

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

**DRAFT MINUTES OF MEETING**

**WEDNESDAY 16 AUGUST 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)
Mr Mark Greatrex	Chief Finance Officer/Deputy Chief Executive	(MG)
Mrs Karen Howell	Chief Executive	(KH)
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 Julie Birchall	Interim Corporate Governance Manager	(JB)
Ms Lynn Collins	Lead Governor	(LC)
Mrs Cathy Gallagher	Senior Assistant (minute taker)	(CG)
Ms Helen Gibbon	CQC Inspector (observer)	(HG)
Mr Dave Murphy	Chief Information Officer	(DM)
Mr Bradley Palin	Deputy Chief Operating Officer	(BP)

Reference	Minute
<p><b>1.</b> WCT23/24-059</p>	<p><b>Journey of Care: Community Nursing</b></p> <p>PS presented a Journey of Care patient story which focused on the care and support received from the Community Nursing Service.</p> <p>The service user, who had been paralysed from the chest down after being in an accident in the 1980s, described how the Community Nursing team had provided over 35 years of care to support him to live an independent life and continue to work. Overall, the quality of care from Community Nurses had been exemplary.</p> <p>When the Community Nurses transferred to another GP practice, Andrew Gifford, Community Nursing Manager, had visited the service user to assure him that his care would remain the same.</p> <p>The care and support of the Community Nurses had helped to improve the service users’ confidence and self-esteem.</p> <p>The Board of Directors welcomed the opportunity to receive the Journey of Care story and thanked all those involved.</p>

<p><b>2.</b> WCT23/24-060</p>	<p><b>Apologies for Absence</b></p> <p>Apologies for absence were received from:</p> <p>Jo Chwalko, Chief Operating Officer Ali Hughes, Director of Corporate Affairs</p>
<p><b>3.</b> WCT23/24-061</p>	<p><b>Declaration of Interests</b></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><b>4.</b> WCT23/24-062</p>	<p><b>Minutes of the previous meeting – 21 June 2023</b></p> <p>The Board of Directors approved the minutes of the meeting held on 21 June 2023, as a true and accurate record.</p>
<p><b>5.</b> WCT22/23-063</p>	<p><b>Matters Arising – 21 June/April 2022</b></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><b>6.</b> WCT22/23-064</p>	<p><b>Chair’s Report</b></p> <p>MB presented the Chair’s Report and noted an error on page 1, paragraph 1 where it stated that there had been seven years of integrated care under the Adult Social Care contract, when it should state six years.</p> <p>MB referred to the official opening of the new facility at Marine Lake Health &amp; Wellbeing Centre in West Kirby and highlighted that the Age UK café was a community hub for the local community, patients and staff. An illustration of the ethos of the service was the voucher system which had been developed whereby a patient who was identified as experiencing loneliness was given a voucher for a free cup of tea or coffee at the café. When staff received the voucher, they recognised that the individual required some additional support and this was provided by Age UK volunteers and staff.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
<p><b>7.</b> WCT22/23-065</p>	<p><b>Lead Governor’s Report</b></p> <p>LC presented the report to the Board of Directors and highlighted in particular the work of the Governor Remuneration &amp; Nomination sub-group in the reappointment of Michael Brown, Chairman, and Beverley Jordan, Non-Executive Director.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
<p><b>8.</b> WCT22/23-066</p>	<p><b>Chief Executive’s Report</b></p> <p>KH presented the CEO Report which highlighted key issues of local, regional and national importance.</p> <p>KH praised TB for his leadership in the successful and smooth transfer of the Adult Social Care contract to Wirral Council. The Trust would continue to work collaboratively with Adult Social Care colleagues to ensure the best services were provided for the people of Wirral.</p> <p>KH congratulated Lucy Reeve, Katrina Dyce, Jo Holebrook, Damien Boden and Rachel Newland for their hard work and achievements listed in the report.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
<p><b>9.</b> WCT23/24-067</p>	<p><b>Reports from the committees of the Board</b></p> <p><b>Audit Committee – 27 June &amp; 5 July 2023</b></p> <p>SC provided a verbal report highlighting the following key points:</p> <p><b>27 June 2023</b></p>

The Annual Report and Accounts were presented for the period 1 April 2022 to 31 March 2023. Committee reflected that the documents provided a clear position on Trust performance and governance and approved them for submission to NHS England.

The committee also received the External Audit Findings Report for April 2022 to March 2023. This was the first year that the Trust's new external auditors, Grant Thornton, had submitted a report and at the time of the report the work was substantially complete with a small number of sections to be finalised. Committee was pleased to hear that Grant Thornton were anticipating issuing an Unqualified Opinion.

The report detailed the main findings in relation to key risks relating to the Trust and no significant issues were identified. The Annual Governance Statement was consistent with the accounts and in line with national guidance, and no changes were required.

The committee approved the Annual Audit Plan subject to completion of the additional work.

