

**TRUST BOARD OF DIRECTORS MEETING  
(via Microsoft Teams)**

**MINUTES OF MEETING**

**WEDNESDAY 15 June at 2.00 PM**

**Members:**

Prof Michael Brown	Chairman	(MB)
Mr Anthony Bennett	Chief Strategy Officer	(AB)
Mr Steve Connor	Non-Executive Director	(SC)
Dr Nick Cross	Medical Director	(NC)
Dr Joanne Chwalko	Chief Operating Officer	(JC)
Mr Mark Greatrex	Chief Finance Officer/Deputy Chief Executive	(MG)
Ms Karen Howell	Chief Executive	(KH)
Mrs Alison Hughes	Director of Corporate Affairs	(AH)
Ms Beverley Jordan	Non-Executive Director	(BJ)
Mr Gerald Meehan	Non-Executive Director	(GM)

**In Attendance:**

Ms Carla Burns	Deputy Director of HR & OD	(CBu)
Ms Lynne Collins	Lead Governor	(LC)
Mrs Alison Jones	Freedom to Speak Up Guardian, for item 20	(AJ)
Mrs Claire Wedge	Deputy Chief Nurse	(CW)
Mrs Cathy Gallagher	Senior Assistant (minute taker)	(CG)

Reference	Minute
<p><b>1.</b> WCT22/23-027</p>	<p><b>Journey of Care: CICC engagement feedback</b></p> <p>CW presented the Journey of Care story which focussed on a short series of audio clips from a number of patients and their families at the Community Intermediate Care Centre. The stories reflected their experience of care on the wards. The work was led by Patient Safety Specialist, Lorraine Adams, who had been working on the wards gathering feedback as part of a continuous cycle of learning, with a focus on patient safety and engagement.</p> <p>The daughter of a patient aged 93 described how settled and happy she was on the ward and praised the staff for their care and compassion. The family member did report that signage to the wards could be improved to make it easier to find.</p> <p>Another patient described how quickly staff responded when pressing the call button for assistance and commented that all staff were caring and friendly.</p> <p>Patients described how they had an enjoyable experience during their stay over the Jubilee bank holiday. Staff were very helpful, friendly and the food was good.</p> <p>The members of the Board welcomed the stories shared and particularly recognised how staff had gone the extra mile with their efforts to decorate the wards for the Jubilee</p>

	<p>celebrations. The members of the Board also praised staff for the excellent feedback they received from patients on the wards.</p> <p>CW advised that as a result of patient feedback a review was underway of the signage at the Clatterbridge site.</p>
<p><b>2.</b> WCT22/23-028</p>	<p><b>Apologies for Absence</b> Apologies for absence were received from:</p> <p>Chris Bentley, Non-Executive Director Jo Shepherd, Director of HR &amp; Organisational Development Paula Simpson, Chief Nurse</p> <p>A welcome was extended to Steve Connor, Non-Executive Director/Chair of Audit Committee as he attended his first Board of Directors meeting.</p>
<p><b>3.</b> WCT22/23-029</p>	<p><b>Declaration of Interests</b> 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>AH advised the meeting today was being recorded on MS Teams.</p>
<p><b>4.</b> WCT22/23-030</p>	<p><b>Minutes of the previous meeting - 13 April 2022</b> The Board of Directors approved the minutes of the meeting held on 9 February 2022, as a true and accurate record.</p>
<p><b>5.</b> WCT22/23-031</p>	<p><b>Matters Arising - 13 April 2022</b> AH provided an update on the actions from the previous Board meetings.</p> <p>The Board of Directors reviewed the current status and noted the outstanding items. <i>(See separate actions/matters arising tracker.)</i></p> <p>An action from the meeting on 6 October on communications and profile of community matrons in the local community was noted as on-going. The Board of Directors approved for this action to continue through the communications programme rather than monitor through the tracker.</p>
<p><b>6.</b> WCT22/23-032</p>	<p><b>Chair's Report</b> MB presented the Chair's report to the Board of Directors noting updates on national and local issues for noting.</p> <p>The members of the Board received the report for noting.</p>
<p><b>7.</b> WCT22/23-033</p>	<p><b>Lead Governor's Report</b> LC presented the report and extended a welcome to Steve Connor as Non-Executive Director/Chair of the Audit Committee. The governors looked forward to working with Steve and valued the experience he would bring to the Trust.</p>
<p><b>8.</b> WCT22/23-034</p>	<p><b>Chief Executive's Report</b> KH presented the Chief Executive's report to the Board of Directors highlighting key points of both national and local interest. The members of the Board noted that following advice from the National Incident Director, the Level 4 (national) incident would be reclassified to Level 3 (regional) incident.</p> <p>The members of the Board welcomed the report and the updates and good news shared. BJ asked if there was any further update on the governance arrangements with the MHLDC (Mental Health, Learning Disabilities &amp; Community) Provider Collaborative. KH advised that good progress was being made with collaboration evident across organisations; a further meeting on 17 June 2022 would provide a further update.</p>

