

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

MINUTES OF MEETING

WEDNESDAY 17 August at 2.00 PM

Members:

Prof Michael Brown	Chairman	(MB)
Mr Anthony Bennett	Chief Strategy Officer	(AB)
Prof Chris Bentley	Non-Executive Director	(CB)
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)
Mrs Paula Simpson	Chief Nurse	(PS)
Mr Roger Wilson	Interim Director of HR & OD	(RW)

In Attendance:

Ms Lynne Collins	Lead Governor	(LC)
Mrs Cathy Gallagher	Senior Assistant (minute taker)	(CG)
Mr Simon Garner	Deputy Director of Adult Social Care (agenda item 14 only)	(SG)

Reference	Minute
<p>1. WCT22/23-055</p>	<p>Journey of Care: School Nursing service</p> <p>PS presented the Journey of Care story which focussed on the School Nursing Service acknowledging that children’s services are at the heart of the Trust and contribute significantly to addressing health inequalities that exist across the populations we serve.</p> <p>The story was told by Julia Bryant, Quality Lead and featured a young person that had been under the care of the School Nursing Service since the age of 14 when taken into care.</p> <p>The young person first met School Nurse Beckie Banks for a health assessment and over the next 4 years Becky continued to meet the young person every 3 months to complete health check-ups and provide support.</p> <p>The story described the unique relationship between the young person and School Nurse Beckie, her experience of being a looked after child and the positive impact the support and guidance she received had on her future.</p>
<p>2. WCT22/23-056</p>	<p>Apologies for Absence</p> <p>Apologies for absence were received from Jo Shepherd, Director of HR & OD.</p>

<p>3. WCT22/23-057</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 that required further action in respect of standing or new interests.</p> <p>AH advised the meeting was being recorded on MS Teams.</p>
<p>4. WCT22/23-058</p>	<p>Minutes of the previous meeting - 15 June 2022</p> <p>Minute WCT22/23-035 - Integrated Performance Report – final paragraph 3rd and 4th bullet point: MG highlighted the month position and slippage should state M2 which has been corrected as follows:</p> <ul style="list-style-type: none"> • The latest position at M2 was reporting a behind plan position with a deficit of 315k. • However, in M2 slippage against the vacancy factor had reduced, improving CIP performance. <p>Following this amendment, the Board of Directors approved the minutes of the meeting held on 15 June 2022, as a true and accurate record.</p>
<p>5. WCT22/23-059</p>	<p>Matters Arising - 15 June 2022</p> <p>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>6. WCT22/23-060</p>	<p>Chair's Report</p> <p>MB presented the Chair's report to the Board of Directors noting updates on national and local issues.</p> <p>MB stated how much he was looking forward to attending the Team WCHC Staff Awards in September to recognise the work achieved by colleagues over the last year and throughout the pandemic.</p>
<p>7. WCT22/23-061</p>	<p>Lead Governor's Report</p> <p>LC presented the report to the Board of Directors and highlighted in particular the work of the governor Audit Sub-Group to lead the procurement process to appoint new external auditors for the Trust.</p> <p>LC noted that the process was entering its final stages and recognised the support of governor colleagues with this important duty.</p>
<p>8. WCT22/23-062</p>	<p>Chief Executive's Report</p> <p>KH presented the Chief Executive's report to the Board of Directors highlighting key points of national and local interest.</p> <p>The following key points were noted;</p> <ul style="list-style-type: none"> • The update provided on the Integrated Care Partnership and particularly that the Trust was working well across all four geographies with visible and strong representation. The Trust was also leading parts of the build of the Place arrangements in Wirral. • The Team WCHC Staff Awards taking place on 15 September 2022 with KH thanking those members of the Trust, including governors, who had enthusiastically supported the judging process. • Roger Wilson, Interim Director of Human Resources & Organisational Development, was welcomed to his first Board meeting. KH noted that RW was an experienced HR professional with a long career in the NHS and was supporting the Trust with transformational and transactional work in the HR function.

