

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

**MINUTES OF MEETING**

**WEDNESDAY 19 JUNE 2024 at 10.30AM**

**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 Mark Greatrex	Interim Chief Executive	(MG)
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 Miles	Interim Chief Finance Officer	(DM)
Mr Dave Murphy	Chief Digital Information Officer	(ER)
Dr Eddie Roche	Interim Medical Director	(PS)
Mrs Paula Simpson	Chief Nurse	

**In Attendance:**

Mr Mick Blease	LSMS/Emergency Planning Lead (agenda item 24)	(MBI)
Ms Lynn Collins	Lead Governor	(LC)
Mrs Cathy Gallagher	Senior Assistant (minute taker)	(CG)
Mrs Alison Jones	FTSU Guardian (agenda item 24)	(AJ)
Ms Maria Pugh	Service Lead (agenda item 30)	(MP)

Reference	Minute
<b>1.</b> WCT24/25-026	<p><b>Journey of Care: Long Covid service</b></p> <p>PS introduced the Journey of Care story which focused on the Long Covid Service.</p> <p>The patient featured had been diagnosed in 2021 with long Covid symptoms and was referred to the service at Victoria Central Health Centre. The service had provided the patient with continuity of care which included seeing the same nurse, GP, physiotherapist and social prescriber. She described how the exercise programme, care plan and holistic approach had improved her health and wellbeing.</p> <p>The patient thanked the Long Covid Team for their support, care and dedication.</p> <p>The Board of Directors welcomed the opportunity to receive the Journey of Care story and thanked and all those involved.</p>
<b>2.</b> WCT24/25-027	<p><b>Apologies for Absence</b></p> <p>Mr Dave Miles, Interim Chief Finance Officer.</p>

<p><b>3.</b> WCT24/25-028</p>	<p><b>Declaration of Interests</b> 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> WCT24/25-029</p>	<p><b>Minutes of the previous meeting - 17 April 2024</b> The Board of Directors approved the minutes of the meeting held on 17 April 2024, as a true and accurate record.</p>
<p><b>5.</b> WCT24/25-030</p>	<p><b>Matters Arising - 17 April 2024</b> 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> WCT24/25-031</p>	<p><b>Chair's Report</b> MB presented the Chair's Report which included key updates for members' attention and assurance.  MB advised that since publication of the report, he was able to confirm that all pre-employment checks had now been completed for Mr Meredydd David the new Audit Chair who would commence in post from 1 July 2024.  MB also confirmed that all Non-Executive Director appraisals had been completed in accordance with guidance and a framework issued by NHSE. The Chair would be meeting with the Chair of the ICB in mid-July as requested for all Chairs, to finalise his appraisal. The completed paperwork would be submitted to NHSE in the meantime and in accordance with the end of June deadline.  The Board of Directors received the report with no further questions or comments.</p>
<p><b>7.</b> WCT24/25-032</p>	<p><b>Lead Governor's Report</b> LC presented the report summarising recent work of the Council of Governors.  The Board of Directors received the report with no further questions or comments.</p>
<p><b>8.</b> WCT24/25-033</p>	<p><b>Interim Chief Executive's Report</b> MG presented the report which highlighted key issues of local, regional and national importance. The following key points were highlighted;</p> <ul style="list-style-type: none"> <li>• The Team WCHC Awards were launched in May 2024 and are now in their 11<sup>th</sup> year. This year the awards will be held at the Crown Plaza, Liverpool. Following feedback from staff two categories have been re-introduced 'Excellence in Learning' and 'Team of the Year'.</li> <li>• The Trust celebrated International Nurses Day with a weeklong campaign including visits and events for nursing colleagues across the Trust.</li> <li>• The NWLA had produced a case study published on its website about the Trust's commitment to improving staff engagement based on improved Staff Survey results.</li> <li>• Sir Julian Hartley, Chief Executive of NHS Providers visited the Trust in April 2024 and provided excellent feedback on services, staff and Trust core values. He also published a blog reflecting on his visit which is accessible on the NHS Providers website and the Trust's website.</li> <li>• At the end of May 2024 and as supporters of The Johnson Foundation 'My Big Future' programme, the Trust welcomed children from Christ Church Primary School for a VIP visit at St Catherine's Health Centre where they visited lots of different services.</li> <li>• The Trust's NHS Cadets Programme has been shortlisted for a Healthcare People Management Association (HPMA) Excellence in People Award for Excellence in Organisational Development.</li> <li>• The Speech and Language Therapy and Dietetics Team has been shortlisted in the HSJ Patient Safety Awards 'Virtual or Remote Care Initiative of the Year'.</li> </ul>

