

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

MINUTES OF MEETING

WEDNESDAY 9 FEBRUARY 2022 at 2.00 PM

MICROSOFT TEAMS

Members:

Prof Michael Brown	Chairman	(MB)
Mr Anthony Bennett	Chief Strategy Officer	(AB)
Prof Chris Bentley	Non-Executive Director	(CB)
Ms Lynne Collins	Lead Governor	(LC)
Dr Nick Cross	Medical Director	(NC)
Mr Mark Greatrex	Chief Finance Officer/Deputy Chief Executive	(MG)
Ms Tracy Hill	Interim Director of HR & Organisational Development	(TH)
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:

Mr David Murphy	Chief Information Officer	(DM)
Mrs Heather Stapleton	(Minute taker)	(HS)

Reference	Minute
1. WCT21/22-121	<p>Journey of Care - Care, treatment and support from the Community Cardiology Service</p> <p>PS presented the Journey of Care story which focussed on a gentleman (Mr Hornby) who had recently accessed the Cardiology Service. This was an outstanding service that had been recognised nationally during the pandemic for the innovative way it ensured continuity to deliver the best possible care in difficult circumstances.</p> <p>Mr Hornby had encountered the service in the context of some personal challenges he faced and received a responsive and compassionate response to his personalised needs. He described the joined up response with the mental health services, interacting outside the Trust to accommodate his needs and the options available for him to take the lead and make his own choice.</p>

	<p>Mr Hornby also explained that he was made to feel like a person as opposed to a patient and was put at ease which lessened any anxiety he would have felt. He was provided with a holistic approach which also accommodated his mobility issues.</p> <p>The Board of Directors welcomed and noted this story.</p>
<p>2. WCT21/22-122</p>	<p>Apologies for Absence</p> <p>Apologies for absence were received from: Mrs Jo Shepherd Director of HR & Organisational Development.</p> <p>A welcome was extended to TH who was attending in her capacity as Interim Director of HR & Organisational Development.</p>
<p>3. WCT21/22-123</p>	<p>Declaration of Interests</p> <p>The members of the Board confirmed standing declarations of interest, but it was noted that there was nothing on the agenda for the meeting that required further action in respect of standing or new interests.</p>
<p>4. WCT21/22-124</p>	<p>Minutes of the previous meeting - 8 December 2021</p> <p>Minute WCT21/22-105 - Integrated Performance Report - Penultimate paragraph to read: "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 decisions made, and agreed by CFOs within the Cheshire & Merseyside ICS meant the Trust did not receive the level of funding it might have expected."</p> <p>Following the above amendment being made, the Board of Directors approved the minutes of the meeting held on 8 December 2021, as a true and accurate record.</p>
<p>5. WCT21/22-125</p>	<p>Matters Arising - 8 December 2021</p> <p>AH provided an update on the actions from the previous Board meetings. The Board of Directors reviewed the current status and noted the outstanding items. <i>(See separate actions/matters arising tracker.)</i></p>
<p>6. WCT21/22-126</p>	<p>Chair's Report</p> <p>MB presented the report to the Board of Directors and highlighted the following:</p> <ul style="list-style-type: none"> Following the Level 4 incident being declared by NHSE/I in December 2021, a streamlined approach to governance across the Trust had been agreed. These arrangements would remain under regular review to ensure they were fit for purpose. A welcome was extended to new governors following the conclusion of the elections. They would be formally welcomed to the Trust as soon as possible. Despite delays to the formal legislation to establish Integrated Care Systems, support continued with Chair colleagues to ensure that the most appropriate place-based partnership governance arrangements for Wirral were achieved. Following the Trust being the first NHS organisation nationally to receive the Level 1 Social Value Quality Mark, AB and MB had been invited to speak at the HFMA Chair's Conference about the Trust's social journey and aspirations for the future.
<p>7. WCT21/22-127</p>	<p>Lead Governor's Report</p> <p>LC presented the report and highlighted the following:</p> <ul style="list-style-type: none"> The Remuneration & Nomination subgroup had met and submitted a formal recommendation to the Council of Governors for the reappointment of Professor Chris Bentley and Mr Gerald Meehan as Non-Executive Directors for a further three years. The recommendation was supported and the Council of Governors looked forward to continue working with them. The Remuneration & Nomination subgroup would be meeting to start the process to recruit a new Audit Chair for the Trust. A subgroup of the Council of Governors had met on several occasions to support the Trust to appoint external auditors for the organisation.

