

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

DRAFT MINUTES OF MEETING

TUESDAY 17 OCTOBER 2023 at 11.30 AM

Members:

Mr Anthony Bennett	Chief Strategy Officer	(AB)
Prof Chris Bentley	Non-Executive Director	(CB)
Prof Michael Brown	Chair	(MB)
Dr Jo Chwalko	Chief Operating Officer	(JC)
Mr Steve Connor	Non-Executive Director	(SC)
Dr Nick Cross	Medical Director	(NC)
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)
Mr Dave Murphy	Chief Information Officer (advisor to the Board)	(DM)

In Attendance:

Ms Lynn Collins	Lead Governor	(LC)
Mrs Cathy Gallagher	Senior Assistant (minute taker)	(CG)

Reference	Minute
<p>1. WCT23/24-083</p>	<p>Journey of Care: Musculoskeletal Physiotherapy services</p> <p>PS presented a Journey of Care patient story which focused on a personal care plan provided by an MSK Physiotherapist.</p> <p>A service user described how the physiotherapist had provided a personal care plan that would help improve her mobility due to a long-term medical condition.</p> <p>The Physiotherapist also introduced the service user to the Ermid app which she found easy to use and could book or change appointments.</p> <p>The Board of Directors welcomed the opportunity to receive the Journey of Care story and thanked all those involved.</p>
<p>2. WCT23/24-084</p>	<p>Apologies for Absence</p> <p>There were no apologies of absence received.</p>

<p>3. WCT23/24-085</p>	<p>Declaration of Interests</p> <p>The members of the Board confirmed standing declarations of interest, but it was noted that there was nothing on the agenda that required further action in respect of standing or new interests.</p>
<p>4. WCT23/24-086</p>	<p>Minutes of the previous meeting - 16 August 2023</p> <p>The Board of Directors approved the minutes of the meeting held on 16 August 2023, as a true and accurate record.</p>
<p>5. WCT22/23-087</p>	<p>Matters Arising - 16 August 2023</p> <p>The Board of Directors reviewed the current status and noted any outstanding items. <i>(See separate actions/matters arising tracker.)</i></p>
<p>6. WCT22/23-088</p>	<p>Chair's Report</p> <p>MB presented the Chair's Report which covered some key updates for members' attention and assurance.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
<p>7. WCT22/23-089</p>	<p>Lead Governor's Report</p> <p>LC presented the report to the Board of Directors and highlighted in particular, the work completed to reinstate the Governor Quality Forum as there were now dates in diaries and arrangements in place to appoint a Chair.</p> <p>Future areas of work included promoting the role of the governor for the upcoming elections in Spring 2024.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
<p>8. WCT22/23-090</p>	<p>Chief Executive's Report</p> <p>KH presented the report which highlighted key issues of local, regional and national importance.</p> <p>The draft report following the CQC inspection was expected soon, and the Trust would have an opportunity to complete a factual accuracy check before the report was published.</p> <p>The annual national NHS Staff Survey had launched at the start of October 2023 and at the end of week 2 the response rate was 22.2%; higher than at the same point last year.</p> <p>KH welcomed any comments or questions on the report; there were no further questions or comments from members of the Board.</p>
<p>9. WCT23/24-091</p>	<p>Reports from the committees of the Board</p> <p>Audit Committee - 11 October 2023</p> <p>SC provided a verbal report highlighting the following key points:</p> <ul style="list-style-type: none"> • The committee approved the decision and action log from the previous meeting and noted that one action was an item still in progress. • 13 items were received for assurance and one for approval. • The Audit Committee annual review of performance was received for assurance. The findings from the survey were in the main very positive and the committee was assured by the process and the action plan that had been put in place. • A summary of all committees' annual reviews of performance was also received in order to provide assurance to the Board. However, as Quality & Safety

Committee had yet to review the detail of its report, it was agreed that the final summary would be submitted to the Board meeting in December 2023.