The external auditors also presented their Value for Money assessment. No significant weaknesses were identified in the three areas audited and it was also noted that the review of Trust governance arrangements identified no weaknesses or areas for improvement. The external auditors confirmed that they would issue the Audit Certificate and Final Audit Opinion and the committee approved the Annual Report

The Letter of Representation was also approved to be signed by the Chief Finance Officer and Chair.

### **5 July 2023**

The committee reviewed its terms of reference and no amendments were proposed. Committee discussed whether the key role that the Trust played at system and Place level should be reflected in the terms of reference but agreed to keep the position under review whilst Place arrangements were still evolving.

Committee reviewed the anti-fraud tracking tool on the Trust Information Gateway (TIG) which provided an overview of the status of all audit recommendations. It was noted that the committees of the Board continued to maintain oversight of the implementation of recommendations. It was also noted that the fraud tracker had also been updated with oversight from the Local Counter Fraud Specialist. The Committee was assured by the information provided and the ability to investigate the status of reviews in the tracker tool in TIG.

The committee received a presentation on the Board Assurance Framework and noted that the BAF remained embedded in the governance structure with oversight at committees of the Board. During May and June 2023 all committees had reviewed the relevant strategic risks and it was also noted that the Informal Board session in May had allowed members of the Board to review the strategic risks for the new financial year.

The risk appetite was also reviewed and was aligned to the overall strategic risk appetite of the Trust and strategic objectives. The committee welcomed the detailed presentation and acknowledged the focussed work of all the committees in terms of the Board Assurance Framework. The chairs of the committees reflected on how well they thought the process was working and confirmed that they were satisfied with the arrangements for monitoring and review of strategic risks.

The committee also looked at organisational risks and received a report which provided assurance that all organisational risks were effectively managed in line with

the Trust policy. The committee was assured that all risks were 100% compliant with the five key monitoring metrics and that actions were in place to mitigate and control organisational risks in accordance with the risk policy.

The committee received an update on the internal audit progress report and noted that the review of the Data Security & Protection Toolkit had provided substantial assurance and the recruitment and retention audit was ongoing.

Two tender waiver applications were reviewed and committee was assured by the processes in place within the Trust approve tender waivers in line with the Standing Financial Instructions.

### **Quality & Safety Committee – 12 July 2023**

CB provided a verbal report highlighting the following key areas:

The committee received a report from the Integrated Performance Board on the work carried out in the oversight groups to triangulate quality and safety issues with other components of Trust business.

The Quality Strategy Delivery Plan was received for assurance. There were three actions for each of the quality goals and all were on track at this early stage. The committee noted that 90% of eligible staff had been trained in the National Patient Safety Curriculum and a piece of work was ongoing to look at the level of representation from community partners to enhance inclusivity. It was agreed that further work was needed to detail quantitative as well as qualitative targets and ambitions for each of the quality goals.

The Quality & Patient Experience Report was also received for assurance. The committee noted that at year end 2022/23 there had been six StEIS reportable incidents, all of which were falls in the Community Intermediate Care Centre. The response to these was reviewed in detail at committee and it was noted that incidents had demonstrably reduced following the introduction of the falls prevention tool.

The Trust's performance in the Friends & Family Test continued to be very positive. The committee requested that the number of returns be recorded on TIG as well as the recommendation score and this had already been implemented.

The committee received a report on risk management and noted that there was one relevant high-level risk relating to the Knowsley 0-25 service. This risk was well mitigated and committee agreed to reduce the score from 16 to 12 on the basis of these mitigations. Committee also requested further information on risks scored 10-14 and it was noted that these mainly related to waiting lists and staffing issues.

The committee received an update on the Board Assurance Framework and reviewed risks ID01 and ID02 in detail.

The committee received the SEND (Special Education Needs and Disabilities) and JTAI (Joint Targeted Area Inspection) Inspection Report for assurance. There were three risks relating to his area and committee was sighted on waiting times in Children's Speech & Language Therapy, which was a complex issue. The SEND Group, which was part of the Wirral Place governance structure, had reviewed capacity issues and highlighted issues at system level which were being addressed. There was also a focus on the neurodevelopmental pathway in Wirral and it was noted that PS had escalated issues to the SEND Transformation Board and a commissioner-led review paper had been presented which was well received. The paper recommended that business cases be developed for additional capacity in Children's SaLT and 0-19 services as well as an MDT triage function. This proposal was being reviewed by the Joint Strategic Commissioning Subcommittee. Quality &

Safety Committee was assured that these issues had high-level oversight at system level.

CB added that he had visited the SaLT team and found that staff morale was excellent, there was very good leadership in place and the team was involved in trying to resolve the issues and drive change.

The committee received the Infection Prevention & Control Report for Q1 2023/24 for assurance. There were no issues to escalate to Board and it was noted that of the 10 items in the code of practice, eight were rated green and the two amber items were on a trajectory to achieve green.