<p><b>9.</b> WCT22/23-035</p>	<p><b>Integrated Performance Report</b> <i>(live from TIG)</i></p> <p>KH introduced the report which provided the Board of Directors with a summary of performance across the Trust up to the end of May 2022. Each performance domain was presented by the relevant Director (or Deputy Director).</p> <p>JC highlighted the following from the operational dashboard, which demonstrated the Trust's responsibility in achieving local, as well as national and regional performance indicators;</p> <ul style="list-style-type: none"> <li>• The Trust had 51 green KPIs, 5 amber and 29 red which were predominately related to waiting lists and was a consistent position across Trusts nationally. All the waiting lists had been verified.</li> <li>• The D2A bed occupancy rates in the CICC was 35 days. The main challenge was patients waiting for domiciliary care packages and this continued to be an area of discussion across the system to improve the position.</li> <li>• The national directive in relation to the two-hour crisis response focussed on admission avoidance and had moved to self-referrals for patients.</li> <li>• The GP Out of Hours KPI non-emergency response times for ambulance and clinical assessments was now at 46.8% for patients that had been triaged.</li> </ul> <p>BJ advised that as Chair of the Finance and Performance Committee which reviews KPIs on a regular basis in terms of waiting list the Committee was assured of the governance process to monitor both the current position and trajectory for improvements of KPIs.</p> <p>GM asked what work had been done on DNA rates and how they were affecting waiting lists. JC advised that the Trust had two contact arrangements with patients; all patients were given resources for self help and support, and through the verification process all were contacted to check they still required the service.</p> <p>CB highlighted the following from the workforce dashboard:</p> <ul style="list-style-type: none"> <li>• Staff turnover in month was 12.8%, an increase from the previous month.</li> <li>• Mandatory training compliance remained strong at 90%.</li> <li>• Sickness absence rates showed a further increase at 7.5%, with long term absence at 4.9%. HR colleagues were working alongside service managers to ensure staff were fully supported and aware of the provisions available to them.</li> </ul> <p>MB asked if the staff turnover figure was high compared to other Trusts. CB acknowledged that the figure in-month was high but advised that further, up-to-date benchmarking data was being analysed. CB did confirm that targeted work on recruitment and retention was on-going and remained a high priority.</p> <p>CW highlighted the following from the quality dashboard:</p> <ul style="list-style-type: none"> <li>• YTD there had been 9 StEIS reportable incidents that related to 4 inpatient falls, a deterioration at CICC not attributable to the Trust, 1 pressure ulcer within community nursing and 3 MRS bacteraemia incidents which also were not attributable to the Trust but had been reported as part of the Local Authority contract to support system wide learning.</li> <li>• The learning and outcomes from serious incidents are robustly reviewed at the serious incident risk group chaired by commissioners and there are a number of quality improvement actions in progress in relation to falls prevention at CICC.</li> <li>• QUAL23 - from an outcome perspective there had been a reduction in the number of reported moderate to harm falls from Q3 to Q4 and this improvement was also evidenced by the position in April which was lower than the previous year's average.</li> <li>• QUAL2 incident reporting and QUAL3 patient safety incident reporting, remained high following promotion of reporting via the Trust's governance system. The increase had been reported in no and low harm incidents demonstrating a strong culture of reporting and learning.</li> <li>• QUAL22 FFT score, the year-to-date position continued to be green RAG rated with 92.8% of services users recommending the Trust.</li> </ul>
