



**Wirral Community  
Health and Care**  
NHS Foundation Trust

**NINETY SIXTH BOARD OF DIRECTORS MEETING  
(Clinical Skills Lab, St Catherine's Health Centre)**

**WEDNESDAY 21 FEBRUARY 2024**

**2.00 PM**

**BOARD OF DIRECTORS' MEETING**  
Clinical Skills Lab, St Catherine's Health Centre

Wednesday 21 February 2024 at 2.00pm

**AGENDA**

No	Time	Item (10 minutes)	Action	Reference
1.	14:00	<b>Journey of Care:</b> Therapy Dogs UK and how they support Trust services Chief Nurse	To assure	WCT23/24-130 (p)
<b>PRELIMINARY BUSINESS: (5 minutes)</b>				
2.	14:10	<b>Apologies for Absence</b>		WCT23/24-131 (v)
3.		<b>Declaration of Interests</b> (Any action to be taken as a result)	To assure	WCT23/24-132 (v)
4.		<b>Minutes of the previous meeting</b> • 13 December 2023	To approve	WCT23/24-133 (d)
5.		<b>Matters Arising:</b> • 13 December 2023	To assure	WCT23/24-134 (d)
<b>STATUTORY BUSINESS: (20 minutes)</b>				
6.	14:15	<b>Chair's Report</b>	To assure	WCT23/24-135 (d)
7.		<b>Lead Governor's Report</b>	To assure	WCT23/24-136 (d)
8.		<b>Chief Executive's Report</b>	To assure	WCT23/24-137 (d)
9.		<b>Care Quality Commission (CQC) Trust Inspection Report</b> Chief Executive	To assure	WCT23/24-138 (d)
<b>COMMITTEE ASSURANCE REPORTS: (25 minutes)</b>				
10.	14:35	<b>Brief reports from the sub-committees of the Board</b>  <ul style="list-style-type: none"> <li>- <b>Quality &amp; Safety Committee - 17 January 2024</b> Non-Executive Chair of the Committee</li> <li>- <b>Finance &amp; Performance Committee - 7 February 2024</b> Non-Executive Chair of the Committee</li> <li>- <b>People &amp; Culture Committee - 14 February 2024</b> Non-Executive Chair of the Committee</li> <li>- <b>Informal Board - 10 January 2024</b> Director of Corporate Affairs</li> <li>- <b>Audit Committee - 7 February 2024</b> Non-Executive Chair of the Committee</li> <li>- <b>Staff Voice Forum - 22 January 2024</b> Chief People Officer</li> </ul>	To assure	WCT23/24-139 (v)

