

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

DRAFT MINUTES OF MEETING

WEDNESDAY 17 APRIL 2024 at 2.00PM

Members:

In Attendance:

Ms Jenna Brassington	Public Governor	(JB)
Ms Carla Burns	Deputy Director of HR and L&OD (agenda item 6)	(CBu)
Ms Lynn Collins	Lead Governor	(LC)
Mrs Cathy Gallagher	Senior Assistant (minute taker)	(CG)
Mr Dave Hammond	Deputy Chief Strategy Officer (agenda item 13)	(DH)

Reference	Minute				
1.	Journey of Care: HomeFirst				
WCT24/25- 001	PS introduced the Journey of Care story which focused on the HomeFirst service. The patient's wife described how during her husband's long stay in hospital they were offered HomeFirst which provided a personal care package in their own home.				
	The patient's wife praised the staff for their exceptional care, compassion and support of her husband and noted thanks in enabling him to get home and continue his rehabilitation.				
	The Board of Directors welcomed the opportunity to receive the Journey of Care story and thanked and all those involved.				
2.	Apologies for Absence				
WCT24/25- 002	Mr Anthony Bennett, Chief Strategy Officer.				
3.	Declaration of Interests				
WCT24/25- 003					

	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.					
4.	Minutes of the previous meeting - 21 February 2024					
WCT24/25- 004	The Board of Directors approved the minutes of the meeting held on 21 February 2024, as a true and accurate record.					
5.	Matters Arising - 21 February 2024					
WCT24/25- 005	The Board of Directors reviewed the current status and noted any outstanding items. (See separate actions/matters arising tracker.)					
6.	Shadow Board Programme Report					
WCT24/25- 006	CM introduced the report and presentation following conclusion of the Shadow Board Programme in the Trust. CM noted that the programme was a six-month leadership development programme funded through the Northwest Leadership Academy and facilitated by the Inspiring Leaders Network (ILN). The programme had involved Deputy Directors and senior leaders across the Trust and extended thanks to all for their commitment and hard work in participating in the programme. CM also extended thanks to MB for chairing the programme and supporting each of the candidates at the shadow board meetings.					
	CM invited CBu, Deputy Director of HR & OD and as representative of all the participants to share reflections and learning from the programme with the Board of Directors.					
	CBu thanked the Board for the opportunity to attend the meeting (today) and to participate in the programme. On behalf of all participant members, CBu shared the following key points;					
	 The programme had highlighted the importance of building relationships and connections and gave invaluable insight into the etiquette when operating at board level and as a member of the unitary Board. All participants had appreciated the input of board members during the programme and their honest reflections and sharing of their own leadership journeys The culture of the programme had demonstrated kindness, compassion and constructive learning All participants had also gained valuable skills and knowledge from the four 					
	 taught modules of the programme including an increased understanding of the governance and statutory functions of the Board. The practical tools and tips shared were very helpful and the opportunity to present in a shadow board meeting using current board papers was appreciated by all. All participants had gained enhanced skills, and increased confidence when 					
	presenting, and relationships had been strengthened further as a result of the programme.					
	CBu also thanked MB for chairing the programme.					
	MB asked if the Shadow Board Programme had been delivered in other Trusts. CM confirmed that ILN had been facilitating similar programmes in 3 NHS providers.					
	BJ thanks CBu for an interesting reflection of the programme and asked if colleagues had had opportunity, through the programme, to discuss their individual aspirations. CM advised that this would be addressed through the appraisal process with participants that had completed the programme.					
	KH extended sincere thanks to CBu and all participants for engaging so positively in the programme and recognising it as a valuable development opportunity. KH also extended thanks to the Northwest Leadership Academy for supporting this investment in Trust staff.					

