

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

DRAFT MINUTES OF MEETING

WEDNESDAY 19 APRIL 2023 at 2.00 PM

Members:

Mr Anthony Bennett	Chief Strategy Officer	(AB)
Prof Chris Bentley	Non-Executive Director	(CB)
Prof Michael Brown	Chair	(MB)
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 Claus Madsen	Chief People Officer	(CM)
Mr Gerald Meehan	Non-Executive Director	(GM)
Mrs Paula Simpson	Chief Nurse	(PS)

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
1. WCT23/24-001	<p>Journey of Care: Urgent Community Response Service</p> <p>PS introduced the story, which was told by a service user and described her positive experience of being referred to the 2-hour Urgent Community Response Service.</p> <p>The patient described the benefits of receiving treatment in her own home rather than being admitted to hospital, and particularly commented that the staff were caring and made her feel at ease which helped with her anxiety.</p> <p>The Board of Directors welcomed the opportunity to receive the Journey of Care and thanked all those involved.</p>
2. WCT23/24-002	<p>Apologies for Absence</p> <p>There were no apologies for absence.</p>
3. WCT23/24-003	<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. WCT23/24-004</p>	<p>Minutes of the previous meeting - 15 February 2022</p> <p>The Board of Directors approved the minutes of the meeting held on 15 February 2023, as a true and accurate record.</p>
<p>5. WCT22/23-005</p>	<p>Matters Arising - 15 February 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. WCT22/23-0006</p>	<p>Chair's Report</p> <p>MB presented the Chair's Report and particularly thanked BJ for her support as Deputy Chair during his recent absence.</p> <p>MB also formally welcomed Claus Madsen, Chief People Officer to the Trust.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
<p>7. WCT22/23-007</p>	<p>Lead Governor's Report</p> <p>LC presented the Lead Governor's Report and highlighted that the Remuneration & Nomination Group of the Council of Governors had been formally re-established to lead the process for Chair and Non-Executive Director re-appointments.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
<p>8. WCT22/23-008</p>	<p>Chief Executive's Report</p> <p>KH presented the CEO Report highlighting key issues of local and national importance.</p> <ul style="list-style-type: none"> • KH formally welcomed Claus Madsen to the team as the Trust's new Chief People Officer. • Work on the transfer of the Adult Social Care contract was continuing under the leadership of TB. A significant amount of work had already been completed to facilitate a smooth transfer, including addressing any staff concerns. The project team and members of the Executive Team were continuing to meet with staff regularly to provide assurance that both organisations were committed to continuing to work in an integrated way to the benefit of the population of Wirral. • A formal report and position statement in respect of the ASC transfer would be presented to the next meeting of the Placed Based Partnership Board in June 2023 to provide assurance on service deliver and performance at the point of transfer. • Following publication of the national NHS Staff Survey in March 2023, the Executive Team was committed to ensuring a priority focus to address concerns raised by staff were addressed during 2023-24. Whilst the Trust's results had stabilised, it was disappointing that they had not demonstrated a consistent improvement. The new Chief People Officer would be bringing his leadership and experience to bear in this domain. • The Trust had been successful in securing funding through the NHS Cheshire & Merseyside People Board to expand delivery of the NHS Cadets programme to St Helens and Knowsley during 2023-24. Over the last 3 years and in partnership with The Hive Youth Zone, the Trust had supported over 200 young people to participate in the programme. KH acknowledged the leadership and enthusiasm of AH for this programme and the work to secure this important funding. • KH paid tribute to the work of the Estates Team and specifically the Head of Capital Projects & Estates, for driving the completion of the Marine Lake Health & Wellbeing Centre on time and within budget. The centre will open at the end of May and will provide significant benefit to the local population. The official opening will coincide with the 75th birthday of the NHS in July 2023. • The Hewitt Review into integrated care systems (ICSs) had been submitted to the Department of Health & Social Care and their response was awaited. If accepted, the review would have a significant impact on the authority and architecture of the NHS. • Finally, KH noted that since publication of the Board papers, the Trust had received the Veteran Aware accreditation demonstrating our commitment to the Armed Forces Covenant. This was a reflection of the work led by the Head of Inclusion to