<b>PERFORMANCE: (15 minutes)</b>				
11.	15:00	<b>Integrated Performance Report (live from TIG)</b> Chief Executive	To assure	WCT23/24-140 (d/p)
<b>RISK: (10 minutes)</b>				
12.	15:15	<b>Board Assurance Framework (BAF) strategic risks 2023-24</b> Director of Corporate Affairs	To approve	WCT23/24-141 (d)
<b>CORPORATE GOVERNANCE (20 minutes)</b>				
13.	15:25	<b>Revisions to Standing Financial Instructions (SFIs)</b> Chief Finance Officer	To approve	WCT23/24-142 (d)
14.		<b>Place / system governance briefing</b> Chief Executive Director of Corporate Affairs	To assure	WCT23/24-143 (v)
15.		<b>Remuneration &amp; Terms of Service Committee Terms of Reference – Annual Review</b> Director of Corporate Affairs	To approve	WCT23/24-144 (d)
16.		<b>Communications &amp; Marketing Strategy Assurance Report Q3 2023-24</b> Director of Corporate Affairs	To assure	WCT23/24-145 (d)
<b>QUALITY GOVERNANCE (15 minutes)</b>				
17.	15:45	<b>Care Quality Commission (CQC) Statement of Purpose</b> Chief Nurse	To approve	WCT23/24-146 (d)
18.		<b>Equality Delivery System Assurance Report</b> Chief People Officer	To approve	WCT23/24-147 (d)
19.		<b>Sexual Safety Charter</b> Chief People Officer	To assure	WCT23/24-148 (d)
<b>GROUP MINUTES (For noting):</b>				
20.	16:00	<b>Staff Voice Forum:</b> <ul style="list-style-type: none"> <li>9 November 2023</li> </ul> The minutes are pending approval, and will be shared at the next public Board meeting Chief People Officer	To assure	WCT23/24-149 (d)
<b>ITEMS FOR INFORMATION: (15 minutes)</b>				
21.	16:05	<b>Any Other Business</b>		WCT23/24-150 (v)
22.		<b>Invitation for Public Comments:</b> Any questions on the items on the agenda should be raised with the Director of Corporate Affairs in advance to be addressed here.		WCT23/24-151 (p)
23.		<b>Items for Risk Register</b>		WCT23/24-152 (v)
24.		<b>Staff Story:</b> Jenni Harvey, Deputy Ward Manager, Bluebell Ward, Community Intermediate Care Centre (CICC) Chief People Officer	To assure	WCT23/24-153 (v)
25.		<b>Summary of actions and decisions</b>	To assure	WCT23/24-154 (v)
<b>Date and Time of Next Meeting:</b> The next Public Board of Directors meeting will take place on <b>Wednesday 17 April 2024.</b>				

- (d) = document included in the paper pack
- (v) = verbal report to be provided at the meeting
- (p) = presentation to be provided at the meeting

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

**DRAFT MINUTES OF MEETING**

**WEDNESDAY 13 DECEMBER 2023 at 2.00PM**

**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)
Mr Dave Murphy	Chief Information Officer (advisor to the Board)	(DM)
Mrs Paula Simpson	Chief Nurse	(PS)

**In Attendance:**

Ms Sally Barlow	Operational Lead - Sexual Health Wirral (agenda item 1 only)	(SB)
Mr Jim Cadwallader	Public member	(JCa)
Ms Lynn Collins	Lead Governor	(LC)
Ms Lauren Martyn	Deputy Operational Lead - Sexual Health Wirral (agenda item 1 only)	(LM)
Mrs Cathy Gallagher	Senior Assistant (minute taker)	(CG)
Mrs Helen Wilcox	Interim Head of Infection Prevention Control	(HW)

Reference	Minute
	<p>MB formally opened the meeting announcing that the Trust's CQC inspection report had been published with an overall rating of 'Good' with areas of 'Outstanding' recognised across Trust services.</p> <p>On behalf of the Board of Directors, MB extended congratulations to all staff for this recognition of their continued hard work and commitment to the people for whom they care.</p> <p>MB noted that formal announcements and media releases had been issued and all Trust social media platforms would be celebrating the good news over the coming weeks.</p> <p>MB concluded by reflecting on the important role of excellent community health and care services to ensure the future sustainability of the NHS and acknowledged that</p>