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	<p>MG highlighted the following from the finance dashboard:</p> <ul style="list-style-type: none"> <li>• The revised financial plan had been approved by the Board of Directors.</li> <li>• M2 reporting was against the previously approved financial plan with a planned deficit of 683k.</li> <li>• The latest position at M2 was reporting a behind plan position with a deficit of 315k. This variance related in part to CIP delivery being behind plan.</li> <li>• However, in M2 slippage against the vacancy factor had reduced improving CIP performance.</li> <li>• Capital plan spend was mainly relating to the Marine Lake construction which remained on track.</li> <li>• Performance against the Better Payment Practice Code had improved</li> </ul> <p>The Board of Directors noted the updates provided and the performance shared via TIG dashboards and was assured by the governance arrangements to monitor performance across the Trust.</p>
<p><b>10.</b> WCT22/23-036</p>	<p><b>Reports from the Sub Committees of the Board</b></p> <p><b>Quality &amp; Safety Committee - May 2022</b></p> <p>NP provided the following summary on behalf of Professor Chris Bentley from the committee meeting on 4 May 2022. It was noted that this committee received year-end performance updates.</p> <ul style="list-style-type: none"> <li>• The SAFE/OOG update was received with good compliance across audits and checklists reported</li> <li>• The Quality Strategy Assurance Report for 2021-22 and the delivery plan for 2022-23 were received. It was noted there had been 65 actions in the prior plan of which 55 had been successfully completed. The remaining 10 actions had been delayed due to the constraints within Level 4. The new plan had 52 actions with a focus on clear actions and outcome measures including the evidence to support achievement of the outcomes. The committee was assured on the implementation of the 2021-22 workplan and the clear planning in place for 2022-23.</li> <li>• The draft annual Quality Account 2021-22 was presented to the committee. A range of suggestions were made whilst recognising that there was a clear central requirement on the layout of the report. There were no requirements for stakeholder consultation this year although the Trust was seeking partnership feedback. A final draft would be presented to the Board of Directors (today).</li> <li>• The committee received a detailed QPER report on the quality performance for February and March and were updated on the quality matrix. A review of StEIS reportable incidents was discussed and it was noted that IPB had stated that incidents not attributable to the Trust should be reported separately for clarity.</li> <li>• Three moderate harm incidents attributable to the Trust related to falls in CICC, there were detailed discussions at committee on the intensive falls prevention quality improvement programme in progress. The committee did note a reduction in falls from 6 in Q3 to 2 in Q4.</li> <li>• There were no high-level risks escalated to the committee.</li> <li>• The committee reviewed the year end position for strategic risks monitored via the Board Assurance Framework.</li> <li>• A number of Annual Reports were presented to the committee before formal submission to the Board of Directors on 15 June 2022. <ul style="list-style-type: none"> <li>– The FTSU Annual Report summarised the position in relation to 32 concerns raised over the year. It provided information on the learning outcomes, feedback from staff and also clarity on the next steps and actions.</li> <li>– The Medicines Optimisation Annual Report also included the management of drugs in the CICC.</li> </ul> </li> <li>• The Annual Audit programme for 2022-23 was approved by the committee. The Q4 Mortality Report was approved to be shared at the public Board of Directors meeting and published on the Trust's website.</li> <li>• The CQC controlled drug self-assessment tool report was presented reporting 97% compliance. Two questions that were outstanding had now been resolved.</li> </ul>

