

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

DRAFT MINUTES OF MEETING

WEDNESDAY 21 JUNE 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:

Mrs Cathy Gallagher	Senior Assistant (minute taker)	(CG)
Mr Simon Garner	Deputy Director of Adult Social Care	(SG)
Mrs Alison Jones	Freedom To Speak Up Guardian (agenda item 25)	(AJ)
Mr Dave Murphy	Chief Information Officer	(DM)

Reference	Minute
<p>1. WCT23/24-027</p>	<p>Journey of Care: Wheelchair Service</p> <p>PS introduced the story, which was told by a Mum of two young adults with complex needs that had used the Wheelchair Service for over 20 years. The story reflected the personalised approach to care provided by the service to the family, over a long period of time.</p> <p>The parent described the benefits of having the same therapist that supported her children through to adulthood and the incredible difference it made to her life.</p> <p>All members of the Board appreciated hearing the positive experiences of the family and how mutual respect and trust had enabled the therapist and family to work together to achieve the best possible outcomes.</p> <p>The Board of Directors welcomed the opportunity to receive the Journey of Care and thanked all those involved.</p>
<p>2. WCT23/24-028</p>	<p>Apologies for Absence</p> <p>Apologies for absence were received from:</p> <p>Lynn Collins, Lead Governor Steve Connor, Non-Executive Director</p>

	Nick Cross, Medical Director
3. WCT23/24-029	<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>
4. WCT23/24-030	<p>Minutes of the previous meeting - 19 April 2022</p> <p>The Board of Directors approved the minutes of the meeting held on 19 April 2023, as a true and accurate record.</p>
5. WCT22/23-031	<p>Matters Arising - 19 April 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>
6. WCT22/23-032	<p>Chair's Report</p> <p>MB presented the Chair's Report and particularly noted recent visits to the new Marine Lake Health & Wellbeing Centre which had been delivered on time and in budget and was already proving to be a great success for the local community, patients, partners, and staff.</p> <p>MB also referenced the external Well-Led development review, completed by MIAA in 2022 and confirmed at the Board of Directors would be revisiting the key findings from the report at the next informal board session in July 2023.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
7. WCT22/23-033	<p>Lead Governor's Report</p> <p>AH presented the report on behalf of LC and highlighted that governors were currently active in terms of their statutory duties around the reappointment of Non-Executive Directors, and the Remuneration & Nomination Group would be meeting on 29 June to consider two re-appointments.</p> <p>AH also noted that two public governors had recently attended a MIAA event on the role of governors in the new NHS landscape. They had found it very useful and would provide a briefing at the next governor development session in July.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
8. WCT22/23-034	<p>Chief Executive's Report</p> <p>KH presented the CEO Report which highlighted key issues of local, regional and national importance.</p> <p>KH highlighted the extensive work, now concluding, to return the Adult Social Care contract back to Wirral Council and paid tribute to TB and SG for their leadership of the project including pastoral support for the workforce. KH confirmed that everything remained on track to meet the agreed deadline of 30 June 2023 and whilst it was a challenging decision, KH reflected that the decision taken by the Board of Directors to transfer back at pace had been the right thing to do for service users and staff. It was hoped that the work achieved in terms of integration over the last 7 years and the process to return the contract would support the on-going integrated approach to service delivery.</p> <p>MB commented that he had recently met some Adult Social Care staff and was pleased to hear their reflections and positive feedback on working for the Trust and most significantly their personal and collective determination to maintain the best of integrated working.</p> <p>KH also highlighted the Trust's exemplary scores in the Friends & Family Test, with a total of 28,000 responses received in 2022/23 and 93% of people recommending the Trust's services.</p>