	<ul style="list-style-type: none"> <li>The Infection Prevention and Control Team and partners have been shortlisted in the HSJ Patient Safety Awards for the 'Best Use of Integrate Care and Partnership Working in Patient Safety' category.</li> </ul> <p>MG also thanked colleagues in Urgent Care Services (UTC at Arrowe Park Hospital, GP Out of Hours and VCHC Walk-in-Centre) who responded to a number of unusual and emergency cases in recent weeks that had resulted in positive outcomes for those involved.</p> <p>MG 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> WCT24/25-034</p>	<p><b>Reports from the committees of the Board</b></p> <p><b>Quality &amp; Safety Committee - 8 May 2024</b></p> <p>CB provided a verbal report highlighting the following key areas:</p> <ul style="list-style-type: none"> <li>The committee agreed to meet as planned although it had not been quorate as there was only one Non-Executive Director, CB present. It had been agreed to seek virtual approvals from members not present, outside of committee accordance with the terms of reference.</li> <li>The implementation of the Patient Incident Response Framework (PSIRF) had experienced some national reporting issues that related to a reduction in patient safety incident reporting on Datix. The issues had been escalated to the national team.</li> <li>The Special Educational Needs and Disabilities (SEND) group received a verbal update on the local review of SEND governance.</li> <li>Approved reports for onward reporting to the Board of Directors included the Annual Quality Account, Emergency Preparedness Annual Report, Infection Prevention Control Annual Report, FTSU Annual Report and the Mortality Review Report for Q4.</li> <li>Other approvals made by the committee included the Year 3 Quality Strategy Delivery Plan 2024-25, EPRR standards self-assessment action plan 2023-24 and the Safeguarding Assurance Report/delivery plan 2024-25.</li> <li>The Audit and Quality Improvement Assurance Report 2023-24 was approved which included a total of 94 projects.</li> </ul> <p><b>Informal Board - 15 May 2024</b></p> <p>AH presented a summary of the items considered at the Informal Board meeting, noting the detail also included in the papers.</p> <p>The members of the Board were delighted to welcome nursing colleagues from across the Trust to the session to celebrate International Nurses Day.</p> <p><b>Audit committee - 5 June 2004</b></p> <p>BJ provided a verbal report from the committee. It was noted that BJ chaired the meeting in the absence of the new Audit Chair who would start in post on 1 July 2024. The following key areas were highlighted:</p> <ul style="list-style-type: none"> <li>The Audit &amp; Fraud Tracker Tool, Organisational Risk Report and the Board Assurance Framework (BAF) were all received, and the committee was assured by the updates and robust processes in place.</li> <li>The Trust-wide Policy Assurance Report was presented providing assurance on the management of 99 trust-wide policies of which 92 were approved and published, 7 had expired and were under review. The committee requested a review on how policy extensions are requested.</li> <li>MIAA presented the Internal Audit Progress Report and an update on the assurance and progress against the Internal Audit plan for 2023-24.</li> <li>The Internal Audit Follow Up report was presented by MIAA and committee was assured by the progress made and the completion of the recommendations.</li> </ul>

- MIAA presented the Head of Internal Audit Opinion 2023-24 which provided substantial assurance confirming there was a good system of internal control being applied consistently.
- The Anti-Fraud Specialist presented the Anti-Fraud Work Plan 2024-25 which included national and local anti-fraud risks.
- The committee received an update on the External Audit Plan and noted the work on-going and the progress made. It was noted that the Audit Committee would not be receiving the Annual Report & Accounts 2023-24; this would be managed by the Board of Directors as agreed in April 2024.
- The Anti-Fraud Specialist presented the Anti-Fraud Annual Report 2023-24 noting the self-assessment against the Government Functional Standard showed the Trust achieved an overall 'green' assessment against the standards.