	<p>the report reflects the focus staff have on the needs of patients receiving care and that staff are proud to work for the Trust.</p> <p>All members of the Board welcomed the official publication of the CQC report.</p> <p>On behalf of the Council of Governors, LC extended congratulations to the Trust on this announcement.</p>
<p><b>1.</b> WCT23/24-110</p>	<p><b>Staff Story: Sexual Health Wirral</b></p> <p>CM introduced the Staff Story which featured Nerys Pope, Sexual Health Practitioner from the Sexual Health Wirral Service noting that Nerys's story linked to the Journey of Care.</p> <p>Nerys shared her experience of supporting the service user and their family over the past four years recognising the value of providing person-centred care and understanding what matters to the service users.</p> <p>The Board of Directors welcomed and appreciated the story shared and MB highlighted that the Sexual Health Wirral Service had been rated Outstanding overall by the CQC, which was recognition of the high-quality and caring service provided.</p> <p>SB and LM were present to hear Nerys's story shared and all members of the Board extended congratulations to them.</p> <p><b>Journey of Care: Sexual Health Wirral</b></p> <p>Following the story shared by Nerys, PS introduced the Journey of Care story which described the positive experience of the service user and their family whilst supported by the service. They described the incredible support they had received from Nerys and the trusted relationship they had built over the past four years.</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> WCT23/24-111</p>	<p><b>Apologies for Absence</b></p> <p>There were no apologies for absence received.</p>
<p><b>3.</b> WCT23/24-112</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> WCT23/24-113</p>	<p><b>Minutes of the previous meeting - 17 October 2023</b></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><b>5.</b> WCT22/23-114</p>	<p><b>Matters Arising - 17 October 2023</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> WCT22/23-115</p>	<p><b>Chair's Report</b></p> <p>MB presented the Chair's Report which included key updates for members' attention and assurance.</p> <p>MB advised that the Trust had retained the Sexual Health Wirral contract for a further 5 years which was a great achievement and reflected the outstanding care the service deliver every day to the people of Wirral.</p>

	<p>MB also noted that he had recently chaired the Shadow Board for Deputy Directors and Senior Leaders which had been very successful. MB acknowledged that one of the attendees of the programme, Helen Wilcox, Interim Head of Infection Prevention Control was observing (today's) meeting.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
<p><b>7.</b> WCT22/23-116</p>	<p><b>Lead Governor's Report</b></p> <p>LC congratulated the Trust again on the publication of the CQC report and presented the report for members attention.</p> <p>LC noted that the inaugural meeting of the re-established Governor Quality Forum had taken place and revised Terms of Reference agreed. LC extended thanks to Chris Bentley, Non-Executive Director and Chair of the Quality &amp; Safety Committee and Paula Simpson, Chief Nurse for their support of the group.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
<p><b>8.</b> WCT22/23-117</p>	<p><b>Chief Executive's Report</b></p> <p>KH presented the report which highlighted key issues of local, regional and national importance.</p> <p>KH highlighted the national Staff Survey response rate and extended thanks to all staff who had shared their views. KH also noted the sustained strong position in relation to the Friends and Family Test (FFT) with over 2,500 responses received from the patient experience survey with 93% of people recommending the Trust's services.</p> <p>KH also acknowledged the recent recognition of the Infection Prevention and Control Team who had been awarded the Infection Prevention Society (IPS) Award for Excellence - Gold Award, at the IPS Impact Awards 2023! The award recognised members who aim to achieve the best in IPC practice or education.</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><b>9.</b> WCT23/24-118</p>	<p><b>Reports from the committees of the Board</b></p> <p><b>Quality &amp; Safety Committee - 8 November 2023</b></p> <p>CB provided a verbal report highlighting the following key areas:</p> <ul style="list-style-type: none"> <li>• CB thanked Sarah Deveney, Interim Lead Nurse Infection Prevention and Control for her presentation at committee on the IPS Award and extended congratulations to the team on behalf of the committee members.</li> <li>• The regular report from the Integrated Performance Board was received providing assurance on the work of the SOG meeting to monitor and analyse performance and any existing or emerging risks to quality and safety.</li> <li>• It was noted that the IPB had received some exceptions escalated by the SOG including Clinical and Management Supervision compliance across all localities, some variation in quality metrics across community nursing teams and completion of the AIS template. The SOG would continue to closely monitor these areas.</li> <li>• The Chief Nurse confirmed further escalation to the ICB regarding the unfunded ADHD pathway delivered by Wirral 0-19 service and a joint commissioning paper relating to children's Speech and Language Therapy was being developed.</li> <li>• The Quality Strategy Delivery Plan for 2023/24 remained on track with two exceptions including the Oliver McGowan mandatory training which was subject to national funding and the ambition to train Principal Investigators in the essential programme was unlikely to be achieved this financial year but the Associate PI training was being explored.</li> </ul>