	All members of the Board congratulated CBu and all participants on having successfully completed the programme.						
7.	Chair's Report						
WCT24/25- 007	MB presented the Chair's Report which included key updates for members' attention and assurance.						
	MB noted the process underway to appoint a new Audit Chair to the Trust and thanked the Council of Governors for their support and leadership. MB advised that further announcements would be made in due course following the completion of all necessary checks.						
8.	The Board of Directors received the report with no further questions or comments. Lead Governor's Report						
o. WCT24/25- 008	LC presented the report summarising recent work of the Council of Governors. LC also noted the process to appoint a new Audit Chair to the Trust.						
9.	The Board of Directors received the report with no further questions or comments. Chief Executive's Report						
WCT24/25- 009	KH presented the report which highlighted key issues of local, regional and national importance. The following key points were highlighted;						
	KH confirmed that the new Sexual Health Wirral service had launched on Monday 1 April 2024 and thanked the team involved in the mobilisation of the service.						
	The national NHS staff survey results had been published and KH reflected on the progress made in many areas across the Trust and the increased response rate from colleagues.						
	The 2023 Patient-Led Assessments of the Care Environment (PLACE) results had been published, with the Trust scoring above the national average in all six of the assessed areas, three of which scored 100%. KH extended congratulations to the team at CICC where the assessment was completed and thanks to the external assessors.						
	KH advised that Dr Amanda Doyle OBE, National Director for Primary Care and Community Services had visited the Trust in April 2024 and was impressed by the collaborative and integrated services shared. KH also noted that Sir Julian Hartley, Chief Executive of NHS Providers would be visiting the Trust at the end of April 2024.						
	KH welcomed any comments or questions on the report; there were no further questions or comments from members of the Board.						
10.	Reports from the committees of the Board						
WCT24/25- 010	Quality & Safety Committee - 13 March 2024						
010	CB provided a verbal report highlighting the following key areas:						
	 The committee had received assurance on incident reporting with an update reported on the switch to the new LFPSE system which had resulted in a drop in incident reporting. The Trust had raised this with the national team, as had others, and the reporting mechanism was being reviewed. The committee continued to receive useful updates from the system and Place 						
	 arrangements. The draft Quality Goals for 2024-25 had been received for discussion. The CQC action plan had been shared with progress to complete on track. An update on the mobilisation of the 0-19 Lancashire contract was shared and it was noted that it had been reflected in the outcome of strategic risk ID01. 						
	• The organisational risk report was presented with 3 high-level risks noted in relation to the Lancashire contract and data transfers. It was noted that robust						

•	mitigations were being put in place supported by effective engagement with Lancashire County Council and the current provider, HCRG. The Mortality Assurance Report Q3 was received, and the committee was
•	assured by the updates. The Infection Prevention & Control Assurance Report Q3 was received, and
•	the committee was assured by the position reported. The Safeguarding Assurance Report Q3 was received, and the committee was
	assured by the position reported. It was noted that the Trust was actively involved in the promotion of Safe Sleep and was working collaboratively with Merseyside Police on a Safe Sleep Pilot programme.
•	The Emergency Preparedness Resilience and Response (EPRR) Action Plan 2023-24 was received, and the committee was assured by the update.
•	There was nothing to report, by exception in relation to the Audit Tracker and the implementation of internal audit review recommendations. The Audit and Quality Improvement Annual Programme 2024-25 was
•	presented to provide assurance on the draft as it was developed. The Annual Cycle of Business for the committee was approved.
•	The updated Policy Schedule was shared to provide assurance that policies were updated in line with Trust policy. The committee approved a one-month extension for IG21 Data Protection Impact Assessment (DPIA) Policy, noting that it remained fit for purpose and was under review.
Fir	nance & Performance Committee - 3 April 2024
BJ	provided a verbal report highlighting the following key areas:
•	There were five items approved by the committee; the Board Assurance Framework, decision and action log from previous meetings, updated Terms of Reference for the Information Governance & Data Security Group, the 2024- 25 Capital Programme and the revised Procurement policy reflecting the inclusion of the new Provider Selection Regime.
•	The Chief Finance Officer and Chief Operating Officer provided updates from the Integrated Performance Board in March 2024. The matters shared included a recent deep dive into cost pressure in the GP Out of Hours service, plus hosted services and secondments from outside and into the Trust. The operational matters shared included Estates challenges at CICC where it was noted that a new Facilities Management contract had been awarded by Clatterbridge Cancer Centre which could cause a cost pressure for the Trust, but responsiveness should improve supporting bed capacity/availability
•	but responsiveness should improve supporting bed capacity/availability. The Financial Plan and Capital programme for 2024-25 was received with members receiving a briefing on the current plan together with outstanding matters, risks, and potential mitigation. It was noted that another iteration of the plan would be due to the ICB in the next few weeks ahead of a final submission by the ICB to NHSE on 2 May 2024.
•	The Head of Capital Projects & Estates presented the Estates Work Plan including the closing report for 2023-24 and the new plan for 2024-25. The committee was pleased to note that there were no outstanding issues on the Marine Lake Health & Wellbeing Centre. It was confirmed that progress continued on the remodelled Urgent Treatment Centre at Arrowe Park Hospital as part of the UECUP programme.
•	The results of the Patient-Led Assessments of the Care Environment (PLACE) at CICC were very strong with no scores lower than 93% on any of the 8 metrics.
•	The financial position was reported and the challenge to the delivery of the 2024-25 Productivity & Efficiency Programme (P&E)/ Cost Improvement Programme (CIP) was noted given lead times required to get projects
•	approved and implemented. The Deputy Director of Contracts and Commissioning and the Head of Procurement attended to provide an overview of the Provider Selection Regime and present the revised Procurement Policy for approval.