	<ul style="list-style-type: none"> • The Trust continued to receive positive responses to the patient experience survey with 92% of respondents recommending the Trust's services (in July 2022). • The Rainbow Badge Scheme which is part of the Health Inequalities & Inclusion Strategy and aligned to the strategic goal of improving access to services, had commenced across the Trust with an initial assessment completed. <p>The members of the Board welcomed the report and the updates and good news shared.</p> <p>BJ noted the Rainbow Badge Scheme and the AHP Strategic Workforce Plan and sought assurance that they would travel through Education & Workforce Committee.</p> <p>KH confirmed that the Rainbow Badge Scheme would continue to be part of the tracking of the Health Inequalities and Inclusion Strategy (via Education & Workforce Committee) and the AHP Plan would travel through the committee at the appropriate stage. KH added that the initiative was funded by Health Education England and the Trust's Chief Nurse and Medical Director would be leading the implementation across the Trust.</p> <p>BJ also noted reference to the NHS Prevention Pledge recognising its alignment to the Marmot priorities and welcomed its adoption by the Trust.</p>
<p>9. WCT22/23-063</p>	<p>Integrated Performance Report (<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 June 2022. Each performance domain was presented by the relevant 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"> • Covid was still affecting performance and the Trust was working with system partners to ensure that appropriate services were provided, particularly over Winter. • Winter planning had commenced, and a number of key projects were planned, including Virtual Ward, Home First, Frailty at the Front Door and further investment by the local authority into domiciliary care. These projects were in the development stage and JC would provide further updates in the coming months. • The Trust had 50 green Key Performance Indicators (KPIs), 9 amber and 26 red which were predominately related to waiting lists. This was a consistent position across Trusts nationally. All waiting lists had been verified and the trajectories for improvement were aligned to national targets. JC provided assurance that the Trust was in contact with patients on waiting lists to ensure that there was flexibility to respond to changes in people's circumstances. • Achievement of the 4-hour target in Walk-in Centres remained strong at 99%. • The Discharge to Assess (D2A) bed occupancy rate in the Community Integrated Care Centre was 37 days. The main challenge was patients waiting for domiciliary care packages and one of the key winter projects was intended to address this. • The two day and 2-hour urgent care response targets were aimed at keeping people out of hospital and the Trust was achieving a high compliance rate and was hoping to increase referrals over the next few months. • The GP Out of Hours KPIs (CAS and UCAT) related to telephone calls from other professionals that needed GP advice. There had been an improvement in month, but YTD the targets were not achieved. The Medical Director was working with the Clinical Directors in the service on a trajectory for improvement and further capacity and demand planning for the service. <p>As Chair of Finance & Performance Committee, BJ advised that the committee had been assured on the work ongoing to address red KPIs particularly around waiting lists whilst ensuring patient safety. The committee had also noted that the Trust was part of a Cheshire & Merseyside community waiting list project which was looking at benchmarking, standardisation and mutual support.</p>

MB noted that Acute Trusts were receiving additional funding to reduce waiting lists, but this was not available to Community Trusts.

RW highlighted the following from the workforce dashboard:

- Staff turnover had increased to 13.6% in month, which was reflective of the national position. RW recognised that a key priority of the Trust's People Strategy was to enhance the reputation of the organisation and work towards becoming the 'employer of choice' for candidates.
- Mandatory training compliance continued to improve and currently stood at 91.3%.
- Covid absence was decreasing but was still having an impact on sickness absence rates which had increased to 7.7%.
- There was no quarterly Pulse Survey in June but previous results in April had shown a slight increase in the number of responses.
- The previous relaxation around agency rules and requirements had ceased and organisations would now be closely scrutinised on agency spend. The Trust was strengthening its procedures to reflect this, including review of 'hot spot' areas.
- The vacancy factor had increased slightly to 5.2% which was also reflective of the national position.
- Professional and clinical supervision reporting rates had increased.

PS highlighted the following from the quality dashboard:

- Incident reporting remained within normal variation and was above average compared to the last 12-month period.
- 7.8% of incidents had a harm level of moderate or above which demonstrated a continued positive safety culture in reporting and learning from incidents. Each of these incidents was reviewed in detail at the weekly Clinical Risk Management Group (CMRG).
- YTD there had been three serious incidents that met the threshold for STEIS reporting, all of which related to falls on the CICC unit. An extensive improvement plan was in place.
- Falls resulting in moderate or above harm per 1000 occupied bed days had reduced in month to 0.49. Falls also continued to be tracked through CMRG. The Trust was routinely receiving over 2,000 responses per month to the national Friends and Family Test and in June 2022 92.1% of respondents recommended the Trust's services.

MG highlighted the following from the finance dashboard.

