would provide some adjusted wording to the minute relating to the Quality & Safety section, which would provide clarity between the StEIS reportable incidents and those relating to falls in the CICC. The final version of the minutes from February 2022 would be amended accordingly.</p> <p>Following the above amendment being made, the Board of Directors approved the minutes of the meeting held on 9 February 2022, as a true and accurate record.</p> <p>POST MEETING NOTE: PS provided the revised wording, and the minutes were amended and published.</p>

<p>5. WCT22/23-005</p>	<p>Matters Arising - 9 February 2022 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>6. WCT22/23-006</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"> • MB and AB had been invited to speak at the forthcoming HFMA Chair's Conference on the Trust's social value journey and aspirations for the future. This followed the Trust receiving the Level 1 Social Value Quality Mark at the end of last year. • The conference provided the opportunity to discuss the importance of health inequalities with the newly appointed ICS Chair for Cheshire & Merseyside as well as the opportunity to discuss with the Head of Digital Products the support needed for further IT development within the Trust. • Thanks, and best wishes for the future were extended to BS who would be leaving the Trust at the end of April 2022. He would be greatly missed and had made a huge contribution to the Trust.
<p>7. WCT22/23-007</p>	<p>Lead Governor's Report AH presented the report on behalf of LC and highlighted the following:</p> <ul style="list-style-type: none"> • In accordance with the streamlined governance arrangements, the Council of Governors had not met face to face since the last meeting of the Board, but had held formal and informal meetings on-line • The members of the Remuneration & Nomination sub-group had been supporting the recruitment of a new Non-Executive Director/Audit Chair for the Trust. It was anticipated a formal recommendation of appointment would be made to the full Council of Governors in early April 2022. • A sub-group of the Council of Governors continued to support the Trust in the procurement exercise to appoint a new external auditor for the organisation. It was expected this exercise would conclude in July 2022 when a formal recommendation would be submitted to the Council of Governors. <p>MB made reference to face-to-face meetings and advised that advice had been received for Trusts to judge their own situations locally. The Trust was keeping this under constant review whilst being cautious.</p> <p>CB stated that the Quality & Safety Committee had a link into the Quality Forum and advised that regular meetings had been taking place with VC which had proved to be valuable in lieu of face to face meetings. CB expressed his thanks to VC for the useful conversations that had taken place.</p>
<p>8. WCT22/23-008</p>	<p>Chief Executive's Report KH presented the Chief Executive's report to the Board of Directors and highlighted the following:</p> <ul style="list-style-type: none"> • Following the Level 4 incident declared in December 2021, a streamlined approach to governance had been implemented by the Trust. These arrangements had now been suspended and the transition to full extant governance arrangements was in progress for the new financial year • All Place based Directors for the Cheshire & Merseyside Integrated Care System had been appointed. These appointments were important for continued good partnership working across Cheshire East, Knowsley and St. Helens. • The Mental Health, Learning Disabilities and Community (MHLDC) Provider Collaborative continued to work to identify the recommended resource requirements for the collaborative for discussion with the ICS. It was anticipated the governance arrangements would be finalised at a workshop being held on 8 April 2022. An update would be provided to the June meeting of the Board of Directors. • Advice had been received that the CQC would be undertaking inspections of a number of services across Cheshire & Merseyside to understand the patient experience and the quality of care delivered across urgent and emergency care.