#### **Finance & Performance Committee - 5 June 2024**

BJ provided a verbal report highlighting the following key areas:

- The committee received four items for approval
  - the decision and action log from the previous meeting
  - the Board Assurance Framework
  - the 2023-24 National Patient Level Cost Collection (PLICS)
  - the Digital Strategy Delivery Plan 2024-25
- The Chief Finance Officer and Chief Operating Officer provided updates from the Integrated Performance Board in May 2024 and the committee was assured by the updates received.
- A brief update was provided on the 2024-25 financial plan targets which would be discussed by the Board of Directors
- The Head of Capital Projects & Estates gave an update on the Green Plan 2022-25 which had achieved the national targets over the last 12 months. It was noted that the progress of the plan would be limited whilst restricted from recruiting a Sustainability Manager due to vacancy control measures imposed by the ICB. An action was agreed with the Chief Strategy Officer to consider the priorities of key strategic goals and objectives and identify if and where the Green Plan objectives could be included in other programmes to enable some progress to continue.
- The Head of Procurement provided the Annual Procurement Update on current key items on the procurement agenda which included achievements in 2023-24.
- The Head of Capital Projects & Estates provided a closing report on the Marine Lake Health & Wellbeing Centre. The committee was assured by the detail in the report.
- The Director of Corporate Affairs presented the High-Level Risk Report which included the status on the Data Security Protection Toolkit submission for 30 June 2024.
- The final report from the MIAA review on Data Quality (2-hour Urgent Care Response) was presented. It was noted that the review provided moderate assurance with recommendations included for implementation.
- The final report from the MIAA Waiting List Management Review 2023-24 was presented which provided substantial assurance.

#### **People and Culture Committee - 12 June 2024**

GM provided a verbal report highlighting the following key areas:

- The Year 3 People Strategy Delivery Plan 2022-27 was received, and the committee was assured by the work completed to strengthen the measures and the progress being made.
- The Workforce Report was presented providing an update against key people metrics. The committee discussed seasonal trends in sickness absence and the low uptake of role essential training in specific areas.

	<ul style="list-style-type: none"> <li>• An update on the CQC actions was presented with committee noting three 'should do' actions were people related. Each were progressing.</li> <li>• The Terms of Reference for the Equity, Diversity &amp; Inclusion Steering Group and the Joint Forum were received and approved by the committee.</li> <li>• The Safe Staffing Report Q4 was received and discussed in detail. An action was agreed to clarify establishment levels across services with thresholds for 'optimum', 'acceptable' and 'minimum' levels to inform future monitoring.</li> </ul> <p><b>Staff Voice Forum - 3 June 2024</b></p> <p>CM gave a verbal update from the Staff Council meeting on 3 June 2024, highlighting that there were useful discussions on staff engagement and the Joint-Chair of the forum would be presenting at the forthcoming Get Together to raise the profile and encouragement involvement from across the Trust.</p>
<p><b>10.</b> WCT24/25-035</p>	<p><b>Integrated Performance Report</b></p> <p>MG introduced the report which provided a summary of performance across the Trust up to and including the end of April 2024, noting that a detailed analysis of performance was completed in the oversight groups reporting to the Integrated Performance Board (IPB).</p> <p><b>Operational Performance</b></p> <p>JC highlighted the following position for operational performance:</p> <ul style="list-style-type: none"> <li>• There were 67 green KPIs, 10 amber and 11 red and good progress had been made to increase performance in green and amber areas.</li> <li>• The red KPIs related to Sexual Health services going live with new KPI data validation and waiting lists.</li> <li>• It was noted that national guidance requires that all waiting lists are under 65 weeks by the end of September 2024 and under 52 weeks by March 2025.</li> <li>• The Trust's position was confirmed as follows; <ul style="list-style-type: none"> <li>- Of 19 waiting lists 15 were under 18 weeks.</li> <li>- 3 were under 52 weeks.</li> <li>- 1 was over 52 weeks (Paediatric Speech &amp; Language).</li> </ul> </li> <li>• The Speech &amp; Language referrals remained high but over the past 6 months they had reduced from 2,000 to 1,300. The recent MIAA review was noted, as reported from the Finance &amp; Performance Committee.</li> <li>• Performance against the four-hour target in the Walk-in-Centre and Urgent Treatment Centre remained one of the highest across Cheshire &amp; Merseyside at 97.1%.</li> <li>• Bed occupancy in the Community Intermediate Care Centre (CICC) had continued to be over 90%. The median length of stay target was currently 20 days.</li> <li>• Referrals to the HomeFirst service were exceeding the target set at 170.</li> <li>• Urgent Community Response 2-hour and 2-day performance continued to exceed the 70% target which demonstrated the huge demand for community services.</li> <li>• The UCAT 15-minute response was at 75% and UCAT 30-minute response was at 97%.</li> <li>• The CAS 20-minutes response times trend was 73.5% and 2-hour 78% in month which continued to improve.</li> </ul> <p><b>Workforce Performance</b></p> <p>CM highlighted the following position for workforce performance:</p> <ul style="list-style-type: none"> <li>• Staff turnover was at 10% which was under the strategic target of 12%.</li> <li>• Mandatory training compliance had increased to 93.7% which was above the 90% target. All mandatory core training was over 90% compliance.</li> <li>• Sickness absence had reduced slightly to 6.6%. The main reason for absence was stress and anxiety which aligned with the national position.</li> </ul>