	The Board of Directors received the report with no further questions or comments.
<p>9. WCT23/24-035</p>	<p>Reports from the committees of the Board</p> <p>Informal Board - 17 May 2023</p> <p>AH presented the report and highlighted the completion of Board level training from the National Cyber Security Centre. AH also noted that other discussions from the informal board would feature in the updated Board Assurance Framework later, on the agenda.</p> <p>Audit Committee - 26 April 2023</p> <p>SC was not present to provide an update from the Audit Committee meeting on 26 April 2023, but MB noted that the Audit Committee Annual Report later on the agenda would provide further information.</p> <p>Quality & Safety Committee - 3 May 2023</p> <p>CB provided a verbal report highlighting the following key points:</p> <ul style="list-style-type: none"> • An update from IPB was received and CB also noted that he had recently observed both IPB and the SAFE Operations Group (SOG) and had been assured by the work of both groups and how information flowed, and the oversight maintained at both meetings. • A number of Annual Reports had been received by the committee which would feature later on the (Board) agenda. These included the Safeguarding Annual Report, the Infection Prevention & Control (IPC) Annual Report, the Freedom To Speak Up Annual Report and the Emergency Preparedness & Response Annual Report. The committee was assured by the detail provided in each and in particularly commended the work of the IPC team and the passion and drive of the Trust's FTSU Guardian. • The summary report of the Quality Strategy Delivery Plan for 2022-23 was presented with two actions carried over and three which would be incorporated into the plan for 2023-24. Whilst the committee was assured by the very detailed plan members requested further evidence regarding evidence of completion and outcomes. • The draft Quality Account for 2023-24 was reviewed and included the nine quality goals from the Quality Strategy and the 18 measures from the Quality Strategy Delivery Plan. • The Mortality Report for Q4 of 2022-23 was presented and approved for presentation to the Board of Directors. The committee was also assured that the Trust had representation on the Child Deaths Overview Panel for Cheshire & Merseyside and there was liaison with the Trust's Mortality Group. • The Clinical Audit Programme for 2023-24 was received and noted as being aligned to the Patient Safety Incident Response Framework. The committee had also suggested an audit of the Home First Service be included. • The Annual Safeguarding Report was received, and committee was assured by the continued organisational compliance with statutory duties and local safeguarding frameworks. • In accordance with Terms of Reference, the committee reviewed any high-level risks and noted the overall health score of risks on the Trust risk register. • The strategic risks in the Board Assurance Framework aligned to the committee were reviewed and the policy schedule for 50 trust-wide policies which the committee oversee was reviewed. <p>Finance & Performance Committee - 7 June 2023</p> <p>BJ provided a verbal report highlighting the following key points:</p>

- All previous actions had been closed to the satisfaction of committee with one exception relating to the use of virtual consultations which had been referred to the Integrated Performance Board to confirm progress through the Research Innovation & Digital Oversight Group/Programme Oversight Group.
- The committee noted a previous action to update business case and project initiation documentation to include consideration of the sustainability agenda. It was noted that this was in progress with the PMO, and committee had requested an update on the deadline for completion at the next meeting.
- As part of the standing items of business, the committee had received an update on M1 financial and operational performance and the Productivity & Efficiency programme.
- The year-end report on performance against the Digital Strategy Delivery Plan for 2022-23 was presented. It was noted that the focus for Year 1 had been to build the digital core infrastructure and commence the Electronic Health Record project. The committee noted that delivery from the enabling workstreams in year 1 had been extremely successful and all key targets and deadlines were met. The focus for year 2 was the procurement of the Electronic Health Record system, building on the future state mapping which was completed last year. An emerging risk was identified related to the use of multiple systems at the CICC; the Chief Nurse was investigating this further to determine the detail and the potential impact.
- The committee asked the Chair to send thanks to the Digital Team for their hard work and achievements during the year.
- In accordance with Terms of Reference, the committee reviewed any high-level risks and noted the overall health score of risks on the Trust risk register. There continued to be no high-level risks reported or escalated to the committee.
- The strategic risks in the Board Assurance Framework aligned to the committee were reviewed and the policy schedule for 7 trust-wide policies which the committee oversee was reviewed.
- The Audit Tracker Tool was reviewed with the committee receiving an update on the implementation of recommendations from internal audit reviews. It was noted that there was one outstanding action which related to the HFMA Improving Financial Sustainability checklist and was due for completion in June 2023.
- The SIRO provide an update on compliance with, and submission of the Data Security & Protection Toolkit for 2022-23. It was noted that independent assurance on mandatory assertions had been provided by MIAA with the final report due imminently; it was confirmed that the Chair would receive confirmation when received.