	<p>The inspections would be undertaken within the CQC's existing legislation, and all the providers involved would receive inspection reports.</p> <ul style="list-style-type: none"> • The Adult Social Care and Public Health Committee had approved the recommendation to renew and extend the contract for the Trust to deliver Adult Social Care services to the population of Wirral until September 2023. The Trust would be entering a further Section 75 Agreement with the Council. • The Staff Recognition Scheme was relaunched in March 2022 and provided the opportunity to recognise the contribution made by staff who see and care for patients and service users and those working in the Trust's support services. • The results from the NHS national staff survey 2021 provided a snapshot of how staff were feeling between October- December 2021. The findings reflected the way in which staff benefited from more support and appreciated the opportunity to support each other. A decision had been taken by the Executive Leadership Team to take a different approach in 2022/23 and KH would be meeting with senior staff across the organisation to work with them to improve the areas requiring improvement and working towards having better engagement with the staff survey going forward. <p>In addition to the written report, KH also acknowledged that the final report of the Ockenden review had been published reporting on the maternity services at Shrewsbury and Telford Hospital NHS Trust. This was a significant report for all organisations and drew attention to several significant and major concerns in relation to the maternity services. There were large scale failings around governance and the quality of care and thematic patterns were identified when investigation of proceedings was carried out when, and if, concerns were raised. Sixty local actions for learning were outlined and although the majority of these pertained to maternity services, there were a number that would be relevant to every health organisation across England.</p> <p>PS and CW would be undertaking a cross organisation review of the recommendations to ascertain whether there was any development or gaps identified that the Trust needed to be aware of. A formal report would be presented to the public meeting of the Board of Directors in June with a detailed review of the findings and recommendations from the Ockenden review.</p>
<p>9. WCT22/23-009</p>	<p>Integrated Performance Report (live from TIG)</p> <p>KH presented the report which provided the Board of Directors with a summary of performance across the Trust up to the end of March 2022.</p> <p>JC 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 information reflected performance during Level 4 and the requirement to deliver services in a different way ensuring the needs of the population were met. Work was underway to look at the way in which performance would be delivered in the future. • The Trust had 51 green KPIs, 6 amber and 17 red. In month performance was making progress but the red KPIs reflected the issue of long waiting lists. Waiting lists were always managed on clinical need and work was ongoing for the waiting lists to be taken back to pre-Covid levels. • The national directive in relation to the two-hour crisis response focussed on admission avoidance and the service had been extended to seven days. This would be moving towards a self-referral process. • The dashboard would be evolving and changing in the future. <p>PS highlighted the following from the Quality & Safety section which provided assurance of the delivery of safe, effective, quality services with a focus on year-to-date performance up to and including February 2022:</p> <ul style="list-style-type: none"> • QUAL 01 - There had been seven StEIS reportable incidents which included: <ul style="list-style-type: none"> - three falls - one patient deterioration at CICC - one pressure ulcer within Community Nursing

	<ul style="list-style-type: none"> - two MRSA bacteraemia incidents neither of which were attributable to the Trust and were reported as part of the LA contract • QUAL 14 - There were three incidents reported with a moderate and above harm attributable to the Trust, one in October and two in November 2021. These incidents all related to falls in the CICC. In response to these falls a new approach to Quality Improvement had been introduced at CICC, with a strong focus on staff engagement. This had resulted in the development of driver diagrams outlining improvement, underpinned by staff generated ideas. Additionally: <ul style="list-style-type: none"> - falls prevention training at CICC had been reviewed and refreshed - a revised post incident falls review tool to identify learning had been introduced - a new Multidisciplinary Inpatient Fall Prevention had been introduced - an Assessment Tool (MIFPAT) had been developed for completion on admission to CICC - technology was being explored to support falls prevention • The number of falls experienced at CICC was comparable to other organisations and the benchmarking data continued to be tracked through. • QUAL 07 - The YTD position was two ICO reportable incidents. Both had been effectively managed and reported through the governance of the Trust and fully closed by the ICO following assurance received. • QUAL 02 (SPC chart) - A number of incidents reported were being closely monitored as there had been a steady reduction since October 2021. This had been discussed at SAFE and a reinvigorated incident reporting campaign would be delivered across the organisation. • QUAL 22 - The Friends & Family Test (FFT) score was green RAG rated (above 90%) at a YTD and in month position. There had been a large increase in the volume of feedback received as a result of implementing FFT text messaging. The Trust now compared favourably for volume of feedback received across Cheshire & Merseyside with a strong performance on satisfaction. <p>DM highlighted the following from the Finance section:</p> <ul style="list-style-type: none"> • The Trust remained on track to deliver a break-even position for H2. • The overall budgetary performance for February had a planned surplus of £16.5k which was a variant of £78k. • The year to date deficit at the end of February was £302k with a variant of £101k. • The original capital programme of £7.1m had been revised to £5.3m as £0.5m regional slippage had brought the scheme forward into 2022-23. The Trust was on track to deliver this target. • The CIP target remained on target to achieve although there would be high reliance of 82% on non-recurrent savings. • Performance against the Better Payment Code (BPC) in February achieved 87% which was below the cumulative target of 95%. Work was ongoing to bring this up to 95% as there was still a backlog of invoices on the system. <p>There was no report from the Workforce section as TH was not present at the meeting but it was noted that GM as Chair of the Education & Workforce Committee would provide a briefing from the meeting in early April 2022.</p>
<p>10. WCT22/23-010</p>	<p>Reports from the Sub Committees of the Board</p> <p>Quality & Safety Committee CB provided the following summary and reported that the committee had met on 2 March 2022:</p> <ul style="list-style-type: none"> • The SAFE Assurance Group update was received, and some discussion took place on Regulation 18 in relation to staff supervision. The committee noted that the recording of supervision was being moved from ESR onto the SAFE system which would be tested in March and ready to go live in April 2022. Further work on e-rostering was also ongoing with detailed oversight on SAFE.