- The internal audit tracker was reviewed live from the Trust Information Gateway providing assurance on the progress to implement audit recommendations.
- The committee received the Board Assurance Framework and was assured in terms of the process around managing strategic risks, recognising the on-going oversight by committees.
- The organisational risk report provided assurance in terms of the mitigations and controls in place to manage risk across the Trust.
- The committee reviewed the Trust-wide policy schedule and noted that seven of the 97 policies were under review. One policy had been approved by the Audit Committee since the last meeting (the Risk Policy) and committee was assured by the processes in place to review and update policies.
- The External Audit Progress Report was received, and committee was assured in terms of the indicative timescales for review of the accounts and annual report and Value For Money work for 2023/24.
- The committee reviewed the Internal Audit Progress Report and noted that one review had been completed relating to recruitment and retention which provided Moderate Assurance and one high-level recommendation which would be discussed in more detail at the People & Culture Committee. Four reviews were in progress relating to governance arrangements, IT infrastructure, Productivity & Efficiency and data quality.
- The Internal Audit Follow-up Report was received for assurance and committee was pleased to see the progress made on the implementation of internal audit recommendations.
- The Anti-Fraud Progress Report provided assurance on the work completed to date.
- The committee received an update on tender waivers and noted that one had been received since the last meeting, which was a revision to a previous waiver with updated financial values.
- The Security Management report was received with one item to escalate relating to staff leaving the organisation without returning their laptops. The committee had asked for feedback from HR in terms of the implementation of exit interviews across the organisation and the digital team in terms of ability to track assets. The committee also discussed and agreed that future LSMS reports would be more appropriately received by the Quality & Safety Committee, recognising the link to health and safety. This would be addressed in the ToRs and recommended to QSC in November 2023.
- The Quality Improvement Annual Programme was received for approval with an action agreed to consider the approval route and information to be shared with the committee in the future.
- There were no matters to escalate to the Board of Directors.

Quality & Safety Committee - 13 September 2023

CB provided a verbal report highlighting the following key areas:

- The committee reviewed its outstanding actions from previous meetings and agreed that the majority of them could be closed.
- The Chief Nurse gave an overview of the recent Integrated Performance Board meeting.
- Following the recent Letby verdict, the committee had a detailed discussion and was assured that the Trust had a series of robust policies in place that were being reviewed by the Clinical Risk Management Group, the SAFE Operational Group and the Freedom to Speak Up Group. The Medical Director also reminded committee that the Letby incidents took place in 2015/16 and a number of measures had been put in place since then such as FTSU, PSIRF and the introduction of medical examiners.
- The committee queried the Mortality Group process around child deaths and was assured by the response, particularly as a senior member of the

Safeguarding Team was now attending the Mortality Group to strengthen that link.

- The committee was assured that all risks had been reviewed at IPB and were well mitigated and managed through the oversight groups.
- The Quality and Patient Experience Report was reviewed on TIG and the committee was assured and pleased to see that the number of Friends & Family Test responses was now included on the dashboard.
- The committee approved the Board Assurance Framework, particularly risk ID09 which had transferred to QSC from PCC.
- The Patient Safety Incident Response Framework (PSIRF) Triannual Report was approved, having already been through the appropriate governance steps. The Medical Director advised that PSIRF had been discussed at a national meeting he attended, and the Trust appeared to be ahead in terms of implementation. The committee suggested that PSIRF also be reviewed through the 'lens' of children.
- Three papers were received also on the Board agenda; The Medicines Optimisation Annual Report, the Controlled Drugs Accountable Officer Annual Report and the Learning from Deaths Q1 Report. The committee was assured and approved the reports for onward submission to the Board of Directors.
- The committee approved the Terms of Reference for the Freedom to Speak Up Quarterly Steering Group, which would now report to the committee for assurance.
- The committee received the Safeguarding Assurance Report for Q1 and was pleased to welcome the Trust's new Head of Safeguarding, Jude Blease, to the meeting. JB would be reviewing the safeguarding plan and resubmitting it to QSC and would also look at the Wirral MASH (Multi-Agency Safeguarding Hub) model. The committee was assured by the Trust's compliance with statutory duties.
- The committee received the regular updates on internal audits, policy schedules and local procedural documents and was assured that SOP were reviewed by the SAFE Operational Group and local governance groups.
- There were no matters to escalate to the Board of Directors.

