

**TRUST BOARD OF DIRECTORS MEETING
(CSL, St Catherine's Health centre)**

MINUTES OF MEETING

WEDNESDAY 15 FEBRUARY 2023 at 2.00 PM

Members:

Ms Beverley Jordan	Non-Executive Director (Acting Chair)	(BJ)
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)
Mrs Alison Hughes	Director of Corporate Affairs	(AH)
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 Lynn Collins	Lead Governor	(LC)
Mrs Cathy Gallagher	Senior Assistant (minute taker)	(CG)
Mr Simon Garner	Deputy Director of Adult Social Care	(SG)
Mr Dave Murphy	Chief Information Officer	(DM)

Reference	Minute
<p>1. WCT22/23-128</p>	<p>Journey of Care: Telehealth services</p> <p>NC introduced the story, which was told by a patient and his wife and described their experience of using Telehealth service.</p> <p>The patient's wife described how the service had supported them to continue to receive care at home, and how easy it was to use the equipment provided. The support from the service made them feel safe and the care and compassion of the staff was highlighted.</p> <p>The Board of Directors welcomed the opportunity to receive the Journey of Care and thanked all those involved.</p>
<p>2. WCT22/23-129</p>	<p>Apologies for Absence</p> <p>Apologies for absence were received from:</p> <p>Michael Brown, Chairman Karen Howell, Chief Executive</p>
<p>3. WCT22/23-130</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>4. WCT22/23-131</p>	<p>Minutes of the previous meeting - 14 December 2022</p> <p>The Board of Directors approved the minutes of the meeting held on 14 December 2022, as a true and accurate record.</p>
<p>5. WCT22/23-132</p>	<p>Matters Arising - 14 December 2022</p> <p>The Board of Directors reviewed the current status and noted any outstanding items. <i>(See separate actions/matters arising tracker.)</i></p>
<p>6. WCT22/23-133</p>	<p>Chair's Report</p> <p>BJ presented the Chair's report highlighting the following key points;</p> <p>The appointment of Claus Madsen as the Trust's new Chief People Officer was noted, and BJ wished CM a warm welcome on behalf of all members of the Board when he officially joins the Trust in April 2023.</p> <p>The two days of industrial action by the RCN on 18 & 19 January 2023 which included staff from the across the Trust was acknowledged with BJ recognising the determination of staff to maintain the integrity of the strike by keeping things safe for patients.</p> <p>BJ thanked Paula Simpson, Chief Nurse and Jo Chwalko, Chief Operating Officer who led the planning for the two days of industrial action for their approach, dignity and respect to ensure staff felt supported and informed.</p> <p>BJ had visited the Sexual Health service as part of the Non-Executive Director service visits programme and was looking forward to attending more services over the coming weeks and months to recognise the hard work and contribution of our workforce.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
<p>7. WCT22/23-134</p>	<p>Lead Governor's Report</p> <p>LC presented the Lead Governor's Report and highlighted that the Council of Governors were considering options to co-opt governors and to review the election timetable.</p> <p>CB recognised and welcomed back governors that had been re-elected in the recent Council of Governors election.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
<p>8. WCT22/23-135</p>	<p>Chief Executive's Report</p> <p>MG presented the Chief Executive's report highlighting key points of national and local interest.</p> <p>The report reflected on a number of highlights from the past 12 months including celebrating the first-year anniversary of the Knowsley 0-25 contract.</p> <p>MG also acknowledged the pressure on service delivery over recent months recognising the impact across all providers in Cheshire & Merseyside and extended thanks to all staff who continue to work tirelessly to meet the challenges of a difficult winter.</p> <p>MG noted that a Project Team had been established to lead the transfer of the Adult Social Care Contract back to the Local Authority. The Project Team was supported by a number of workstreams focusing on specific areas of work. A joint approach to communications with staff had been agreed with the Local Authority and a number of staff briefing sessions had already taken place.</p> <p>MG thanked all those who supported the meticulous preparation for the two-day industrial action including Paula Simpson, Chief Nurse, EPRR Lead Mick Blease and</p>