The committee received the CICC Safe Staffing Assurance Report for Q4 2022/23 which had been referred from the People & Culture Committee. The report provided detail which demonstrated that there was no correlation between staffing levels and incident numbers and provided assurance that appropriate adjustments were made when patients with high levels of dependency were admitted.

The Complaints Annual Report for 2023/24 was debated and the committee was assured by the content.

The committee reviewed and approved its terms of reference which had been revised as part of the annual review.

An update on the internal audit tracker was received with nothing to report by exception. It was noted that the Patient Safety Incident Response Framework (PSIRF) review was taking place in Q4.

The policy schedule was reviewed and the committee challenged one policy in terms of a delay in completion and approved an extension to another. There was nothing to escalate to the Board no new risks were highlighted.

### **Finance & Performance Committee – 2 August 2023**

BJ provided a verbal report highlighting the following areas.

The committee approved four items for approval and onward submission to the Board: the Board Assurance Framework, the FPC terms of reference, the IG Annual Report and the Trust's submission to the National Cost Collection exercise. The committee welcomed the collection exercise as the results would enable a comparison of the Trust's costs with other organisations for each service line at patient level.

The committee had approved its decision and action log from previous meetings noting that all actions had been closed with two exceptions. There was a good discussion on why these actions were extended and committee looked forward to them being closed at the next meeting in October.

Assurance was provided on standing agenda items such as the financial position, operational performance and the Productivity & Efficiency Programme. Challenges to achieving the 2023/24 planned surplus were noted given the emerging budget pressures on top of a high level of P&E savings. Overall, the committee was assured by the updates on the ongoing work led by the Finance & Resources Oversight Group (with oversight from the Integrated Performance Board) to manage the position and put mitigations in place. It was noted that at 26 July, approximately 50% of the 2023/24 P&E target had been achieved through approved projects and during July a two-day leadership event had generated around 500 ideas for further investigation.

The committee received its regular report on risk management and noted that due to the emerging budget pressures IPB had recommended increasing the likelihood of

the 2023/24 financial plan risk to 16, making this a high-level risk which was escalated to committee. From the committee's review of the M03 financial position and the P&E identification and management processes in place, committee was assured by the actions being taken to mitigate and control that risk.

In conjunction with this the committee also reviewed the Board Assurance Framework, specifically risk ID04 relating to the financial settlement.

An update on the internal audit tracker was received and it was noted that there remained one outstanding action relating to the HFMA Improving NHS Financial Sustainability Checklist. This recommendation had been due for completion at the end of Q1 but had been extended to the end of Q2 due to the sickness absence of individual managers who were required to sign off budgets. The committee requested assurance at the next meeting that other relevant managers or deputies had been identified and these budgets were not contributing to any financial overspend.

An update on the seven policies aligned to the committee was received and it was noted that all were in date and published and none were due for review until April 2024.

### **People and Culture Committee – 9 August 2023**

GM provided a verbal report highlighting the following areas:

The committee approved the People Strategy Year 2 Delivery Plan, noting that was a large and ambitious plan. Six business critical areas were agreed and short extensions to some actions in the plan were agreed. The committee was assured that the plan was aligned with the Trust's new Staff Engagement Plan.

The committee received assurance on a range of high-level workforce data with the aid of SPC charts which offered a better understanding of trends and themes. There was nothing to escalate by exception but some positive trajectories were noted on performance including reductions in turnover and sickness rates.

The committee received the Safe Staffing Update for Q1 including Regulation 18 responsibilities and was assured with regard to safe staffing levels in the Community Intermediate Care Centre.

The committee was assured by the Trust's involvement in the development of a new Community Nursing Staffing Tool as part of a group of 106 trusts who were early adopters of this tool.

The committee received the final verbal report on the transfer of the Adult Social Care contract to Wirral Council.

The committee received the Staff Engagement Plan for assurance and was pleased to hear feedback from the successful leadership forum in July. The plan had four clear priorities for 2023/24 and committee would maintain oversight of progress.

The Education & Training Annual Report was received and the committee was particularly assured by the deep dive into student placements.

The Workforce Race Equality Standard Report for 2022/23 was received and approved. The committee reviewed the nine metrics and focussed on feedback from the Trust's well-established BAME Network who had identified two or three key actions such as improving cultural awareness. It was noted that the Trust had also adopted the Northwest Anti-Racist Framework.