- The progress in relation to the implementation of internal audit recommendations was reported from the Audit Tracker Tool on TIG and a policy SitRep was also provided for assurance.
- There were no items to escalate to the Board of Directors.

#### **Informal Board - May 2022**

AH highlighted the briefing paper in the pack and presented a summary of the items discussed and shared at the Informal Board on 11 May 2022.

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

GM provided the following summary and reported that the committee had met on 8 June 2022:

- An update was provided from the SAFE Assurance Group with a focus on the update in relation to Safe Staffing and compliance with Regulation 18.
- The committee requested a realistic benchmark for clinical supervision as there had been some issues with the data.
- The committee received the draft People Strategy for approval before formal presentation to the Board of Directors. The members of the committee recognised that the strategy was key for looking after staff to provide a high standard of patient care and approved it for submission to the Board.
- The workforce report was received providing a summary of performance against key workforce metrics.
- The Gender Pay Gap report for 2021-22 was presented to the committee and approved for publishing as required.

#### **Finance & Performance Committee**

BJ provided the following summary and reported that the committee had met on 1 June 2022:

- The committee received one item for approval that was the latest iteration of Board Assurance Framework. There was discussion on the impact of system Place performance on the Trust and vice-versa.
- The committee received updates on the year-end and Month 1 financial position, and the financial plan including CIP plans for 2022-23. The operational performance Month 1 was also shared.
- The committee received the Digital Workplan and Data Security & Protection Toolkit (DSPT) 2021-22 action plan. Progress on the Digital Workplan demonstrated that all remaining elements of the digital stabilisation plan had been completed since the last report, including the prior year DSPT compliance the IT service model and the core IT infrastructure. The position in relation to the submission of the DSPT for 2021-22 was noted with committee seeking further assurance on some outstanding actions; further information was provided by the SIRO and the committee was assured. The CIO accepted an action to review risks on the risk register associated with DSPT compliance.
- To provide timely assurance going forward it was agreed that a Digital Strategy delivery plan would be presented to committee.
- There were no high-level risks reported for the committee's attention.
- The internal audit reviews progress report had 3 reviews with a total of 12 actions in progress. It was noted that actions were being taken to mitigate the risk.
- Given the potential impact on regulatory compliance, the committee requested a priority review on the implementation of recommendations from the Walk in Centre and Urgent Treatment Centre review. The committee also suggested that the review be re-aligned to the Quality & Safety Committee for tracking. assured of the progress and oversight to complete audit recommendations.

#### **Staff Council**

CB provided the following summary and reported that Staff Council had met on 18 May 2022:

- Agile working was discussed following the return to pre COVID working arrangements.

	<ul style="list-style-type: none"> <li>• Issues were raised on the increased cost of petrol which the Trust was looking into in terms of how to support staff.</li> <li>• A presentation was given on the development of the People Strategy.</li> <li>• The opening of the Bee Well Garden was recognised and the supporting Bee Well campaign across the Trust.</li> <li>• There was a discussion on the shortages of HRT medication in relation to staff suffering from menopause symptoms which was particularly pertinent given the demographic of the workforce.</li> <li>• Executive visibility was highlighted and the buddy system now in place for members of the ELT with services.</li> <li>• The wellbeing conversations training offered to staff was highlighted.</li> </ul> <p>The Board of Directors noted the updates provided and the flow of information through the governance structure.</p>
<p><b>11.</b> WCT22/23-037</p>	<p><b>Board Assurance Framework (BAF) 2022-23 strategic risks</b></p> <p>AH presented the proposed strategic risks for tracking through the Board Assurance Framework during 2022-23.</p> <p>AH highlighted the following for the attention of the Board:</p> <ul style="list-style-type: none"> <li>• Following presentation of the 2021-22 year-end position at the Board of Directors in April 2022, the members of the board had considered existing and new risk themes for the BAF to be tracked during 2022-23.</li> <li>• Although the quality and safety committee had not formally met due to timing the committee had received the proposals and would be meeting in July 2022 to carry the process forward.</li> <li>• The report included the proposed strategic risks for 2022-23 and the strategic risks that had been tracked through the last financial year.</li> <li>• The Board approved the proposed strategic risks for the new financial year 2022-23.</li> </ul> <p>BJ referred to previous strategic risk ID06 – <i>IMT infrastructure cyber defence</i> and confirmed a recommendation from the FPC that there was sufficient oversight through the governance of the organisation including via the IGDS and any risks would be raised through the organisational risk register.</p>
<p><b>12.</b> WCT22/23-038</p>	<p><b>People Strategy</b></p> <p>CBu presented the Trust's People Strategy 2022-27 for approval.</p> <ul style="list-style-type: none"> <li>• The strategy aimed to support the Trust's strategic vision and objectives to put people at the heart of everything we do and have the best possible experience and patient outcomes.</li> <li>• The strategy was developed with engagement from staff whose feedback had been reflected to create something simple, clear and easy to understand. It is underpinned and aligned to the NHS People Promise and the 2030 Vision for HR and OD.</li> <li>• The focus is for staff to feel safe and supported creating a culture of continuous improvement, compassion and inclusion.</li> <li>• The 4 key ambitions were highlighted; <ul style="list-style-type: none"> <li>– Looking after our people</li> <li>– Culture and belonging</li> <li>– Growing for the future</li> <li>– New ways of working</li> </ul> </li> <li>• All ambitions are underpinned by 12 principles.</li> <li>• The delivery of the strategy was acknowledged to be at multiple levels including individuals, teams and the wider healthcare footprint.</li> </ul> <p>There are clear goals and measures in place to support the delivery of the strategy over the next five years which will be tracked via the Education &amp; Workforce Committee.</p>