	<p>Roger Wilson, Interim Director of HR & OD.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
<p>9. WCT22/23- 136</p>	<p>Reports from the committees of the Board</p> <p>Audit Committee</p> <p>SC provided a verbal report highlighting the following key points;</p> <p>18 January 2023</p> <ul style="list-style-type: none"> • The Annual Report and Accounts for the financial year 2021-22 was approved at committee on 18 January 2023 <p>1 February 2023</p> <ul style="list-style-type: none"> • The Annual Cycle of Business for the Audit Committee and refreshed flowcharts for the process to implement internal audit recommendations were approved • The checklist against FTSU questions was reviewed demonstrating the robust FTSU processes in place across the Trust • The committee received the final report from the Managing Conflicts of Interests Review which provided Substantial Assurance • The audit and fraud tracker tool were presented live from the Trust Information Gateway (TIG) and provided an overview of the implementation status of audit recommendations for each preceding year. The fraud tracker showed that all recommendations had been implemented. • The committee was assured by the update provided in relation to the management of strategic risk included in the Board Assurance Framework. • The committee was assured of the actions taken to mitigate and control organisational risks across the Trust in line with the approved Risk Policy. • The committee noted the contents of the Internal Audit follow up report of the three reviews and were assured by the progress made by the Trust. • Grant Thornton provided an update and timescales for the External Audit Progress report and Sector update. • The committee was assured by the Anti-Fraud Progress Report and the updates provided. <p>Quality & Safety Committee - 11 January 2023</p> <p>CB provided a verbal report highlighting the following key points;</p> <ul style="list-style-type: none"> • The committee reviewed the open actions from previous meetings and agreed that actions completed from the meetings in July, September and November 2022 could be archived. • The Board Assurance Framework risks ID01 and ID02 were not currently categorised as high-level but the potential impact of the industrial action had been referenced. • The committee received and approved IPB Terms of Reference • An update on the Quality Strategy Delivery Plan Year 1 - 2022-23 was provided with some extensions to deadlines agreed. • The risk report was shared providing assurance on the management and oversight of risk across the Trust; there was one high-level risk escalated to the committee with further discussion on the mitigations in place with an action taken to review the risk rating with the risk owner • The Medicines Optimisation Assurance Report was provided for assurance • The committee received the Safeguarding Governance Report which included an update on standardisation of KPI's across the Trust and a Joint Targeted Area Inspection (JTAI) • The Infection Prevention and Control Assurance Report was provided for assurance with committee members noting that there was just one amber rated criterion remaining which had mitigations in place • The committee received IPC BAF report and were assured by the update provided

- The position in relation to trust-wide policies with oversight by the committee was shared

Finance & Performance Committee - 1 February 2023

BJ provided a verbal report highlighting the following key points;

- The committee received the Board Assurance Framework and approved a recommendation to the Board of Directors that ID05 (*Poor financial performance at Place creates a negative impact on the Trust and leads to increased monitoring and regulation*) had achieved its target risk rating
- The revised Standard Financial Instructions were approved
- Updates on the financial position for M9, Operational Performance and the Productivity & Efficiency Programme 2022-23 were shared. Overall, the committee was assured by each update and the processes in place for monitoring and managing performance.
- The committee received updates on the Planning Process for 2023-24 including alignment between financial and workforce submissions and the development of the Capital Programme for 2023-24
- The committee was advised that work continued to review potential income across contracts as well as detailed work with budget holders to understand budgetary requirements for 2023-24 and thus understand the gap and P&E requirement. The Trust was currently planning for a P&E target of £4.8m (5%).
- An action was escalated from committee to ELT to review the process for the development and review of the CapEx programme to ensure clinical engagement; this had been progressed through POG
- There were no high-level risks escalated to the committee and the report confirmed that all organisations risks continued to have a 100% health score demonstrating regular review and management
- The committee received 4 reports following MIAA reviews
 - Key Financial Systems received High Assurance
 - Service Reviews in CICC, Knowsley 0-25 and St Helens 0-19 all received Substantial Assurance
- The committee had oversight of seven, Trust-wide policies all of which were approved, published and in date

People and Culture Committee - 8 February 2023

GM provided a verbal report highlighting the following key points;

- The committee received the Board Assurance Framework for approval with no significant changes made
- A number of items in the People Strategy Delivery Plan had been extended with extensions approved by the committee
- The committee received an update on the TUPE transfer of staff associated with the Adult Social Care contract and discussed the associated risk with confirmation provided that a risk had been added to the risk register to ensure appropriate mitigations were in place through the Project Team
- The Deputy Director of HR and the Deputy Chief Nurse provided the committee with an overview of safe staffing data. The report provided assurance of compliance with CQC Regulation 18.
- There were no high-level risks to escalate to the committee. The previous high-level risk associated with the Knowsley 0-25 service had been reduced due to the mitigations in place.
- The position in relation to trust-wide policies with oversight by the committee was shared