The Workforce Disability Equality Standard Report was also received and approved. Feedback was noted from the Trust's Ability Staff Network and committee

	<p>considered the 10 metrics aligned to the strategy and approved neurodiversity as a particular priority for the coming year. Committee was assured by the finding that the Trust was now just as likely to employ a disabled person as a non-disabled person.</p> <p>The high-level risk report was received with nothing to report by exception.</p> <p>The Board Assurance Framework was reviewed and committee approved risk ID09 to be archived and had a discussion on where those risks were best placed.</p> <p>The committee carried out the annual review of its terms of reference and agreed that Freedom to Speak Up should be aligned to Quality &amp; Safety Committee to reflect best practice and governance.</p> <p>Committee also approved revised terms of reference for the Joint Forum.</p> <p><b>Staff Council – 17 July 2023</b></p> <p>CM provided a verbal report highlighting the following areas:</p> <p>Staff Council discussed its role within the wider Staff Engagement Plan and offered to support the development of metrics to measure quality of supervision.</p> <p>There was further discussion on the group’s terms of reference which would be concluded at the next meeting. In future representatives from the Trust’s staff networks and champion groups would be included. It was noted that the current chair, Fiona Davies, would be stepping down next year and nominations were invited for the role of Deputy Chair to work with Fiona over the next year. Pete Thomas was nominated and appointed into the role.</p> <p>The Board agreed to acknowledge the tenure of Fiona Davies when she stepped down, as she had been an excellent and proactive Chair of Staff Council.</p>
<p><b>10.</b> WCT23/24-068</p>	<p><b>Integrated Performance Report</b> <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 June 2023, noting that a detailed analysis of performance was transacted in the oversight groups reporting to the Integrated Performance Board (IPB).</p> <p>Each performance domain was presented by the relevant Director or Deputy Director using live data from the Trust Information Gateway (TIG) dashboards.</p> <p><b>Operational Performance</b></p> <p>BP gave an overview of KPI performance noting 48 green, 14 amber and 24 red KPIs. A detailed analysis of amber and red KPIs had been provided at IPB including improvement plans, and IPB had been assured regarding progress.</p> <p>Performance against the 4-hour target in the Trust’s Walk-in Centres and Urgent Treatment Centre remained very strong at 96.1%.</p> <p>Occupancy at the Community Intermediate Care Centre continued to be high (90.2%) and median length of stay was maintained at 21 days. BP added that this improved performance provided significant support to the system in terms of flow through beds as well as positive patient experience.</p> <p>Urgent Community Response 2-hour performance was 80.9% in month and continued to exceed the national target of 70%. The level of activity in June (230 referrals) was the highest to date and performance was particularly strong when compared with local peers.</p>

GP Out of Hours UCAT and CAS performance continued to improve and CAS 20-minute response time performance was the best to date. BP thanked the Clinical Director and Medical Director for their support with this improved performance.

With regard to waiting lists, all services (with the exception of Paediatric and Adult Speech & Language Therapy) were under the 52-week target for first appointments and on track to meet their quarterly targets. IPB had received a detailed report on the rationale and methodology for these targets and was assured by the performance.

Performance against the DM01 KPI for diagnostic echocardiograms continued to be strong and performance in month was 100% with an average wait time of 3.5 weeks.

All waiting lists were clinically triaged and the Health Inequalities Waiting List Tool continued to be rolled out. Paediatric Speech & Language Therapy, Pelvic Health and MSK services had completed data gathering exercises and a roll out plan had been developed for the next cohort of services. The tool was providing rich data and valuable information in relation to health inequalities and Core20plus5 and supporting Waiting Well and validation of waiting lists.

BJ added that Finance & Performance Committee had also received the excellent segmentation analysis of red and amber KPIs that had been reported at IPB and it was noted that around a third of red and amber KPIs were under review with the ICB in terms of appropriateness for driving good outcomes for patients, and approximately 10% had been deemed as no longer relevant to service delivery. FPC also received assurance on waiting list trajectories and was assured on the process for overlay of health inequalities data.

KH noted that under the leadership of the COO and Deputy COO, the Trust was making a significant contribution to the discharge agenda in Wirral by diverting patients from the front door and supporting discharge from the hospital.

### ***Workforce performance***

CM advised that the staff turnover rate had been on a continuous downward trajectory since the peak in 2022/23. The latest data for July showed a further reduction to 12.1% which was the lowest rate since figures were recorded on TIG.

Mandatory training compliance had improved from just under 90% in April 2022 and had been above the 90% target ever since, reaching 94.7% in June, 95.6% in July and 96% as of 15 August. The Trust was taking part in a benchmarking group with a number of Cheshire & Merseyside trusts and the average compliance rate was 88.7%.

Basic Life Support training was an area of focus and as of 15 August compliance rates for both adult and paediatric BLS were above 90%.

Safeguarding completion stood at 96.2% and IG training was at 97.4%. Role essential training as a whole was up to 89.4% and very close to achieving a green RAG rating.

Sickness absence had plateaued at 5.3% but had now reduced to 5.1%.

The vacancy rate was 3.3%, a reduction from 3.9% in May.

Agency use was down to 1.7% which was way below the 3.7% cap. WCHC was consistently the best performing organisation for agency use in the benchmarking group where the average was 3.94%.



### **Quality performance**

PS presented data showing the year-to-date position at the end of Q1.