- The M3 (June 2022) plan now reflected the final financial plan approved by the Board of Directors.
- At M3, the plan was for a surplus of just over £220k; £202k had been achieved leaving a shortfall of £18k. The position was supported by the non-recurrent release of deferred income and year-end accruals from the previous year to support the pressures which were developing within the budget.
- The Productivity & Efficiency target at Month 3 was reporting 85% of approved schemes were achieving but overall approved schemes were underperforming by £65k. The programme overall was underperforming by £250k at the end of the first quarter.
- Pressures on the budget included £100k on utilities due to rising prices. The Trust was taking part in an NHS framework agreement for charges, but it was proving difficult to get utilities to confirm what they would charge. This pressured had been raised with the regional Integrated Care System.
- Other pressures included reliance on mobile data due to remote working and pressures relating to safer staffing in Nursing which were being investigated.
- Capital expenditure at M3 was just under £1m against a plan to spend £1.2m. The underspend related to the Marine Lake development but there was confidence that this will balance out in the coming months.
- The Trust was still forecasting to achieve its financial plan at year end, but a risk had been added to the risk register originally scored at RR9 (L3 x C3) but following a review at the Finance & Performance Committee this would increase to RR12 (L3 x C4).

	<ul style="list-style-type: none"> • The risk associated with achieving the Productivity & Efficiency target remained at RR12 (L4 x C3). • In terms of the Better Payment Practice Code, the Trust was achieving 87% in terms of volume of invoices paid on time; this was above the Trust's internal trajectory but below the target of 95%. By value of invoices the Trust had achieved 90%, which was below both trajectory and target, however improvements continued to be made and an improvement plan had been submitted to regulators. <p>The Board of Directors noted the updates provided and the performance shared via TIG dashboards up to M3, and was assured by the governance arrangements in place to monitor performance across the Trust.</p>
<p>10. WCT22/23-064</p>	<p>Reports from the Sub Committees of the Board</p> <p>Audit Committee - 20 June 2022 SC provided a verbal report highlighting the following key points;</p> <ul style="list-style-type: none"> • The Annual Governance Statement for 2021-22 was approved • The committee received and approved the revised Anti-Fraud Workplan subject to an internal review of some of the indicators specifically relating to e-learning, which would be reported back to the next meeting in September 2022 • The draft audit results from the Trust's external auditors were received. The report was very positive, no issues were raised, and assurance was provided on the on-going audit process • There were no items for the risk register and no items for escalation to the Board <p>Quality & Safety Committee - 6 July 2022 CB provided a verbal report highlighting the following key points;</p> <ul style="list-style-type: none"> • All pending actions were reviewed and closed if appropriate. • The Chief Nurse gave a briefing from the SAFE-Operational Oversight Group meeting and a highlight report from the relevant issues discussed at the Integrated Performance Board (IPB) • The committee had previously been concerned about recording of supervision but was assured that this had been reviewed at IPB and two actions had been put in place to address this • Mandatory training levels had recovered well but action was needed on some areas of role specific training • The Trust was performing well on the Friends & Family Test and was one of the highest performing Community Trusts. • The committee discussed the establishment of the Core Services Oversight Group which would replace the Quality Strategy & Regulatory Delivery Group. • The committee reviewed the new Inclusion dashboard; low compliance with the Accessible Information Standard was noted and committee requested that trajectories be put in place to improve performance • The committee received the Quality Strategy Delivery Plan following approval of the Quality Strategy in April 2022. It was noted that a number of actions had already been delivered or were in progress. The plan also supported the measures and outcomes of strategic risks in the BAF. • The Quality & Patient Experience Report was presented from the Trust Information Gateway and committee was assured that safe, effective and quality services were being delivered across the organisation. • There was one high level risk relating to information governance. Mitigations were being rapidly brought into place and the committee was assured that the risk score would be reduced imminently. • The two strategic risks on the Board Assurance Framework which related to the duties of the committee were discussed. The risk ratings and risk appetite were considered, and it was agreed that further work was required on the mitigations and outcomes. • The Claims Annual Report was presented, highlighting activity and themes.

- The Complaints and Concerns Annual Report was approved for submission to Board following some minor amendments. The committee was assured by the information reported and the focus on themes and lessons to be learned.
- The Safeguarding Annual Report was also approved for submission to Board.
- The risk relating to workforce capacity in the 0-25 Service in Knowsley was discussed. The action plan was noted.
- The committee reviewed the internal audit tracker and policy schedule and noted that five policies had been approved virtually by members of the committee.
- Reports from nine groups which report to the committee were received for information.