People and Culture Committee - 10 May & 14 June 2023

GM provided a verbal report highlighting the following key points:

- The People Strategy Delivery Plan for 2023-24 was reviewed with the committee agreeing a focused set of critical outcomes and key measures to ensure a clear line of sight on progress and measurable impact. It was noted that the more detailed actions would be tracked by the People & Culture Oversight Group.
- The committee received an update on the transfer of the Adult Social Care contract back to the Local Authority and was assured on the efficient progress being made. GM echoed the tributes paid to the Project Team for their leadership.
- The results of the most recent People Pulse Survey were presented, and the committee discussed the importance of increasing the response rate to the Annual NHS Staff Survey. It was noted that a trust-wide Staff Engagement Plan had been developed and would be shared at informal board in July 2023.
- The Gender Pay Gap Report was presented with the committee noting the detail and the progress being made.
- The high-level risk report noted one risk (ID2883) relating to Knowsley 0-25 with assurance provided to the committee on the mitigations in place and the management of the risk.
- The committee reviewed the position in relation to strategic risks on the Board Assurance Framework.

	<p>Staff Council - 24 May 2023</p> <p>CM gave a verbal update from the Staff Council meeting on 24 May 2023, highlighting useful discussions on strengthening the purpose of the Staff Council in the organisation. It was agreed that members would have further discussions outside of the meeting about aligning with staff networks and staff champions.</p>
<p>10. WCT23/24-036</p>	<p>Integrated Performance Report (<i>live from TIG</i>)</p> <p>KH introduced the report which provided a summary of performance across the Trust up to the end of April 2023. Each performance domain was presented by the relevant Director using the data live from the TIG dashboards.</p> <p>Operational performance</p> <p>JC highlighted performance which demonstrated the Trust's responsibility in achieving local, as well as national and regional performance indicators. JC noted that many of the Key Performance Indicators (KPIs) focused on volume and discussions were ongoing with commissioners to ensure that performance outcomes were given equal importance. It was noted that the red KPIs pertained to waiting lists which were starting to reduce and in line with national expectations and trajectories.</p> <p>All services were holding waiting lists of under 52 weeks except for paediatric Speech & Language, but trajectories had been set to return waiting lists to pre-Covid levels. Clinical triage was also in place to manage waiting lists and the health inequalities waiting list tool was being applied with a good response from patients.</p> <p>JC noted that overall performance in the Walk-in Centres remained high; the 4-hour target continued to be achieved and was reporting at 95.6%.</p> <p>The occupancy rates in Discharge to Assess beds was high (94.7%) and average length of stay was reporting at 23 days. The Trust was actively supporting the system with efficient flow through these beds and patients were having a positive experience. JC added that when patients were ready to go home, they could be supported by the Home First Team who provided additional therapy and support.</p> <p>There were national metrics for 2-hour and 2-day community response services to avoid people going into hospital. The Trust was currently reporting above the national expectation and the highest performance across Cheshire & Merseyside at 84.8%.</p> <p>Workforce performance</p> <p>CM noted that People metrics were on a positive trajectory with staff turnover reducing to 12.8% in April and reducing further in May to the lowest point for some time.</p> <p>Sickness absence rates were also at their lowest level for some time.</p> <p>Mandatory training compliance was reporting at 93.5% and work was ongoing to ensure compliance with role essential training.</p> <p>The use of agency staff across the Trust was 1.9% for April which was well under the cap and CM confirmed that the Trust was the best performing Trust across Cheshire & Merseyside. It was also noted that agency use would reduce much further when Adult Social Care staff transferred back to the Local Authority at the end of June 2023.</p> <p>SG added that social care agency use was a significant challenge regionally and nationally, but recruitment and retention levels had been good while the service was managed by the Trust and initiatives such as progression frameworks and apprenticeships had contributed towards a much more stable position than in some other organisations.</p> <p>CM noted that there were two high-level people risks which had been discussed in detail at the People & Culture Committee. In relation to the Knowsley staffing risk CM confirmed that all vacancies had been recruited to and feedback from staff had been positive in respect of the leadership and support being received. KH acknowledged the contribution and excellent leadership of Service Director, Toni Shepherd.</p>