	<p>ensure that the Trust had systems and processes in place to ensure that veterans had priority access to services.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
<p>9. WCT23/24-009</p>	<p>Reports from the committees of the Board</p> <p>Informal Board - 1 March 2023</p> <p>AH noted the summary included in the papers providing a summary of key topics discussed at the Informal Board session on 1 March 2023.</p> <p>Quality & Safety Committee - 8 March 2023</p> <p>CB gave a verbal report highlighting the following key points:</p> <ul style="list-style-type: none"> • The work completed on pressure ulcers by the Deputy Chief Nurse for the Wirral Place Quality & Performance Group was an example of excellent system leadership. • The committee had requested more information about referred harm incidents and a dashboard had been developed at Place level which would be presented at committee in May. • The committee had completed the annual review of the Quality and Inclusion strategies and agreed that they were fit for purpose and no material changes were required. Some minor additions were approved including more detail on how the Quality Strategy goals aligned to Staff Survey feedback, more robust assurance on action being taken on supervision rates, more information on the waiting list tool and increased reference to learning disability and autism. • The committee was pleased to note that funding had been received from the Local Authority for the establishment of an Innovation Hub in conjunction with Wirral Metropolitan College. • The committee discussed EDS2 and agreed that preparation of the report should travel through Quality & Safety Committee and People & Culture Committee as there were relevant components for both. • It was agreed that the Governor Quality Forum should be reinstated. • The committee reviewed the Quality Strategy Delivery Plan which was coming to a close for 2022-23 and was assured that the actions had been managed effectively. The members of the committee commended the Deputy Chief Nurse and her team for their significant work on the plan. • The committee requested that CMRG produce an annual evaluation of incidents. • The Learning from Deaths Report for Q3 was approved to be submitted to Board of Directors with a recommendation to publish, as required, on the Trust's website. • The Safeguarding Assurance Report for Q3 was reviewed and the committee was assured that the Trust had a strong safeguarding governance structure in place. It was noted that KPIs were different across the four geographies and the ICB was looking at aligning them in a more consistent way. The Trust had piloted some of the proposed KPIs in Wirral with very good feedback from the system. CB thanked the outgoing Head of Safeguarding, Susan Fogarty, for the expertise she had shown in leading the Trust's safeguarding agenda. • The verbal report from the Joint Target Area Inspections (JTAI) in Wirral was good and the official report was awaited. The report from the Cheshire East inspections had highlighted some issues and committee had suggested that a risk be added to the risk register in relation to this. • The committee received assurance on progress with the Trust's Clinical Audit Programme. • The Antimicrobial Strategy for 2023-24 was reviewed and well received. The members of the committee highlighted the work on the IPC BAF to include more measurable targets to be tracked and monitored. • The committee was assured by the position in relation to management, review and approval of trust-wide policies. • There were no issues to escalate to Board in relation to risks.

- The two BAF risks (ID01 and ID02) were reviewed, neither of which was high level. It was noted that they would not achieve their target risk rating and would be reviewed for continued monitoring during 2023-24.

Finance & Performance Committee - 5 April 2023

BJ gave a verbal report highlighting the following key points:

- The committee approved the strategic risks monitored via the BAF and supported a recommendation that ID04 had achieved its target risk rating; this would be formally considered by the Board of Directors (today).
- The committee also approved amendments to the Standing Financial Instructions which would also be formally presented to the Board of Directors (today).
- The committee reviewed and approved its cycle of business for the new financial year subject to two additions relating to updates on procurement and the HFMA checklist.
- Updates were received on the financial position, operational performance and the 2022-23 Productivity & Efficiency programme, and overall, the committee was assured by these updates.
- The Chief Financial Officer gave an update on the continuing development of the Trust's financial plan for 2023-24. The draft which was approved at the Extraordinary Board meeting on 23 March 2023 had been reviewed in light of pressures at Cheshire & Merseyside system level. It was agreed that the most appropriate forum to approve the new plan would be the Private Board meeting on 19 April 2023.
- The committee sought and received assurance that the financial plan was in line with the workforce plan and noted that a risk relating to the achievement of the financial plan would be added to the risk register.
- The closing Estates Workplan for 2022-23 was presented for assurance and key achievements included the Marine Lake Health & Wellbeing Centre development, the efficient management of the whole Trust estate which had helped to mitigate other cost pressures, the sustainability and agile working plans, contribution to the urgent care upgrade programme at WUTH and delivery of 94% against the team's productivity and efficiency target.
- The committee received and was assured by the development of the Trust's Green Plan which would also be formally received by the Board of Directors (today).
- There were no high-level risks escalated to the committee. It was noted that there were a number of risks which had been open for nine months or more including risks related to the 2022-23 Financial Plan, the Capital Programme, and the Productivity & Efficiency Plan, all of which would be closed to reflect the year-end position and new risks opened to reflect 2023-24. There was a further long-standing risk relating to the Knowsley 0-25 Service and while the committee was assured that this was kept under regular review, the Director of Corporate Affairs was asked to complete an executive review to validate the risk.
- The final report from MIAA on their review of the Trust's handling of cyber security threats was received. An audit opinion of Substantial Assurance had been received, with a small number of recommendations around strengthening compliance, which had all had been completed. The review identified robust processes in place for the identification, management and remediation of threats and vulnerabilities as well as a comprehensive intelligence gathering process. The committee commended the IM&T team for the excellent work.
- An update on the action plan to support completion of the Data Security Protection Toolkit (DSPT) for 2022-23 was received and committee was assured that there were no significant issues which would impact on the submission deadline of 30 June 2023.
- Updates on two matters which had been referred from Audit Committee were provided:
 - An update on the delivery of the HFMA Sustainability Checklist action plan was provided with good progress noted. It was agreed that the Finance &

