

# TRUST BOARD OF DIRECTORS MEETING

# MINUTES OF MEETING

## WEDNESDAY 19 October 2022 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	(RŴ)

## 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 (Board adviser)	(SG)
Mr Dave Murphy	Chief Information Officer (Board adviser)	(DM)
		· · /

Reference	Minute
<b>1.</b> WCT22/23- 076	Journey of Care: Discharge 2 Assess care home
	NC presented the Journey of Care story which focussed on the discharge of a patient to a care home placement.
	The patient's daughter described how the social worker made her feel at ease, spent time with the family to explain everything and was always available to offer support. Her approach was open, caring and compassionate. The difference in the patient had been remarkable and she had ultimately improved her independence at home.
	NC described the story as powerful and reflective of the Trust's values.
	SC reflected on how uplifting it was to hear about such a truly effective reablement journey.
	The Board of Directors welcomed the opportunity to receive the Journey of Care and agreed that the Chair and Chief Executive would pass on thanks to all those involved.
2.	Apologies for Absence
WCT22/23- 077	Apologies for absence were received from Roger Wilson, Interim Director HR & OD.

3.	Declaration of Interests
WCT22/23- 078	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.
	AH noted that the meeting was being recorded on MS Teams.
4.	Minutes of the previous meeting - 17 August 2022
WCT22/23- 079	The Board of Directors approved the minutes of the meeting held on 17 August 2022, as a true and accurate record.
5.	Matters Arising - 17 August 2022
WCT22/23- 080	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. (See separate actions/matters arising tracker.)
<b>6.</b>	Chair's Report
WCT22/23- 081	MB presented the Chair's Report noting updates on national and local issues.
	MB stated how much he had enjoyed attending the Team WCHC Staff Awards and particularly commended the Communications Team for the impeccable organisation of the event.
	The Board of Directors received the report with no further questions or comments.
7.	Lead Governor's Report
WCT22/23- 082	LC presented the Lead Governor's Report and highlighted the significant amount of work in progress to lead the procurement process for the Trust's new external auditors.
	The Board of Directors received the report with no further questions or comments.
8.	Chief Executive's Report
WCT22/23- 083	KH presented the Chief Executive's report highlighting the following key points of national and local interest:
	• October was Freedom to Speak Up month and KH recognised it as a key part of the Trust's strategic intention highlighting the importance of staff feeling confident to speak up. KH thanked the FTSU Guardian and the executive and non-executive FTSU leads and all 50+ FTSU Champions across the Trust for promoting this work across the organisation.
	• KH also recognised the success of the Team WCHC Awards and extended congratulations to all those shortlisted and the winners announced on the night.
	• The process to appoint a new Director of People & Culture for the Trust was noted with KH also recognising the contribution of Jo Shepherd to the Trust over a number of years.
	• The roll-out of Place Based governance was starting to gain traction. The first Wirral Placed Based Partnership Board took place on 13 October 2022 and the Terms of Reference were being reviewed by governance leads to take account of the changing environment. KH was also supporting the Trust's position in other Place arrangements where the Trust delivers services, i.e., Cheshire East, Knowsley and St Helens.
	The members of the Board welcomed the report and the updates and good news shared.