Indicator QUAL01 showed that there had been no StEIS- reportable incidents relating to the Trust, which was testament to the hard work of clinical leads in relation to quality improvement work undertaken. It was accepted that on occasion serious incidents would occur, but on these occasions the Trust took careful consideration of the context and all contributing factors.

Indicator QUAL02 showed that incident reporting remained within normal variation. The SPC chart showed a slight downturn in relation to patient safety incidents within Q1 but this remained within normal variation and would be monitored closely. This was a very important indicator in terms of safety culture and the Patient Safety Lead and PSIRF Partners were liaising closely with services. The data was being monitored very closely following the departure of Adult Social Care from the organisation and no concerns had been escalated.

PS highlighted the robust processes in place through safety huddles, the weekly Clinical Risk Management Group, monthly SAFE Operational Group and escalation to IPB.

No Never Events or ICO-reportable information governance incidents had been recorded in Q1.

Indicator QUAL18 showed that the percentage of incidents with a moderate or above harm level had increased slightly but remained well within normal variation. None of these were attributable to Trust-acquired incidents but were referred-in moderate harms from other parts of the system.

Patient experience data showed that the Trust had received the average number of complaints in Q1.

Friends & Family Test results continued to be very positive with a YTD satisfaction score of 92.2%. Already within Q1 2,669 responses had been received.

CB reflected that being able to drill down to locality and corporate group level on TIG was very useful in order to identify risks and themes.

KH advised that the Trust's TIG system had received a lot of national attention and WCHC was one of three organisations across England who were working with the national team to create a community services data set.

### **Financial performance**

MG reported that at the end of M03 the Trust's financial plan was on target albeit reliant on some non-recurrent support due to the emerging pressures and the shortfall on Productivity & Efficiency plans.

Income was almost £1.9m above plan, driven by additional funding for the pay award and funding from commissioners for Home First and hosting the Healthy Wirral Programme Management Office, which was still under negotiation with commissioners at the time the plan was set and therefore was not built in.

There was a pressure of £1m on the pay budget. Some of this related to Home First and the Healthy Wirral PMO and was therefore offset by income but there remained a budget pressure relating to staffing in the Community Intermediate Care Centre. The largest proportion of unidentified P&E also fell within pay budget, causing adverse variance.

	<p>MB queried whether recruitment to the Home First service was on track and BP confirmed that it was ahead of schedule.</p> <p>The non-pay budget was £800k overspent, a significant amount of which related to premises costs. MG added that it was common practice for a 'true up' invoices to be received from NHS Property Services almost a year after the initial invoices and until these were finalised the costs were entered on a 'worst case' basis.</p> <p>There was also a cost pressure relating to the extension to the Electronic Health Record contract with the current provider. Whilst in contract, the provider did not pass on additional licence costs or inflationary uplifts, but these had now been applied. In addition, there were some hardware costs that needed to be transferred to the capital budget and the Trust was subject to the usual inflationary pressures on utilities and facilities contracts.</p> <p>MG explained that most of the detailed financial analysis took place at the Finance &amp; Resources Oversight Group (FROG) which reported to the Integrated Performance Board (IPB). FROG had flexed its standard agenda to focus on areas of developing budget pressures and had provided a detailed report to IPB in July which identified cost pressures that were agreed for funding through the planning round. This money had been held in reserve until the planning round was finalised and would be added in M04. FROG had also identified some duplicate charges on property services which would be corrected in M04 and some items to transfer to the capital budget.</p> <p>FROG had also profiled P&amp;E savings in 12ths across the year and a considerable number of PIDs had been signed off at Programme Oversight Group in M04 and the savings could now be applied. Run rates would be monitored at FROG and any areas that were not improving would be escalated and tracked at IPB.</p> <p>The six P&amp;E workshops held with middle managers as part of a wider staff engagement event in July had generated over 500 ideas which were currently being worked through. A further workshop would be scheduled for October with senior managers.</p> <p>The revised forecast suggested with that the known P&amp;E gap of £1.7m and the emerging budget pressures there was the potential for a deficit outturn position of £2.6m against a planned of £187k surplus.</p> <p>Cash balances remained healthy at £13.4m in month.</p> <p>Year to date performance against the Better Payment Practice Code stood at 88.5% for volume and 94% for value, which was below the 95% target for both but a better position than at the same time last year. FROG would continue to monitor this through a deep dive into cost centres to target actions and training and the 'No PO No Payment' arrangements would continue to be enforced.</p> <p>FROG was monitoring seven finance-related risks including three residual national counter fraud risks. The rating of the high-level risk relating to delivery of the financial plan had been increased from 12 to 16 due to the gap in the P&amp;E target and the emerging budget pressures.</p>
<p>11. WCT23/24-069</p>	<p><b>Board Assurance Framework (BAF) 2023-24 strategic risks</b></p> <p>In the absence of AH, MG 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 July and August.</p> <p>MG advised that one organisational risk had been scored at RR16 which related to the Financial Plan 2023-24. The Finance &amp; Performance Committee reviewed this risk at its meeting on 2 August 2023. The committee therefore agreed that strategic risk ID04 - <i>The financial settlement for 2023/24, together with the Financial Plan negotiated with the C&amp;M ICB, creates a challenging financial target which could result in a risk to the</i></p>