Finance & Performance Committee - 4 October 2023

BJ provided a verbal report highlighting the following key areas:

- The decision and action log from previous meetings had 3 outstanding actions. The committee was assured of the actions being taken to complete them.
- As part of the standing items of business. the committee had received an update on Month 5 financial and operational performance and the Productivity and Efficiency programme.
- The committee noted the challenges to achieve the 2023-24 planned surplus, given areas of continuing cost pressure and the commitment to a high-level of Productivity & Efficiency (P&E) savings. Through the review and discussion, the committee was assured by the work on-going to manage the position and the mitigations in place. In particular, the committee noted a number of upcoming events through October and November with Leaders, Directors and Deputies to focus on significant transformation.
- The committee received an update on the Digital Strategy Delivery Plan 2023-24. The main element of this plan was the procurement of a new Electronic Health Record system. The committee noted that progress had continued through Quarter 1 and Quarter 2 with the Strategic Outline Case being approved at Board in June 2023 and the Outline Business Case approved in July 2023. The Output-Based Specification and Invitation to Tender had been produced in draft and would be further developed through consultation with a wide group of stakeholders including staff, patients, Wirral Place and the ICB. The committee was assured by the update on the Delivery Plan.
- The committee received an update on the Green Plan which provided a closing report for 2022-23 and summary of the 2023-24 deliverables. The purpose of the Green Plan was to set out how the Trust will meet the NHS targets of Net

Zero in direct operations by 2040, Net Zero Plus by 2045 and 80% carbon reduction goal by 2032. The committee was assured that the Trust had made good progress against these targets in the last financial year and had clear objectives for 2023/24.

- The Head of Estates provided an update on the mid-year report Estates Workplan which provided an update on the work undertaken to manage and maximise the Trust's estate in the various localities across Wirral, East Cheshire, Knowsley and St Helens, and the efforts to support agile and flexible working. It was noted that the Agile Working Policy remained under review but in the meantime suitability and relevance of the Trust's estate continued to be evaluated to support effective flexible working and maximise usage.
- The committee received regular reports on the Risk Register noting that, given the continuing budget pressures, there remained a related high-level risk escalated to the committee (ID2935 at RR16). From the review of the Month 5 finance position and the Productivity & Efficiency identification and management processes in place, the committee was assured of the actions being taken to mitigate and control this risk.
- An internal Audit Review progress report was presented including an update on the HFMA Sustainability Checklist work and FPC Policy Schedule.
- The committee annual review of performance was received for assurance. The findings from the survey were in the main very positive and the committee was assured by the process and the action plan that had been put in place.
- There were no matters to escalate to the Board of Directors.

People and Culture Committee - 11 October 2023

GM provided a verbal report highlighting the following key areas:

- The committee reviewed the strategic risks in the BAF and had a preliminary discussion on a new strategic risk relating to retaining talent and growth of the workforce. The committee suggested that this be discussed further at an Informal Board session.
- The committee reviewed the results from the July 2023 Pulse Survey and noted a positive improvement in the overall engagement score compared to the national average and in the response rate.
- The committee received the final report from the internal audit Recruitment and Retention Review, which provided moderate assurance. The committee acknowledged the areas of good practice highlighted in the report but was not fully assured on the actions being taken to implement the recommendations and mitigate the associated risks. The committee requested an update at the next meeting.
- The committee annual review of performance was received for assurance. The findings from the survey were in the main very positive and the committee was assured by the process and the action plan that had been put in place.
- There were no matters to escalate to the Board of Directors.

Informal Board

AH advised that the report in the meeting pack summarised the issues discussed at the Informal Board session on 22 September 2023.

Staff Council - 14 September 2023

CM gave a verbal update highlighting that following a survey of members, the group had agreed to rename itself Staff Voice Forum. The revised Terms of Reference were provided for Board support later on the agenda. The group also had an opportunity to discuss and contribute to the Trust's review of agile working.

<p>10. WCT23/24-092</p>	<p>Integrated Performance Report</p> <p>KH introduced the report which provided a summary of performance across the Trust up to the end of August 2023, noting that a detailed analysis of performance</p>
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was completed in the oversight groups reporting to the Integrated Performance Board (IPB).

KH advised that the executive team would be reviewing the format of the IPR so that the highlights from the dashboard presented at Board could also be published on the Trust's website for the information of partners and the public.

Each performance domain was presented by the relevant Director using live data from the Trust Information Gateway (TIG) dashboard.