Informal Board - 13 July 2022

AH advised that a report from the Informal Board session on 13 July 2022 was included in the papers providing an overview of the topics discussed. AH noted that the session was held in person and at the end of the day members of the Board attended a Quality Improvement celebration and learning event at St Catherine's Health Centre.

Finance & Performance Committee - 3 August 2022

BJ provided a verbal report highlighting the following key points;

- The Trust's revised Standing Financial Instructions (SFIs) and Delegated Financial Limits were submitted for approval. The revised version incorporated a number of significant changes relating to changes in the law, the way the Trust did business (e.g. tendering and subcontracting) and changes to staffing structures and/or job titles following the operational design changes. It was noted that none of the changes would materially alter the way the Trust worked or affect its financial governance or control. The committee noted that the SFIs did not specifically mention the authority to dispose of fixed assets and it was agreed that the CFO would consider how this authority should cascade down from the Board. As a result, the SFIs were not approved for submission to Board, pending this further revision.
- The committee received the Annual Information Governance (IG) Report for 2021-22 for approval prior to submission to Board. The report demonstrated Trust compliance with legislative and regulatory IG requirements. The committee had continued to receive regular updates on IG throughout the year particularly relating to the Data Security and Protection Toolkit. This assurance was supported by the recent Substantial Assurance opinion from Mersey Internal Audit Agency following their audit; the report was approved for submission to Board.
- The Board Assurance Framework (BAF) was submitted for approval, following approval of the strategic risks by Board in June. The committee reviewed the risk appetite, the mitigations in place and any gaps in outcomes for the risks aligned to the duties of the committee. The members of the committee reflected on the definition of the risks and agreed that because the Trust's financial risks were so embedded in system and Place, they should be revised to reflect this, and an action was given to the executive team to review the risk descriptions and mitigations.
- The committee received updates on the financial position, including the Productivity & Efficiency (P&E) programme and YTD operational performance. The committee was largely assured by the updates provided but, whilst it was assured by the robustness of the tracking and monitoring of P&E schemes already identified, there were still questions on addressing the gap.
- The Estates workplan including updates on the Marine Lake Development and the Urgent Treatment Centre was provided for assurance.
- There were no high-level risks aligned to the committee and all risks had been reviewed within the last four weeks. Overall, the committee was assured by the mitigation and control of finance aligned risks.
- A report on committee self-assessment feedback was received following the survey to look at the efficiency and effectiveness of the subcommittees of the Board. Overall feedback for was very positive, noting that the focus was on the impact that the Trust was making on the care that it provided for people, and not

just on financial implications. Some actions for improvement were noted but committee was assured that all of these had been previously identified and were in the process of being addressed.

- The committee reviewed the internal audit tracker and noted that two reviews remained in progress. Slippage of completion deadlines was challenged but the committee was assured that this was not as a result of actions not being taken, but rather that as the actions progressed more issues were uncovered which required further investigation. It was also noted that oversight of internal audit risks was being strengthened in light of comments made at a previous meeting, and the new process would be submitted to Audit Committee for comment and approval.

Education & Workforce Committee - 10 August 2022

GM provided a verbal report highlighting the following key points;

- The committee received the People Strategy deliver plan and sought assurance that the practical application of the strategy reflected the gaps identified from Staff Survey feedback.
- The Workforce Report was presented and provided for assurance on the tracking of key workforce metrics.
- The Workforce Race Equality Standard (WRES) was provided to the committee for approval to publish. The report noted that there had been an increase in BAME staff in the organisation to 3.6% and there had also been an increase in reports of staff reporting that they had experienced discrimination. The increase was in line with other organisations and GM recognised it was reflective of an open culture where staff felt confident to raise concerns knowing that the Trust would act on their concerns. GM also extended thanks to members of the Trust's BAME (Black, Asian, Minority Ethnic) network for taking part in the reciprocal mentoring programme with directors.
- The Workforce Disability Equality Standard (WDES) was also provided to the committee for approval to publish. The percentage of employed staff with a disability had increased, disabled staff were more likely to be shortlisted and there had been an increase in reasonable adjustments made for disabled staff. Some negative staff experience was reported but this was in line with other organisations. The committee also raised the opportunity to run a similar reciprocal mentoring programme for disabled staff given that some negative staff experience had been shared (though this was at similar levels to other organisations).
- A full Safe Staffing (Regulation 18) Report would be presented to the Board in October 2022; this was recognised as a critical area of focus for the Trust and the committee would track it closely.
- The committee reviewed the results from the Staff Survey and the quarterly Pulse Survey noting that team intentions were being set for the year to reflect the feedback from them.
- There were no high-level risks for oversight by the committee, three risks scored between 10 and 14 and eight risks scored below 8. Two risks had been on the risk register for more than nine months and it was agreed to ask Audit Committee to consider a review of the five assurance questions to ensure that they were providing accurate results.
- The committee reviewed the BAF and had an active discussion on ratings and agreed to change some of the scores.
- There were two internal audit reviews on-going.
- The committee self-assessment feedback was positive.