All risks 10 and above were reviewed with clusters around waiting times identified.

- The draft Quality Strategy 2022-2027 was received and linked into the other Trust strategies. The Quality Strategy was a clear and coherent document and was recommended to the Board of Directors by the members of the committee.
- The Quality Strategy Priorities 2021-22 Delivery Plan was received, and the committee was assured that 15 actions would be completed by the end of the current financial year and 11 would be referred to the 2022-23 plan. Action plans on pressure ulcers and falls would be included in the plan going forwarded. The committee was assured by the details provided.
- The Quality Patient & Experience report was presented. Discussion took place in relation to falls in CICC and the committee was assured by the ongoing work and engagement that was taking place. The Friends & Family Test (FFT) score had improved and now represented a green RAG rated position.
- The Risk Management Report was presented by the Chief Nurse and there were two high level risks to be considered by the committee:
 - Risk ID2592 had a current risk score of 16 and related to inpatient falls at CICC.
 - Risk ID2763 had a current risk score of 16 and related to the call bell system at CICC which was malfunctioning. A capital business case was to be made to replace the system.The committee was assured by the position reported.
- The BAF was received, and the committee agreed that risk ID03 *Non-compliance with statutory, regulatory, and professional standards* - should be increased from RR9 to RR12 to recognise safe staffing and the link to ID10 optimum workforce levels.
- The IPC Assurance Report for Q3 was presented by the Chief Nurse. There were four risks on the Trust's risk register relating to IPC standards and these were tracked and managed through the monthly IPC group. 80% of eligible Trust staff had completed the hand hygiene audit and 72% of audits had been peer reviewed. Reducing Antimicrobial Resistance Training compliance during Q3 was at 89% which was an improvement on the Q2 position. The staff flu campaign had reached a 72.2% uptake amongst staff. There were no reported cases of Clostridium Difficile Infection (CDI) attributable to the Trust during Q3. An update was received on Risk ID2662 which related to environmental cleaning standards. The expected date of completion had been extended to reflect national implementation and timescales. The committee noted that some of the Trust's services had moved, and some premises vacated. This risk was being tracked at the monthly IPC group.
- The triannual Safeguarding Report was received and provided assurance that the Trust had a strong Safeguarding Governance structure in place and was meeting all statutory requirements for children and adults. The committee noted that the cared for children in Cheshire East safeguarding performance position continued to be behind for assessments of children living out of the borough. A deep dive for every child affected had been requested. Reporting would be received for St. Helens, Cheshire East and Knowsley going forward. A welcome was extended to the newly appointed Deputy Director Adult Social Care, Simon Garner, who attended the meeting for the first time.
- The triannual Complaints and Concerns Assurance Report was presented and provided assurance to the committee that complaints and concerns were being managed in line with the regulatory framework and that learning was embedded within care delivery.
- The Policy Schedule update was presented live from SAFE and the committee was assured by the processes in place to monitor the policy schedule with good progress being made.
- The committee recognised this would be the last committee meeting attended by VM ahead of her retirement at the end of March 2022. CB thanked her for her contribution and support over the years and wished her well for the future. This was echoed by MB on behalf of the Board.

- The committee also recognised this would be the last committee meeting attended by BS whose term of office would end at the end of April 2022. CB thanked BS for his invaluable contribution made to the committee and he would be missed.

Informal Board

AH presented the report to the Board and reported that Informal Board had been held on 9 March 2022.

AH reported that the session had started with an engaging and highly informative training session from the National Cyber Security Centre (NCSC) Certified Board Level Training.

The Deputy Chief Nurse and the Trust's Patient Safety Lead had joined the meeting to provide a briefing on the role of the patient safety specialist across the organisation.

The draft of the 5-year organisational strategy had been discussed ahead of the formal presentation to the Board of Directors and the Interim Director of HR & Organisational Development had provided a briefing on the development and proposed timelines for the People Strategy.