Operational Performance

- JC advised that there were 57 green KPIs, four amber and 19 red. Good progress had been made to increase the number of green KPIs and the amber KPIs were only 3-4% away from green.
- Performance against the four-hour target in the Walk-in Centres and Urgent Treatment Centre was 96.4% year to date, which was excellent given the challenges faced by the system.
- The median length of stay in the Community Intermediate Care Centre (CICC) was 20 days against a target of 21 days and data showed that readmission rates were very low.
- A dashboard was being built for activity in the HomeFirst service.
- Urgent Community Response 2-hour and 2-day performance had improved further to 85% and 98% respectively which was the highest ever level despite increasing referrals. The national target was 70%.
- GP Out of Hours emergency response times were also good.
- In terms of national targets the Trust's performance against referral to treatment and DM01 (echocardiogram) targets was very good.

Waiting lists

- JC advised that waiting lists were an on-going challenge due to the backlog from the pandemic and the fact that community trusts did not receive any additional funding to reduce them. However, the majority of the Trust's lists were now under 52 weeks.
- The main outlier was Speech & Language Therapy, which was a national issue, but the Trust was working together with system partners to improve pathways and processes.
- Trajectories had been set to reduce waiting lists and clinical triage was ongoing, supported by the Health Inequalities Waiting List Tool which was helping to target support where it was most needed.
- A strategy would be developed to manage patient cancellations and non-attendances.

BJ noted that committees were advised that an updated KPI list would be reported from M07. JC advised that this was under review and deep dives had been carried out on waiting lists with red KPIs.

KH advised that waiting lists were one of the top three NHS priorities for the rest of the year but the North West was not on trajectory to meet the 52-week target by the end of March 2024. KH would speak to national colleagues to ensure that community services were included in any offer for waiting list support.

CB queried progress on the business cases that had been submitted to Place regarding Speech & Language Therapy. PS advised that good progress had been made initially but she had recently escalated concerns to the ICB because they had not progressed in a timely way. This would be discussed at the Place Quality & Performance meeting later in the week.

MB queried whether system partners were aware of the excellent levels of performance included in the dashboard. JC advised that they were aware of some data, e.g., for Home First and 2-hour crisis response, but this could be expanded, and work was on-going to develop dashboards. KH added that she and AH were

working on a stakeholder engagement communication which could be used to highlight performance.

Workforce Performance

- CM advised that staff turnover was at 11.6% which benchmarked very well against other organisations.
- Mandatory training had been compliant since May 2022 and was 95.7% which was the best in the benchmarking group.
- Sickness absence had increased slightly to 5.4%.
- Agency use was at 1.7% year to date which was way below the national ceiling of 3.7%.
- There was a 22% response rate to the Pulse Survey in July 2023 and the Trust's performance against the three components of the staff engagement score (motivation, involvement and advocacy) had all improved. For a quarterly survey the national team advised that anything above 15% was good, however the Trust would want to see a much greater uptake for the national Staff Survey.

MB asked if the increase in sickness was comparable to the previous year. CM confirmed that it was consistent with the same period in 2022/23.

Quality Performance

PS highlighted the following positive position for quality metrics performance.

- There had been one StEIS reportable incident year to date which was a fall at the Community Intermediate Care Centre, which was a significant improvement on the previous year.
- There had been 0 category 3+ pressure ulcers, moderate harm incidents or IPC incidents attributable to the Trust.
- The level of incident reporting continued to be tracked and discussed in detail at the Quality & Safety Committee. There had been a slightly different distribution of incidents since the transfer of Adult Social Care but this was within normal variation.
- The Trust was in the process of transitioning to the Patient Safety Incident Response Framework (PSIRF) and at that point the focus would shift from individual moderate harms to a thematic review of clusters of low and no harm incidents.
- There had been a reduction in the number of complaints received with only two received in M5. Analysis showed some attributability to the transfer of Adult Social Care but also recognised an improvement in local service leads managing concerns prior to escalation to formal complaints.
- There had been a sustained level of satisfaction from service users with 3,000 responses received to the Friends & Family test and a 92.5% positive response rate.