Staff Council - 6 July 2022

RW provided a verbal report highlighting the following key points;

- RW commended the role of Staff Council within the Trust. It had been operating within the Trust for ten years and would be hosting a celebration event later in the year.
- The meeting was progressive, positive and engaging.
- Issues discussed including agile working, cost of living pressures, estates issues and engagement with the Staff Awards process.

	<ul style="list-style-type: none"> RW had been in discussion with the Chair of Staff Council about how to deliver messages on cost-of-living pressures. <p>The Board of Directors noted the updates provided and the flow of information through the governance structure.</p>
11. WCT22/23-065	<p>Board Assurance Framework (BAF) 2022-23 strategic risks</p> <p>AH provided an update on the tracking of strategic risks through the committee structure and highlighted the information and progress shared in the papers, together with updates from the Chairs of the relevant committees.</p> <p>The individual risk templates were not presented to Board but AH noted that all strategic risks would be presented at October Board of Directors for review and approval.</p> <p>The Board of Directors noted the position reported and was assured of the oversight and management of strategic risks through the sub committees of the Board.</p>
12. WCT22/23-066	<p>Marine Lake Health & Wellbeing Centre - project update</p> <p>MG provided an update on the delivery of the Marine Lake Health & Wellbeing Centre advising that construction was progressing according to the project milestones, including completion of the steel frame and concrete floors. The majority of the roof was now complete and window installation had commenced.</p> <p>Planning permission for the toucan crossing had now been approved. The work would now progress and was still expected to remain within the project milestones.</p> <p>The project included a contingency budget of £500,000 and £150,000 of this had been spent to date on items including additional cooling for the server room and additional roofing steel. All requests for use of the contingency were submitted to MG for approval via the Head of Estates.</p> <p>MG confirmed that project updates were submitted to the Programme Management Group on a monthly basis, and MG attended monthly on-site project meetings along with the Head of Estates and representatives from the Communications Team.</p> <p>A small engagement event was planned for 1 September 2022 to show groups of stakeholders and staff around the site.</p> <p>MB thanked MG for the update and asked if the GP practice was engaged in the development; MG confirmed that they were.</p> <p>The Board of Directors was assured by, and welcomed the update provided.</p>
13. WCT22/23-067	<p>Communications and Marketing Report - Q1, 2022-23</p> <p>AH provided an update on activity to deliver the Communications, Marketing & Engagement Strategy during Quarter 1.</p> <p>MB expressed his admiration that such a small team had produced this volume and quality of work and he recognised how well respected the team was by colleagues across the organisation.</p> <p>BJ commended the visual elements of the report and highlighted the importance of this aspect when communicating messages.</p> <p>The Board was assured that the communications, marketing and engagement activity evidenced in this report met the strategic intent and priorities of the Trust.</p>
14. WCT22/23-068	<p>Annual Reports 2021-22</p> <p>Complaints and Concerns</p> <p>PS presented the report and highlighted the following:</p> <ul style="list-style-type: none"> The Trust received 74 formal complaints during the reporting period 01 April 2021 - 31 March The report had been reviewed by, and was supported by the Quality & Safety Committee 2022 compared with 69 for the previous year. Of the complaints received, 28 (38%) were upheld and 16 (22%) partially upheld by the Trust.

- Details of learning and action taken from upheld and partially upheld complaints were included within the report. Action plans were developed by the relevant service and monitored at locality SAFE meetings and via the Trust's weekly Clinical Risk Management Group.
- The summary of themes included admissions, discharge and transfer arrangements, delays in treatment, unhappy with assessments or level of support, social care charges and communication.
- Equality and diversity monitoring data was included in the report, ensuring that a review of experience could be analysed from an equality perspective, therefore evaluating if the needs of those with protected characteristics were being met by Trust services.

SC asked if the social care teams required more support to meet deadlines.