	<p>The Board of Directors acknowledged the significance of the People Strategy for the Trust and the workforce and approved it.</p>
<p><b>13.</b> WCT22/23-039</p>	<p><b>Communications and Marketing Report - Q4, 2021-22</b> AH provided an update on activity to deliver the Communications, Marketing &amp; Engagement Strategy during Quarter 4.</p> <p>The following key projects were highlighted:</p> <ul style="list-style-type: none"> <li>• The high number of 'Shout Outs' that colleagues across the Trust were sharing was significant</li> <li>• Twitter followers continued to increase and also the Twitter impressions across the platform</li> <li>• Projects delivered during Q4 included the 'go live' of the Knowsley 0-25 contract the Marine Lake development and Freedom to Speak Up campaign.</li> <li>• The priorities for Q1 were highlighted.</li> </ul> <p>The Board of Directors noted the update provided and was assured by the support provided and the delivery of priorities across the Trust.</p>
<p><b>14.</b> WCT22/23-040</p>	<p><b>Informal Board Programme 2022-23</b> AH presented the informal board programme for 2022-23 noting it had been developed to align with the new 5-year organisational strategy and enabling strategies as much as possible.</p> <p>The members of the Board recognised the opportunity to contribute and review the programme in draft format and approved it accordingly.</p>
<p><b>15.</b> WCT22/23-041</p>	<p><b>NHS Provider Licence Self-Certification 2021-22</b> AH presented the paper which provided evidence of compliance against NHS Provider Licence which was required to be submitted on an annual basis. An appendix was attached to the report which provided the evidence of compliance.</p> <p>AH reported that the licence provisions relevant for self-certification were Condition G6(3), G64 and FT4. The deadline for Board approval was 30 June 2022 to allow regulators to review if required. There were no specific risks identified within the appendices.</p> <p>BJ referred to <i>Section 3(c) clear reporting lines and accountability</i> and suggested including work completed on Terms of Reference for all committees and the changes to the template to show clear reporting lines across the organisation, <i>Section 4(e) to obtain and disseminate accurate, comprehensive, timely and up to date information</i> should reference TIG which shows live data.</p> <p>The Board of Directors considered the evidence aligned to each element of the provider licence conditions in the appendix, which the Board was required to self-certify against, and approved the proposed response.</p>
<p><b>16.</b> WCT22/23-042</p>	<p><b>Audit Committee Annual Report 2021-22</b> AH presented the Audit Committee Annual report for the financial year 2021-22 and set out how the committee met its terms of reference and key priorities.</p> <p>The Board of Directors endorsed the Annual Report 2021-22 of the Audit Committee.</p>
<p><b>17.</b> WCT22/23-043</p>	<p><b>Charitable Funds Annual Report and Accounts 2020-21</b> MG presented the annual report and accounts on charitable funds which are overseen and managed with the charitable funds of Cheshire and Wirral Partnership.</p> <p>MG highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• The latest published statement referred to 2020-21 and 2021-22.</li> <li>• The available funds at the end of 2021 were £87,000.</li> <li>• In early 2020-21, the CWP Charity had registered with NHS Charities Together (NHSCT)</li> </ul>