Staff Council - 10 January 2023

RW provided a verbal report highlighting the following key points;

- New members were welcomed to Staff Council which was very positive

	<ul style="list-style-type: none"> • There was a presentation from the Deputy COO on the role and responsibility of Service Directors in each of the locality areas; a key ambition is to have active Staff Council members in each of the localities • The members looked ahead to key priority programmes of work for 2023-24 including the delivery of the staff survey action plan and increasing engagement in the quarterly pulse surveys and the national staff survey • There was a useful discussion in relation to our Social Value agenda and key elements of this agenda which would form a key part in how we work in 2023
<p>10. WCT22/23-137</p>	<p>Integrated Performance Report <i>(live from TIG)</i></p> <p>MG introduced the report which provided the Board of Directors with a summary of performance across the Trust up to the end of December 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"> • Overall KPI performance was in a good position with a number of red rated KPIs (which predominantly related to waiting lists) moving to an amber rating. JC added that waiting lists were reviewed and clinically triaged on a weekly basis and all were aligned to national and regional expectations and were on track to be ahead of target by the end of March 2023. Waiting lists were also indicative of clinically low risk cases; all high and medium risk cases were seen much earlier. • BJ asked if waiting lists were being managed in line with health inequalities criteria. JC confirmed that this work was underway following a national mandate and a new process would be implemented in the near future. • JC highlighted the improvement in KPI performance in the Knowsley 0-25 service. • The Trust's Walk-in Centres had experienced a 300% increase in attendances in December 2022, mainly due to concerns relating to Strep A, but this had since levelled off. There had also been surges in attendances following periods of industrial action, and overall performance continued to be strong. • There had been a significant improvement in the length of stay in the Community Intermediate Care Centre following the implementation of the Home First pilot. Feedback on patient experience had been excellent and the system was extremely supportive of maintaining Home First in 2023-24. • The 2 hour and 2-day Urgent Community Response admission avoidance response times in the GP Out of Hours Service had exceeded the 70% national target. Additional capacity had been identified and referrals were now increasing. • NC highlighted the sustained improved performance against the UCAT and CAS targets following the implementation of an improvement plan. There had been a significant increase in referrals in December 2022 due to flu, Strep A and Covid cases, but three of the four criteria had maintained performance. However, performance against the CAS 20-minute response time target had reduced significantly in December, which was a reflection of the short timeframe in which to respond to calls. The position had improved in January 2023 with performance against the CAS 2-hour target at its highest level since May 2021 despite the increased activity and pressures. <p>RW highlighted the following from the People dashboard:</p> <ul style="list-style-type: none"> • The workforce data has been analysed and reviewed in detail at the People & Culture Oversight Group and for oversight at Integrated Performance Board and People & Culture Committee • Turnover remained static with small fluctuations. • The Trust was performing well and consistently in terms of mandatory training compliance and appraisals. • There had been an increase in sickness absence, predominantly long-term absence which had increased to 5.5%. The HR Team was working closely with operational colleagues to address this and support staff to return to work.

- Agency usage was performing well in comparison with regional colleagues and was below the expected cap. RW was working on a proposal to professionalise and expand the Staff Bank provision to reduce agency usage.

PS highlighted the following from the Quality dashboard:

- There had been five moderate harm incidents that had reached the threshold for StEIS reporting in the year to date, all of which related to falls in the Community Intermediate Care Centre. The detail of the improvement plan in place was interrogated at Quality & Safety Committee.
- There was a sustained good level of incident reporting which was within normal variation and reflective of the Trust's strong safety culture. There were no new significant themes or trends to highlight to Board and analysis of incidents was carried out at the weekly Clinical Risk Management Group and the new Safety Risk and Learning Review Panel.
- The Trust had reported zero Never Events and zero ICO (Information Commissioner's Office) reportable incidents in the year to date.
- The Trust continued to see a positive position in relation to category 3 and 4 pressure ulcers where there had been lapses of care attributable to the Trust. There was a continual focus on improving the position which was tracked through the Quality & Safety Committee and the Deputy Chief Nurse was leading on a system-wide review of pressure ulcers at the Wirral Place Quality & Performance Group.
- There had been zero medication incidents resulting in moderate or above harm in the year to date, which was reflective of the leadership of the Medicines Governance Team and the work of operational colleagues.
- The percentage of incidents which were of moderate and above harm level was 6.9%, which was a significant improvement and reflective of a positive safety culture.
- The number of complaints received in December was five. Complaints were analysed in detail at Clinical Risk Management Group and Quality & Safety Committee and there was nothing to report by exception to Board.
- The percentage of people who would recommend Trust services in the Friends & Family Test remained positive but had reduced slightly in M09. This was felt to be due to seasonal variation but would be closely monitored at the SAFE Operational Group and any emerging themes would be escalated to Quality & Safety Committee. The Trust remained one of the highest reporters across the ICB.