PS advised that social care complaint timelines were restrictive when gathering complex information within a set timeframe of 21 days. There were ongoing discussions with the Local Authority to address this KPI. PS also added that the response times would be tracked through SAFE/OOG and using Trust Information Gateway dashboard to track improvements.

CB advised that complaint timelines were reviewed on a triannual basis at the Quality & Safety Committee. There was a crossover in social care which had different timescales and the Trust was working in Place with many organisations highlighting the complexities of pathways.

The committee was assured by the information presented and approved the Complaints and Concerns Annual Report 2021-22.

Safeguarding

SG presented report and highlighted the following:

- The report provided assurance that the Trust has a strong safeguarding governance structure in place that meets all statutory requirements relating to safeguarding children and vulnerable adults.
- In the reporting period, the Safeguarding Service ensured that all statutory functions were fulfilled, and that best practice was adhered to. The Trust had contributed to policy development, annual reports, audits and supported external organisations.
- The new local Adult Safeguarding Board had replaced the Merseyside Safeguarding board arrangements.
- There were a number of safeguarding adult reviews near completion and learning outcomes from the reviews would be actioned.
- Future priorities included ensuring the Trust was compliant with the introduction of the new Liberty Protection Safeguards (LPS).
- The Principal Adult Social worker, employed by Wirral Council was leaving and the Trust had requested details of the cover arrangements.
- The Trust was involved in Channel Panels and there were 9 individuals that had been supported safely within the community.

The Board of Directors was assured by the information presented and approved the Safeguarding Annual report 2021-22.

Information Governance

AH (Senior Information Risk Owner (SIRO)) presented the report and highlighted the following:

- The report had been reviewed by, and was supported by the Finance & Performance Committee
- The report demonstrated organisational compliance with legislative and regulatory requirements relating to the handling of information, including compliance with the Data Protection Act (DPA) 2018, UK General Data Protection Regulation (GDPR) and the Freedom of Information Act (FOIA) 2000.

	<ul style="list-style-type: none"> The key achievements during 2021-22 included Data Security Awareness training compliance at over 95% for all staff across the Trust and the successful submission of the Data Security and Protection Toolkit with the Trust meeting all of the standards. AH thanked the Information Governance & Data Security Group members, the Data Protection Officer, the Deputy Chief Nurse, the Chief Information Officer and the Caldicott Guardian for their oversight and support during the financial year. <p>The Board approved the Information Governance Annual Report 2021-22.</p>
15. WCT22/23-069	Staff Council - 18 May 2022 The decision and action log from the meeting of the Staff Council held on 18 May 2022, was received, and noted.
16. WCT22/23-070	Council of Governors 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.
17. WCT22/23-071	Any Other Business There were no items of Any Other Business.
18. WCT22/23-072	Invitation for Public Comments There were no comments or questions from members of the public.
19. WCT22/23-073	Items for Risk Register There were no new risks identified for the risk register.
20. WCT22/23-074	Staff Story: School Nursing RW introduced the Staff Story which featured Becky, a 0-19 School Nurse and noted that Becky's story linked to the Journey of Care shared at the start of the meeting. Becky shared her experiences of working with a looked after child from age 14 - 18 years. Becky had met the young person every 12 weeks and described them as an amazing person who had overcome some difficult challenges yet always stayed positive. Becky explained that the young person had open access to Trust services until the age of 19 years and knew where to go for extra help if needed. RW highlighted the value of listening, being reflective and responsive of an individual's need. Becky showed dedication, loyalty, commitment and support. The Board of Directors welcomed and appreciated the story shared and MB and KH confirmed they would write to Becky to extend thanks for her hard work and professionalism.
21. WCT22/23-75	Summary of actions and decisions AH provided a brief summary of actions and decisions taken during the Board of Directors meeting.
Date and Time of Next Meeting: The next formal Trust Board meeting will take place on Wednesday 19 October 2022 . Further details on the venue and joining instructions will follow.	

Board - Chair Approval

Name:		Date:	
Signature:			

The Board of Directors Meeting closed at 4.07pm.

Board of Directors - Matters Arising 2022-23

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.

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

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
People Strategy	WCT22/23-038	Review the Policy for Policy Management to ensure alignment to Inclusion Strategy and the use of pronouns.	A.Hughes	August 2022	In progress.
NHS Provider Licence Self-Certification	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	Complete.

There were **no actions** from the meeting hold on **17 August 2022**.