Financial Performance

- MG advised that the Trust had achieved a £235k surplus in M5 which was in line with the plan. However, within that there were a number of variances. Income was £2m higher than plan mainly due to £1.5m received for HomeFirst, hosting the Wirral Improvement Team and developments in the Heart Failure Team. Offsetting that, pay was £1.1m overspent, £750k of which related to the Heart Failure project.
- The staffing budget for the Community Intermediate Care Centre continued to be overspent by £300k at M5. However, a new staffing model was introduced on 1 October 2023 which would see improvements.
- The underlying shortfall on the Productivity & Efficiency (P&E) programme was £1.2m.
- Non-pay was just over £900k overspent, almost half of which related to premises, the cost of energy, service charges (which were being negotiated with landlords) and pressures on clinical supplies and services.

	<ul style="list-style-type: none"> • The Productivity & Efficiency Programme had achieved 53% of its target at M5 but half of this was non-recurrent. Further workshops with staff were planned and the Trust was now looking at achieving £1.4m (77%), by recognising the vacancy factor. • The risk relating to achievement of the financial plan remained at a rating of 16. • Capital expenditure was slightly ahead of plan. This excluded the £2.9m contribution to the Urgent & Emergency Care Upgrade Programme (UECUP) as the Trust's contribution had been deferred to 2024/25 due to delays with the scheme. The ICB and NHSE had approved the deferral and agreed to reduce the Trust's capital expenditure allowance in 2023/24 and increase it in 2024/25. • Performance against the Better Payment Practice Code targets of 95% was 88% by both volume and value. It was now possible to drill down to each cost centre to identify poor performance and 15 service areas had been identified which required focussed support. • Compliance with the requirement to generate purchase order numbers was very good. • Liquidity was healthy at £12.7m. • Agency expenditure was just slightly over 2% of pay bill against the 3.7% cap and £387k less had been spent compared to the same period in 2022/23. <p>LC asked whether agency use was expected to increase over the winter period. MG advised that the Trust had always performed relatively well, and he was confident of staying below the 3.7% cap, particularly following the transfer of Adult Social Care from the organisation.</p>
<p>11. WCT23/24-093</p>	<p>Board Assurance Framework (BAF) 2023-24 strategic risks</p> <p>AH presented the updated position in relation to strategic risks managed through the BAF following detailed review by the committees during September and October 2023.</p> <p>There remained a high-level organisational risk (ID2935 = RR16) which correlated to ID04 and related to emerging budget pressures and the productivity & efficiency programme impacting negatively on the delivery of the financial plan. It was noted that ID04 remained the only high-level risk recorded on the BAF.</p> <p>The strategic risk ID03 was currently achieving its target risk rating based on a risk appetite of open. The position was reviewed again by the Finance & Performance Committee at its meeting on 4 October 2023 and significant work had been completed. The Chair would be attending a workshop with the MHLDC collaborative on 18 October 2023 to review the governance documents and value proposition associated with the collaborative.</p> <p>Following the People & Culture committee on 11 October 2023, a recommendation to the Board of Directors was supported to consider a new strategic risk related to 'retaining talent and growth of the workforce', recognising goals in the People Strategy. The work on-going through the People Strategy Delivery Plan was recognised as a key source of mitigation. It was suggested that this be considered at a future informal board session.</p> <p>MB asked if the high-risk rating associated with ID04 remained accurate and proportionate. BJ reflected discussions at the FPC meeting advising that it had been agreed to revisit and review the position at M9 to determine the current and future impact.</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. WCT23/24-094</p>	<p>5 Year Strategy mid-year report (including social value)</p> <p>AB presented the 5 Year Strategy mid-year report (including social value), and the following points were noted.</p>