Quality performance

PS highlighted key metrics related to quality performance noting that there had been no serious incidents which had met the threshold for StEIS reporting in April and the year-end position for 2022-23 was six incidents, all of which related to falls at the Community Intermediate Care Centre. The Integrated Performance Board and the Quality and Safety Committee continued to monitor this performance. PS noted that the last reportable significant incident occurred in January 2023 and progress in terms of on-going improvements continued.

PS reported that there had been three months with a slight reduction in the level of incident reporting but provided assurance that it remained within normal variation. The position was reviewed by the SAFE Operations Group and actions were taken to improve the position in May. The majority of incidents were rated as no or low harm and the percentage of incidents with a moderate or above harm level was 6.6%.

Patient and service user experience data continued to be positive in terms of volume and the % of people recommending the Trust's services.

Financial performance

MG highlighted financial performance noting that the reporting of M1 was often obscured by year-end adjustments, late invoices and final assessments to prepare the financial accounts. As such, it was noted that the M1 position was not required to be reported to the ICB or NHSE.

MG confirmed that the Trust had achieved its financial plan in M1 with a small surplus of £43k. Income was £0.5m above plan and the pay budget was £435k overspent, mainly due to the Home First scheme for which the contract had not yet been signed. The non-pay budget was £71k overspent, mainly on clinical supplies/dressing and education and training programmes, but income would be received to offset this.

MG noted that at the end of M1 the Productivity & Efficiency Programme had generated ideas worth £3.5m against a target of £5m and of those £1.7m had been approved by the Programme Oversight Group with £1.8m yet to be approved.

BJ assured the Board that actions to address the P&E gap had been discussed in detail at Finance & Performance Committee.

MG confirmed that the Trust had healthy cash balances of £17.6m despite a significant capital outlay last year for the Marine Lake Health & Wellbeing Centre development.

The performance against the Better Payment Practice Code (BPPC) continued to improve with 93.4% by volume and 98% by value achieved.

MG noted that finance-related risks on the risk register included three residual counter-fraud risks (required by the NHSCFA), the risk of not achieving the financial plan (RR12), achievement of the capital plan (RR6) and achievement of the Better Payment Practice Code (RR8).

A new capital risk had been added to the risk register relating to International Financial Reporting Standard 16 which stated that long-term leases would have to be classed as assets. This would mean they would have to be charged against capital and to do this, organisations would need additional capital departmental expenditure limits (CDEL) approved at national level. MG advised that implementation of this standard in the NHS had been delayed as it was known to be complex, but now that it had been implemented the Trust had transacted it appropriately according to external auditors but had not yet received confirmation that additional CDEL would be approved. MG noted that the current risk was rated 9 as without additional funding the Trust might have to delay some of its traditional capital expenditure programme.

The Board of Directors welcomed the presentation of the performance report for M1 from the Trust Information Gateway and recognised the work of the Integrated Performance Board to scrutinise and correlate performance across the domains.