	<ul style="list-style-type: none"> <li>• Agency usage was at 1.6% below the cap of 3.7%.</li> <li>• There was a 22.3% response rate to the Pulse Survey in month.</li> </ul> <p><b>Quality Performance</b></p> <p>PS highlighted the following position for quality performance:</p> <ul style="list-style-type: none"> <li>• There had been 0 StEIS reportable incidents in month.</li> <li>• There had been 0 category 3 &amp; 4 pressure ulcers attributable to the Trust, 0 moderate and above harm incidents attributed to the Trust and 0 IPC incidents attributed to the Trust and 0 missed medication incidents resulting in moderate harm with care concerns attributed to the Trust.</li> <li>• Since the transition to the new system Learning from Patient Safety Events (LFPSE) work was ongoing to modifying the Datix reporting form. Following the recategorization of incidents it had been identified that incidents at home were not being reported. The reduction in incidents reported had been escalated to the national team for investigation.</li> <li>• QUAL 17 - 0 falls resulting in moderate harm had been reported.</li> <li>• QUAL 18 - reported 5.4% of all incidents reported.</li> <li>• QUAL 22 - Friends and Family Test responses were received with a 92.4% satisfaction score. The year-to-date position was the highest score recorded at 94.1% based on 2,968 responses.</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>• A small deficit of £5k was reported for M1 and the agreed financial plan for 24-25 was for £6.5m planned surplus at the end of the year.</li> <li>• Income was slightly ahead of plan at the beginning of the financial year.</li> <li>• The CIP schemes had a potential target of £3.8m against the £6.5m target.</li> <li>• The Trust Capital Programme for 2024-25 was approved at £5.2m which included £2.9m towards the UECUP project at Wirral University Teaching Hospital.</li> <li>• Better Payment Practice Code performance by volume and by value were both over 90% against a target of 95%.</li> <li>• Agency costs were at 1.5% against a cap of 3.2%. Agency spend for M1 was £87k lower than last year.</li> </ul> <p>The Board of Directors received the report noting the performance reported for Month 1 across all performance domains.</p>
<p><b>11.</b> WCT24/25-036</p>	<p><b>Board Assurance Framework (BAF) strategic risks 2024-25</b></p> <p>AH presented the updated position in relation to strategic risks managed through the BAF following detailed review by the committees during May and June 2024 and at the informal board session on 15 May 2024.</p> <p>AH advised that of the 7 strategic risks being tracked through the Board Assurance Framework 5 risks were carried forward from 2023-24 to 2024-25 for on-going tracking in line with Year 3 of the organisational and enabling strategies.</p> <p>The risk description for ID04 had been reviewed following discussions at the Finance &amp; Performance Committee and at informal board. It was noted that it remained the highest scoring strategic risk on the BAF.</p> <p>AH noted that ID05 had been archived for the new financial year, recognising that the risk as previously described was addressed in terms of the Trust's ability to mitigate ID04.</p> <p>The risk description for ID06 had been reviewed with a focus on operational performance and the impact on outcomes for the population.</p> <p>BJ noted strategic risk ID04 initial rating required correcting to reflect the current rating.</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> WCT24/25-037</p>	<p><b>Organisational Strategy 2022-27 Year 3 plan</b></p> <p>TB presented the Organisational Strategy 2022-27 Year 3 plan following review by strategy leads and board members with a focus on the 'We will' statements that set out the Trust's main strategic focus in 2024-25.</p> <p>It was noted that of the 37 statements, 18 were unchanged and 16 had had minor changes made for emphasis and/or clarity. Three had been removed and three were new.</p> <p>TB confirmed that the full text of the strategy document has also been reviewed with small changes made to maintain accuracy, e.g., including Home First, recognising Lancashire 0-19+, and removing reference to delivering Adult Social Care services for Wirral Council.</p> <p>The Board of Directors welcomed the opportunity to contribute to the development of the plan through informal board sessions and approved the plan for Year 3.</p>
<p><b>13.</b> WCT24/25-038</p>	<p><b>Social Value Framework Annual Report 2023-24</b></p> <p>TB presented the Social Value Framework Annual Report 2023-24 outlining areas of progress against the five social value themes and the 'We Will' statements in the Social Value and Partnerships section of the Organisational Strategy 2022-27. It was noted that the report, the first dedicated social value report, was provided to the Board for assurance that the Trust was delivering on its social value agenda.</p> <p>TB highlighted notable areas of development including 'Representative Workforce and Access to Quality Work' (including NHS Cadets), and 'Community Engagement and Support' (particularly Marine Place).</p> <p>For example,</p> <ul style="list-style-type: none"> <li>- The widening participation activity had included the NHS Cadets Programme which included 59 young people offering over 3,000 person/hours of development and the number of NHS Career Ambassadors had increased to 100.</li> <li>- In 2023-24, 53 people were recruited to the expanding HomeFirst and Urgent Community Response services, and it was confirmed that 85% were Wirral residents.</li> <li>- Over 3% of the Trust's workforce are on apprenticeship programmes providing opportunities to gain qualifications whilst in employment.</li> <li>- In year 1, Marine Place at the Marine Lake Health and Wellbeing Centre served over 6,500 customers, with 380 attendances at groups and over 190 people supported with onward referrals. In the first six months, it generated a social value return of £46, 305 against a 12-month target of £25,000.</li> </ul> <p>With regards to the three 'We Will' statements, it was noted that two had been assessed as 'Met' and one as 'Partially Met'.</p> <p>MB asked for data on the number of tea and coffee tokens handed out by GPs to patients at the Marine Lake Health and Wellbeing Centre.</p> <p>The Board of Directors welcomed the update provided on the progress of the 'We Will' statements and the significant developments and achievements made. It was noted that the Trust could demonstrate significant progress in all areas of its Social Value Framework.</p>
<p><b>14.</b> WCT24/25-039</p>	<p><b>Communications and Marketing Report for Q4 2023-24</b></p> <p>AH presented the Communications &amp; Marketing Report Q4 2023-24 highlighting communication activity both internally and externally.</p>