	<ul style="list-style-type: none"> • Update on the delivery plans of the four enabling strategies were reported to each of the relevant committees, therefore the report identified key highlights for each enabling strategy, with more detail included for the operational development element of the strategy. • The projects supporting the operational development priorities were monitored at Programme Oversight Group. • An example was shared of the progress to establish the Home First service which was now receiving 100 referrals per month. Dave Hammond, Deputy Chief Strategy Officer and Tracey Orr, Service Director had presented the service model at the NHSE NW Winter event in September 2023. • The Trust's commitment to Social Value remained a key element of the strategy. The Trust was making good progress with some examples shared; funding to expand the NHS Cadets Programme to Knowsley and St Helens, support for the My BIG Future campaign working with The Johnson Foundation in Wirral, supporting local primary schools to access and benefit from the BeeWell Together Garden at the new Marine Lake Health & Wellbeing Centre and the partnership with Age UK Wirral at the same venue to provide a community café and social space. <p>BJ referred to the Operational Development included in the report noting the reporting to POG but asked how greater visibility at committees and Board could be achieved for assurance and information. It was agreed to consider this as part of a dynamic review of governance arrangements.</p> <p>The Board welcomed the update and the progress reported in the mid-year report.</p>
<p>13. WCT22/23-095</p>	<p>Communications and Marketing Report - Q1 and Q2, 2023-24</p> <p>AH presented the communications and marketing report for Q1 and Q2 2023-24 highlighting activity both externally facing activity and internal campaigns.</p> <p>The following key projects were highlighted;</p> <ul style="list-style-type: none"> • The activity was aligned to the delivery of the 5 Year Strategy and the enabling strategies which was evident through the report demonstrating the diverse and broad variety of work they were supporting and leading on. • The presentation of Home First service at the NHSE Winter conference was promoted using LinkedIn. • The opening of Marine Lake Health and Wellbeing centre coincided with the NHS 75th birthday. • Activities included support to the on-going Team WCHC recruitment campaign promoting the role and value of community services and aligning with agile working principles demonstrating flexible options in vacancy adverts. • Support and engagement with Adult Social Care staff as the contract transferred back to the Local Authority. • A visit by the Deputy Chief Nurse from NHSE in May 2023. • The delivery of the Staff Engagement Plan and supporting the Staff Survey 2023 campaign. • Team WCHC 2023 awards which had received the most nominations and sponsorship. <p>MB praised the work of the Communications and Marketing Team and asked AH about priorities for the rest of the financial year. AH noted that the team would have a focus on external promotion to raise the profile of community services and the excellent work being delivered by teams across the Trust, together with a continued focus on internal communication and supporting staff engagement.</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>14. WCT23/24-096</p>	<p>Annual Review of Terms of Reference</p> <p>AH presented the Annual Review of Board of Directors and Committee Terms of Reference (ToRs) and the following points were noted:</p> <ul style="list-style-type: none"> • An annual review of the ToRs was completed during September and October 2023, to ensure they continued to be fit for purpose and accurate • Following the review by the QSC and PCC the reporting route and responsibilities associated with reporting assurance on Freedom to Speak Up (FTSU) were proposed to change from PCC to QSC • Following the review by the Audit Committee it was proposed that future reporting of the Local Security Management Reports would be aligned to the QSC recognising the link to health and safety. <p>BJ referred to the Executive Leadership Team ToRs and suggested that reference to the Trust's SFIs be included in relation to any financial approvals.</p> <p>The Board of Directors reviewed the terms of references and approved all of the proposed changes.</p>
<p>15. WCT23/24-097</p>	<p>Place governance arrangements and progress</p> <p>AH provided the following update on the Place Based governance arrangements.</p> <p>The Wirral Place Based Partnership Board (PBPB) continued to meet, and the arrangements as described in the Place Governance Manual were being established. Governance leads from across Wirral Place also continued to meet on a monthly basis with the Place Director and were now focussing on a review of the supporting groups which reported into the Place Based Partnership Board (PBPB).</p> <p>The next PBPB meeting on 19 October 2023 would receive reports on key delivery programmes and would also receive the first presentation of the risk management framework for the Wirral Partnership.</p> <p>The Trust continued to be represented at the PBPB and the Health & Wellbeing Board (HWWB), with KH as member representative and attendance from director colleagues according to the specifics of the agendas. Senior leaders from the Trust also attended various other groups across the governance structure and AH was reviewing the process to provide updates from these supporting groups to the relevant Trust committees.</p> <p>KH added that the PBPB structure was working slightly better than the HWWB as the new councillors elected in May were still learning about the infrastructure at Place. All partners had agreed that the PBPB agenda was a little 'NHS heavy' however, at the last meeting the VCSFE representatives gave an excellent presentation, and the Board recognised and appreciated their valuable contribution.</p> <p>KH suggested that feedback from ICB collaborative meetings be provided to Board and would discuss with AH.</p>
<p>16. WCT23/24-098</p>	<p>Modern Slavery Act Annual Statement 2023-24</p> <p>CB reported that the Modern Slavery Act Annual Statement 2023-24 had been published on the Trust's website following approval by the Chair and Chief Executive prior to (this) meeting and in order to achieve the deadline of the end of September 2023.</p> <p>The Board of Directors supported and endorsed the action taken by the Chair and Chief Executive to approve the Modern Slavery Act Annual Statement 2023-24.</p>
<p>17.</p>	<p>The National Staff Influenza Programme 2023/24</p>