	<p><i>financial sustainability of the organisation</i> should remain scored at RR16. The committee would continue to keep this risk under review, alongside relevant organisational risks.</p> <p>The Finance &amp; Performance Committee also noted that following the revision in target risk ratings for ID05 and ID06, both with a cautious risk appetite, that the current risk rating for ID06 had consequently increased to RR12 recognising the gaps and outcomes to be achieved, against the identified trajectory. This was approved by the committee.</p> <p>The 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> - continued to achieve the target risk rating, based on a risk appetite of 'open'. This position was reviewed again by the Finance &amp; Performance Committee at its meeting on 2 August 2023 and it was agreed that it remained accurate with a continued focus as the value proposition and governance arrangements for the Collaborative were finalised and agreed.</p> <p>As reported in June 2023, the People &amp; Culture Committee referred a discussion in relation to ID09 - <i>Safe Staffing levels are not maintained across the Trust impacting on the safe delivery of services, staff morale and regulatory compliance</i> to the Quality &amp; Safety Committee meeting on 12 July 2023. The PCC asked QSC to consider ID09 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 and whether safe staffing should be tracked as part of this strategic risk</i>.</p> <p>It is therefore recommended to the Board of Directors that ID09 be archived, reflecting the governance processes established across the Trust to monitor and ensure Safe Staffing levels, and these mitigations would be included in ID01 as core to ensuring the delivery of safe services. Any organisational risks associated with staffing levels in services would continue to be managed via the organisational risk register with escalation as required through the governance structure as described in the Risk Policy. The robust governance arrangements in place would continue to be tested and tracked via the monitoring of ID01.</p> <p>At the meeting of the People &amp; Culture Committee on 9 August 2023, members noted the agreed position in relation to ID09 and agreed a recommendation to the Board of Directors that an emerging strategic risk related to the 'Growing our Future' ambition in the People Strategy be discussed at a forthcoming Informal Board session. This was considered in the context of the three strands of the People Strategy.</p> <p>BJ noted that in relation to ID05 and ID06 the Finance &amp; Performance Committee had discussed that both risks had a system focus. The system risk strategy was in development with Wirral Place governance leads and work would commence in September 2023 to map the system on to Place.</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><b>12.</b> WCT23/24-070</p>	<p><b>Adult Social Care Transfer Final Report</b></p> <p>AB presented the Adult Social Care transfer final report, and the following points were noted:</p> <ul style="list-style-type: none"> <li>• Adult Social Care transferred as planned on 30 June 2023. Services remained safe and there were no concerns in the transfer.</li> <li>• The process of the Adult Social Care transfer included seven workstreams: <ul style="list-style-type: none"> <li>- Workstream 1: Workforce (including Transition)</li> <li>- Workstream 2: ICT/Digital</li> <li>- Workstream 3: Data</li> <li>- Workstream 4: Service Delivery &amp; Patient Liaison</li> <li>- Workstream 5: Finance</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Workstream 6: Communications</li> <li>- Workstream 7: Estates</li> <li>• Top priority included regular communication and engagement with staff, up to date information on Staff Zone and frequently asked questions.</li> <li>• Single Point of Access completed over 233,466 contracts, 93,393 assessments and 97,088 review.</li> <li>• The Community Integrated Response team seen 200-300 patients per month, had an 86.2% compliance for a response within 2 hours against the national target of 70%.</li> <li>• Contract KPI performance continued to be above the national average.</li> </ul> <p>The Trust would continue to work with Adult Social Care colleagues to ensure that the best services were provided for the people of Wirral.</p>
<p><b>13.</b> WCT22/23-071</p>	<p><b>Well-led development review – progress report</b></p> <p>KH presented an update on the progress made to address the developmental areas identified in the external well-led review of the Trust in 2022. The report also identified any associated actions that remained in progress.</p> <p>KH reminded the Board that in July 2022 a report was received from independent auditors (MIAA) who had been commissioned to look at the Trust’s well led framework. The Board had agreed to keep this under review and report back at the same time in 2023. AH had provided an update on the methodology used, the findings of the review, a rating for each Key Line of Enquiry (KLOE) and an update on the progress made in the last year.</p> <p>The report did not cover all areas of good practice but overall it was worthy of note that the organisation achieved a good result and was rated green in all areas apart from three which were rated as green/amber (although feedback from MIAA indicated that they were more green than amber). These areas (KLOEs 2, 4 and 8) had been the focus of the work over the past year and significant progress had been made.</p> <p>CB added that the update on KLOE7 (people using the service being engaged) should include the reconstitution of the Governor Quality Forum, as referenced by the Lead Governor in her report.</p> <p>The Board welcomed the update and was assured by the significant progress made and the evidence provided in relation to the identified developmental areas.</p>
<p><b>14.</b> WCT23/24-072</p>	<p><b>Place governance arrangements and progress</b></p> <p>KH presented an update on the establishment of governance arrangements at Place including the Wirral Place Governance Manual which was approved at the Place-Based Partnership Board on 27 July 2023.</p> <p>KH advised the Board that the Trust could be incredibly proud of its contribution to the evolution of Place-Based governance. WCHC had been at the forefront of this work over the last 12 months including MG’s involvement in the development of the initial Place Based structure and AH’s lead role in the work to put the governance arrangements in place.</p> <p>The Governance Manual had been very well received by the Partnership Board and it was recognised that it would be a dynamic document which would evolve and grow with the Place structure.</p> <p>BJ queried how approval of business cases would be transacted as the Partnership Board was not a legal entity and had no sovereign status. KH advised that the Partnership Board would not usurp the statutory authority of any organisation. The intention was that business cases would be submitted to a subcommittee of the Partnership Board; this had not yet been finalised and the detail would be worked</p>