- The Risk Management report was received and there were no high-level risks escalated to the committee.
- The Learning from Deaths Mortality Report was presented, and an action agreed to add a further appendix to explain the flow of steps taken to review following a child or adult deaths (including LeDeR).
- The Prevention & Control Assurance Report for Quarter 2 was received. Criterion 1 of the IPC Code of Practice remained an amber RAG rating and following a review of Criterion 2, the IPC group agreed to amend the RAG rating from amber to green based on available evidence.
- The Complaints and Concerns Bi-Annual Report 2023/24 was received for assurance and the report described a number of quality improvements made during the year along with the thematic areas aligned to PSIRF. A bespoke training course had been designed and delivered by the complaints team to support team leaders on how to best manage concerns and complaints.
- The Freedom to Speak up (FTSU) Bi-Annual report 2023/24 was presented by the FTSU Guardian and provided assurance to all members of the committee. The committee also received an MIAA report 'Through the Audit Committee Lens - Freedom to Speak Up Update' noting that it would also be shared with the Audit Committee in February 2024.
- The committee received a summary of findings following the recent committee annual self-assessment review including areas of good practice and identified areas for improvement.
- There was nothing to report by exception regarding the Audit Tracker Tool and the implementation of recommendations from internal audit reviews.

### **Finance & Performance Committee - 29 November 2023**

BJ provided a verbal report highlighting the following key areas:

- The three items were presented for approval - the Board Assurance Framework, the Standing Financial Instructions and Delegated Financial Limits, and the decision and action log from previous meetings, with one exception, all outstanding actions were complete.
- Assurance was provided on standing agenda items for month 7 including the financial position, operational performance, and the Productivity & Efficiency programme.
- Achievement of the Productivity & Efficiency (P&E) savings target remained a challenge particularly in respect of identifying projects to deliver recurrent savings. Achieving the target through one-off savings was enabling the Trust to deliver the committed surplus for the financial year but could create pressures for the future. The committee discussed the impact of this (the tension between delivering this year's financial target vs future year sustainability) in the context the Trust's strategic risk ID04 with members suggesting a further discussion with the full Board of Directors.
- The Mersey Internal Audit Agency report following the review of arrangements and processes in relation to Productivity & Efficiency was shared noting substantial assurance.
- The regular Risk Management Report was presented and in view of the challenges to deliver the Productivity & Efficiency target, the corresponding risk rating for Risk [ID2917] had been increased to 15 [consequence 3 moderate, likelihood 5 almost certain]. This was the only high-level risk escalated to the committee. The previously reported high-level risk [ID2935] relating to the delivery of the financial plan for the current year had decreased from a RR16 to RR8 (L2 - unlikely x C4) following assurance on delivery was received at an extraordinary meeting of the Board of Directors in November 2023.
- A key reflection from the committee Annual Self-Assessment received at the October 2023 meeting was the need to increase members' understanding of financial and performance developments at System and Place; consequently, a new standing agenda item was included to provide an update on key governance groups and developments at Place.



- The Head of Procurement provided an update on the key items currently on the procurement agenda. It was noted that a lot of work had been completed on further strengthening the governance processes and a number of programmes of work were ongoing to consider existing cost pressures.
- In preparation for this year's submission, the Chief Information Officer and the Director of Corporate Affairs presented the Data Security and Protection Toolkit Assurance report for 2023/24. As in previous years the Toolkit would provide assurance that the Trust was practising good data security and that personal information was handled correctly. Completion was a contractual obligation for providers and would be subject to an independent audit.