<p>WCT23/24-099</p>	<p>PS presented the National Staff Influenza Programme 2023/24 and the following points were noted:</p> <ul style="list-style-type: none"> • Uptake last year was 64.1% which was much higher than the NHS average of 51.8%. • This year's campaign was part of the national CQUIN programme with a national goal set to vaccinate 75-80% of front-line staff. The Trust aims to achieve the target by December 2023. • To ensure greatest impact and success of the programme, the flu group had completed a gap analysis against best practice as set out by NHSE. • Appendix 1 of the report highlighted that the Trust was compliant in all areas of the plan. • A concurrent covid booster vaccination programme was available for staff across all geographical locations and uptake rates would be tracked monthly via IPB. <p>PS thanked the Flu group and the Communications & Marketing Team for supporting the programme.</p> <p>CB referred to the report and asked why equity and inclusion was not included and suggested engaging with the network groups. PS advised that the report reflected NHSE national standards but agreed to share the report with the network groups.</p> <p>KH extended thanks to St Catherine's Health Centre GP practice for supporting the Covid-19 booster vaccination programme.</p> <p>The Board of Directors was assured that the Trust had a robust plan in place for the effective delivery of the Staff Influenza Programme for 2023/24.</p>
<p>18. WCT23/24-100</p>	<p>Mortality Report - Learning from Deaths</p> <p>NC presented the Mortality Report in relation to the implementation of the Learning from Deaths Framework, confirming a nil return for Quarter 1.</p> <p>There were eight unexpected deaths all reviewed and investigated but none had resulted from harm or care provided by the Trust. Of the eight deaths six of those were children.</p> <p>Following a conversation at the Quality & Safety Committee the membership of the Mortality Review Group had been expanded to bring safeguarding children and young people's experience into the meeting which had helped to identify thematic learning from child deaths across Wirral and all places.</p> <p>GM asked if six children deaths was an average number.</p> <p>NC advised that to compare the benchmark data would be difficult as the areas included Wirral and all places. All child deaths are subject to a multiagency the Sudden, Unexpected Death in childhood (SUDIC) review which would include benchmarking data from all areas. NP agreed to share the C&M Child Death Review Panel Annual Report as part of the quarterly mortality report to provide relevant benchmarking comparisons.</p> <p>GM asked if any concerns were raised by the multiagency would the Trust be informed.</p> <p>JC advised that there was a Safeguarding Childrens Partnership Board across four areas that had good representation. Any concerns would be raised with the Child Death Panel who held the information.</p> <p>The Board of Directors approved Appendix 1 for publication on the Trust's website.</p>
<p>19. WCT23/24-101</p>	<p>Controlled Drugs Annual Report 2022-23</p> <p>NC presented the Controlled Drugs Annual Report 2022-23 previously approved at Quality & Safety Committee meeting. The Controlled Drugs Accountable Officer</p>