9.	Integrated Performance Report (live from TIG)
WCT22/23- 084	KH introduced the report which provided the Board of Directors with a summary of performance at M05 (August 2022). Each performance domain was presented by the relevant Director or their representative.
	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;
	<ul> <li>There were 47 green KPIs, eight amber and 30 red. Red KPIs continued to reflect waiting list challenges in line with the national position, but improvement trajectories had been set and were being achieved.</li> <li>Walk-in Centre and Urgent Treatment Centre performance against the 4-hour target remained strong at 99% despite increased activity.</li> <li>Occupancy of the 70 intermediate Discharge to Assess beds remained high, mirroring the national and regional position. Length of stay remained high but quality and patient experience were being prioritised.</li> <li>Discharge delays reflected the regional and national challenges with packages of care, but system partners were working closely together, and some improvements had been seen.</li> <li>Winter projects including Home First, and Virtual Wards had been implemented. These were initiatives to keep people at home and currently there were around 30 patients on these pathways.</li> <li>2 Hour and 2 Day Response performance continued to be good. Patient self-referral routes were being developed in order to increase activity.</li> <li>NC added that GP Out of Hours KPIs for UCAT and CAS were monitored at Integrated Performance Board and Quality &amp; Safety Committee. NC explained that UCAT referred to trying to reduce admissions by responding to paramedics</li> </ul>
	who were calling from the patient's home, and the CAS service provided clinical advice. The GP Out of Hours improvement plan had produced improved performance against targets
	<ul> <li>In RW's absence, NC highlighted the following from the workforce dashboard:</li> <li>The recruitment process for the Trust's new Director of People &amp; Culture had commenced and further updates would be provided in due course.</li> <li>Staff turnover had increased to 14.5%, which was reflective of the national picture. A monthly Recruitment &amp; Retention task and finish group had been established and an action plan developed to look at improvements to the leavers' process.</li> <li>Mandatory training compliance continued to improve and currently stood at 92.5%.</li> <li>Role essential training stood at 78% and continued to show an improving picture.</li> <li>Clinical and professional supervision levels had improved to 80.5%. Adult Social Care supervision had improved to 74.5% and management supervision stood at 77.9%.</li> </ul>
	<ul> <li>Sickness absence had decreased from 8.5% to 6.9% and there had also been a slight reduction in long-term sickness to 5.1% but short-term absence had increased to 1.7%. Stress/anxiety/depression remained the highest cause of sickness absence.</li> <li>Reporting of appraisals stood at 92%.</li> </ul>
	MB asked NC to comment on the Trust's agency usage. NC advised that there were discrete services within the organisation where agency use was high, including Adult Social Care and GP Out of Hours. This reflected the difficulties in recruiting trained staff in those areas and maintaining a safe and responsive workforce. Governance processes were in place to ensure that agency was only used as a last resort and that bank and substantive staff were utilised where possible.
	BJ noted that Education & Workforce Committee had discussed the high turnover rates and had asked IPB to review them further. EWC had also noted that the Trust was the second lowest user of agency staff in Cheshire & Merseyside.
	PS highlighted the following from the quality dashboard:

	• Since the beginning of the year there had been a sustained high level of incident reporting across the organisation. 7.4% of incidents had a harm level of moderate or above, many of which had been referred into the organisation. This demonstrated a continued positive safety culture in reporting and learning from incidents.
	<ul> <li>Year to date, there had been three serious incidents that met the threshold for STEIS reporting, the last of which was on 1 June 2022. All three related to falls at the Community Intermediate Care Centre (CICC).</li> <li>Themes from complaints continued to be tracked through Quality &amp; Safety Committee. Year to date, a total of 39 complaints had been received. This was slightly higher than last year but to be expected given that the Trust had expanded into new geographical areas.</li> </ul>
	• The Trust had received 9,675 responses to the Friends & Family Trust since 1 April 2022, which placed it in the top quartile of organisations. 92% of respondents would recommend the Trust's services. An experience dashboard had been built into TIG which could segment responses according to protected characteristics, and the team was working hard to analyse these data.
	<ul> <li>MG highlighted the following from the finance dashboard.</li> <li>A surplus of just over £330k had been reported, which was £5k above plan. The underlying position, as reported to Finance &amp; Performance Committee, was a deficit of around £0.5m, but non-recurrent measures were enabling the Trust to report a surplus.</li> </ul>
	<ul> <li>Key pressures included the CICC, and Community Nursing pay budgets.</li> <li>In terms of non-pay, clinical supplies and utilities costs had been impacted by inflation and there were pressures in the CICC IT and facilities budgets. In addition, there was pressure on mobile data charges.</li> </ul>
	• The Productivity & Efficiency Programme had delivered 80% of the target. The total shortfall forecast for the year end was in the region of £650k, but the Trust would still be delivering a P&E saving of 3.5%.
	<ul> <li>Overall, the Trust was still forecasting to achieve its financial plan by year-end.</li> <li>The capital programme was £0.5m behind plan, mainly relating to the Marine Lake development and IM&amp;T schemes, but assurance had been received through the Programme Oversight Group that the target would be achieved.</li> <li>The Trust was achieving 90% against the Better Payment Practice Code volume and value targets of 95% and trajectories were in place to fully achieve both targets.</li> </ul>
	The Board of Directors noted the updates provided and the performance shared via TIG dashboards and was assured by the governance arrangements in place to monitor performance across the Trust.
10.	Reports from the Sub Committees of the Board
WCT22/23- 085	Audit Committee - 7 September 2022
	SC provided a verbal report highlighting the following key points:
	The committee had completed the annual review of its Terms of Reference and in considering the feedback discussed how the committee provided assurance to the Board and actively supported and monitored the work of the other committees. Consequently, it had been proposed that the committee would receive the outcomes of the self-assessments of the other committees in order to identify themes and provide independent assurance. The committee approved the Terms of Reference for presentation to the Board of Directors for formal approval.
	The committee also considered the outcome of the committee's own self-assessment noting that feedback demonstrated members were satisfied with the work of the committee over last 12 months.