MG highlighted the following from the finance dashboard:

- In M09 the Trust achieved its planned £573k surplus and was on target to achieve the submitted annual surplus target of £684k. This was reliant on action plans relating to financial pressures which would be monitored through the Finance & Resources Oversight Group, Executive Leadership Team and Integrated Performance Board.
- The underlying position was a deficit of just under £1.5m (£2m away from target). This was being offset by the additional non-recurrent income, year-end accruals which were no longer required and some non-recurrent vacancies over and above the vacancy factor which had been included in the Productivity & Efficiency (P&E) programme. This would support the Trust's underlying run rate and the financial health of the organisation and would dictate the Productivity & Efficiency target for next year.
- The most significant cost pressure related to the pay overspend in the Community Intermediate Care Centre following a review of safe staffing which resulted in a change to the skill mix. Negotiations were ongoing with commissioners over funding for next year. In addition, there were pressures in Community Nursing budgets and underperformance against the P&E target and cost-per-case contracts.
- The P&E target was £4.1m for the year. The target at M09 was £3.1m, £2.7m of which had been achieved. Some schemes had over-achieved but £0.5m of P&E remained unidentified.

	<ul style="list-style-type: none"> • At M09 the capital programme was just over £100k behind plan but there was confidence that the programme would achieve on plan. The Marine Lake Health & Wellbeing Centre project was slightly behind plan and some expenditure would move into next year's programme. • The Trust's progress against the Better Payment Practice Code which aimed to pay 95% of suppliers within 30 days stood at just under 95% in terms of volume of invoices in M09 and just under 97% by value. The cumulative totals for the year to date were 91% volume and 92% value and despite the upward trajectory, the risk rating relating to Better Payment Practice Code had been increased to 10 as it was now highly unlikely that the Trust would achieve the 95% target. • There were six finance risks on the risk register: three mandatory counter fraud risks as well as risks relating to the financial plan, delivery of the capital plan and the BPPC. • BJ advised that Finance & Performance Committee had discussed the reduction in the risk score for the Trust-wide P&E risk and was assured that the risk had been assessed correctly. The committee had also raised the risk of any financial consequences relating to the transfer of the Adult Social Care contract and was assured that discussions had taken place with Wirral Council on the timing of any potential costs. <p>The Board of Directors noted the updates provided and the performance shared via TIG dashboards up to M09 and was assured by the governance arrangements in place to monitor performance across the Trust.</p>
<p>11. WCT22/23-138</p>	<p>Board Assurance Framework (BAF) 2022-23 strategic risks</p> <p>AH presented a report to provide an update and assurance on the management of the nine strategic risks managed through the Board Assurance Framework.</p> <p>The summary position presented showed the initial risk rating, current risk rating and target risk rating together with the risk appetite for each strategic risk, and at each of the Board subcommittees in January and February 2023 the current risk ratings of relevant risks were reviewed.</p> <p>Issues such as industrial action and transfer of the Adult Social Care contract had been reflected in the relevant risks.</p> <p>With regard to risk ID05, the Finance & Performance Committee had reviewed the risk and agreed that it had achieved its target risk rating of 4. BJ added that the committee had been assured that Wirral Place had a financial recovery plan in place which had not had a significant impact on the Trust, and on that basis the risk rating could be reduced.</p> <p>No key changes were recommended to any other strategic risks.</p> <p>AH also highlighted the report on Phase 1 of the MIAA Assurance Framework Review which had recently been presented to Audit Committee. Phase 1 consisted of a survey of all Board members and the response was compared to a selection of other MIAA clients in C&M. The report showed an overall positive position in terms of how visible the strategic risks were, how regularly they were reviewed and how they aligned to the Trust's overall strategic objectives. MIAA would complete Phase 2 of the review during Q4 inform the year end position.</p> <p>MG highlighted an error on the target risk for ID03; AH would amend this.</p> <p>The Board of Directors approved the recommendation that ID05 had achieved its target risk rating. The Board noted the position as reported with regard to the remaining risks and was assured of the oversight and management of strategic risks through the sub committees of the Board.</p>
<p>12. WCT22/23-139</p>	<p>PLACE governance arrangements and progress</p> <p>MG invited AH, who had attended the last two meetings of the Place Based Partnership Board and been instrumental in drawing up the governance for the Wirral</p>