	 The Chief Digital Information Officer presented the 2023-24 Data Security & Protection Toolkit Assurance Report. The final DPST report would be submitted to committee in June 2024 for approval prior to the submission deadline of 30 June 2024. The committee was assured by the update and approved the plan. The organisational risk report was received, and the committee considered the strategic risks to be included in the BAF 2024-25. It was agreed that a further discussion at informal board would be requested on financial risks in the context of the development of the financial plan 2024-25. 					
	People and Culture Committee - 10 April 2024					
	GM provided a verbal report highlighting the following key areas:					
	 The system / Place updates continued to be received and were appreciated by all members. 					
	 The People Strategy Year 2 Delivery Plan closure report was presented, and 8 actions were approved to be carried over to the Year 3 Delivery Plan. The committee supported discussions on realistic objectives, achievable targets and linking up with other plans. The Workforce Report was received for assurance with members noting an 					
	increase in long-term sickness which remained under review by PCOG and IPB.					
	 The results of the NHS staff survey had been shared and the committee was pleased to see the improvements in Staff Engagement. The new Associate Non-Executive Director advert would shortly go live on 					
	 TRAC system. The Flexible and Agile Working (revised) Policy had been developed and was now in consultation with the Trade Unions. 					
	Informal Board - 20 March 2024					
	AH presented a summary of the items considered at the informal board meeting, noting the detail also included in the papers.					
	AH also presented a proposed approach to Informal Board planning for 2024-25 recognising the parallel Board Development Programme being supported by the Northwest Leadership Academy. It was suggested that the plan for informal sessions would remain flexible in-year and respond to specific topics or items escalated for discussion by committees of the Board or based on national guidance and policy updates.					
	All members of the Board supported this approach for 2024-25.					
11.	Integrated Performance Report					
WCT24/25- 011	KH introduced the report which provided a summary of performance across the Trust up to the end of February 2024, noting that a detailed analysis of performance was completed in the oversight groups reporting to the Integrated Performance Board (IPB).					
	AH referred to the progress made on the development of a published version of the Integrated Performance Report following updates shared at recent Board meetings.					
	Each published KPI to be included in the report would include information on:					
	 The Trust's performance in-month and Year To Date (YTD) The annual target, and progress against the target Rolling monthly performance for the last 12 months, and; Commentary providing further detail on performance for each KPI 					

The published version of the Integrated Performance Report would be progressed and finalised for the next meeting of the Board of Directors in June 2024 and there would be a phased approach for the 40 KPI's to be published.

Operational Performance

JC highlighted the following position for operational/service performance:

- There were 64 green KPIs, 13 amber and 9 red and good progress had been made to increase performance in all areas. The red KPIs predominately related to waiting lists; all referrals were clinically triaged and would be seen sooner if there were any high or medium clinical needs. The health inequalities waiting tool was being implemented across all services and was a valuable tool in engaging with patients. MiAA was concluding an internal review on waiting list management which would be reported to the Finance & Performance Committee when complete.
- Performance against the four-hour target in the Walk-in-Centre and Urgent Treatment Centre remained one of the highest across Cheshire & Merseyside.
- Bed occupancy in the Community Intermediate Care Centre (CICC) had dropped slightly for Month 11 but continued to be over 90%. The median length of stay target was currently 20 days.
- Referrals to the HomeFirst service were exceeding the target set at 170.
- Urgent Community Response 2-hour and 2-day performance continued to exceed the 70% target which demonstrated the huge demand for community services.
- ER advised that UCAT 15-minute response times and UCAT 30-minute response times continued to perform well. The CAS 20-minutes response times trend continued to improve, and NHS 111 service had improved over the past 3 months.

Quality Performance

PS highlighted the following position for quality performance:

- There had been 0 StEIS reportable incidents YTD.
- There had been 0 category 3 pressure ulcers attributable to the Trust, 0 moderate harm incidents attributed to the Trust and 0 IPC incidents attributed to the Trust.
- QUAL01 Serious untoward incidents reported via StEIS had been 1 YTD which demonstrated an improvement.
- QUAL02 Number of incidents reported and QUAL03 Patient Safety incidents reported had reduced to a point of special cause variation since the transition to the Learning from Patient Safety Events (LFPSE) system. The reduction in the incidents reported had been escalated to the national team for investigation.
- QUAL17 Falls resulting in moderate or above harm YTD was 4 which demonstrated a significant improvement.
- QUAL22 Friends and Family Test responses were received with a 92.5% satisfaction score. The year-to-date position was at 92.5%.