Education & Workforce Committee

GM provided the following summary and reported that the committee had met on 6 April 2022:

- An update was provided from the SAFE Assurance Group. It was reported that progress had been made to implement the new solution for recording supervision compliance through SAFE and this would be launched imminently.
- A presentation was received on the development of the Trust's People Strategy 2022-2027 which would be presented to the June meeting of the Board of Directors.
- The draft Health Inequalities and Inclusion Strategy for 2022-2027 was received for comment and feedback prior to ratification by the Board of Directors.
- The Workforce Report for M11 (February 2022) was received via the Trust Information Gateway (TIG). The committee noted that turnover of staff had increased to 11.5% and sickness, anxiety and stress remained the main reasons for staff absence. FTE vacancies had increased to 7.4%.
- The committee received an overview of the Trust's results in the 2021 NHS Staff Survey and noted that 984 staff (54% of the workforce) had responded which was an increase from the previous year. There had been a national decline in scores across the whole of the NHS, which was useful to see as a broader context. Anomalies in feedback had been noted and discussed and further work would be undertaken to have a clear understanding of these results.
- The committee received a report to provide assurance in relation to compliance with the Care Quality Commission Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 Safe Staffing. PS outlined the details of the work in order to return to a green rating. The committee was assured that the risks would be mitigated by the refreshed assurance framework.
- The high-level risk report was received, and two safe staffing risks had been identified, ID2635 and ID2631. The Integrated Performance Board had reviewed their status. The committee was assured of the actions taken to mitigate and control the risks reported.
- The committee received a report live from TIG on the progress with internal audit recommendations as reported in the Audit Tracker Tool. The Agency Staffing Review and ESR/Payroll Review had received substantial assurance and were recorded on the audit tracker.
- Terms of Reference were received for reporting groups and updates noted.

- The policy Sitrep was received from SAFE and the committee was assured by the update provided.

Finance & Performance Committee

BJ provided the following summary and reported that the committee had met on 6 April 2022:

- The committee received highlight reports from Integrated Performance Board (IPB) and Programme Management Group (PMG). The Terms of Reference for PMG had been refreshed to reflect the revised governance arrangements for CIP and agreed to include the Chief Information Officer and Head of Capital Projects & Estates as regular attendees. A number of capital business cases were approved, supporting the delivery of the 2020-21 capital programme target. A number of CIP Project Initiation Documents were approved relating to the CIP programme for the new financial year 2022-23.
- The Estates Workplan for 2021-22 was received and an update was provided from the Head of Estates & Facilities on key programmes of work:
 - Work on Marine Lake Health & Wellbeing Centre was underway.
 - Subject to full business case approval in Q1, work on the new Urgent & Emergency Care Upgrade programme (UECUP) at Arrowe Park Hospital would commence in September.
 - It was noted that a number of business cases would be brought to ELT in Q1 for the disposal of certain site assets and potential transfer into the Trust from NHS Property Services, both of which supported the sustainability agenda.
 - Despite the significant challenges through the pandemic, the Estates Team had achieved its capital target for 2020-21, exceeded its CIP target and plans were in development to deliver the 2022-23 commitments. The committee was assured and recognised the commitment and achievements of the Estates Team.
- The committee received the report on the financial performance of the Trust to M11 via TIG. The key points the committee focussed on were:
 - The Trust remained on track to deliver a break-even position for H2.
 - A significant amount of expenditure remained for March to achieve the Trust's revised capital target. Assurance was received that the spend would be achieved as a result of approved business cases, particularly in relation to IMT and Estates.
 - Performance against the Better Payment Code (BPC) was noted as not achieving target cumulatively. In response to an action from the February meeting of the committee, future projections were shared and assurance provided that work continued with budget holders to improve performance levels.
 - The committee was assured by the report on the financial performance.
- An update was received on the Cost Improvement Programme for 2021-2022 and the programme for 2022-2023. A CIP of £2.3m would be delivered in 2021-22 but 82% of this would be non-recurrent. The target for 2022-23 was £4.1m which equated to 4% of the expenditure budget. The process for allocating the CIP target across the Trust was noted and the committee was assured that quality and patient safety was maintained through the Quality Impact Assessment process with higher risk schemes requiring approval from the Chief Nurse and Medical Director. As at the start of April, 86% of the required CIP had been identified and of this, schemes equating to 67% of the target had been approved. The committee was assured by the update on the CIP.
- The Performance Report for M11 was received live from TIG. The KPI summary was noted, highlighting the 17 red rated KPIs and acknowledging that the majority related to waiting lists. Further work was in progress to understand how the Trust would achieve a green position and this would be reported to the next meeting of the committee.
- The Financial Plan 2022-23 was presented, and the committee was asked to approve the latest submission of a deficit position for 2022-23 after including a

CIP equating to 4% of the Trust's expenditure budget. The most recent Cheshire & Merseyside plan indicated an aggregate system deficit of over £200m which it was recognised would have to be closed as nationally each system would be required to reach a break-even position. The key risks, cost pressures and potential mitigations to the Trust plan were noted including ongoing work with Wirral and Cheshire CCGs to identify all potential sources of additional income. The committee approved the Financial Plan for 2022-23 for onward reporting to the Board of Directors to meet the deadline for the final submission, noting the potential for change as Cheshire & Merseyside sought to reduce its deficit. It was noted that an updated plan with a reduced deficit position was reviewed and approved at a private meeting of the Board of Directors.