	<ul style="list-style-type: none"> <li>NHSCT set up an emergency grants fund for NHS Charities to enhance the well-being of NHS Staff, volunteers and patients impacted by COVID-19. The funds made available to the Trust to spend by the 31 March 2021 totalled £55,750 and, once the NHSCT membership fee was deducted, the balance was used to fund the following items: <ul style="list-style-type: none"> <li>Commentorative medals for staff to acknowledge and recognise their significant efforts during the COVID-19 pandemic.</li> <li>The purchase of laptops to allow student nurses to communicate and work remotely.</li> </ul> </li> <li>The League of Friends charity was a key partner for the Trust over many years operating the tea bar at the VCH Walk-in Centre. After ending its operations, the charity donated £33k to the Trust. This money was to benefit the local community and to support community projects and programmes.</li> <li>In 2022, the General Fund provided funding to support the Bee Well Garden and Bloom initiative, an idea that came from the Trust's Staff Council and Wellbeing Champions. This linked to an Estates project to commemorate and celebrate the Platinum Jubilee in June by planting a number of trees as part of The Queen's Green Canopy project.</li> </ul> <p>BJ asked if the laptops bought were added to the Trust asset register even though they were purchased by the charity. MG advised that the charity purchased the laptops but they were built by the Trust's IT department and included in the asset register.</p> <p>The Board of Directors was assured of the financial reporting arrangements for the Trust's Charitable Funds Annual report and Accounts 2020-21.</p>
<p><b>18.</b> WCT22/23-044</p>	<p><b>Draft Quality Account 2021-22</b></p> <p>CW presented the draft Quality Account for 2021-22 noting that the Quality &amp; Safety Committee had reviewed previous drafts.</p> <p>CW advised that all NHS Trusts are required to publish a Quality Account each year in line with the NHS Quality Account Regulations 2010. The report would be published on the Trust's public website and submitted to NHS England and NHS Improvement. It was noted that, similar to recent years, there had been some easing of the engagement and testing requirements. The Council of Governors were not requirement to formally select indicators for independent testing and there was no requirement to obtain external stakeholder reports.</p> <p>CW advised that the report contained a number of mandatory areas - learning from deaths, learning from incidents and complaints, freedom to speak up, and a review of progress and achievements made in 2022.</p> <p>The Board of Directors approved the Quality Account 2021-22.</p>
<p><b>19.</b> WCT22/23-045</p>	<p><b>Mortality Report - Learning from Deaths (Q4)</b></p> <p>NC presented the report in relation to the implementation of the Learning from Deaths framework confirming it was a nil return for Quarter 4. There were 2 reported deaths but neither had resulted from harm or care provided by the Trust.</p> <p>The Board of Directors approved Appendix 1 for publication on the Trust's website.</p>
<p><b>20.</b> WCT22/23-046</p>	<p><b>Director of Infection Prevention and Control Annual Report 2021-22</b></p> <p>CW presented the Director of Infection Prevention and Control Annual Report 2021-22 noting that the Quality &amp; Safety Committee had received regular reports to provide assurance on compliance with the IPC code of practice.</p> <p>The following key points were highlighted;</p> <ul style="list-style-type: none"> <li>During 2021-22, the Trust had been awarded the Local Authority commissioned contract to continue to deliver IPC services to the wider community in Wirral.</li> </ul>

	<ul style="list-style-type: none"> <li>• During the pandemic, additional investment was made to the IPC service to provide enhanced support to Wirral Care Homes. This work has been recognised nationally by two awards as follows: <ul style="list-style-type: none"> <li>– Shortlisted finalist: HSJ Patient Safety Awards</li> <li>– Award winners: Infection Prevention Society, Team of the Year 2021</li> </ul> </li> <li>• The Trust had achieved 95% compliance with level one and 90% compliance with level 2 IPC training.</li> <li>• There was a total of 4 nosocomial COVID-19 outbreaks within the CICC which were effectively managed and contained.</li> <li>• There was 0 Community Trust acquired Cdifficile infections and MRSA bacteraemia cases during the last financial year.</li> <li>• The annual report provides an appendix outlining learning from the staff influenza campaign.</li> </ul> <p>The Board of Directors approved the Director of Infection Prevention and Control Annual Report 2021-22 and was assured that IPC system and processes were in place to ensure compliance with The Code of Practice on the Prevention and Control of Infections.</p> <p><b>Freedom To Speak Up</b> AJ, the Trust's FTSU Guardian was welcomed to the meeting to present the Annual Report for 2021-22.</p> <ul style="list-style-type: none"> <li>• The report detailed the number of concerns raised, the themes and actions taken to resolve concerns and key priorities for 2022-23</li> <li>• Over 32 concerns were reported last year which was fairly consistent with previous years. All concerns were discussed including outcome measures and action plans at the weekly Freedom to Speak Up group meeting</li> <li>• The different roles raising concerns was evidence that the FTSU processes are embedded across the organisation</li> <li>• The inclusion of concerns reported by students was also noted as reflecting the work to promote a speaking up culture with the workforce of the future</li> <li>• The FTSU index was linked to the staff survey. Community Trusts had the highest FTSU index score overall with 84.6% with Cambridge Community NHS Trust the top performing trust scoring 87.6% (3.4% higher than WCHC).</li> <li>• The Trust has 50 FTSU champions including in Knowsley and St Helens teams.</li> </ul> <p>The Board of Directors acknowledged the work of the FTSU Guardian and thanked AJ for a clear report and presentation.</p>
<p><b>21.</b> WCT22/23-47</p>	<p><b>Report on the findings from The Ockenden Report</b></p> <p>CW presented the report to the Board of Directors on the findings from the Ockenden Report highlighting the following key points;</p> <ul style="list-style-type: none"> <li>• The report described a robust review and assessment of Trust systems, processes and governance aligned to the four key pillars of transferable learning highlighted in the Ockenden final report <ul style="list-style-type: none"> <li>○ Learning from incidents</li> <li>○ Listening to families</li> <li>○ A well-trained workforce</li> <li>○ Safe staffing level</li> </ul> </li> <li>• A self-assessment and evaluation of the Trust's current governance processes had been conducted against the four pillars using the three lines of assurance model to support targeted action It was noted that the paper included a summary of findings for each pillar together with a reference to the appropriate measures in Trust strategies that would support further action and where they would be tracked</li> </ul> <p>The Board of Directors welcomed the clarity of the report and the review completed and was assured that a robust assessment of the Trust's systems, processes and</p>