**People and Culture Committee - 6 December 2023**

GM provided a verbal report highlighting the following key areas:

- An update on developments at Wirral Place and the ICB in relation to the People agenda was shared and it was agreed that it was a useful addition to the standing committee agenda.
- An update on the People Strategy Delivery Plan for Year 2 was presented and it was noted the a few actions had new timescales agreed.
- The response to the national NHS Staff Survey was noted at very close to 60% and the committee extended thanks to all staff who had taken the time to share their views and the HR and Communications Team who had lead this year's campaign.
- The performance against key people metrics were presented and it was noted that sickness levels had increased; the top reasons for absence included chest and respiratory problems, colds and flu. The committee had noted that uptake levels for the flu vaccine were low and further work to encourage staff to receive it was underway; it was noted that low uptake appeared to be a challenge across multiple organisations.
- The Risk Management Report was received with no high-level risks to escalate to the committee.
- The Safe Staffing Report related to CICC was received and provided assurance on compliance with the necessary guidance and staffing requirements. The committee noted an incident related to a patient aged 104 who had fractured his hip but subsequently made a full recovery.
- A further report was presented on the recent MIAA Recruitment and Retention Review which provided assurance to the committee on the actions being taken to address the recommendations.

**Informal Board - 1 November 2023**

AH noted that a written report was not included in the pack as the informal board meeting had been reduced to a single operational agenda item.

**Staff Council - 9 November 2023**

CM gave a verbal update highlighting that the Staff Voice Forum (SVF) (formerly Staff Council) met with their new name and discussed how to launch the rebranding.

The Managing Attendance Policy, and agile and flexible working was discussed. The SVF had taken a keen interest in the two policies and CM had suggested sharing a list of the HR policies that were under review and have a focus group or signpost people to key individuals that were working on the policies.

<p><b>10.</b> WCT23/24- 119</p>	<p><b>Integrated Performance Report</b></p> <p>KH introduced the report which provided a summary of performance across the Trust up to the end of October 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).

### ***Operational Performance***

JC highlighted the following position for operational/service performance:

- There were 59 green KPIs, 11 amber and 16 red (the majority reflect waiting lists), 6 of the ambers were within 1-2% of being green. All services were holding waiting lists of under 52 weeks, except for paediatric Speech & Language where referrals remained high, but the service had managed to reduce 10 weeks off the overall list.
- Performance against the four-hour target in the Walk-in-Centre and Urgent Treatment Centre remained one of the highest across Cheshire & Merseyside.
- The median length of stay in the Community Intermediate Care Centre (CICC) was 22 days against a target of 21 days; JC added that over the previous 7 days this had reduced to 19 days.
- The Home First referral targets were being met.
- There were national metrics for 2-hour and 2-day community response services, and the Trust was currently reporting above the national target and was reporting the highest performance across Cheshire & Merseyside at 90%. The Trust had been asked to share best practice with the Mental Health Learning Disability Collaborative.
- NC advised that UCAT 15-minutes response times had reduced slightly to 49.4% but performance had improved in November. UCAT 30-minutes response times continued to perform well at 84.43%. The CAS 20-minutes response times also continued to perform well, and the CAS 2-hour response times had reduced slightly. The service was redesigned, and work had been completed on skill mixing which had seen a positive impact on performance. Further, recruitment to the bank was not required as rotas were full which was a significantly improved position.

### ***Quality Performance***

PS highlighted the following position for quality performance:

- There had been 0 StEIS reportable incidents, resulting in a YTD position of 1.
- There had been 0 category 3 and above pressure ulcers attributable to the Trust, 0 moderate harm incidents attributable to the Trust and 0 IPC incidents attributable to the Trust.
- The level of incident reporting continued to be tracked and the proportion of moderate harm incidents as a percentage of the total. A different distribution of incidents was noted, following the transfer of adult social care earlier this year.
- The Trust had received extremely positive feedback from the ICB regarding the Patient Safety Incident Response Framework (PSIRF) policy and plan and had asked the Trust to share the work as an exemplar of best practice.
- There had been a reduction in complaints received by the Trust, 3 in September and 2 in October with a year-to-date position of 32. The training programme put in place resulting in positive management of concerns by service leads, meant a more responsive approach to feedback which was resulting in less complaints being received; this was also aligned to PSIRF and engaging with patients and their families.
- The Friends and Family Test year to date position rate was 92.5% positive feedback from 18,572 responses.