	<p>The priorities for Q1 2024-25 were noted and the approach to reporting to align activity to strategic objectives was welcomed.</p> <p>The Board of Directors welcomed the report with no further questions or comments.</p>
<p><b>15.</b> WCT24/25-040</p>	<p><b>Place / System governance briefing</b></p> <p>AH confirmed that due to the pre-election period the Place Based Partnership Board had not met in June 2024 and would meet again in July 2024.</p> <p>It was noted that Carol Johnson-Eyre, Chief Executive of Wirral Citizens Advice had been appointed as the Chair of the PBPB for the financial year.</p> <p>AH also noted that the PBPB was reviewing the risks included in the Place Delivery Assurance Framework and these were now being mapped across the Trust's BAF.</p> <p>The Board of Directors noted the update and there were no further comments.</p>
<p><b>16.</b> WCT24/25-041</p>	<p><b>NHS Provider License Self-Certification</b></p> <p>AH presented the NHS Provider License Self-Certification 2023-24 providing evidence of compliance with the NHS Provider Licence. The appendix attached to the report provided the evidence of compliance for Board approval.</p> <p>BJ referred to Section G6 and suggested adding the Trust's CQC Inspection 'Good' rating score.</p> <p>The Board of Directors considered the evidence aligned to each element of the provider licence conditions and approved the proposed response including publication on the Trust's website.</p>
<p><b>17.</b> WCT24/25-042</p>	<p><b>Green Plan Annual Report</b></p> <p>In the absence of Interim Chief Finance Officer, MG presented the Annual Report of the Trust's Green Plan 2022 - 2025.</p> <p>It was noted that some positive steps had been made over the last 12 months against national targets, however progress in some areas was slow and limited until the Trust was able to recruit to the vacant Sustainability Manager post.</p> <p>BJ confirmed that the Finance &amp; Performance Committee had received the report and members had good discussions on progress and the current challenges.</p> <p>The Board of Directors approved the updates to the Green Plan 2022-25 and had no further comments.</p>
<p><b>18.</b> WCT24/25-043</p>	<p><b>Remuneration and Terms of Service Committee revised Terms of Reference</b></p> <p>AH presented the Remuneration &amp; Terms of Service Committee revised terms of reference and noted the updates in red text which had previously been approved by the committee.</p> <p>The Board of Directors approved the revised Remuneration and Terms of Service terms of reference and had no further comments.</p>
<p><b>19.</b> WCT24/25-044</p>	<p><b>Quality Account 2023-24</b></p> <p>PS presented the Quality Account 2023-24 for approval prior to submission to NHSE and publication on the Trust's website by 30 June 2024.</p> <p>PS confirmed that the Quality &amp; Safety Committee had received and commented on the draft report noting that it evidenced excellent performance against quality goals and set a clear trajectory to achieve goals in 2023-24.</p> <p>The report was separated into four parts;</p> <ul style="list-style-type: none"> <li>- The introduction which included a mandated statement for the Chief Executive and Chair to sign following approval from the Board of Directors.</li> <li>- Part 2 Vision and Values</li> </ul>