	<p>MB thanked the governors for their understanding of the current arrangements.</p> <p>CB took the opportunity to thank the governors for his reappointment and was pleased to remain part of the Trust for a further three years.</p>
<p>8. WCT21/22-128</p>	<p>Chief Executive's Report</p> <p>KH presented the Chief Executive's report to the Board of Directors and highlighted the following:</p> <ul style="list-style-type: none"> • The NHS remained at Level 4 position and continued to respond to the challenges of the pandemic. The emphasis was now on the NHS being open and returning to normal business but with a depleted workforce. There was some anticipation that the isolation period was to be reconsidered. • The Trust continued to respond to the challenges with care and compassion and KH expressed admiration and respect for the organisation and its partners. • New colleagues were welcomed from Knowsley on 1 February, following the Trust being awarded the 0-25 Healthy Child Programme. Positive feedback had been received from the staff who felt supported by the organisation and welcomed the culture of the Trust. • KH reported that this would be VM's last Board of Directors meeting prior to her retirement at the end of March. VM had initially been appointed to the Trust on secondment and was then recruited to the Executive Team as she had the right qualities, attributes, values and principles to become part of the team. Thanks were expressed to VM for her loyalty, determination and personal support given to KH and wished her a long and healthy retirement. MB echoed these sentiments. <p>VM thanked KH for the kind words and stated that, as the Executive Team all shared the same values and principles, they had therefore been easy to work with. Her time with the organisation had been the best in her career and VM wished the organisation every success for the future.</p>
<p>9. WCT21/22-129</p>	<p>Integrated Performance Report <i>(live from TIG)</i></p> <p>KH presented the report which provided the Board of Directors with a summary of performance across the Trust up to the end of December 2021.</p> <p>AH reported that in accordance with the governance arrangements, each of the Board committees received an overview of performance from TIG but with the ability to drill down for further information. The context for the Board was to confirm through the governance arrangements, that the dashboard was being reviewed and the position presented up to and including the end of December, as well as the year-to-date position.</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 17 red KPIs which was indicative that some of the services had stepped back to respond to the Level 4 position. The monitoring of growing waiting lists was an issue and this was being managed separately through the governance structure by the use of a waiting list dashboard. • The majority of significant services were performing well and this was testament to all the staff who had risen to the challenge. Staff had been flexible and responded to continuing improvements. • The average length of stay in the CICC was 33 days which was higher than expected but was due to the challenge in the care market. <p>TH highlighted the following from the Workforce section:</p>

- The staff turnover in December had increased slightly but nationally the Trust was in the lowest level compared to other trusts and in the top 10 NHS trusts in the region for the retention of staff. Adult and community had the highest turnover.
- Mandatory training compliance remained in a good position with all divisions achieving over 90% with the exception of Access and Intermediate Care.
- Sickness absence continued to rise and was now at 8.2%. The main reason for absence was anxiety, stress and depression.
- The Pulse survey results included positive feedback in relation to team belonging. There were just over 200 responses received.
- Agency staff expenditure continued to be over the cap, and the top 10 over cap areas by shift were in GP Out of Hours. The highest earner in December was circa £8k and the longest agency worker was in social care and had been continuously employed since 2019 to cover vacancies. Work continued to address vacant posts.
- There was a small increase in vacancy rate in December.

PS highlighted the following from the Quality & Safety section:

- QUAL 01 - StEIS reportable incidents. The YTD position was five which was comparable to other organisations.
- YTD there had been three StEIS reportable incidents which related to a fall in CICC. All the incidents had travelled through a robust quality governance process and there was learning from each of the RCAs.
- Two incidents in December related to system-wide incidents and were captured on TIG due to the role delivered by the IPC team within the community as they led post infection reviews for these types of incidents. No care attributable to the Trust was involved in the incidents and these would be considered in further detail by the Quality & Safety Committee.
- QUAL07 - there were no further incidents during November and December and there were no further actions on the incident previously reported on.
- QUAL22 - FFT data showed a slight downturn when the recapture of data commenced following it being stepped down during the pandemic. The roll out of electronic feedback across the Trust was in progress and it was anticipated numbers would increase significantly month on month.

MG highlighted the following from the Finance section:

- The Trust completed the first half of the year at breakeven position in line with plan. The planned deficit YTD was £391k ahead of plan.
- The CIP target remained on target to achieve although there would be a high reliance of 72% on non-recurrent savings.
- Capital was behind plan at £7.9 m due to unavoidable delays on the Marine Lake Health & Wellbeing Centre. The purchase of steel had now been made and significant IT investment of £475k in data storage. Business cases had been approved and would be submitted to the Programme Management Board.
- 95% of invoices payments had been made against the Better Payment Practice Code and was within target. The focus continued to clear older invoices.
- There were no new high-level risks to report. There were two risks relating to capital and CIP which had been previously noted.