<p>11. WCT23/24-037</p>	<p>Board Assurance Framework (BAF) 2022-23 strategic risks</p> <p>AH presented the BAF providing an update on the position of the nine strategic risks recorded and noted that the position followed oversight and monitoring at each of the sub-committees of the Board during May and June 2023.</p> <p>It was noted that the informal board session in May 2023 had also allowed an opportunity for members of the Board to review the strategic risks for the new financial year and consider risk appetites for each aligned to an overall risk appetite position agreed for the Trust, aligned to strategic objectives.</p> <p>AH advised that of the 9 strategic risks being tracked through the Board Assurance Framework one had been scored at RR16 which related to the Financial Plan 2023-24. The Finance & Performance Committee had reviewed this risk at its meeting on 7 June 2023 and considered a proposed rewording of the risk description, which was recommended to, and approved by the Board of Directors as follows - ID04 - <i>The financial settlement for 2023/24, together with the Financial Plan negotiated with the C&M ICB, creates a challenging financial target which could result in a risk to the financial sustainability of the organisation.</i></p> <p>One strategic risk ID03 - <i>The collaborative becomes a 'one size fits all' / Lead Provider collaborative and is not cognisant of the political climate, partner relationships and subtleties of working in Place for community services</i> was recommended to the Board of Directors has having achieved the target risk rating, based on the revised risk appetite of 'open'. This was approved with members of the Board noting that the risk would continue to be reviewed by the Finance & Performance Committee particularly as the proposed joint working agreement and governance arrangements for the collaborative are finalised and agreed.</p> <p>AH noted a recommendation from the People & Culture Committee that ID09 - <i>Safe Staffing levels are not maintained across the Trust impacting on the safe delivery of services, staff morale and regulatory compliance</i> was referred to the Quality & Safety Committee for consideration in the context of the existing strategic risk ID01 - <i>Failure to deliver services safely and responsively to inclusively meet the needs of the population</i> and whether safe staffing should be tracked as part of this strategic risk. The Board of Directors noted and supported this referral across committees.</p> <p>AH confirmed that all other risks were scoring between RR8 and RR12.</p> <p>BJ noted that in relation to ID05 the Finance & Performance Committee had suggested a future discussion at informal board to determine how the Trust can influence Place strategy to mitigate the risk.</p> <p>The Board of Directors approved the recommendations in the report and was assured of the oversight and management of strategic risks in the BAF through the sub-committees of the Board.</p>
<p>12. WCT23/24-038</p>	<p>Cheshire and Merseyside Joint Forward Plan 2023-24</p> <p>AB presented the Cheshire and Merseyside Joint Forward Plan 2023-24, and the following points were noted:</p> <ul style="list-style-type: none"> • The Joint Forward Plan contained the actions the Integrated Care System (ICS) will need to take to deliver the priorities. • The four key objectives are: <ul style="list-style-type: none"> - Tackling Health inequalities in outcomes, experience, and access. - Improve population health and healthcare. - Enhancing productivity and value for money. - Helping to support broader social and economic development. • The development timetable outlines an integrated business plan during 2023-24 that will incorporate the key strategic plans that are already developed or intend to develop during the year. <p>The Board of Directors received and noted the Cheshire & Merseyside Joint Forward Plan 2023-24.</p>