	<ul style="list-style-type: none"> <li>- Part 3 Look back at achievements</li> <li>- Part 4 Planning Ahead for 2024-25</li> </ul> <p>The key achievements included were the CQC inspection results and Staff Survey results.</p> <p>The Board of Directors celebrated the detail included in the Quality Account and approved it for publication.</p>
<p><b>20.</b> WCT24/25-045</p>	<p><b>Mortality Report - Learning from Deaths Q4 2023-24</b></p> <p>ER presented the Mortality Report - Learning from Deaths Q4 2023-24 providing evidence that learning from deaths was firmly embedded as a priority across the Trust ensuring full adherence to the National Learning from Deaths framework.</p> <p>The reporting of deaths which included Child deaths was now reported by service.</p> <p>There were 10 reported deaths none of which were within scope for reporting. This included a total of 7 child deaths all of which were reviewed using SUDIC methodology. During the reporting period there were 0 deaths which met the criteria for StEIS reporting.</p> <p>There was an increased number of child deaths that were associated with safe sleeping arrangements and a thematic review of child deaths by the 0-19 service had been commissioned by the Chief Nurse. It was noted that the Trust was actively involved in the promotion of Safe Sleep and actively engaging across Places, to promote this to the families. This included working in collaboration with Merseyside Police on a Safer Sleep Pilot alongside the Trusts Child and Young Peoples services.</p> <p>The Board of Directors approved Appendix 1 for publication on the Trust's website.</p>
<p><b>21.</b> WCT24/25-046</p>	<p><b>Safe Staffing Report Q3 and Q4 2023-24</b></p> <p>CM presented the report noting that it included an overview of the Trust and CICC wards Safe Staffing information and data.</p> <p>This report detailed the following:</p> <ul style="list-style-type: none"> <li>- principles of safe staffing</li> <li>- safe staffing model</li> <li>- update regarding six monthly review Trust-wide safe staffing</li> <li>- Q3 &amp; 4 safe staffing analysis - CICC</li> <li>- Q3 &amp; 4 safety analysis aligned to safe staffing analysis - CICC</li> </ul> <p>The Board of Directors was assured by the report and had no further questions or comments.</p>
<p><b>22.</b> WCT24/25-047</p>	<p><b>Sexual Safety Charter</b></p> <p>CM presented the Sexual Safety Charter providing assurance on progress of the actions related to the Sexual Safety of NHS Staff and Patients programme.</p> <p>It was noted that for the first time, the National Staff Survey and the National Education and Training Survey (NETS) completed in 2023 included data on the experience of the workforce and healthcare trainees and students in relation to sexual misconduct and unwanted behaviour. CM also noted that for the National Staff Survey the Trust scored better than average for the comparator group of Community Trusts for both questions of being the target of unwanted behaviour of a sexual nature in the workplace from patients/service users, relatives, or members of the public and from staff/colleagues.</p> <p>CM confirmed that action plans were progressing well which included mandatory eLearning for specialised staff and ongoing collaboration with Wirral University Teaching Hospital.</p> <p>BJ asked what percentage of staff complete Level 3 Safeguarding.</p>