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

10.
WCT21/22-130

Reports from the Sub Committees of the Board

January:
Quality & Safety Committee (QSC)

CB provided the following summary and reported that the Committee had met on 12 January 2022:

- The SAFE Assurance Group update was received and it was reported that the IPC BAF had been updated and issued. This would be reviewed by the IPC Assurance Group and the full review submitted to the Board of Directors (*see agenda item 17*). PS had confirmed that compliance remained strong. MIAA had been observing the SAFE meeting and robust and complementary feedback had been received. Constructive feedback had also been received and adjustments would be made accordingly. The completion of the Team Leader checklist, IG checklist and Medicines Management checklist all remained strong. Safe staffing was discussed and feedback received from MIAA. Further work was required on compliance in relation to availability of robust data through the e-roster system, particularly for CICC and the ongoing issue in relation to supervision on ESR. All risks 10+ and procedural documents were reviewed. An update was provided on the Quality Strategy and a briefing would be provided the Informal Board in March.
- The Quality Patient & Experience report was presented and further detailed information could be accessed via the Trust Information Gateway. The Committee noted that there had been three falls reportable as moderate harm and all patients were recovering well. RCA investigations would be taking place going forward and stakeholders had been briefed. A Falls Prevention Quality Improvement Plan remained in place. There had been a small outbreak of Covid in CICC in December and an RCA was being carried out. The trigger was an asymptomatic patient who had been transferred from WUTH and upon further investigation a further five patients tested positive. All patients remained well and there was no further transmission to patients. Iris Ward had to be closed due to the outbreak.
- The BAF was received and the three strategic risks aligned to QSC were reviewed. Due to the impact of the NHS Level 4, consideration was given to increasing the risk rating of ID01 which related to the Restoration of Services, and this was agreed.
- The Risk Management Report was presented by the Chief Nurse and there were no new high-level risks. There was one previous medium level risk which related to the increased number of patient falls on the CICC wards. The Committee agreed this risk could be reduced due to the ongoing action plan and close monitoring. A Falls Prevention Practitioner had delivered “train the trainer” training to a number of therapists and nurses and the multi factorial risk assessment had been updated. Operational risks were reviewed and although there were some changes, it was considered there would be no changes made to the BAF scores. In future, all this would be available in TIG as an update.
- Due to a timing issue, the quarterly Mortality Review Report was to be issued virtually to Committee members for review and approval prior to submission to the Board (*see agenda item 18*).
- The committee received and was assured by an update on the Covid-19 Quality Governance Framework in Level 4.
- The triannual Medicines Optimisation Report was received and provided assurance that all medicines were being handled safely and in line with best practice throughout the Trust. The Medicines Management Team supported the successful vaccine delivery for 12 - 15-year-olds and an update on figures had been requested. The CICC had received support and training from the Medicines Management Team. An Antimicrobial Steward had been appointed who would be working on improving data and prescribing. There had been no incidents reported and it was noted that ScriptSwitch would be adopted and would work alongside SystmOne to promote prescribing by evidence-based rationale and provide a cost-effective prescribing choice.

- The audit tracker was presented live on TIG and it was noted that there were no actions outstanding on MiAA reviews.
- The Policy Schedule was received and the Committee noted there were seven policies outstanding and these were ready for Committee review.
- Decision and action logs from a number of sub groups were received and noted. A particular report was requested from the Information Governance & Data Security Group.

Audit Committee

BS provided the following summary and reported that the Committee had met on 26 January 2022:

- The Committee discussed the revised governance arrangements in relation to the national Level 4 being declared. Further clarification was requested on three areas following which the Committee was assured.
- The BAF was received and the Committee assured having requested further clarification on three of the risks. Positive comments had been received from MiAA following an internal audit review which concluded that the Trust's assurance framework met NHS requirements and was visibly used by the Management Team to oversee the business of the Trust.
- A comprehensive report on the preparation of the 2021/22 financial statements was received and the Committee noted and was assured by the accounting challenges which would be applied to this year's accounts.
- MiAA presented a progress report on the studies undertaken in Quarter 3. Reports identifying areas where action was recommended were studied and followed up in the appropriate Committee.
- MiAA presented a follow-up report on the completion of recommendations made. The Committee noted that good progress continued to be made which was commendable in the current working environment and the advice and service provided by MiAA was recognised.
- A comprehensive report was received from Ernst & Young, summarising the work which resulted in an Unqualified Opinion on the Annual Accounts with no matters to raise with the Committee. This was a reflection of the excellent skills within the finance team. The signing of the accounts had been delayed by NHS Standards due to the Local Authority Pension Scheme for Social Care staff which had a different Annual Report closing date. The Committee noted that several trusts were experiencing this problem and it had become a national issue.
- The MiAA Anti-Fraud Service provided a progress report which included progress on the implementation of a new National Fraud Standard. The Trust was already rated Green on 11 of the 12 new standards. Anti-Fraud training was Amber and all staff would be required to receive anti-fraud training.
- The Committee noted that there were six tender waivers and assured these were in accordance with the financial regulations of the Trust.
- A Security Summary Report was received which provided details of incidents and resolutions and the benefits of the excellent team protecting staff and patients was noted. A Health and Safety Executive Inspection had been undertaken focussing on violence and aggression and excellent feedback had been received, describing the Trust as one of the safest they had visited. Congratulations were passed to Mick Blease, Local Security Management Specialist and the staff supporting him.

Informal Board

AH presented the report to the Board and reported that Informal Board had been held on 5 January 2022.

This had been a focussed agenda due to the NHS Level 4 incident declared but had covered some interesting and engaging topics. An Informal Board programme was in place and any items deferred would be addressed over the coming months.

AH reported that a useful discussion had taken place in relation to the BAF and this would be followed up under agenda item 11.

The next Informal Board would be held in March 2022.

February:

Finance & Performance Committee (FPC)

BJ provided the following summary and reported that the Committee had met on 2 February 2022:

- The Committee did not receive the usual update from the Integrated Performance Board due to the NHS Level 4 incident. A report was received from the Programme Management Group following their December meeting. The key points the Committee focussed on were:
 - urgent items, approving business cases to support Quarter 4 capital spend
 - Project Initiation Documents supporting next year's Cost Improvement Programme
 - A number of business cases and documents had been submitted without an Equality Impact Assessment (EIA) which aligned with recent observations that some policies were being submitted for approval without EIAs or with EIAs documenting incorrectly that there was no impact. NEDs requested a session on the guidance and process for completing EIAs to provide assurance they were fit for purpose.The Committee was assured by the update provided, taking into account the issue of EIAs.
- The Digital Strategy 2022-25 and the Green Plan 2022-25 were submitted for review and in both cases the teams were commended for the high quality of the documents, the level of ambition and the progress already made. The Committee welcomed and were assured by both strategies and the links to them supporting the delivery of the Quality, People and Health Inequalities strategies and wider system ambitions. In both of the draft strategies, EIAs were a point of discussion. Digital inclusion in the Digital Strategy was noted but the Committee emphasised that this, and a response to digital poverty, had to be key priorities when completing the EIA in order to ensure support for all sectors of the community. An EIA had not been completed for the Green Plan and the importance to do this was stressed. Overall and with the understanding that robust EIAs would be submitted, the Committee supported the recommendation to present the Digital Strategy and the Green Plan to the Board of Directors for approval.
- An update was received on the progress relating to the 2021-22 Data Security & Protection Toolkit. The current position demonstrated good progress to clear amber and red actions reported to the October meeting of the Committee. There was one red action remaining compared to 15 12 months ago. The Committee was assured on the work being undertaken to ensure compliance with the 2021-22 toolkit.
- The Finance and Performance Reports for month 9 were presented live from TIG. The key points the committee focussed on were:
 - An update on the regional position was received following a workshop held in January. There was a significant financial gap in Cheshire & Merseyside and a process to work through options to reduce this had resulted in a projected breakeven position. As part of this, the Trust had been allocated an additional £500k contribution and assurance was provided as to how this would be achieved.
 - More than 50% of the annual capital plan was to be achieved in Quarter 4 and the Committee sought assurance on the confidence level for delivering the projected investment. MG had advised that confidence was high as there were a significant number of business cases now approved and the Project Management Group were providing a high level of scrutiny on timelines and procurement involvement to ensure investment was complete

before the year end. It was noted that the majority of remaining spend related to the Marine Lake development and IM&T projects.

- Month 9 performance figures reflected the start of the NHS Level 4 incident and the resultant change in some Trust priorities. The majority of amber and red KPIs related to waiting lists and the Committee was assured by the development of a new dashboard to monitor waiting lists and long waiters.