<p>13. WCT22/23-039</p>	<p>Organisational Strategy 2022-27 - Year 2 plan</p> <p>AB presented the Organisational Strategy 2022-2027 - Year 2 plan outlining key changes that were discussed at the informal board in May 2023.</p> <p>The key changes included;</p> <ul style="list-style-type: none"> - Additional 'We will' statements regarding risk stratified waiting list management, the Home First Service and the Transfer of Care hub. - Removal of the 'We will' statement regarding 3C's as this was an Adult Social Care specific programme of working; a broader statement about collaborative working had been included. - The addition of Inclusion ambitions for consistency with the Inclusion and Health Inequalities Strategy. - A new 'We will' statement regarding staff engagement. - A new broader 'We will' statement regarding remote and assistive care, including telehealth. - Greater specificity about reduction of carbon emissions as part of the Green Plan. <p>The Board of Directors welcomed the updated strategy document for Year 2 and approved the changes proposed.</p>
<p>14. WCT23/24-040</p>	<p>Communications and Marketing Report for Q4 2022-23</p> <p>AH presented the communications and marketing report for Q4 2022-23 highlighting activity both internally and externally.</p> <p>The following key projects were highlighted;</p> <ul style="list-style-type: none"> • The transfer of the Adult Social Care contract ensuring effective and timely communications to staff. • The new Marine Lake Health & Wellbeing Centre including the extensive community engagement in the development of the community garden; over 600 votes had been cast for the name of the garden. <p>AH also noted that priorities for 2023-24 were being reviewed by the team to ensure alignment with the Trust's organisational and enabling strategies. This would include, in the first instance, a review of internal communications channels to help inform future planning.</p> <p>The Board of Directors welcomed the report and noted the detail provided including the visuals and examples of campaigns launched across the Trust.</p>
<p>15. WCT23/24-041</p>	<p>PLACE governance arrangements and progress</p> <p>KH invited AH to update the Board of the Directors on the work of the Place Governance Group which had been established under the leadership of the Place Director and included key governance leads from provider Trusts and Council representatives.</p> <p>AH noted that the work of the group had initially focused on the development of a Wirral Place Governance Manual which would be presented to the Place Based Partnership Board (WPBPB) in July 2023. This included a refresh of the Terms of Reference of the WPBPB, confirmation of reporting structures for key programmes of work, and the development of template agenda, action logs and report formats to ensure consistency in approach and production.</p> <p>The next programme of work would include a review of the Terms of Reference of all sub-groups to ensure clarity of purpose, accountability and responsibility and a review of membership and working with the Programme Development Unit to overlay the programme reporting structure to the governance map to ensure clarity on the reporting of programmes of work.</p>

	<p>AH confirmed that this work had included good engagement with Local Authority colleagues and further engagement would take place with the Voluntary Community & Faith sector.</p> <p>The Board of Directors welcomed the update and requested the Wirral Place Governance Manual is shared following presentation at the WPBPB in July 2023.</p>
<p>16. WCT23/24-042</p>	<p>Annual declaration of interests - Board of Directors 2023-24</p> <p>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 members of the Board of Directors were required to annually declare all interests that were relevant and material.</p> <p>All members of the Board and advisors to the Board had given consent to have their declarations published which would also be reported through the Trust's Annual Report 2023-24.</p> <p>AH confirmed that any declarations remained on the register for 6 months following the end date.</p> <p>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 for 2023-24 was approved.</p>
<p>17. WCT23/24-043</p>	<p>NHS Provider Licence Self-Certification</p> <p>AH presented the paper which provided evidence of compliance against the NHS Provider Licence which was completed annually. The appendix attached to the report provided the evidence of compliance for Board approval.</p> <p>BJ referred to <i>Section 4 (e)</i> to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and committee decision-making suggesting it should also reference TIG which presents 'live' data.</p> <p>The Board of Directors considered the evidence aligned to each element of the provider licence conditions and approved the proposed response including publication on the Trust's website.</p>
<p>18. WCT23/24-044</p>	<p>Audit committee Annual Report 2022-23</p> <p>In the absence of the Audit Chair, AH presented the Audit Committee Annual Report for 2022-23 which set out how the committee had met its Terms of Reference and achieved key priorities.</p> <p>The Board of Directors, including members of the Audit Committee approved the report.</p>
<p>19. WCT23/24-045</p>	<p>Charitable Funds Annual Report</p> <p>MG presented the Charitable Funds Annual Report noting that the fund was overseen and managed by Cheshire & Wirral Partnership NHS Foundation Trust.</p> <p>MG highlighted the following key points from the report:</p> <ul style="list-style-type: none"> • The latest published statement referred to 2021-22. • The available funds at the end of 2021-22 was £121,835. • The closing balance for 2022-23 was £54,000. • The general fund has legacy donations that have restrictions applied in terms of how and where they are spent, e.g., The League of Friends donation must be spent for the benefit of staff and patients in the Wallasey community. • A review of the Charitable Funds Policy was underway. <p>The Board noted the latest published financial statements for the Trust's charitable funds (for the financial year ending 31 March 2022) and noted updates to the charitable</p>