	<p>(CDAO) was a statutory role responsible for ensuring the Trust was compliant and ensured standard operating procedures were in place based on current legislation and best practice.</p> <p>NC advised that most controlled drug prescribing occurred within GP Out of Hours and during the reporting period there were no controlled drug queries that needed to be forwarded to the NHSBSA for further investigation.</p> <p>All the reported controlled drug incidents were low or no harm and most of the incidents involved documentation errors where there were discrepancies in the number of controlled drugs.</p> <p>An increase in the national trend had indicated a diversion of controlled drugs by both health and care professionals. During the reporting period the Trust had raised awareness of how to report concerns that controlled drugs could be used inappropriately and what to look out for within the 'Freedom to Speak Up' section on Staff Zone. Raising awareness of the misuse of controlled drugs had also been incorporated into the Community Nursing Medicines Management training.</p> <p>The Board of Directors was assured by the information provided in the Controlled Drugs Annual report 2022-23.</p>
<p>20. WCT23/24-102</p>	<p>Medicines Optimisation Annual Report</p> <p>NC presented the Medicines Optimisation Annual Report 2022-23 previously approved at Quality & Safety Committee meeting.</p> <p>At the end of Quarter 4 compliance rates for eligible staff remained high. AMR was at 95.83% and PGD training had increased to over 92% and the safe use of insulin was over 90%.</p> <p>In February 2023 the compliance guidance for cefalosporins was at 65% but following an intervention had increased to 85%.</p> <p>The Trust was working with the ICB and Place to install a new software system called electronic prescribing and medicines administration (EPMA).</p> <p>The Board of Directors was assured by the information provided in the Controlled Drugs Annual report 2022-23.</p>
<p>21. WCT23/24-103</p>	<p>Emergency Preparedness, Resilience and Response Core Standards Self-Assessment 2023</p> <p>MG presented the Emergency Preparedness, Resilience and Response Core Standards Self-Assessment 2023 noting the following points;</p> <ul style="list-style-type: none"> • The Trust was required to complete an Annual Self-Assessment against 58 core standards that were attributed to community providers and 10 further standards associated with EPRR training as part of a deep dive. The Trust was 95% compliant and rated substantial. • There were 3 standards that had been assessed as partially compliant and these related mass casualty plans. • Standard 36 related to the Media Strategy which included a review of media training provision for on call managers and refresher training for the Board of Directors. • Standard 46 related to the Business Impact Analysis (BIA) and there was an action plan to review business continuity arrangements to include a Business Impact Assessment in the process. • DD06 related to training data with an action for the EPRR Lead and L&OD team to identify a mechanism that captures EPRR training across the organisation. • The self-assessment was subject to a further assessment by the regional NHS England EPRR team. <p>The Board of Directors was assured by the information provided in the</p>

	Emergency Preparedness, Resilience and Response Core Standards Self-Assessment 2023.
22. WCT23/24-104	Staff Council The decision and action log from the meeting of the Staff Council held on 17 July 2023, was received and noted.
23. WCT23/24-105	Any other Business None.
24. WCT23/24-106	Invitation for Public Comments There were no comments or questions from members of the public.
25. WCT23/24-107	Items for Risk Register There were no new risks identified for the risk register.
26. WCT23/24-108	Staff Story: Musculoskeletal Physiotherapist CM introduced the Staff Story which featured George Taylor an MSK Physiotherapist and Quality Champion who described his approach to provide a tailored exercise programme for the service user featured in the Journey of Care at the beginning of the meeting. The service user required a personal care plan due to her long-term medical condition which slowed down healing and reduced mobility. George described a compassionate and pragmatic approach to providing care for the service user and working together to achieve the best possible outcomes. The Board of Directors welcomed and appreciated the story shared.
27. WCT23/24-109	Summary of actions and decisions AH provided a brief summary of actions and decisions taken during the Board of Directors meeting.
Date and Time of Next Meeting: The next formal Trust Board meeting will take place on Wednesday 13 December 2023 at 2.00pm, CSL St Catherine's Health Centre.	

Board - Chair Approval	
Name:	Date:
Signature:	

The Board of Directors Meeting closed at 14:05pm

Board of Directors - Matters Arising 2023-24

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

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
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	Complete.
Board Assurance Framework	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	Complete.

Actions from meeting held on **17 October 2023**.

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
5-year strategy mid-year report	WCT23/24-094	Consider how reporting on programmes of work under 'Operational Developments' is travelled through the governance to provide greater visibility	T.Bennett	December 2023	Verbal update to be provided.
Annual Review of Terms of Reference	WCT23/24-096	Revise ELT ToRs to clarify any approvals are in line with Trust-wide SFIs	A.Hughes	October 2023	Complete.
Place governance arrangements	WCT23/24-097	Consider how MHLDC developments and progress, reports via the governance structure and to Board	A.Hughes K.Howell	December 2023	Further confirmation following presentation of the MHLDC governance documents and as



**Wirral Community
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Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
				February 2024	the Programme Board establishes.
Mortality Report (Q1)	WCT23/24-101	Share the C&M Child Death Review Panel Annual Report as part of the quarterly mortality report (<i>at appropriate time in the reporting cycle</i>) to provide relevant benchmarking comparisons	N.Cross	December 2023	Complete.