The committee was assured by the finance and performance update.

- An update on this year's CIP performance and the planned programme for 2022-23 was presented. The Trust was on track to deliver the current target although there was a heavy reliance on non-recurrent schemes. The financial target for 2022-23 had not yet been received but the Trust was working on the basis that the required CIP savings would be significant. Work had already been undertaken or was planned across different clinical and non-clinical teams but particularly with the focus on corporate functions. The Committee was assured by the update received.
- There were no new or existing high-level risks for escalation to the Committee.
- The Board Assurance Framework (BAF) was reviewed. Each strategic risk was considered with the mitigations and any gaps in the context of updates provided in terms of the Committee agenda and no new concerns were identified. ID06 (IM&T infrastructure) was considered in terms of the trajectory achieving the target risk rating. There were a number of actions ongoing and these needed to be concluded before the Committee could be assured that the target risk rating had been achieved. Assurance by MiAA also needed to be followed up on the robustness of the recently implemented immutable back-up system. Overall the Committee was assured by the mitigations, gaps, outcomes and trajectories for each of the principal risks and confirmed that no further gaps had been identified as a result of the items discussed.
- A report was received from MiAA on IT Asset Management. This review had received Limited Assurance which was disappointing for the Digital Team but the findings were accepted. The Committee noted and was assured that the majority of the actions had already been covered in the annual workplan and would be augmented with additional findings from the review. The Committee requested that a new risk be added to the operational risk register reflecting the current absence of a fully reconciled inventory of assets. The Committee was assured that a robust action plan was in place to remediate the risk areas highlighted by the MiAA review.

There were no other matters requiring escalation to the Board

MG provided an update in relation to the position in Cheshire & Merseyside and advised that the situation had improved and the emphasis on all organisations to contribute further was under review.

Education & Workforce Committee - 2 February 2022 (GM)

GM provided the following summary and reported that the Committee had met on 2 February 2022:

- An update was provided from the SAFE Assurance Group. The group was focussed on the safe staffing levels in CICC, GP Out of Hours and Community Nursing which had all been identified as priority areas. Recording of supervision compliance was also discussed and the method of recording this on SAFE was to be re-evaluated. A meeting had been held with the Wellbeing Champions and assured that staff were being supervised and staff were feeling supported and its importance was recognised and valued.
- The development of the People Strategy 2022-27 was presented and the focus was on wellbeing and recovering following the pandemic, the feeling of belonging as an organisation and new ways of working as a system in terms of technology and skills. The strategy would be submitted to the April meeting of the Committee and then to the Board of Directors on 13 April. The impact of the organisation design programme would be recognised and the experience of the Race Equality Group, Disability and LGBT networks would be involved in

	<p>the development of the strategy. The Committee was assured by the update and noted the next steps in the timeline.</p> <ul style="list-style-type: none"> • A briefing was received on the legislation relating to vaccination as a condition of deployment for NHS staff. The legislation had recently been rescinded and staff directly affected had been notified. A briefing had been issued to managers to ensure they were aware of the next steps. • The Workforce Report was received and the figures were as reported in the Integrated Performance Report item (<i>see agenda item 9</i>). • The high-level risk report was received and there was one high level risk (ID2733) to report which related to CICC staffing and absence. Assurance was provided that the risk was being monitored and robust actions had been put in place. This linked to discussion that had taken place regarding the rise in the scoring of the strategic risk ID10 on the BAF. • The Committee received an update on the MiAA review on e-rostering which had received Limited Assurance. A further report would be submitted to the Committee in April. <p>Staff Council The meeting due to be held on 13 January 2022 was postponed in response to the Level 4 incident.</p>
<p>11. WCT21/22-131</p>	<p>Board Assurance Framework (BAF)</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 January and February 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"> • Following the last meeting of the Board of Directors and the Informal Board session in January, further discussion was requested on workforce risks. This discussion took place by the Education & Workforce Committee at its meeting in February and the Committee agreed three key strategic risks to track through the BAF for Board approval. • These risks were: <ul style="list-style-type: none"> - ID07 - <i>Our people's health, wellbeing and morale are significantly affected by the long-term impact of the pandemic</i> - ID09 - <i>The Trust's Inclusion intentions are not delivered; the workforce is not representative of its communities and people are not able to thrive as employees of our Trust</i> - ID10 - <i>The optimum workforce level is not achieved resulting in gaps in service provision.</i> Having reviewed the detail, the Committee agreed an increase in the risk rating from RR9 to RR12 (increase in likelihood). • As previously reported, the Quality & Safety Committee at their meeting held in January, had reviewed ID01 - <i>Failure to restore and evolve community services safely and responsively to reflect the needs of the population as we move out of the pandemic and understand its impact better</i> - and agreed a proposed increase from RR6 to RR9 (increase in likelihood). <p>PS supported the recommendations and had attended both the Quality & Safety Committee and Education & Workforce Committee when these issues had been debated in depth. On further reflection following the Education & Workforce Committee, PS advised that consideration would be given to ID03 - <i>Non-compliance with statutory, regulatory and professional standards</i> - as this linked with ID10 in terms of having the ability to deliver a sustainable workforce which could potentially have an impact on regulatory compliance. Further discussion would be held on this at the next meeting of the Quality & Safety Committee.</p> <p>The Board of Directors was assured by the oversight and management of strategic risks through the sub-committees of the Board and:</p>