	<p>through in phase 2 of the governance review. In the meantime the manual was being taken through the boards of each organisation to agree the direction of travel. MG added that the intention was to move towards making system decisions on investments such as Home First, CICC etc. Business cases would be submitted to the Wirral Finance Investment &amp; Resource Group (FIRG), which included Place and local authority colleagues, but at the moment this group did not have a devolved budget so, for example, the contract extension for CICC had to be submitted to the ICB FIRG for approval. The process to devolve budgets to Place was underway and was likely to be implemented next year.</p> <p>KH advised that the Trust should not be apprehensive about this as the direction of travel was to invest in community services as a provider and connector. This was likely to start with Section 75 and the Better Care Fund, as this was where the system could legally make joint decisions on services and evolve from there.</p> <p>CB noted that the governance structure in the manual showed the SEND group reporting into the Health &amp; Wellbeing Board and the Joint Strategic Commissioning Subcommittee reporting into the Partnership Board. He added that AH had advised that the first risk management framework was due to be published in October and could then be reviewed alongside the Trust's own risk framework.</p> <p>KH highlighted that the Trust was already providing intelligence and supporting the system to understand the use of data through use of the Trust Integrated Gateway.</p> <p>The Board received the Place Governance Manual and was assured of the Trust's contribution to the establishment of the governance processes at Wirral Place.</p>
<p><b>15.</b> WCT23/24-073</p>	<p><b>Annual Health Inequalities and Inclusion report 2022-23</b></p> <p>PS and CM presented the Annual Health Inequalities and Inclusion Report for 2022-23 and the following points were noted:</p> <p>PS advised that the report summarised population health, inclusion activity and workforce inclusion analysis. The report provided content previously presented at sub-committees and evidence of compliance against statutory duties.</p> <p>Key successes included the recruitment of over 65 Freedom to Speak Up Champions and the development of a waiting list prioritisation tool to minimise health inequalities across populations which collected information on preferences and characteristics such as age, gender, religion, ethnicity, sexual orientation and disabilities.</p> <p>The Trust had two user engagement forums (Involve and Your Voice) which supported the organisation in its equality improvement work. The collaboration with Mencap Wirral and Autism Together helped to deliver a new training programme to support social care staff to better understand people with autism and learning disabilities.</p> <p>CM advised that the Trust had continued its work to achieve a range of standards and accreditations focussed on ensuring that it was an inclusive organisation for its workforce.</p> <p>Staff networks targets would be aligned to each of the Trust's networks by the end of 2023.</p> <p>The Trust's Equality Delivery System 2022 achieved an overall score of 'Achieving' which was the second highest score available.</p> <p>The priorities for 2023/24 included development of a partnership to include all staff networks, achievement of gold status for the Northwest Antiracist Framework and development of an action programme to target underrepresented communities.</p> <p>The Board of Directors was assured of the information presented and approved the Annual Health Inequalities and Inclusion Report 2022-23.</p>