- There were no high-level risks with a score of 15+ reported for the committee's attention.
- The Board Assurance Framework (BAF) was reviewed and consideration given to each of the three strategic risks aligned to the committee:
 - Risk ID04 - developing right partnerships - the committee was asked to consider the current risk rating and if a reduction in risk to RR4 (2 x 2) would be appropriate, given progress made to determine the Trust's position in place-based arrangements in Wirral and other areas. This was supported by the committee and was reflected in the Board papers for agenda item 11.
 - Risk ID05 - relating to system funding impact on the Trust - whilst reviewing this risk, a challenge was raised as to whether the discussions on the 2022-23 Financial Plan and current system deficit projections suggested that the risk was higher than currently recorded. Following a robust discussion, it was concluded that the rating was appropriate as it described the risk in relation to the financial year 2021-22. The committee agreed that when the position was reviewed for 2022-23, it could potentially result in two or three separate risks.
 - Risk ID06 - a query was raised on the progress of the outstanding actions and an update had subsequently been provided as follows
 - Unsupported Operating System by March 2022 - delayed due to delivery of endpoints but target completion date of May 2022.
 - Business Continuity testing Q4 21-22 - two desktop exercises have been completed and an action plan to address any identified gaps. A further C&M cyber desktop exercise scheduled for end April.
 - DSPT on-site assessment ToRs - DSPT Phase 1 completed in March 22 and all evidence submitted to MIAA. Phase 2 (sampling) will take place mid-May 22.
- The committee supported the reduction in the risk rating for ID04 and was assured by the mitigations, gaps, outcomes/outputs and trajectories for each of the principal risks.
- A progress report was received on Internal Audit reviews and there were no issues to escalate to committee by exception.
- The Terms of Reference for reporting groups was received and the revised Terms of Reference for Integrated Performance Board, Programme Management Group and Estates Management Group were noted.
- The committee noted there were seven trust-wide policies aligned to the committee and these were all in date.

Staff Council

AH provided the following summary and reported that Staff Council had met on 8 March 2022:

- The staff recognition awards had been relaunched and staff were encouraged to be involved and recognise the good work of colleagues.
- The monthly Get Togethers provided the opportunity for all staff to attend and had received positive feedback.
- Different methods of engagement were discussed, and the staff Facebook page was highlighted as being a good tool to engage with staff and provided the opportunity to share updates and events.