A detailed reviewed of the Internal Audit Tracker in TIG was completed with members noting there were three outstanding recommendations. The committee was assured that actions were in place to deliver them all. The committee received an update on the management of strategic risks through the Board Assurance Framework and was assured that appropriate actions were being taken. The final report following the internal audit review of Risk Management across the Trust was received with committee members noting the High assurance level received. The committee had passed on its thanks to all colleagues involved in the review. A policy status position was presented confirming that of 88 trust-wide policies, 15 were under review and all others were approved and published. The committee noted this updated to be shared with the Board of Directors for assurance. The progress report on internal audit reviews for the period April to August 2022 was reviewed and two changes to the Internal Audit Plan were agreed by the committee. These were to defer the Integrated Health & Care Review to 2023/24 and add the HFMA Financial Sustainability Review to the plan for 2022/23. The Trust's External Auditors Ernst & Young gave an update on the annual audit process confirming the delay in the sign off of the accounts due to the timing of the Local Authority pension audit. The members of the committee were advised that an extension to the deadline had been negotiated with NHSE. An update from the Trust's Anti-Fraud Specialist was shared and a report from the Local Security Management Specialist received. Finally, a report on tender waivers reported that seven applications had been received; the committee was assured by the arrangements for their effective management, in line with the Standing Financial Instructions. Quality & Safety Committee - 7 September 2022 CB provided a verbal report highlighting the following key points; The Chair commented on the relationship between the committee and the Integrated Performance Board recognising new arrangements that were being established. The committee received a briefing following IPB highlighting the increased demand across all services and pressures on staffing. The Quality Strategy Delivery Plan was reviewed with committee members noting that of the 52 actions, 24 were due to complete at the end of July 2022 and 22 were now complete. The remaining two had been extended with the agreement of Safe Operations Group (SOG). The committee was assured by progress but requested stronger metrics for some outcomes, e.g., patient safety training. The Quality & Patient Experience Report from TIG provided good assurance with the committee suggesting the risk relating to patient falls on CICC be lowered from RR12 to RR9 as a result of the progress made. The high volume of Friends & Family Test responses was noted compared with other NHS organisations. The high-level risk ID2783 relating to Knowsley staffing was discussed in detail with the committee noting the legacy position together with national and local recruitment pressures. The committee was assured that birth visits were taking place. safeguarding arrangements were in place, audits were taking place and there was strong visible leadership. No incidents had been raised and the Chief Nurse was actively engaging with the Local Authority. The importance of keeping the workforce psychologically safe was recognised by the committee.