	<p>Resources Oversight Group (FROG) would monitor progress and report back to committee to provide assurance.</p> <ul style="list-style-type: none"> • An update on contracts and service level agreements was shared by the Deputy Director of Contracts & Commissioning and the Head of Procurement (both of whom were in attendance) to provide assurance on the progress that had been made with the contracts database. The committee requested that FROG continue to review progress on contracts and escalate any issues through the appropriate governance route. • The committee reviewed the audit tracker tool on TIG and noted that there were just two outstanding actions, both of which related to the issues referred from Audit Committee. <p>In discussion Board members made the following comments:</p> <ul style="list-style-type: none"> • With regard to the DSPT, AH added that the committee had also received an update on the unsupported plan which related to assertion 8.2.2. This assertion required the SIRO to be briefed and to provide assurance to the Board, through the FPC. AH confirmed that the unsupported plan continued to be monitored via the Information Governance and Data Security Group. • MB recognised the significant achievement of completing the Marine Lake project on time and within budget in view of the huge increase in the cost of materials during the pandemic. <p>People and Culture Committee - 10 May 2023</p> <p>GM noted that the next People and Culture Committee would be held on 10 May 2023.</p> <p>Staff Council - 14 March 2023</p> <p>AH gave a verbal update from the Staff Council meeting on 14 March 2023, highlighting the following key points:</p> <ul style="list-style-type: none"> • The meeting had good representation from Staff Council (including some new members) and the Executive Team. • The Deputy Director of Strategy gave a presentation describing the Trust's commitment to Population Health. • There was a discussion on staff engagement following publication of the Staff Survey results, with a request to Staff Council members to engage with the Executive Team to gather views from colleagues. • Staff Council members were also asked to champion the work of the Trust's staff networks. • An update was provided on the Armed Forces Covenant.
<p>10. WCT23/24-010</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 February 2023. 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"> • The Trust had 45 green KPIs, 15 amber and 25 red. The red KPIs predominantly related to waiting lists but targeted work was on-going to ensure the Trust achieved national targets. JC added that a separate update would be provided on waiting list management (see below). • The Urgent Treatment Centre and Walk-In Centre performance continued to be excellent at around 98%. This was a huge credit to the team particularly due to the challenges caused by the impact of industrial action. • Discharge To Assess performance in the Community Integrated Care Centre was good and the length of stay had reduced to around eight days on some wards due to the impact of the successful Home First pilot. The pilot identified that that Home

First patients were less likely to need interventions or readmission and the Wirral system had agreed to fund expansion of the service, with JC as the SRO. A case study had been submitted to the national team and would be shared at a system discharge meeting on 24 April 2023.