	<p>CM noted very few staff completed Level 3 training and the Safeguarding Team and HR were working together on material to raise awareness.</p> <p>The Board of Directors were assured by the update provided.</p>
<p><b>23.</b> WCT24/25-048</p>	<p><b>Modern Slavery Act Statement</b></p> <p>CM presented the Modern Slavery Act Statement.</p> <p>The statement provided a summary of the Trust's responsibilities in relation to the Modern Slavery Act 2015.</p> <p>Following approval from the Board of Directors the Chief Executive and Chairman would sign the Modern Slavery Act Statement.</p> <p>The Board of Directors were assured by the Sexual Safety Charter update.</p>
<p><b>24.</b> WCT24/25-049</p>	<p><b>Annual Reports 2023-24</b></p> <p><b>Director of Infection Prevention and Control (DIPC) Annual Report 2023-24</b></p> <p>PS presented the report to provide assurance of compliance against the regulatory framework and the high standards of IPC practice across the Trust. PS noted that the Quality &amp; Safety Committee had received the report and approved its presentation to the Board of Directors.</p> <p>The report provided an overview of the significant achievements made during the year and detailed compliance against the 10-criterion listed in the Health and Social Care Action Code of Practice on the prevention and control of infection.</p> <p>The Board of Directors received the Director of Infection Prevention and Control Annual Report 2023-24 and was assured that IPC system and processes were in place.</p> <p><b>Freedom to Speak UP (FTSU) Annual Report 2023-24</b></p> <p>AJ attended to present the Freedom to Speak Up (FTSU) Annual report 2023-24 highlighting the following key points;</p> <ul style="list-style-type: none"> <li>• The Quality &amp; Safety Committee had received the report and approved its presentation to the Board of Directors</li> <li>• Nationally there had been an increase in reporting 'confidence in the FTSU process' and a decrease in anonymous reporting, 85% reported were open by staff members which was up by 60% from last year.</li> <li>• The FTSU Satisfaction questionnaire reported 100% stated that the reporter would speak up again.</li> <li>• Staff Survey 2023 benchmarking graph indicated the Trust was 4<sup>th</sup> from top with 67% 'confident my organisation would address my concerns'.</li> <li>• The FTSU Strategic Plan for 2024/25 had developed and approved through the QSC.</li> <li>• Training sessions for existing FTSU Champions continued across the Trust and further board development sessions were planned to support reflection and planning in relation to FTSU.</li> <li>• PS advised that following a recent CQC engagement visit the CQC commended the Trust for having 127 FTSU Champions.</li> </ul> <p><b>Emergency Preparedness, Resilience and Response Annual Report 2023-24</b></p> <p>MB attended to present the Emergency Preparedness, Resilience and Response Annual Report 2022-23 including the Major Incident Plan, which identified work undertaken to ensure that the Trust was compliant with statutory requirements as a Category 1 Responder under the Civil Contingencies Act (CCA) 2004. MB confirmed that the Quality &amp; Safety Committee had received the report and approved its presentation to the Board of Directors.</p>