### ***Workforce Performance***

CM highlighted the following position for workforce performance:

- Staff turnover was at 11.1% which benchmarked very well against other organisations and had achieved the target set in the People Strategy Delivery Plan for Year 2.

	<ul style="list-style-type: none"> <li>• Mandatory training compliance had reduced slightly from 94.4% to 95.2% but had been over 90% since May 2022.</li> <li>• Sickness absence had increased slightly but was about average for this time of year due to an increase in seasonal flu/covid and norovirus.</li> <li>• Agency usage was at 1.6% the lowest across Cheshire and Merseyside and below the cap of 3.7%.</li> <li>• Full time equivalent vacancies had increased to 7.3% due to new posts created for Home First.</li> </ul> <p><b>Financial Performance</b></p> <p>MG highlighted the following position for financial performance:</p> <ul style="list-style-type: none"> <li>• The Trust was performing slightly above plan for Month 7 with a small surplus reported to date.</li> <li>• The main driver of any reported overspend was the CICC staffing budget but following work on skill mixing that had reduced.</li> <li>• The non-pay overspends related to premises, the cost of energy, service charges and pressures on clinical supplies and services.</li> <li>• The Productivity &amp; Efficiency Programme had achieved £1.85m against a target of £3m and was forecasting to achieve £3.6m at the year-end against the £5.3m target. The capital expenditure programme was currently underspent, but a Capital Group was monitoring achievement against the plan.</li> <li>• Performance against the Better Payment Practice Code (BPPC) was 94% for volume and 93% for value.</li> <li>• Agency spend was significantly below target and was £300,000 lower than at the same point last year.</li> </ul>
<p><b>11.</b> WCT23/24-120</p>	<p><b>Board Assurance Framework (BAF) 2023-24 strategic risks</b></p> <p>AH presented the updated position in relation to strategic risks managed through the BAF following detailed review by the committees during November and December 2023.</p> <p>There remained 1 high-level strategic risk (ID04) which related to the financial settlement for 2023-24 and the financial sustainability of the Trust. This was discussed in detail at the Finance &amp; Performance Committee and subsequently by the Board of Directors to agree the position reported in the context of existing organisational risks.</p> <p>All other strategic risks recorded on the BAF were rated between RR8 and RR12.</p> <p>The strategic risk ID03 was currently achieving the target risk rating. The position was reviewed again by the Finance &amp; Performance Committee on 29 November 2023 and in a separate meeting with the Board of the Directors, the Managing Director of the MHLDC had provided an update on the current position associated with the collaborative and the development of a governance framework which would inform a further review of the risk.</p> <p>Following the People &amp; 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.</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. In particular, the Board noted ID04 remained the highest scoring strategic risk.</p>
<p><b>12.</b> WCT23/24-121</p>	<p><b>Summary of committee self-assessments</b></p> <p>AH presented a summary of the committee self-assessments completed and highlighting the following:</p>