- BJ added that the Finance & Performance Committee had been assured that the reduction in length of stay was not resulting in increased readmission rates.
- Performance against the 2 Hour and 2 Day Crisis Response targets was excellent at around 88%, which was above the Cheshire & Merseyside level of around 70%. Referrals to the service were increasing.
- NC advised that there had been a sustained improvement in performance in GPOOHs following introduction of an improvement plan. Improvement in the CAS 20-minute response time was challenging due to the small window of opportunity to respond to calls and issues around prioritisation of calls and alignment to clinical urgency. Conversations with commissioners and NWS were on-going.
- **Waiting lists** - JC advised that community providers were not mandated to meet certain waiting list targets but nationally they had collectively agreed to align themselves to the elective recovery programme. The Trust was in a very positive position with all services apart from one achieving under the 52-week target despite not receiving the additional funding which had been given to acute providers as part of the Elective Recovery Fund (ERF).
- The C&M Mental Health Learning Disability & Community Collaborative had developed a waiting list workstream for community providers which was reviewing increased referrals and funding amongst other issues.
- JC provided assurance that waiting lists were clinically triaged on a weekly basis to ensure that cases with safeguarding issues or high clinical need were seen earlier.
- In addition, part of the national mandate was to apply health inequalities to waiting list modelling and management. The Trust was currently the only Trust to be doing this and a pilot would commence shortly using the stratification tool presented at a recent informal board session.
- KH added that whilst the main drivers for the management of waiting lists were accessibility and avoidance of harm to patients, there was also an absolute determination by the NHS national team to align community waiting lists to those of secondary care. KH expected this to happen in the second part of 2023-24 but the Trust was already in a good position to achieve targets.
- NC noted that the level of improvement that some services had made in terms of reducing waiting times was very impressive given the lack of additional funding.

CM highlighted the following from the People dashboard (noting that the People & Culture Committee will formally receive an update on 10 May 2023):

- Turnover rates continue on a downward trend and have reduced to 13.5% in February 2023 from a high of 15% in September 2022.
- Mandatory training compliance had reduced slightly but was still rated green.
- Long-term and short-term sickness absence rates were reducing.
- The Trust's agency expenditure was lower than usual, but this was down to billing issues and therefore expenditure in March was higher. At year-end the Trust was overspending by £800k above the cap; this was the second lowest overspend in Cheshire & Merseyside.
- MG advised that in 2023-24 the Trust would be measured against an agency spend target of 3.7% of pay bill. Expenditure was below that rate in 2022-23 and would reduce further when Adult Social Care left the organisation as this currently accounted for just under 50% of agency use.
- Following publication of the Staff Survey results there would be a focus on staff engagement. The Trust's score was in the 'good' bracket (7) but there was still a lot of work to do. Quarterly Pulse Survey results had also reduced slightly, but with a different response rate so it was difficult to compare results.

PS highlighted the following from the Quality dashboard:

- The year-to-date position for serious incidents reaching the level for StEIS reporting was six, all of which were falls in the Community Integrated Care Centre

	<p>resulting in moderate harm. This was a clear quality priority for the Trust and Quality & Safety Committee was signed on the improvement journey. Latterly there had been several periods when no incidents had occurred.</p> <ul style="list-style-type: none"> • Since the beginning of the year the Trust had sustained a good level of incident reporting, reflecting a positive quality and safety culture. The ratio of moderate and above harms was 6.8%. The Patient Safety Incident Response Framework (PSIRF) would be a really important tool in evaluating the Trust's progress on this journey. • PS highlighted the system-wide IPC CDiff review which was taking place (this week) and was another example of excellent system leadership. PS and NC had attended focus groups where the Trust's IPC and Medicines Management teams had provided excellent insight. • The Trust's Friends & Family Test score remained high at 92.3% in the year to date. In this context it would be important to understand the concerns raised in by staff in the Staff Survey regarding the quality of care staff believe they are delivering. <p>MG highlighted the following from the Finance dashboard:</p> <ul style="list-style-type: none"> • The Trust had reported a surplus position of £657k (£33k better than plan). Within that, income was £6m higher than plan due to additional income from NHSE for dental services, income for flu vaccination services and additional monies from the ICB for Telehealth, Long-Covid and Pulse Oximetry. This income was offsetting a shortfall in patient-related income from MSK and Podiatry services • Pay was £1m above plan and had been overspent for the majority of the year, mainly associated with Community Nursing and the safer staffing review in the Community Intermediate Care Centre, offset by underspends in 0-19 services. The M12 preview showed that Community Nursing had four consecutive months of improved performance and MG highlighted the impact that the Finance & Resources Oversight Group was having in sharing good practice from some areas to support improved performance in others. • Non-pay was £5m overspent, a significant proportion of which was on education and training and the impact of inflation on supplies and utilities. • The year-end forecast was a £734k surplus (£50k higher than plan) largely due to the increase in interest rates on cash balances. • The Productivity & Efficiency programme had achieved £3.3m savings at the end of February against a target of £3.7m. The shortfall was offset by non-recurrent means. • Better Payment Practice Code performance was 90% by volume and 93% value against targets of 95%. The trajectory had demonstrated a reasonable level of improvement throughout year. • The capital programme was £740k behind plan at the end of February mainly relating to IT projects. Finance & Performance Committee had sought assurance that the target would be reached, and the current forecast was just below plan. <p>The Board of Directors noted the detail presented on performance across the Trust up to and include M11.</p>
<p>11. WCT23/24-011</p>	<p>Board Assurance Framework (BAF) 2022-23 strategic risks</p> <p>AH presented the BAF which provided an update and assurance of the nine strategic risks following oversight at each of the sub-committees of Board during March and April 2023.</p> <ul style="list-style-type: none"> • The People & Culture Committee would meet on 10 May 2023 to review the year-end position for the workforce strategic risks. • At the next Informal Board the existing strategic risks would be reviewed together with any new emerging risks for 2023-24. • The Finance & Performance Committee reviewed all strategic risks and agreed a recommendation to the Board that ID04 had achieved its target risk rating. This position was based on performance to achieve the financial plan set for 2022-23.