	<ul style="list-style-type: none"> • Approved the proposed increase in risk rating for ID01 • Approved the revised strategic workforce risks and the increased risk rating for ID10.
<p>12. WCT21/22-132</p>	<p>12-month workplan 2021-22 - progress report</p> <p>AB presented an update on the 12-month workplan 2021-22 and the progress being made against each of the identified activities.</p> <p>AB highlighted the following:</p> <ul style="list-style-type: none"> • Strategy: The work on the 5-year strategy continued. Extensive engagement had been undertaken with over 20 focus groups being held with staff. These had been well received and their input had been invaluable. A draft of the 5-year strategy would be presented to Informal Board in March and the final document would be presented to the Board of Directors in April. Thanks were expressed to the Communication & Marketing Team for the design of the document and the development of the branding for the organisation. • Operations: Work continued as planned on the Organisational Design and was on plan for phase 1 of the governance processes. The Urgent Care model development was also on track and the System Business Case had been submitted for final approval. • Quality: The Quality Strategy continued to be on plan and a briefing would be submitted to the Quality & Safety Committee in March followed by planned sign off by the Board of Directors in April. All work continued for CQC preparedness. • People: The People Strategy Plan continued to be on track and a briefing was presented to the Education & Workforce Committee in February. The final sign off was planned to take place by the Board of Directors in April. • Mobilisation: St Helens 0-19 had been successfully mobilised in September. Knowsley 0-25 had been added to the workplan and this had also been successfully mobilised in February. • IM&T: All work on the IM&T infrastructure improvement had been completed within Quarter 2. The Electronic Patient Record project was being monitored through the Digital Enablement Group and would commence in March. The Digital Strategy was delivered on time and the final sign off was planned to take place by the Board of Directors in February (<i>see agenda item 14</i>). Thanks were expressed to the team for the hard work in building the strategy. • Capital: The Marine Lake Health & Wellbeing Centre was progressing on track and the contractors broke ground in January. The timeframe for delivery of the work was 2023. • Social Value: Level 1 Quality Mark had been successfully secured in November 2021 and the Trust was the first NHS organisation to nationally achieve this. <p>The Board of Directors was assured that the Trust had an Organisational workplan to provide focus for key activities during 2021-22 and progress was being made against this plan.</p>
<p>13. WCT21/22-133</p>	<p>Communications, Marketing & Engagement Activity Update Report for Quarter 3</p> <p>AH presented the Communications, Marketing & Engagement Strategy activity report for Quarter 3 covering the period October - December 2021.</p> <p>The following key projects were highlighted:</p> <ul style="list-style-type: none"> • A summary of 'business as usual' was provided outlining the day-to-day activities undertaken across the organisation by the Communications Team. • The digital activity was increasing, particularly with the advent of 0-25 Knowsley becoming part of the organisation. There was a requirement to engage with younger people on digital platforms. • The projects highlighted for Quarter 3 were summarised and further visual detail was provided.