	governance had been conducted aligned to the findings of The Ockenden Final report; with the development of clear actions within agreed timescales, to support compliance and continuous quality improvement within the People Governance portfolio.
<b>22.</b> WCT22/23-048	<b>Staff Council - 8 March 2022</b> The decision and action log from the meeting of the Staff Council held on 8 March 2022, was received, and noted.
<b>23.</b> WCT22/23-049	<b>Council of Governors</b> AH advised that the minutes from the CoG meeting on 14 June 2022 were subject to approval. The Lead Governor report (at agenda item 7) provided a briefing from the formal meeting.
<b>24.</b> WCT22/23-050	<b>Any Other Business</b> There were not items of Any Other Business.
<b>25.</b> WCT22/23-051	<b>Invitation for Public Comments</b> There were no comments or questions from members of the public.
<b>26.</b> WCT22/23-052	<b>Items for Risk Register</b> There were no new risks identified for the risk register. BJ noted the action that had been taken at FPC in relation to risks associated with DSPT compliance.
<b>27.</b> WCT22/23-053	<b>Staff Story: Taken from the Beyond Boundaries series- Syringe Driver Training</b> CB introduced the Staff Story which featured Jessica Thompson, End of Life Lead Practitioner and her story focusing on the impact of syringe driver training in care homes and the positive impact it had on patient outcomes, patient experience, resources and cost savings to the organisation.  Jessica described how processes and training to support nursing home staff in the use of syringe drivers and equipment had been reviewed and significantly improved. This had resulted in improved patient care and cost savings for the whole system.  The Board of Directors welcome the story shared by Jess and acknowledged her support to this important quality improvement.
<b>28.</b> WCT22/23-054	<b>Summary of actions and decisions</b> AH provided a brief summary of actions and decisions taken during the Board of Directors meeting.
<b>Date and Time of Next Meeting:</b> The next formal Trust Board meeting will take place on <b>Wednesday 17 August 2022</b> . Further details on the venue and joining instructions will follow.	

### Board - Chair Approval

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

The Board of Directors Meeting closed at 4.30pm.

## Board of Directors - Matters Arising 2021-22

All actions from meetings held in February, April, June and August 2021 are now complete.

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	<b>Closed.</b> <i>(Agreed to close at Board meeting on 15 June 2022 to manage as part of business-as-usual communications planning)</i>

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	<b>Complete.</b>



Actions from meeting held on: **15 June 2022**

<b>Topic Title</b>	<b>Minute Reference</b>	<b>Action Points</b>	<b>Lead</b>	<b>Due Date</b>	<b>Status</b>
<b>People Strategy</b>	WCT22/23-038	Review the Policy for Policy Management to ensure alignment to Inclusion Strategy and the use of pronouns.	A.Hughes	August 2022	<b>In progress.</b>
<b>NHS Provider Licence Self-Certification</b>	WCT22/23-041	Add reference to revised ToRs in section 3 and the availability of real-life data through TIG in section 4e.	A.Hughes	June 2022	<b>Complete.</b>