	<ul style="list-style-type: none"> • Of the nine risks ratings two had achieved their target risk ratings and seven continue to be tracked; none were high-level. • The outcome of the MIAA Phase 2 Assurance Framework (AF) Review had been completed and confirmed that the Trust's AF was structured to meet the NHS requirements, was visible in the organisation, and reflected the risks discussed by the Board. <p>The Board of Directors approved the recommendation that ID04 had achieved its target risk rating. The Board noted the year-end 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. WCT23/24-012</p>	<p>Organisational Strategy 2022-27 - Year 1 progress report</p> <p>AB presented the Organisational Strategy year 1 progress report and thanked the Executive Team and their respective teams across the Trust for their involvement and support.</p> <p>AB summarised the key achievements against the We Will statements from the Organisational Strategy in each of its six sections.</p> <p>Key successes in 2022-23 included the Home First pilot which had received an average of 55 referrals per month with a typical caseload of 45-55 people. The pilot had contributed to a reduced length of stay at CICC, had fewer people needing long term care and had received excellent feedback from patients.</p> <p>The expansion of the Two-Hour Urgent Community Response service had been successful with between 200-300 patients a month seen, and around half were urgent patients. Typically, 9 in 10 urgent patients were seen within the 2-hour target.</p> <p>The implementation of the '3 Conversations' model which focused on listening & connecting to work intensively with people in crisis had been positive and use of the model had demonstrated a reduction in the use of statutory services.</p> <p>In year 1, the Quality Strategy had delivered improved quality innovation including embedding a framework for system-wide learning, improved inequalities data collection and developing a sustainable workforce to lead innovation and research.</p> <p>The delivery against the Digital Strategy focused on building and strengthening infrastructure and systems with work including the future state design for the Electronic Health Record, support to staff to develop the necessary digital skills and improved digital innovation.</p> <p>The focus of the People Strategy included the training and development of managers to fully support the wellbeing of their staff with over 100 managers trained in effective wellbeing conversations. The Trust had also supported a new incentive scheme, VivUp for staff to support health and wellbeing. The development of the Leadership Qualities Framework had supported enhanced leadership and management capability.</p> <p>AB praised Neil Perris, Head of Inclusion for his work to support population health impact using the Core20 PLUS 5 principles, noting that there are 65+ Inclusion Champions across the Trust.</p> <p>The Trust's social value journey had progressed with the priority focus in Year 1 on the development of the TIG dashboard, delivery of the Green Plan and collaboration with local partners to improve health outcomes through increasing social value.</p> <p>CB reflected on the positive impact on the '3 Conversations' model and recognising that Adult Social Care will transition to the Local Authority in June 2023, suggested a further discussion at the Quality & Safety Committee on the relevance and application of the model for other Trust services.</p>