	<ul style="list-style-type: none"> • Work was underway to develop the Jubilee Garden and tied in with support to celebrate the Queens Jubilee. In consultation with staff the area was being developed into a bee friendly garden. Tree planting had taken place and the garden would be opened next month. • The Inclusion & Health Inequalities Strategy on a page was presented and staff were asked to get involved in the inclusion survey which had now been released. • A welcome was extended to staff members from St. Helens & Knowsley who were participating in the meeting.
<p>11. WCT22/23-011</p>	<p>Board Assurance Framework (BAF) year-end 2021-22</p> <p>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 March and April 2022. A summary was provided by the cover paper and the detail was provided for each of the strategic risks.</p> <p>AH highlighted the following for the attention of the Board:</p> <ul style="list-style-type: none"> • There were nine strategic risks included in the BAF and the year-end position reflected there was no risk scoring above RR12 and no risk having achieved its target risk rating. • The Quality & Safety Committee considered increasing the risk rating for ID03 - <i>Non-compliance with statutory, regulatory and professional standards</i> - from RR9 to RR12. This was due to an increase in the likelihood as a result of the impact of the NHS Level 4 incident on the delivery of services and also related to ID10 - <i>The optimum workforce level is not achieved resulting in gaps in service provision.</i> • There were no further changes proposed from the Education & Workforce committee, but committee members recognised the regular review of strategic workforce risks that had taken place during the financial year and therefore anticipated themes for 2022-2023 to ensure the continued oversight and effective management in line with the Trust's strategy. • The Finance & Performance committee proposed a reduction in the risk rating of ID04 - <i>The right partnerships are not developed and maintained to support the success of Provider Collaboratives within the place where the Trust operates (ie Wirral and other)</i> - to RR4 and reflected the progress made to determine the Trust's position in place-based arrangements in Wirral and other geographies. • Mersey Internal Audit Agency (MiAA) had now completed the Phase 2 Assurance Framework Review and confirmed that the BAF met the NHS requirements in terms of structure and good visibility across the organisation. • At the Informal Board in May the existing strategic risks for the new financial year would be reviewed together with any emerging new themes for 2022-2023. The proposal would be submitted to the June meeting of the Board of Directors. <p>The Board of Directors received the update provided in relation to the strategic risks, noting the current risk rating, mitigations in place and identified gaps and:</p> <ul style="list-style-type: none"> • Approved the proposed increase in risk rating for ID03 • Approved the reduced risk rating for ID04
<p>12. WCT22/23-012</p>	<p>12-month workplan 2021-2022 - Final Report</p> <p>AB presented the 12-month workplan 2021-22 which was developed to provide clarity and structure and maintain focus on the key priorities for 2021-22 due to the development of a longer-term strategy being delayed as a result of the response to the COVID-19 pandemic.</p> <p>AB highlighted the following:</p> <ul style="list-style-type: none"> • The majority of the workplan was completed and would be fully completed when presented to the Board of Directors in June • The organisational design work had commenced as well as the System Business Case for the urgent care model and Three Conversations model

	<ul style="list-style-type: none"> • The Quality Strategy would be presented to the Board of Directors and the CQC preparedness was on-going • The People Strategy Plan had been deferred due to further engagement planned and would be presented to the Board of Directors in June 2022. • The St. Helens 0-19 service had been successfully mobilised and colleagues welcomed to the Trust. Knowsley 0-25, which was an addition to the original workplan, had also been mobilised. • IM&T work was progressing well and the work around the Electronic Patient Record was developing. The Digital Strategy had been approved by the Board of Directors in February 2022. This would also be a key part of the 5-year strategy. • The Marine Lake Health & Wellbeing Centre remained on plan for completion in 2023. • The Social Value Award to be the exemplar for social value in Cheshire & Merseyside had been recognised by achieving Level 1 Quality Mark and the Trust was the first NHS organisation in the country to do so. MB and AB had been invited to speak about the Trust's social value journey at the HFMA Chairs Conference. A 12-month workplan would be developed. <p>The Board of Directors was assured that the Trust had delivered against the majority of the commitments within its 2021-2022 workplan with clear plans for completing any activities that were originally due for completion within 2021-2022.</p>
<p>13. WCT22/23-013</p>	<p>Organisation Strategy 2022-27</p> <p>AB presented the Organisation Strategy 2022-27 and thanked all the staff and colleagues in the wider Cheshire & Merseyside system who had been involved in the development of the strategy.</p> <p>AB reported that in 2021, staff were engaged to develop a new set of values, and these were Compassion, Open and Trust with the common purpose: <i>'Together ... we will support you and your community to live well.'</i> To ensure a fully collaborative strategy, in December 2021 an invitation document was circulated to all partners and stakeholders for them to be involved. Internally 20 focus groups were held covering the four themes of:</p> <ul style="list-style-type: none"> • Improving population health and healthcare • Tackling health inequality: improving outcomes and access to services • Enhancing quality, productivity and value for money • Helping the NHS to support broader social and economic development. <p>Development workshops were held with Board members and governors and it had taken a significant number of hours to bring together the 5-year strategy. A special mention was made to the Communications Design Team for producing the document and making it understandable for staff to work through.</p> <p>AB highlighted the following:</p> <ul style="list-style-type: none"> • The introduction set out the vision and referenced the development of the Community Integrated Care Centre and the implementation of a 2-hour, 7 day crisis response service to reduce unnecessary admissions. • Strategic alignment referred to the contracts awarded to the Trust who now delivered 0-19, 0-19+ and 0-25 services across 43% of the Cheshire & Merseyside population. • Services and teams would be deployed to address health inequalities across Wirral, Knowsley, St. Helens and Cheshire East. • Inclusion was important and the requirement to ensure this was right for everyone. • Holistic health and care were a key strength of the Trust and teams being able to support people at crucial points in their lives. Wellness was a key focus for the organisation at the heart of the communities. • A strategic dashboard would be developed to monitor and track the statements made throughout the document of what would be done in the next five years.