	<p>funds during 2022-23 and the plans to promote and encourage donations and funding applications throughout the Trust.</p>
<p>20. WCT23/24-046</p>	<p>FT constitution - Shadow governors and the election timetable</p> <p>AH presented a proposal to amend the FT constitution to include shadow governors and sought approval to change the election timetable for 2023-24, moving it from Q3 to Q1 2024-25.</p> <p>It was confirmed that the proposals had been developed in collaboration with a working group of the Council of Governors, presented in draft format at informal board in May 2023 and approved at the Council of Governors in May 2023.</p> <p>The Board of Directors approved the changes to the Foundation Trust Constitution, noting the previous approval by the Council of Governors.</p>
<p>21. WCT23/24-047</p>	<p>Quality Account 2022-23</p> <p>PS presented the Quality Account 2022-23 for approval prior to submission to NHSE and publication on the Trust's website by 30 June 2023.</p> <p>PS confirmed that the Quality & Safety Committee had received and commented on the draft report noting that it evidenced excellent performance against quality goals and set a clear trajectory to achieve goals in 2023-24.</p> <p>The Board of Directors approved the Quality Account 2022-23.</p>
<p>22. WCT23/24-048</p>	<p>Mortality Report - Learning from Deaths Q4 2022-23</p> <p>PS presented the report in relation to the implementation of the Learning from Deaths framework confirming it was nil return for Q4 2022-23.</p> <p>The report provided evidence that learning from deaths was firmly embedded as a priority across the Trust ensuring full adherence to the National Learning from Deaths framework.</p> <p>The Board of Directors approved Appendix 1 for publication on the Trust's website.</p>
<p>23. WCT23/24-049</p>	<p>Antimicrobial Strategy 2023-2027</p> <p>PS presented the Antimicrobial Strategy 2023-27 for approval, confirming it had been received and endorsed by the Quality & Safety Committee in May 2023.</p> <p>The strategy responded to the government's 5-year national action plan and contributes specifically to reducing the need for an unintentional exposure to antimicrobial prescribing in line with national and local guidelines.</p> <p>The Board of Directors approved the Antimicrobial Strategy 2023-27.</p>
<p>24. WCT23/24-050</p>	<p>Emergency Preparedness, Resilience and Response Annual Report 2022-23</p> <p>MG presented the Emergency Preparedness, Resilience and Response Annual Report 2022-23 which identified work undertaken to ensure that the Trust was compliant with statutory requirements as a Category 1 Responder under the Civil Contingencies Act (CCA) 2004.</p> <p>It was noted that the report had been received and endorsed by the Quality & Safety Committee in May 2023.</p> <p>The Trust had completed a self-assessment against 55 EPRR standards applicable to community providers; 51 of the 55 standards were assessed as fully compliant. MG noted that since the report was written two standards had been updated and of them one (training standards for on call managers) was now compliant. The second standard related to the audit of Business Continuity Plans which had been delayed due to proposed industrial action but was now planned for June 2023.</p>