There was a good discussion on the strategic risks in the BAF with the segmentation of mitigations according to strategies welcomed. The committee agreed some recommendations to the Board of Directors included on the agenda (at item 11).
The committee Terms of Reference were reviewed, and some amendments were approved. The committee approved the Terms of Reference for presentation to the Board of Directors for formal approval.
Safe Staffing metrics and compliance were discussed, and the committee was assured by the mitigations in place and agreed to lower the likelihood rating of the risk to RR2.
The Mortality Report for Q1 was approved for submission to the Board of Directors and subsequent publication on the Trust's website.
The Infection Prevention & Control report for Q1 was discussed and a series of triannual reports including Safeguarding, Complaints & Concerns, Claims and Medicines Optimisation were received.
The committee received and was assured by the Controlled Drugs Annual Report and the EPRR Core Standards Annual Self-Assessment. The rating of substantial in relation to EPRR was approved and the committee was assured that any outstanding actions would be completed by the end of December, prior to a peer review by another Trust.
The committee also received standing items including the Internal Audit Tracker, the outcome of the committee self-assessment and the update on the policy schedule. The committee recorded that seven trust-wide policies had been reviewed and approved virtually by committee members since the last meeting.
Informal Board - 14 September 2022
<ul> <li>AH referenced the report on the Informal Board meeting which was included with the papers and highlighted the following:</li> <li>The Board had met in person and felt the benefit of spending time together in an informal session.</li> </ul>
<ul> <li>A 'lunch and learn' session was held with the Service Directors for each of the localities who talked to the Board about their work priorities and challenges. Board members noted the strong work ethic and working relationship between each of them.</li> </ul>
Finance & Performance Committee - 5 October 2022
BJ provided a verbal report highlighting the following key points;
<ul> <li>The committee received three items for approval;</li> <li>the Board Assurance Framework</li> <li>the committee Terms of Reference and</li> <li>the Estates Management Group Terms of Reference</li> </ul>
The committee approved it's Terms of Reference for presentation to the Board of Directors for formal approval.
The committee received updates on the financial position, operational performance and the 2022/23 Productivity & Efficiency programme.
An update on the Trust's Green Plan was presented with members of the committee acknowledging it as a key supporting strategy to the Trust's Social Value commitment. The committee noted the update provided.
The standing high-level risk report was presented with no high-level risks to escalate to committee for oversight. It was also noted that all operational risks aligned to the duties of the committee had been reviewed in the last four weeks.

The strategic risks in the Board Assurance Framework were reviewed with some recommendations to the Board of Directors included on the agenda (at item 11).

An update on Internal Audit reviews was received and it was noted that three out of 17 recommendations were still in progress. The committee was assured to see that all were within deadline.

#### Education & Workforce Committee - 12 October 2022

GM provided a verbal report highlighting the following key points;

It was proposed that the title of the committee be changed to the People & Culture Committee to reflect the intentions and commitments outlined in the People Strategy. This was a formal recommendation to the Board of Directors.

#### [At the meeting of the Board of Directors this recommendation was approved]

The People Strategy Delivery Plan was presented with committee members receiving an update on progress.

A proposal on the new people governance arrangements was shared, with members noting the establishment of a People & Culture Oversight Group (PCOG) which would have equal status to the other groups reporting into IPB.

The Workforce Report from TIG was presented in detail and the increasing staff turnover rate was discussed with mitigations reviewed. Whilst it was noted that there had been good progress with recruitment, evidenced by vacancy rates, it was an area of risk which needed to be monitored carefully alongside regional and national trajectories.

The on-going balloting for industrial action was highlighted with an acknowledgement that it was a national issue but one which the Trust would need to mitigate, including with system partners.

The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) were presented to the committee following previous comments. The committee considered a further discussion on board diversity and suggested an informal board discussion would be useful.

[At the meeting of the Board, MB commented that the issue of board diversity had been raised with the NorthWest Leadership Academy to consider programmes to support people from various backgrounds and provide greater experience at board level].

The safer staffing model at CICC was reviewed including nurse hours per patient per day and the impact of Allied Health Professionals.

The standing high-level risk report was shared with no risks escalated to the committee for oversight. The committee reviewed the strategic risks in the BAF with some recommendations to the Board of Directors included on the agenda (at item 11).

#### Staff Council - 22 September 2022

AB provided an update from the Staff Council meeting on 22 September 2022:

Executive visits to services were discussed and it was noted that all executives had been 'buddied' with a Service Director. To date, 17 visits had taken place and a further 11 were planned by the end of October.

The pilot for agile working arrangements was discussed and it was noted that there was a need for flexibility whilst recognising the minimum 3:2 work/home ratio for staff in non-clinical areas.

The on-going cost of living crisis was raised with available support for staff highlighted, whilst also recognising the challenge.