	<ul style="list-style-type: none"> • The priorities for Quarter 4 for the Communications Team were highlighted. <p>The Board of Directors was assured that the communications, marketing and engagement activity evidenced in the report for Quarter 3 met the aims of the Trust.</p>
<p>14. WCT21/22-134</p>	<p>Digital Strategy 2022 - 2025</p> <p>AB presented the Digital Strategy 2022-25. The strategy had been presented and approved by the Finance & Performance Committee on 2 February 2022.</p> <p>AB advised that the last two years had demonstrated the need for a high standard of digitally enabled healthcare in order to deliver high quality care. AB thanked the Chief Information Officer for his hard work and leadership in building the strategy which outlined the ambition of the Trust and the journey for the next 3 years.</p> <p>DM expressed his gratitude to colleagues, including stakeholders, who had engaged and contributed to the Digital Strategy through engagement sessions over the last few months. This had been developed in accordance with recognised methodology based around people, process and technology, in that order.</p> <p>DM stated that the intention was to deliver an ambitious and innovative based strategy without compromise to meet the needs of the workforce and to move digital maturity forward. DM was proud of the strategy and confident that it could be delivered over the course of the next few years, noting that the majority of the delivery would be in the next 12 months.</p> <p>CB congratulated DM and recognised the hard work that had been involved. The importance of the strategy having an Equality Impact Assessment (EIA) was stressed in terms of the way information was handled and making it more accessible and easier to analyse. This would impact on people who were unable to access services and unable to meet face to face. CB asked whether as an organisation consideration could be given to the EIA integrating components of compassion, being open and access across the whole of the organisation.</p> <p>PS welcomed this challenge and advised that the intention and ambition was to include this and would be very willing to work with the NEDs to ensure the right components were included. The revised papers submitted to the Board included a broader focus on protected characteristics and health inequalities.</p> <p>The Board of Directors approved the contents of the Digital Strategy 2022-25, taking into account the above caveat. The Board of Directors noted that delivery would be owned and driven by the Digital Enablement Group with control and oversight by the Finance & Performance Committee. The Board would receive regular assurance reports to demonstrate delivery against the plan.</p>
<p>15. WCT21/22-135</p>	<p>Green Plan 2022 - 2025</p> <p>MG presented the Trust's Green Plan 2022-25 for approval and advised that it was a requirement of the NHS Standard Contract 2020-21 for the Trust to have this in place.</p> <p>The Green Plan had been developed and submitted to NHSE in January. Prior to this a draft had been distributed and positive feedback received. The Green Plan had been submitted twice to the Executive Leadership Team and to the Finance & Performance Committee and listed progress made so far to show how the Trust would meet the national net zero target and interim 80% carbon reduction goals. Innovative ways were considered to deliver services and benefit from less impact on the environment.</p>

	<p>CB raised again the issue of the report having an EIA to take into consideration and provide a balance in terms of health and wellbeing for those people who preferred to travel and meet face to face.</p> <p>MG advised that the EIA had been circulated and would be fed back. Every element within the plan would be separately evaluated prior to the plan being delivered.</p> <p>The Board of Directors approved the Green Plan 2022-25, taking into account the above caveat and noted it was a requirement of the NHS standard contract. The Board of Directors supported twice yearly reporting on progress being made.</p>
<p>16. WCT21/22-136</p>	<p>Trust-wide Policy Schedule</p> <p>AH presented the report which provided an update on the management of Trust-wide policies in accordance with the Policy for Policy Management.</p> <p>AH advised that a revised version of the Policy for Policy Management had recently been approved by the Audit Committee in January 2022. Within the policy there was a requirement to provide an update to the Audit Committee and Board in order to provide assurance and oversight.</p> <p>Detail of the current position was available on the SAFE system and this was available if required at each of the committee meetings. There were 96 Trust-wide policies across the organisation and the position reported to Board reflected the position reported to the Audit Committee which was 86 policies had been approved and published and 10 were under review or had expired. AH reported that since then a further six policies had been issued to Committee members for review and approval.</p> <p>The Board of Directors was assured that there was a robust mechanism for tracking Trust-wide procedural document updates.</p>
<p>17. WCT21/22-137</p>	<p>Infection Prevention and Control (IPC) Board Assurance Framework (BAF)</p> <p>PS presented the IPC BAF to provide assurance that the Trust had fully assessed compliance against the updated version of the IPC BAF version 1.8 which was released on 24 December 2021 and was attached to the report at Appendix 1.</p> <p>PS advised that any changes made to key lines of enquiry and evidence available had been highlighted in red text. The review had highlighted full compliance across eight of the ten standards.</p> <p>PS drew attention to the two standards where partial assurance was evidenced and advised that an update would be submitted to the Quality & Safety Committee in March by which time the Trust would be fully compliant. There was a new requirement in relation to the assessment of respiratory equipment due to a difference of opinion surrounding the nature of the virus, which was now considered to be airborne. PS was confident this would be concluded by the end of the month.</p> <p>The second standard was in relation to the ventilation systems. PS reported that the Estates Team were working closely with IPC in relation to the ventilation system at the Trust's in-patient bedded unit. PS was confident assurance would be received.</p> <p>PS expressed thanks to the IPC team as the Trust continued to perform well against IPC standards.</p> <p>MB asked whether the Trust was checked that they were compliant with the new standards and PS advised that there was no check made.</p>