	<ul style="list-style-type: none"> • The Social Value Quality Mark Level 1 would be expanded to deliver the social value agenda with a focus on employment and procurement. The Trust's Green Plan would be delivered to ensure a greener organisation. • The vision, objectives and goals would wrap around the population, people and place. <p>The Board of Directors approved the Trust's Organisational Strategy 2022-27.</p>
<p>14. WCT22/23-014</p>	<p>Quality Strategy 2022-2027</p> <p>PS presented the Quality Strategy 2022-27 for approval noting that the strategy built upon the strong track record the organisation had of safety and public satisfaction and confidence across the services for many years. This had been more apparent than ever during the last two years where the Trust had been central in maintaining safety across communities.</p> <p>PS thanked members of the Quality & Safety Committee for their contribution in the development of the Quality Strategy and paid particular thanks to the Chair of the committee for his support and guidance.</p> <p>PS highlighted the following:</p> <ul style="list-style-type: none"> • The strategy - Care Beyond Boundaries - held the values of the organisation at its core. • The strategy was underpinned by a clear focus on population health and recognised the role the organisation played in leading safety across the system and across the places in which care was delivered. • The strategy was based on three ambitions: <ul style="list-style-type: none"> - safe care and support every time - people and communities guiding care - ground-breaking innovation and research • Each ambition was supported by a clear set of principles and measurable outcomes to demonstrate progress towards and achievement of the ambitions over the next five years. Each of the outcomes would be reported regularly to the Quality & Safety Committee and the delivery plan would be built around evidencing the outcomes. • The strategy detailed a clear quality cycle that could be applied easily and focussed on sustainability and the spread of improvements through a focus on culture, people and skills and engagement. • A strong quality governance framework was clearly described and the relationship to other strategies recognised. <p>The Board of Directors approved the Quality Strategy 2022-27.</p>
<p>15. WCT22/23-015</p>	<p>Inclusion and Health Inequalities Strategy 2022-2027</p> <p>PS presented the Inclusion and Health Inequalities Strategy 2022-2027 for approval. The strategy acknowledged the critical role the Trust had in ensuring access, experience and outcomes of care were inclusive. Inclusion and inequality were the key cornerstones of quality and the two strategies worked well together.</p> <p>PS highlighted the following:</p> <ul style="list-style-type: none"> • The strategy demonstrated the organisation's determination to ensure there were no boundaries where inclusion and equality of outcomes were concerned. • The strategy detailed the complexity of the wider determinants of health and provided a framework to enable current inequity for the population served. • The strategy provided direction on how to move towards a more diverse and inclusive workforce within the organisation. • The strategy was based on three ambitions: <ul style="list-style-type: none"> - removing barriers to access - focussing on experience of care - improving outcomes for everyone • Each ambition was supported by a clear set of principles and measurable outcomes to demonstrate progress towards achieving the ambitions over the next five years and these were enshrined across the overarching strategies.

	<ul style="list-style-type: none"> The strategy detailed the national CORE20PLUS5 model which supported the ambition of the Trust and placed a clearer focus on socio-economic disadvantage alongside considerations for people with protected characteristics and some clinical areas of avoidable health inequalities. A strong quality governance framework was clearly described and the relationship to other strategies recognised. Thanks were expressed to the Head of Inclusion & Inequalities for his role in supporting the development of this strategy. <p>CB gave credit to PS for the work she had done in her role as Health Inequalities Lead. Recognition was also given for the work done on the Equity Impact Assessments which brought consideration and value to policies.</p> <p>The Board of Directors approved the Inclusion and Health Inequalities Strategy 2022-2027.</p>
<p>16. WCT22/23-016</p>	<p>Delegation of Authority for approval of Annual Accounts 2021-2022</p> <p>AH presented a paper requesting the Board of Directors delegate authority to the Audit Committee to receive and approve the Trust's Annual Accounts for 2021-2022.</p> <p>The timetable for the process of the completion of Foundation Trust Annual Accounts was included in the report and AH advised that some of the dates were yet to be confirmed. Information had been received that the deadline to submit the audited accounts to the regulatory team was 12 noon on 22 June 2022.</p> <p>The Board of Directors approved the request to delegate authority to the Trust's Audit Committee to sign-off the Foundation Trust Annual Accounts and Annual Report for 2021-2022.</p>
<p>17. WCT22/23-017</p>	<p>Annual Declarations of Interest 2021-2022 - Board of Directors</p> <p>AH presented the annual declarations of interest for members of the Board which were made in line with the Trust's Policy for Managing Conflicts of Interest. The final register would be published on the Trust's public website.</p> <p>AH reported that there were some final additions to be made to the register for senior leaders across the organisation. All other staff continued to register their declarations of interest, and these would be published where applicable.</p> <p>BJ referenced that notification had been made to a correction to one of her entries and AH confirmed this had been corrected in the version published on the website.</p> <p>The Board of Directors received the report and was assured of the processes in place to ensure compliance with Trust Policy and the subsequent register of interests for members of the Board of Directors for 2021-2022.</p>
<p>18. WCT22/23-018</p>	<p>Managing Conflicts of Interest Policy</p> <p>BS presented the updated Managing Conflicts of Interest Policy (GP07) which had been reviewed and approved by the Audit Committee.</p> <p>The changes made to the policy ensured it provided the most up to date information for staff across the organisation.</p> <p>The Board of Directors approved the updated Managing Conflicts of Interest policy.</p>
<p>19. WCT22/23-019</p>	<p>Appointment of the Senior Independent Director (SID)</p> <p>AH presented the paper seeking approval of the appointment of a new Senior Independent Director to the Board.</p> <p>AH referred to section A.4.1 within 'The NHS Foundation Trust Code of Governance' which encouraged Trusts to appoint a Senior Independent Director as best practice.</p> <p>BS was the current SID and as he would be leaving the Trust at the end of April, a new appointment needed to be made. Following expressions of interest, GM had</p>