	The Freedom to Speak Up Guardian was present and provided an update on FTSU Month (in October 2022) and the various activities that would be taking place across the Trust.
	All members of Staf Council were pleased to learn that Spartacus the Therapy Dog was returning to the Trust and had already visited the CICC, receiving positive feedback from staff and patients alike.
	The Trust's participation in the NorthWest NHS Games was noted.
	[At the meeting, MB reflected, in relation to the cost of living and specifically mileage rates, that while some trusts had taken action to increase rates when petrol and diesel costs were high, the Trust had followed the instruction from the ICB to take no action and costs had since reduced].
11.	The Chair thanked the committee Chairs for their comprehensive reports. Board Assurance Framework (BAF) 2022-23 strategic risks
WCT22/23- 086	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 shared by the Chairs of the relevant committees.
	There was rigor in the committee structure in terms of regular reviews of the strategic risks and the cover paper included a summary of those discussions during September and October 2022.
	AH noted that eight strategic risks were currently being tracked, none of which were scored higher than RR12. The risk relating to Provider Collaborative governance had been suspended but following the Finance & Performance Committee in October 2022 this was being reconsidered in the context of the latest position shared by the CEO on governance arrangements and progress. It had been agreed that a further discussion would take place at the informal session in November 2022.
	One high-level organisational risk (ID2783) was being tracked via the Quality & Safety Committee, but it was not proposed that this currently had any impact on the scoring of any of the strategic risks.
	Board members were asked to consider the following for approval:
	<ul> <li>ID01 and ID02: slight change in risk descriptions to tighten and focus the description</li> <li>ID05 and ID06: revised risk descriptions</li> <li>ID08: increase in risk rating from 8 to 12</li> <li>ID09: decrease in risk rating from 16 to 12</li> </ul>
	The Board of Directors approved the above recommendations.
	BJ requested that reference to the Finance & Resources Oversight Group be added to the quality governance framework for the Finance & Performance committee section. AH agreed to add this.
12.	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. Social Value Mid-Year Report
WCT22/23- 087	TB presented the Social Value Mid-Year Report highlighting the progress achieved in the development of the Trust's Social Value proposition.
	WCHC was the first NHS Trust to achieve the Social Value Quality Mark Level 1.
	<ul> <li>It was noted that the Social Value Framework was made up of five principles:</li> <li>Community engagement and support</li> <li>Increasing wellbeing and health equity</li> <li>Purchasing and investing locally for social benefit</li> <li>Representative workforce and access to quality work</li> </ul>

	Reducing environmental impact
	TB advised that the TIG dashboard would be used to engage with C&M ICB in the development of a consistent set of social value measures.
	In receiving the report, members of the Board commented as follows;
	CB suggested reviewing the wording for 'gifts in kind' in the sub-theme 'Engaging with and Supporting Communities' and the metric associated with the VCF groups.
	CB also asked about Trust expenditure at Place, system and regional level. TB advised that financial transactions were carried out in accordance with Trust's procurement policies and procedures but would involve local suppliers wherever possible.
	BJ referred to the 'Employment and Volunteering' theme and asked for assurance that people from deprived areas were included. TB confirmed local initiatives were in place e.g., the NHS Cadets programme. AH added that the NHS Cadets cohort had achieved the intention and ambition of the programme set by NHSE and the Wirral programme had been recognised for its success. AH added that this was also an important element of the widening participation ambition set out in the Trust's People Strategy.
	KH thanked TB and for his leadership of the Social Value programme.
	MB asked about the plan for level 2 and TB advised that this would be a decision for the Trust to make in the context of its strategic objectives. The original ask from the ICB was for the Trust to work towards achieving level 1. Level 2 would require additional investment.
	The Board of Directors was assured and welcomed the report.
13.	Organisational Strategy Assurance Report
WCT22/23- 088	<ul> <li>TB presented the Organisational Strategy Assurance report and highlighted the six key sections mapped to related projects and initiatives to demonstrate progress:</li> <li>Operational development</li> <li>Quality and innovation</li> <li>Digital</li> <li>People</li> <li>Inclusion</li> <li>Social Value and Partnership</li> </ul>
	The report aimed to provide assurance against the delivery of the strategy through identifying key projects and initiatives that would support the strategic 'We Will' statements. The key projects and initiatives supporting the 42 'We Will' statements currently in progress had been mapped against projects and initiatives.
14.	The Board of Directors welcomed the detail included in the report and was assured of the progress being made. Well-led development review - findings and action planning
WCT22/23- 089	AH presented the key findings from the review noting the position across all 8 Key Lines of Enquiry (KLOE) that constitute the well-led framework.
	AH reflected on the methodology and the timing of the review delivered by Mersey Internal Audit Agency.
	The overall conclusion from the report was that the Trust is <b>Well Led</b> .
	Of the 8 KLOEs the Trust had been scored as GREEN for 6 and GREEN/AMBER for 3.
	At the informal board meeting in September 2022, the Board of Directors considered the areas for improvement and further development associated with the