	<p>Provider Partnership, to provide an overview of the Place based governance arrangements in place in Wirral.</p> <ul style="list-style-type: none"> • AH advised that governance leads across the system had agreed to submit separate reports to their individual boards. • The Placed Based Partnership Board (PBPB) was well established and had been meeting since October 2022. The Terms of Reference had been developed and were currently under further review. Priorities and a workplan for the Board were being developed. • The Joint Strategic Commissioning Board sat in common with the PBPB to exercise delegated authority on behalf of Wirral Council in respect of pooled funding arrangements with the NHS. • At the last PBPB meeting on 9 February reports were provided on the work of Healthwatch Wirral, the Council's Sports & Physical Activity Strategy, the Dementia Strategy, a finance report including pooled funding, a summary of the 2023/24 NHS planning guidance and an overview of the work programme for future meetings. The meeting papers and webcast were available on the Wirral Council website. • The Joint Strategic Commissioning Board Subcommittee noted approval by the Director of Care & Health and the Place Director of the Adult Social Care Discharge Fund. • The Wirral Provider Partnership (WPP) was a key reporting group into PBPB and also had a link to the ICB. The Partnership had met on two occasions and agreed a Memorandum of Understanding between all partners and a Terms of Reference which would be presented to the PBPB in March. • To date the WPP has been focussed on the priorities, accountabilities and responsibilities of the Programme Delivery Unit (PDU) which was formerly managed by the Healthy Wirral Partnership, to ensure that the workstreams were aligned with the Wirral Plan. • The WPP would meet on 10 occasions per year and the Place Director would be attending a future meeting to discuss the collective intentions around the PDU. A six-monthly rotation of the Chair role had been agreed, starting with KH who would chair the Partnership up to September 2023. <p>MG added that the PDU had been funded from a top slice of CCG allocations for the last few years but future funding had been uncertain. KH on behalf of the WPP had sought confirmation of continuation of funding from the ICB and this had now been received. However, the budget had been reduced to the exact pay costs of the PDU only and therefore priority workstreams would be reviewed.</p> <p>CB queried how Primary Care was represented at Place level. AH advised primary care were represented at the WPP via the Wirral Primary Care Collaborative.</p> <p>The Board noted the update and the detail provided.</p>
<p>13. WCT22/23- 140</p>	<p>Communications & Marketing Strategy Assurance report Q3 2022-23</p> <p>AH presented the Communications & Marketing Strategy Assurance Report for Q3 2022-23 and highlighted the volume, depth and breadth of the work that the Comms Team supported across the Trust. In particular it was noted that being able to hold the Art Exhibition at St Catherine's Health Centre and the Christmas Jumper Day celebrations had been wonderful for staff and the local community.</p> <p>The priorities for Q4 included a key focus on supporting the transfer of the Adult Social Care contract. A joint communications plan had been agreed with Wirral Council, including communications to stakeholders and the population.</p> <p>BJ queried the impact of the recent recruitment campaign featuring adverts on Radio City and incentive payments to staff. AH and RW advised that the results of the campaign were being analysed in terms of efficacy and updates would be presented to the Executive Leadership Team and People & Culture Committee.</p>