	<p>The Board noted the update and the position reported recognising a successful Year 1 in the delivery of the Trust's 5-year organisational strategy. The Board of Directors commended all on the commitment and hard work to deliver against these objectives.</p>
<p>13. WCT22/23-013</p>	<p>Green Plan 2022-23 year-end report</p> <p>MG presented the year-end report for the delivery of the Green Plan 2022-23, and the following points were noted:</p> <ul style="list-style-type: none"> • The purpose of the Green Plan was to set out how the Trust would achieve the NHS National Net Zero targets. • This is the first iteration of the plan to be updated by 2025. The plan sets out the first steps to achieve Net Zero by 2045, through 3 core objectives which include both national commitments and local carbon reduction targets. • The Trust had made progress in year and had clear objectives to achieve in 2023-24. • Key successes during 2022-23 included establishing Sustainability Champions, exceeding the energy carbon reduction target, securing renewable electricity contracts and completing the Green Travel Plan. <p>BJ added that Finance & Performance Committee had recommended a green plan checklist be included in business case documentation.</p> <p>The Board welcomed the report, the detail and the progress made to deliver the Green Plan.</p>
<p>14. WCT23/24-014</p>	<p>PLACE governance arrangements and progress</p> <p>KH invited AH, who had attended the meetings of the Place Based Partnership Board and been instrumental in drawing up the governance for Wirral Place, to provide the following update:</p> <ul style="list-style-type: none"> • The Place Based Partnership Board had been meeting since October 2022. The terms of reference were reviewed at the most recent meeting but not approved, leading to a further review by governance leads and the Place Director. • The terms of reference for all of the reporting groups were under review to ensure the that the right duties and responsibilities were in place and to strengthen assurance and reporting flows. • Two productive workshops with the Place Director and governance leads had been held. The work to review the Place governance arrangements were supported by new and emerging guidance from the ICB around accountability and delegation frameworks and the emerging ICB risk strategy. This work would support the development of a Place governance manual with a revised governance map, terms of reference and clear protocols and etiquette for information flow. • The aim was to present the outcomes to the Place Based Partnership Board when it reconvened in June following purdah for the local elections. <p>In discussion, Board members made the following comments:</p> <ul style="list-style-type: none"> • MB was reassured that AH was involved in shaping the governance structure for Wirral Place and noted that other ICBs seemed to be reviewing their governance in silos rather than in collaboration. • CB queried progress on the Wirral Provider Partnership. AH advised that the governance of this group was being reviewed in parallel to avoid duplication and to provide the right focus. <p>The Board noted the update and the detail provided.</p>
<p>15. WCT23/24-015</p>	<p>Informal Board Annual Programme 2023-24</p> <p>AH presented the proposed annual programme for Informal Board sessions in 2023-24, noting that the programme incorporated the feedback received from a smart survey conducted with members of the Board.</p>

	<p>AH advised that the framework included flexibility to incorporate any 'hot topics' and specific issues that needed to be brought to the Board's attention as the year progressed.</p> <p>The Board approved the draft Informal Board programme for 2023-24.</p>
<p>16. WCT23/24-016</p>	<p>Delegation of Authority for approval of Annual Report and Annual Account 2022-23</p> <p>AH presented the paper to seek approval from the Board of Directors to delegate authority to the Audit Committee to receive and approve the Annual Report, Annual Accounts and Financial Statements for 2022-23. AH advised that the submission deadline was 30 June 2023 at 12 noon.</p> <p>MG added that initial discussions with the Trust's new external auditors, Grant Thornton, indicated that there would not be a similar delay in signing off the accounts as had been the case in recent and previous years.</p> <p>The Board approved the request to delegate authority to the Audit Committee to approve the Annual Report and Accounts for 2022-23.</p>
<p>17. WCT23/24-017</p>	<p>Standing Financial Instructions - Revised April 2023</p> <p>MG presented a small revision to the Trust's Standing Financial Instruction, noting that the Finance & Performance Committee had supported the proposals for onward reporting to the Board of Directors.</p> <ul style="list-style-type: none"> • The amendment was made in response to the results of a National Counter Fraud Service exercise to look at the amount of expenditure each organisation paid through the purchase order (PO) system, due to the high risk of fraudulent activity in relation to payments which did not go through this process. • The Trust's results in the initial estimation were average, but the Trust had included expenditure for which POs were not raised and which did not need to be included. If this was excluded the Trust's results would be much improved, and if the exercise was run again based on current activity they would improve further. • The work which had taken place to strengthen the purchase order process would improve the Trust's performance against the Better Payment Practice Code. • In reviewing the proposed amendments, the Finance & Performance Committee had queried how the Trust's results compared to other organisations and MIAA had agreed to undertake a benchmarking exercise on this. <p>In discussion Board members made the following comments:</p> <ul style="list-style-type: none"> • BJ welcomed the benchmarking work and advised that the Finance & Performance Committee had been assured that there was no risk to the Trust in the meantime due to the input of the Deputy Director of Contracts & Commissioning and Head of Procurement who had significant experience and knowledge in this area. <p>The Board approved the amendment to the SFIs in relation to non-required purchase orders.</p>
<p>18. WCT23/24-018</p>	<p>Mortality Report - Learning from Deaths Q3 2022-23</p> <p>NC presented the report in relation to the implementation of the Learning from Deaths framework confirming it was a nil return for Quarter 3. There were 3 reported deaths, but none had resulted from harm or care provided by the Trust.</p> <p>The Board of Directors approved Appendix 1 for publication on the Trust's website.</p>
<p>19. WCT23/24-019</p>	<p>Equality Delivery System Assessment 2022-23</p> <p>PS presented the EDS 2022 full report highlighting the following:</p> <ul style="list-style-type: none"> • PS requested approval from the Board of Directors for publication of the report on the Trust's website. • The EDS was an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England, in active conversations with patients, public, staff, staff networks, community groups and trade unions to review and