	<p>expressed an interest and the description of the role was included in the papers. LC had been consulted as the Lead Governor.</p> <p>As part of the SID role was to carry out the appraisal of the Chairman, MB confirmed that he had had no involvement in this appointment.</p> <p>The Board of Directors approved the appointment of Mr Gerald Meehan as the Trust's Senior Independent Director.</p>
20. WCT22/23-020	<p>Staff Council - 9 November 2021</p> <p>The decision and action log from the meeting of the Staff Council held on 9 November 2021, was noted.</p>
21. WCT22/23-021	<p>Council of Governors (CoG)</p> <p>The Lead Governor report at agenda item 7 provided a briefing on recent governor activity.</p>
22. WCT22/23-022	<p>Any Other Business</p> <p>MB thanked BS for his contributions to the work of the organisation over many years on behalf of the Board and wished him well in the future. BS expressed his thanks to the Board of Directors for being a great team to work with, led by MB and KH. The items discussed in this meeting had evidenced the amount of work being undertaken by everyone.</p> <p>BS thanked AH for her control of the governance for the Board, Audit Committee and the other committees, which enabled them to run smoothly.</p>
23. WCT22/23-023	<p>Invitation for Public Comments</p> <p>VC congratulated everyone for the amount of content contained in the strategy documents which she had accessed online and asked what methods would be employed for members of the public to access them.</p> <p>AH advised that, following approval, the documents would be published on the public website and acknowledging that not everyone would have access to digital means, a small print run would be done to have printed copies available. Also the Council of Governors, Your Voice Group, the Involve Group and other forums the Trust engaged with would be encouraged to promote the strategies.</p>
24. WCT22/23-024	<p>Items for Risk Register</p> <p>There were no new risks identified for the risk register.</p>
25. WCT22/23-025	<p>Staff Story: Health Visiting Enhanced Team, Cheshire East</p> <p>This item had been moved to agenda item 1.</p>
26. WCT22/23-026	<p>Summary of actions and decisions</p> <p>AH provided a summary of decisions taken during the Board of Directors meeting.</p> <p>MB wished members a Happy Easter and reiterated that BS would be missed.</p>
<p>Date and Time of Next Meeting: The next formal Trust Board meeting will take place on Wednesday 15 June 2022. Further details on the venue and joining instructions will follow.</p>	

Board - Chair Approval

Name:		Date:	
Signature:			

The Board of Directors Meeting closed at 4.15 pm.

Board of Directors - Matters Arising 2021-22

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	Closed - agreed at board in April 2022. Risk suspended from BAF as place governance arrangements and accountabilities are finalised. Informal board session in May 2022 will consider the revised BAF for 2022-23.

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

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
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.

Actions from meeting held on: **9 February 2022**

There were no actions recorded.



Actions from meeting held on: **13 April 2022**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Chief Executive Report	WCT22/23-008	Formal report to be presented to board following a detailed review of the findings and recommendations from the Ockenden Review	P.Simpson	June 2022	Complete. See agenda item 21.