	<ul style="list-style-type: none"> <li>• Each of the committees had completed a self-assessment their performance and effectiveness as set out in the Terms of Reference.</li> <li>• This year an independent review of findings had also been completed by the Audit Committee which was overall positive with many areas of good practice identified, but also some helpful and consistent areas for improvement.</li> <li>• The role of the committees, the contribution of members and the role of the Chairs were all recognised very positively.</li> <li>• The detail in appendix 1 provided further information on the findings and actions being taken as supported by the Audit Committee. This included an action to review the methodology for 2024-25 to allow more in-depth data to be captured.</li> <li>• In relation to common themes for continuous improvement the committees recognised the important role of the committees to understand system developments and Place governance. It was acknowledged that this had been implemented as standing items on committee agendas.</li> </ul> <p>The Board of Directors welcomed the feedback from the committee self-assessments and completion of the process.</p>
<p><b>13.</b> WCT23/24-122</p>	<p><b>Place governance arrangements and progress</b></p> <p>AH provided the following update on the Place governance;</p> <ul style="list-style-type: none"> <li>• The Wirral Place Based Partnership Board (PBPB) continued to meet with KH attending as a member.</li> <li>• The PBPB had requested KH take a leadership role for the Wirral Primary Care and Community Services work programme.</li> <li>• The development of the Terms of Reference for the supporting groups to the PBPB remained in progress and representatives from the Trust’s Executive and Senior Leadership Team continued to attend these groups.</li> <li>• The Place Delivery Assurance Framework (PDAF) had been developed to monitor key risks across the system; this would be reviewed against the Trust’s BAF for the new financial year.</li> </ul> <p>The Board of Directors had no further comments.</p>
<p><b>14.</b> WCT23/24-123</p>	<p><b>Freedom to Speak Up</b></p> <p>AJ, Freedom to Speak Up Guardian presented the Freedom to Speak Up Bi-Annual report April - September 2023 and the following points were noted:</p> <ul style="list-style-type: none"> <li>• A welcome leaflet for all agency staff had been developed to sign post where to go for help and support and would include the FTSU Guardian email address to raise any concerns in confidence.</li> <li>• In January 2024 support would be provided to the Trust Board to complete appropriate training along with the FTSU Self Review Tool Kit and a board development session.</li> <li>• The FTSU Guardian and FTSU Non-Executive Director had met with the National Guardians Office to share their experiences and Trust processes. The National Guardians Office was working on producing training materials, videos, workbooks and a checklist. The Trust’s FTSU Guardian was asked to support the National Guardians Office in producing a training package for CQC Inspectors.</li> </ul> <p>KH and PS thanked AJ for leading on the work to promote awareness across the Trust.</p> <p>The Board of Directors acknowledged the work of the FTSU Guardian and the team of FTSU Champions and thanked AJ for her hard work and commitment.</p>
<p><b>15.</b> WCT23/24-124</p>	<p><b>Mortality Report - Learning from Deaths</b></p> <p>NC presented the Mortality Report in relation to the implementation of the Learning from Deaths Framework, confirming a nil return for Quarter 2.</p>

	<p>There were thirteen unexpected deaths all reviewed and investigated but none had resulted from harm or care provided by the Trust and no deaths had met the criteria for StEIS reporting.</p> <p>Of the thirteen deaths ten of those were children all of which had been sighted through the Mortality Review Group and the Trust's Child Death Overview Panel (CDOP) representative.</p> <p>The Board of Directors approved Appendix 1 for publication on the Trust's website.</p>
<p><b>16.</b> WCT23/24-125</p>	<p><b>Staff Voice Forum</b></p> <p>The decision and action log from the meeting of the Staff Council held on 14 September 2023, was received and noted.</p>
<p><b>17.</b> WCT23/24-126</p>	<p><b>Any other Business</b></p> <p>There were not items of Any Other Business.</p>
<p><b>18.</b> WCT23/24-127</p>	<p><b>Invitation for Public Comments</b></p> <p>JCa raised a question in relation to NHS management consultant fees. AH advised that the question would be discussed at the next Your Voice meeting.</p> <p>JCa praised the Trust for their hard work and high-performance as acknowledged by the CQC inspection report and would share the Trust's success with others.</p>
<p><b>19.</b> WCT23/24-128</p>	<p><b>Items for Risk Register</b></p> <p>There were no new risks identified for the risk register.</p>
<p><b>20.</b> WCT23/24-129</p>	<p><b>Summary of actions and decisions</b></p> <p>AH 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>Wednesday 21 February 2024 at 2.00pm, CSL St Catherine's Health Centre.</b></p>	

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

The Board of Directors meeting closed at 3.50pm.

## Board of Directors - Matters Arising 2023-24

All previous actions from meetings in 2023-24 have been completed and archived.

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	Complete.
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	<del>December 2023</del> February 2024	Further confirmation following presentation of the MHLDC governance documents and as 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.

There were **no actions** from the public Board of Directors meeting on 13 December 2024.