	<p>SG highlighted that Social Work Week from 20 – 24 March 2023 would provide an opportunity to celebrate the professional social care workforce.</p> <p>BJ queried how the progress made in relation to social care staff development would be sustained post-transfer. TB advised that the project workstreams included a focus on service delivery and a collective commitment from both the Trust and the Local Authority to maintain the best of integration as much as possible.</p> <p>CB asked whether the Trust would continue with the 3Cs programme outside of Adult Social Care. SG advised that the programme was being accelerated with the aim of fully implementing it before the CQC assessed Adult Social Care, and part of this was to share the approach much more widely to ensure that it was common to all staff who were working with service users, not just Social Workers.</p> <p>The Board welcomed the report and the detail provided.</p>
<p>14. WCT22/23-141</p>	<p>Standing Financial Instructions</p> <p>MG presented a small amendment to the Trust’s Standing Financial Instructions (SFIs) to ensure that all contracts that the Trust entered into, even those that were zero value, went through a robust due diligence process and were overseen and approved by the Procurement Team. MG highlighted the example of the salary sacrifice scheme which had been introduced to support staff wellbeing; this had no financial value to the organisation but still needed to go through due diligence in order to ensure that the necessary controls were in place.</p> <p>BJ added that this amendment had been approved by Finance & Performance Committee for escalation to Board for final approval.</p> <p>The Board approved the amendment to the Trust’s Standing Financial Instructions in relation to zero value contracts.</p>
<p>15. WCT22/23-142</p>	<p>Safe Staffing Report</p> <p>RW presented the Safe Staffing Report to provide assurance in relation to compliance with the Care Quality Commission Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 for safe staffing levels at the Trust’s Community Intermediate Care Centre (CICC).</p> <p>RW advised that Safe Staffing is a core focus for the People and Culture Committee. At the committee meeting on 8 February 2023 several actions were referred across to the Quality and Safety committee so there was effective working across committees.</p> <p>PS noted that the CICC ward staffing summary outlined performance across the quarter in relation to care hours per patient day (CHPPD) required and actual. The variance across wards related to dependency levels, the number of beds on each ward and bed occupancy throughout the period. PS advised that the unit holds a daily safety huddle where professional judgement was applied, and multi-disciplinary teams work together to ensure safety.</p> <p>The safety systems and mitigations in place on CICC have minimised the impact on patient safety. A review into serious incidents included a safe staffing analysis and, to date, no correlation between staffing levels and safety incidents had been evidenced. PS noted that the ongoing and detailed analysis continued via CRMG and SOG meetings.</p> <p>CB suggested adding escalation data to the cover sheet of the dependency score of the patients being admitted. The graph indicated an increase in dependency. It was agreed that the dependency and complexities in the system should be discussed further at system/Place level.</p> <p>JC agreed to discuss the approval process for any decisions taken at Place which could impact on Safe Staffing models (i.e., dependency and complexity in the system) and confirm the governance route to provide a briefing on decisions and actions taken at Place which could impact on Safe Staffing models.</p>

	The Board welcomed the report and the detail provided.
16. WCT22/23-143	Staff Council - 8 November 2023 The decision and action log from the meeting of the Staff Council held on 8 November 2022, was received and noted.
17. WCT22/23-144	Council of Governors AH advised that the minutes from the CoG meeting on 24 January 2023 were subject to approval. The Lead Governor report (at agenda item 7) provided a briefing from the formal meeting on 24 January 2023.
18. WCT22/23-145	Any Other Business There were no items of Any Other Business.
19. WCT22/23-146	Invitation for Public Comments There were no comments or questions from members of the public.
20. WCT22/23-147	Items for Risk Register There were no new risks identified for the risk register.
21. WCT22/23-148	Staff Story: Telehealth services NC introduced the Staff story which featured Sharon Ward, Telehealth Caseload Manager. Sharon described how Telehealth services monitor patients virtually in their own home and how patients learn to manage their health conditions with the support of the nursing team. CB praised Telehealth services for their work in care homes during the pandemic. The Board of Directors welcomed and appreciated the story shared.
22. WCT22/23-149	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 April 2023 at 2.00pm, CSL St Catherine's Health Centre.	

Board - Chair Approval			
Name:		Date:	
Signature:			

The Board of Directors Meeting closed at 4.20pm.

Board of Directors - Matters Arising 2022-23

Actions from meeting held in April, June, October and December 2022 are complete and have been archived.

There were **no actions** from the meeting held in August 2022.

Actions from meeting held on **15 February 2023**.

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Board Assurance Framework	WCT22/23-138	Correct risk rating numbering for ID03 in summary table	A.Hughes	February 2023	Complete.
Safe Staffing Report	WCT22/23-142	Confirm the <u>approval process</u> for any decisions taken at Place which could impact on Safe Staffing models (i.e., dependency and complexity in the system)	J.Chwalko P.Simpson	April 2023	This has been raised and was discussed at the Quality & Safety Committee in March 2023 with confirmation that the governance route at system level has been confirmed including via system COOs meeting and the Place Quality & Performance Group.
		Confirm the governance route to provide a briefing on decisions and action(s) taken at Place (as above) which could impact on Safe Staffing models			

Referred action from the Finance and Performance Committee meeting held on **5 April 2023**.

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Performance Report	FPC23/24-24-010	Include waiting list overview through the Integrated Performance Report at Board of Directors	J. Chwalko	April 2023	Update to be provided at agenda item 10.