	<p>develop their approach in addressing health inequalities through three domains as follows:</p> <ul style="list-style-type: none"> – Domain 1 - Commissioned or Provider Services – Domain 2 - Workforce Health & Wellbeing – Domain 3 - Inclusive Leadership <ul style="list-style-type: none"> • The report in Appendix 1 and 2 detailed the outcome of the review. Overall, the results were very positive with achieving and one excelling rating. <p>The Board of Directors approved EDS 2022 report for publication on the Trust's website.</p>
20. WCT23/24-020	<p>Staff Council - 14 March 2023</p> <p>The decision and action log from the meeting of the Staff Council held on 14 March 2023, was received and noted.</p>
21. WCT23/24-021	<p>Council of Governors</p> <p>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 Council of Governors development session held on 16 March 2023.</p>
22. WCT23/24-022	<p>Any Other Business</p> <p>There were no items of Any Other Business.</p>
23. WCT23/24-023	<p>Invitation for Public Comments</p> <p>There were no comments or questions from members of the public.</p>
24. WCT23/24-024	<p>Items for Risk Register</p> <p>There were no new risks identified for the risk register.</p>
25. WCT23/24-025	<p>Staff Story: Urgent Community Response</p> <p>CM introduced the Staff Story which featured Kate Thomas, Senior Nurse Practitioner and Tabitha Carr, student nurse on placement and noted that the story linked to the Journey of Care shared at the start of the meeting.</p> <p>Kate described her role as a Senior Nurse Practitioner and shared her experience of working with the service user to provide care in her own home rather than being admitted to hospital.</p> <p>Tabitha shared her experience on a student placement with the Community Integrated Response Team (CIRT) and praised the team for their integrated multidisciplinary approach and holistic care for their patients.</p> <p>The Board of Directors welcomed and appreciated the stories shared.</p>
26. WCT23/24-026	<p>Summary of actions and decisions</p> <p>AH provided a brief summary of actions and decisions taken during the Board of Directors meeting.</p>
<p>Date and Time of Next Meeting: The next formal Trust Board meeting will take place on Wednesday 21 June 2023 at 2.00pm, CSL St Catherine's Health Centre.</p>	

Board - Chair Approval	
Name:	Date:
Signature:	

The Board of Directors Meeting closed at 4.10pm.

Board of Directors - Matters Arising 2022-23

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	Complete. 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	Complete. Updated provided as part of the IPR performance presentation.



Actions from meeting held on **19 April 2023**.

Referral to Quality and Safety Committee in May 2023.

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Organisational Strategy Year 1 progress report	WCT23/24-012	3 conversations - provide an opportunity to review the position of 3 conversations in the Trust following the transfer of Adult Social Care.	S.Garner P.Simpson	May 2023	Complete. This was discussed and recorded at the Quality & Safety Committee on 3 May 2023. The 3-conversation model will still sit with Adult Social Care but the multi-disciplinary approach will continue to provide a collective focus.