	<p>MG confirmed that the self-assessment had been subject to a peer review as required by the ICB. The outcome of the peer review had not changed the Trust's self-assessment position.</p> <p>The Board of Directors was assured of the information presented and approved the Emergency Preparedness, Resilience and Response Annual Report 2022-23.</p>
<p>25. WCT23/24-051</p>	<p>Annual Reports 2022-23</p> <p><i>Director of Infection Prevention and Control (DIPC)</i></p> <p>PS presented the report to provide assurance of compliance against the regulatory framework and the high standards of IPC practice across the Trust.</p> <p>The report provided an overview of the significant achievements made during the year and detailed compliance against the 10 criteria listed in the Health and Social Care Action Code of Practice on the prevention and control of infection which was updated in December 2022.</p> <p>All identified risks had been effectively managed during the reporting period via the operational risk register with monthly monitoring via the Trust's IPC group, which reported quarterly to the Quality & Safety Committee for assurance.</p> <p>The report also included a review of the seasonal flu vaccination programme in 2022-23 which would support planning for this year.</p> <p>It was noted that the report had been received and approved by the Quality & Safety Committee in May 2023.</p> <p>The Board of Directors received the Director of Infection Prevention and Control Annual Report 2021-22 and was assured that IPC system and processes were in place.</p> <p><i>Freedom to Speak Up (FTSU)</i></p> <p>The Trust's FTSU Guardian was welcomed to the meeting to present the Annual Report for 2022-23.</p> <p>AJ noted that the report detailed positive outcomes and included the following;</p> <ul style="list-style-type: none"> • Summary of concerns reported. • Concerns reported by service. • Predominant themes identified. • Outcomes and learning. • Feedback from satisfaction questionnaires sent to reporters when a concern is closed. • Staff Survey Results. • Next Steps. <p>AJ also added that FTSU training had been incorporated into the Trust's training programme for staff.</p> <p>It was noted that the report had been received and approved by the Quality & Safety Committee in May 2023.</p> <p>The Board of Directors welcomed the report and extended thanks to AJ for her enthusiasm and commitment to the role of FTSU Guardian. The members of the Board noted the positive outcomes and the examples shared of staff having a positive experience through speaking up.</p> <p>Annual Safeguarding Report 2022-23</p> <p>SG presented report noting it had been received and approved by the Quality & Safety Committee in May 2023.</p>

	<p>The report demonstrated continued organisational compliance with statutory duties and local safeguarding frameworks. SG highlighted the hard work and commitment of the Safeguarding Team who work tirelessly in ensuring safeguarding was for everyone.</p> <p>PS asked members of the Board to extend thanks to SG for his leadership of the safeguarding agenda recognising that he would be leaving the Trust as part of the transfer of Adult Social Care back to Wirral Council. All members of the Board recognised SG's contribution and dedication to the Trust and the people of Wirral.</p> <p>The Board of Directors was assured by the Annual Safeguarding Report 2022-23.</p>
26. WCT23/24-052	<p>Staff Council</p> <p>The decision and action log from the meeting of the Staff Council held on 14 March 2023, was received, and noted.</p>
27. WCT23/24-053	<p>Council of Governors</p> <p>AH advised that the minutes from the Council of Governors meeting on 23 May 2023 were subject to approval by the CoG and would be submitted in due course.</p>
28. WCT23/24-054	<p>Any Other Business</p> <p>There were no items of Any Other Business.</p>
29. WCT23/24-055	<p>Invitation for Public Comments</p> <p>There were no comments or questions from members of the public.</p>
30. WCT23/24-056	<p>Items for Risk Register</p> <p>There were no new risks identified for the risk register.</p>
31. WCT23/24-057	<p>Staff Story: Wheelchair Services</p> <p>CM introduced the Staff Story which featured Jane Sledge, from the Wheelchair Service describing her support to the family featured in the Journey of Care at the beginning of the meeting.</p> <p>All members of the Board appreciated hearing Jane's reflections and welcomed the care, compassion and professionalism demonstrated in describing her approach and support to the family.</p> <p>The Board of Directors welcomed and appreciated the story shared.</p>
32. WCT23/24-058	<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 16 August 2023 at 2.00pm, CSL St Catherine's Health Centre.</p>	

Board - Chair Approval	
Name:	Date:
Signature:	

The Board of Directors Meeting closed at 16.15pm.

Board of Directors - Matters Arising 2023-24.

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.

Actions from meeting held on **21 June 2023**.

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Integrated Performance Report	WCT23/24-036	When publishing (on the website) performance data presented at the Board meetings live from TIG, include further context on how the data is used in committees and is used dynamically through the governance of the Trust.	A.Hughes	June 2023	Complete.
NHS Provider Licence	WCT23/24-043	In respect of licence condition FT4 (statement 4 (e)) - <i>“to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making”</i> include reference to TIG and the availability of data.	A.Hughes	June 2023	Complete.
PLACE governance arrangements	WCT23/24-041	Share Place governance manual with members of the Board following the Place Based Partnership Board in July 2023.	A.Hughes	October 2023	