	GREEN/AMBER KLOEs (2,4 and 8). The key themes for actions to address these areas were noted for members of the Board.
	AH advised that further work was on-going to review the detail of all other KLOEs to identify any other actions to include in the action plan. The action plan would be developed acknowledging on-going programmes of work ensuring alignment as much as possible.
	The Board of Directors was assured from the findings and action planning of the report.
15.	Review of governance arrangements 2022-23
WCT22/23- 090	AH presented a summary report detailing the findings and recommendations from a recent review of governance arrangements sub-IPB level.
	<ul> <li>AH noted that during Q2, 2022-23 members of the IPB led by the Executive Leadership Team had assessed its purpose, objectives and operating framework based on;</li> <li>individual and collective reflections</li> <li>learning from the recent external well-led developmental review</li> <li>an analysis of information and assurances being received and reported to the committees of the Board</li> </ul>
	Consequently, a number of recommendations were proposed which included the review and establishment of new groups below the IPB. It was noted that these recommendations had been supported by the members of the IPB for implementation with immediate effect, and they would be extant to allow full implementation with a review in 12 months.
	AH noted the revised governance structure included in the papers and the summary of each of the new groups in terms of purpose, objectives and membership.
	CB suggested a review of the purpose of the SAFE Operations Group (SOG) to ensure it adequately focuses on progressing, monitoring and enhancing quality.
	The Board of Directors received the update provided and approved the implementation of recommendations as supported by the Integrated Performance Board with a review in 12 months.
16.	Annual declaration of interests - Board of Directors 2022-23
WCT22/23- 091	AH presented the report providing assurance that the Trust was compliant with the requirements of Standing Order 8 'Declaration of Interest and Register of Interests' and 'General Policy 7 Managing Conflicts of Interest' whereby all Board Directors had to annually declare all interests that were relevant and material.
	The Board and Deputy Directors had given consent to have their declarations published on the Trust register. These would be reported through the Trust's Annual Report 2022-23.
	The Board of Directors received the report and was assured by the processes in place to ensure compliance with Trust policy and the subsequent register of interests for members of the Board and Deputy Directors for 2022-23 was approved.
17.	Terms of Reference for Board of Directors and the committees - annual review
WCT22/23- 092	<ul> <li>AH presented the Terms of Reference for the Board of Directors and the committees of the Board for annual review.</li> <li>Quality &amp; Safety Committee (QSC)</li> <li>Education &amp; Workforce Committee (EWC)</li> <li>Finance &amp; Performance Committee (FPC)</li> <li>Audit Committee</li> <li>Remuneration Committee.</li> </ul>
	During September and October 2022, a review of all committee Terms of Reference had taken place. AH noted one further amendment to the QSC Terms of Reference to add a reference to addressing health inequalities to the purpose of the committee.