	The Board of Directors was assured by the updated IPC BAF, version 1.8.
18. WCT21/22-138	<p>Mortality Report: Learning from Deaths Framework Quarter 3: 1 October 2021 - 31 December 2021</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 in January for scrutiny and approval. Appendix 1 was attached for approval prior to publication on the Trust website.</p> <p>NC reported there was a nil return for Quarter 3. There was a total of 11 reported deaths and none of them were deemed to have resulted from harm or care provided by the Trust. Two of the deaths had been StEIS reported and were reported by the Trust on behalf of the Local Authority, given the role of the Trust within the system. There was no specific learning for the Trust and system partners.</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 • 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>
19. WCT21/22-139	<p>Staff Council</p> <p>The decision and action log from the Staff Council meeting on 9 November 2021 would be submitted to the next meeting of Staff Council on 8 March for approval and subsequently to Board for information.</p>
20. WCT21/22-140	<p>Council of Governors (CoG)</p> <p>The decision and action log from the CoG meeting in September 2021 would be submitted to the next meeting of CoG for approval and subsequently to Board for information.</p> <p>The Lead Governor report at agenda item 7 provided a briefing on recent governor activity.</p>
21. WCT21/22-141	<p>Any Other Business</p> <p>There was no any other business to be reported.</p>
22. WCT21/22-142	<p>Invitation for Public Comments</p> <p>There were no comments raised.</p>
23. WCT21/22-143	<p>Items for Risk Register</p> <p>There were no new risks identified for the risk register.</p>
24. WCT21/22-144	<p>Staff Story - Caroline Golder, Cardiology Clinical Nurse Specialist</p> <p>TH introduced the Staff Story which was linked to the Journey of Care.</p> <p>Caroline Golder (CG), Team Leader and Cardiology Clinical Nurse Specialist, spoke about her role in the Cardiology Service. CG loved her job which offered exercise programmes for people who had suffered a cardiac event. A full holistic assessment was undertaken and medications checked to ensure they were on the most appropriate evidence-based doses.</p> <p>Patients could be provided with a DVD of exercises if they were unable to leave their house. Patients were spoken to in a way they could understand as they needed to understand their condition and any changes that needed to be made.</p> <p>Patients were contacted within four working days for a tele-triage assessment. A Reasonable Adjustment Template was used as a guide and CG found this to be</p>

an extremely useful tool. In the case of Mr Hornby, he expressed the wish for his support worker to be included and attend the appointment with him. Mr Hornby had been very appreciative of this as that option had not been offered in other places.

Providing care during Covid had been challenging as it had impacted on everything; it was not possible to hold group-based sessions but there were resources available to ensure patients exercised. Exercise videos and printed books were available as well as exercises on-line. CG praised the team who provided an excellent gold standard rehabilitation service during the course of the pandemic and they had been asked to speak to a number of organisations.

CG stated that learning from this experience was the importance of the Reasonable Adjustment Template and all staff were encouraged to start using it.

MB confirmed that this entirely reflected his experience of using the excellent services of the Cardiology Service.

TH stated that this Staff Story provided evidence of service development and the impact had been to improve patient care. The development of the template had helped and supported the staff member and the patient. External recognition had been received as the service had been asked to speak at a number of events.

KH stated that this demonstrated clearly the ambition of the clinicians and support staff. A lot of people contributed to the service and signified that this work could successfully be undertaken in the community and did not necessarily have to be done in a hospital. The Cardiology Service could be used to demonstrate to other services the work that could be done in the community. This was a positive Staff Story and it was good to listen to.

MB stated from experience having gone through the rehabilitation process, that he had observed that people were pleased not to be in hospital as they felt they were recovering. Work-experience students were also welcomed into the facility and were learning and talking to patients. In addition, the service used volunteers to support and encourage patients.

25.

WCT21/22-145

Summary of actions and decisions

AH provided a summary of decisions taken during the Board of Directors meeting. It was noted that there had been no actions to be taken.

Date and Time of Next Meeting:

The next formal Trust Board meeting will take place on **Wednesday 13 April 2022.**

Further details on the venue and joining instructions will follow.

Board - Chair Approval

Name:

Date:

Signature:

The Board of Directors Meeting closed at 4.00 pm.