<p><b>16.</b> WCT23/24-074</p>	<p><b>Safe Staffing report</b></p> <p>CM presented the Safe Staffing report for Q3 and Q4 and the following points were noted:</p> <p>In accordance with Regulation 18 the Trust has a robust governance framework in place to support the monitoring and oversight of safe staffing. Safe staffing was reported through SAFE Operations Group (SOG), People and Culture Oversight Group (PCOG) , Integrated Performance Board (IPB), People &amp; Culture Committee (PCC), Quality &amp; Safety Committee (QSC) and the Board of Directors.</p> <p>To ensure safety, a robust governance framework had been developed to effectively triangulate staffing quality and safety data.</p> <p>From Q4 onwards a summary of all available clinical staff working on the Clinical Intermediate Care Centre had been formally reported to provide assurance on multidisciplinary clinical safety</p> <p>PS added that the safety systems in place at CICC had been very effective in minimising impact to patient safety during Q3 and Q4.</p> <p>Triangulation of data would continue to be conducted dynamically in accordance with the Trust’s governance framework to ensure patient safety, supporting a culture of learning and continuous improvement.</p> <p>The Board of Directors was assured of the information presented and approved the Safe Staffing Report Q3, Q4 2022-23.</p>
<p><b>17.</b> WCT23/24-075</p>	<p><b>Annual Reports 2022-23</b></p> <p><b>Complaints &amp; Concerns</b></p> <p>NC presented the Complaints &amp; Concerns Annual Report 2022-23 which included details of the process in place to support the safe delivery of high-quality services.</p> <p>During the reporting period 2022-23 the Trust received 79 formal complaints compared with 74 in the previous year and 242 informal concerns. The Trust received experience feedback from 27,265 people who accessed services with an average of 92.2% of those people reporting a very good or good experience.</p> <p>There were 43 health complaints received, three of which remained open into 2023/24.</p> <p>Actions plans were tracked to ensure themes or emerging trends could be identified quickly. This governance mechanism provided the opportunity for relevant learning to be disseminated across all Trust services.</p> <p>Priorities for 2023/24 included aligning systems and processes with Patient Safety Incident Response Framework (PSIRF) principles. A complaint handling training course would be implemented and delivered to all staff involved in investigating and responding to complaints and concerns.</p> <p><b>Information Governance</b></p> <p>DM presented the Information Governance Annual Report 2022-23.</p> <p>DM advised that all six Information Governance policies were up to date and not due for review until 2024 and the e-learning module had been completed by 95% of staff.</p> <p>The Trust was awarded a rating of Substantial Assurance by Mersey Internal Audit Agency for its Data Security Protection Toolkit.</p>

	<p>The Trust had maintained a strong compliance rate of 97% for Subject Access Requests being responded to within the timeframe.</p> <p>The Board of Directors was assured of the information presented and approved the Complaints and Concerns Annual report 2022-23 and Information Governance Annual Report 2022-23.</p>
<p><b>18.</b> WCT23/24-076</p>	<p><b>Staff Council</b></p> <p>The decision and action log from the meeting of the Staff Council held on 17 July 2023, was received and noted.</p>
<p><b>19.</b> WCT23/24-077</p>	<p><b>Council of Governors</b></p> <p>MB 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>
<p><b>20.</b> WCT23/24-078</p>	<p><b>Any Other Business</b></p> <p>NC advised that the Trust would receive some substantial funding to expand research and innovation.</p>
<p><b>21.</b> WCT23/24-079</p>	<p><b>Invitation for Public Comments</b></p> <p>There were no comments or questions from members of the public.</p>
<p><b>22.</b> WCT23/24-080</p>	<p><b>Items for Risk Register</b></p> <p>There were no new risks identified for the risk register.</p>
<p><b>23.</b> WCT23/24-081</p>	<p><b>Staff Story: Wheelchair Services</b></p> <p>CM introduced the Staff Story which featured Andrew Gifford, Community Nursing Team Leader, who provided care to the service user featured in the Journey of Care at the beginning of the meeting.</p> <p>Andrew described the actions taken when the seven patient risk assessment targets were not being met. The risks included observations, manual handling, nutrition, skin, pressure ulcer risks and home environment risks.</p> <p>The team started tracking the risks every week to monitor if compliance had improved and over the past 12 months the team had been over 90% compliant. This had improved the culture of the team in relation to safety, risk assessments and outcomes.</p> <p>After implementing changes to the service and maintaining an open, caring and compassionate culture, care for service users had improved and allowed Andrew to be open with the team without feeling uncomfortable.</p> <p>The Board of Directors welcomed and appreciated the story shared.</p>
<p><b>24.</b> WCT23/24-082</p>	<p><b>Summary of actions and decisions</b></p> <p>JB provided a brief summary of actions and decisions taken during the Board of Directors meeting.</p>
<p><b>Date and Time of Next Meeting:</b> The next formal Trust Board meeting will take place on <b>Tuesday 17 October 2023 at 2.00pm, at a venue in Knowsley</b></p>	

Board - Chair Approval			
<b>Name:</b>		<b>Date:</b>	
<b>Signature:</b>			

The Board of Directors Meeting closed at 4.30pm.

## 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	<b>Complete.</b> 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	<b>Complete.</b>  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
<b>Integrated Performance Report</b>	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	<b>Complete.</b>
<b>NHS Provider Licence</b>	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	<b>Complete.</b>

Actions from meeting held on **16 August 2023**.

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
<b>PLACE governance arrangements</b>	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	<b>Complete.</b>
<b>Board Assurance Framework</b>	WCT23/24-069	Archive strategic risk ID09 reflecting the governance processes established across the Trust to monitor and ensure Safe Staffing levels	A. Hughes	October 2023	<b>Complete.</b>