	It was also suggested that a similar amendment be made to the Board of Directors Terms of Reference.
	With the inclusion of the above amendments, the Board of Directors approved the revised Terms of Reference for the committees and agreed that the Chair would review and approve the amended version of the Board ToRs on behalf of the unitary board.
18.	Report following committee self-assessments
WCT22/23- 093	AH presented the report to provide assurance on the satisfactory completion of the committee annual self-assessments for each of the committees of the Board (with the exception of the Remuneration Committee due to the timetable of meetings).
	AH noted the earlier reference made by SC that the Audit Committee would track the cross-cutting themes from the self-assessments to identify any further actions to improve the efficiency of the committees.
19.	The Board of Directors welcomed the feedback from the committee self-assessments and the key themes for continuous improvement. <b>The National Staff Influenza Programme 2022/23</b>
WCT22/23- 094	PS presented the report which provided assurance that a robust plan was in place for the effective delivery of the staff influenza programme for 2022/23.
	The Trust had set a minimum internal target of 90% uptake with a 100% offer for all frontline staff for this year's programme. It was recognised that as social contact returned to pre-pandemic levels, there was likely to be a resurgence in influenza activity during the 2022/23 winter.
	BS asked if there was a set target for staff uptake of the Covid-19 boosters. PS confirmed that when available the figures would be shared.
	CB also asked if the uptake on children's flu vaccine across children's services could be shared with members of the Board.
	The Board of Directors was assured that the Trust has a robust plan in place for the effective delivery of the Staff Influenza Programme for 2022/23. <b>Mortality Report - Learning from Deaths (Q1)</b>
20.	Mortanty Report - Learning Non Deaths (QT)
WCT22/23- 095	NC presented the report in relation to the implementation of the Learning from Deaths Framework, confirming a nil return for Quarter 1. There were seven reported deaths, but none had resulted from harm or care provided by the Trust.
	The Board of Directors approved Appendix 1 for publication on the Trust's website.
21.	Staff Council - 6 July 2022
WCT22/23- 96	The decision and action log from the meeting of the Staff Council held on 6 July 2022, was received, and noted.
<b>22.</b> WCT22/23- 97	<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.
23.	Any Other Business
WCT22/23- 98	There were no items of Any Other Business.
24.	Invitation for Public Comments
WCT22/23- 99	There were no comments or questions from members of the public.
25.	Items for Risk Register
WCT22/23- 100	There were no new risks identified for the risk register.

WCT22/23-	
101	PS introduced the Staff Story which featured one of the Trust's Social Workers in the Integrated Discharge Team.
	They described their role as a Social Worker stating that upholding people's human rights was at the forefront of decisions to ensure that patients had a safe and timely discharge.
	They referred to a recent case of a male patient who had communication challenges and required Speech & Language Therapy. Whilst waiting for the referral to come through Sally visited the patient in hospital and worked with him to establish a form of written/verbal communication which was successful. The patient demonstrated understanding and subsequently was able to agree with the plans for his discharge.
	It was particularly noted that medical staff on the ward had complimented them on their practice communicating with the patient.
	SG praised the member of staff for their insight and communications skills.
	The Board of Directors welcomed and appreciated the story shared.
27.	Summary of actions and decisions
	AH provided a brief summary of actions and decisions taken during the Board of
102	Directors meeting.

Further details on the venue and joining instructions will follow.

Board - Chair Approval					
Name:		Date:			
Signature:					

The Board of Directors Meeting closed at 4.15pm.



# **Board of Directors - Matters Arising 2022-23**

Actions from meeting held in April 2022 are complete and have been archived.

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	Complete.
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 19 October 2022

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Board Assurance Framework	WCT22/23- 086	Make reference to the Finance & Resources Oversight Group in the quality governance section of the BAF for FPC strategic risks	A.Hughes	October 2022	Complete.
Social Value Mid- Year Report	WCT22/23- 087	Review the wording of the 'Engaging with and supporting communities' subtheme (gifts in kind) and the metric associated with the VCF groups	A.Bennett	December 2022	In progress.



Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Review of governance arrangements 2022-23	WCT22/23- 090	Review the purpose of the Safe Operations Group against the final ToRs to ensure reference to <i>'progressing</i> <i>quality/monitoring and enhancing quality'</i>	P.Simpson	October 2022	Complete.
Terms of Reference for the Board of Directors and the committees	WCT22/23- 092	Review Board of Directors Terms of Reference to include health inequalities and population health in the aim NOTE: Chair to approve on behalf of the Board	A.Hughes	October 2022	<b>Complete.</b> To drive the implementation of the Trust strategy ensuring the equitable allocation of resources whenever possible to address health inequalities and improve the health of our population.
The national staff influenza programme 2022-23	WCT22/23- 092	Share (staff) COVID booster uptake figures	P.Simpson	December 2022	Latest position to be reported verbally.
		Share uptake on children's flu vaccine across children's services	P.Simpson	December 2022	Latest position to be reported verbally.