	<p>The EPRR standards self-assessment action plan had travelled through Quality &amp; Safety committee in May 2024 and was on track to complete outstanding actions which would give a substantial rating.</p> <p>The Board of Directors approved the DIPC Annual Report 2023-24, the FTSU Annual Report 2023-24 and EPRR Annual Report 2023/2024.</p>		
<b>25.</b> WCT23/24-050	<b>Staff Voice</b> <p>The minutes from the meeting on 3 June 2024 are pending approval and would be shared at the next Public Board meeting on 21 August 2024.</p>		
<b>26.</b> WCT23/24-051	<b>Council of Governors</b> <p>The minutes from the Council of Governors meeting on 15 May 2024 are subject to approval at the next CoG meeting on 4 September 2024.</p>		
<b>27.</b> WCT23/24-052	<b>Any other Business</b> <p>None.</p>		
<b>28.</b> WCT23/24-053	<b>Invitation for Public Comments</b> <p>None.</p>		
<b>29.</b> WCT23/24-054	<b>Items for Risk Register</b> <p>There were no new risks identified for the risk register.</p>		
<b>30.</b> WCT23/24-055	<b>Staff Story</b> <p>CM introduced the Staff Story which featured Michael McCarthy, Senior Exercise Physiologist, Long Covid service.</p> <p>Michael described his role as a Senior Exercise Physiologist for the Long Covid service which included a prescribed exercise programme for patients and advice on nutrition.</p> <p>Michael described how he had supported a patient with long Covid symptoms with a 1:1 personalised exercise programme which had improved her fitness and wellbeing.</p> <p>Maria Pugh, Service Lead for the Long Covid Service attended the meeting in person and described how the patient had suffered from pain and fatigue. The team had provided a personalised care plan and holistic approach which had improved the patients' health and wellbeing significantly.</p> <p>MP highlighted the illness was a new long-term condition and the team was also learning about it. The team would continue to work in collaboration to improve care plans and support for patients.</p> <p>The Board of Directors welcomed and appreciated the story shared and extended thanks to the service.</p>		
<b>31.</b> WCT23/24-056	<b>Summary of actions and decisions</b> <p>AH provided a brief summary of actions and decisions taken during the Board of Directors meeting.</p>		
<b>Date and Time of Next Meeting:</b> <p>The next formal Trust Board meeting will take place on <b>Wednesday 21 August 2024 at 2.00pm, St Catherine's Health Centre.</b></p>			
<b>Board - Chair Approval</b>			
<b>Name:</b>		<b>Date:</b>	
<b>Signature:</b>			

The Board of Directors meeting closed at 1.06pm.

## Board of Directors - Matters Arising 2024-25

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

There were no actions from the meeting on 17 April 2024.

Actions from meeting held on **19 June 2024**.

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
<b>Board Assurance Framework (BAF) strategic risks 2024-25</b>	WCT24/25-036	Amend the strategic risk ID04 initial rating to reflect the current rating	A Hughes	August 2024	<b>Complete</b>
<b>Social Value Framework Annual Report 2023-24</b>	WCT24/25-038	Provide the Board with information on the number of tea and coffee tokens handed out by GPs to patients at the Marine Lake Health and Wellbeing Centre	A Bennett	October 2024	<b>Verbal update to be provided</b>
<b>NHS Provider License Self-Certification</b>	WCT24/25-041	Add the Trust's CQC Inspection 'Good' rating score to section G6	A Hughes	August 2024	<b>Complete</b>