Workforce Performance

CM highlighted the following position for workforce performance:

- Staff turnover was at 10.5% which was under the strategic target of 12%.
- Mandatory training compliance had increased from 95.1% to 95.3%. All mandatory core training was over 90% compliance.
- Sickness absence had increased slightly to 7.3% due to an increase in long term sickness absence. The number one reason was stress and anxiety which was a national issue.
- Agency usage was at 0.2% which was well below the cap of 3.7%.
- There was a 20.7% response rate to the Pulse Survey in January 2024.

	Financial Performance
	MG highlighted the following position for financial performance:
	 In Month 11 the Trust had achieved a £974,000 surplus against a plan of £700,000.
	 Income was £2m higher than anticipated at the beginning of the year. The non-pay overspends related to premises, the cost of energy, service charges and pressure on domestic services and inflation. Spending was £1.2m less on agency spend for Month 11 compared to last year. Capital expenditure forecast was £2.9m within budget for this year.
	 Better Payment Practice Code performance by volume and by value both achieved the target.
	The Board of Directors received the report noting the performance reported up to and including M11 across all performance domains.
12. WCT24/25-	Board Assurance Framework (BAF) 2023-24 strategic risks year-end 2023- 24
012	AH presented the updated position in relation to strategic risks managed through the BAF following detailed review by the committees during March and April 2024 and the year-end position 2023-24.
	The year-end position for 2023-24 was noted with 1 high-level strategic risk on the BAF (ID04) which related to the financial settlement 2023-24. It was noted that this remained a high-level risk, despite the Trust having achieved its financial plan as the FPC had noted the reliance on non-recurrent CIP savings and the consequential impact on future years. It was noted that the approach to financial risks on the BAF would be discussed at the informal board on 15 May 2024.
	AH noted that at the year-end three risks had achieved their target risk ratings - IDO3, ID05 and ID06.
	Following review by the People & Culture Committee on 10 April 2024, ID07 had reduced from RR12 to RR8, and it has been agreed that the new risk ID10 would be carried forward for 2024-25.
	AH also noted the Place Delivery Assurance Framework and the alignment to strategic risks on the BAF.
	In concluding the report, AH noted that MIAA had completed the Annual Assurance Framework Review confirming that the BAF met the required standards and was visible across the organisation.
	The Board of Directors was assured of the oversight and management of strategic risks in the BAF through the sub-committees of the Board and approved the strategic risks year-end position for 2023-24. The Board of Directors also welcomed the position reported in the Annual Assurance Framework Review.
13.	Organisational Strategy 2022-27 Year 2 progress report
WCT24/25- 013	DH presented the Organisational Strategy 2022-27 Year 2 progress report noting that the key achievements against each of the 'We Will statements' were included for Board assurance and that a separate Social Value Report would be prepared and presented to the Board in June 2024.
	MB asked about feedback from primary care on the Population Health Management initiatives. DH advised the feedback was very positive which was also echoed by Dr Amanda Doyle when she visited the Trust and had the opportunity to engage with Trust and PCN colleagues working on the frailty programme.

	BJ asked how the operational developments, including the frailty work with Moreton and Meols, would be shared with the Board to provide early awareness and detail on key programmes.
	KH advised that all programmes would be tracked through the governance of the Trust with the Programme Oversight Group playing a key role in tracking the progress to deliver. KH suggested that more detailed briefings could be shared via informal board sessions.
	The Board of Directors welcomed the update provided on the progress during Year 2 of the strategy and recognised the significant developments and achievements made. It was also noted that the tracking of delivery plans for each of the enabling strategies provided good visibility on progress. The alignment of delivery plans to strategic objectives also allowed for robust tracking of any potential risks to the achievement of the Trust strategy. The members thanked DH for his presentation and commended all involved in their hard work.
14.	Place / System governance briefing
WCT24/25- 014	KH provided an update confirming that the Wirral Place Based Partnership (PBPB) continued to meet and engage actively with partners across Place. The newly established Community and Primary Care Programme Board was working well to define objectives with a focus on population health. KH noted that Mark Greatrex would take the Chair of this board with effect from early May 2024.
	KH noted that the Trust continued to engage in the MHLDC arrangements across Cheshire & Merseyside.
	MB also added that the Trust was actively supporting the ICB commissioned review of clinical pathways and services in Wirral.
	The Board of Directors welcomed the update and had no further comments.
15. WCT24/25-	Delegated Authority for approval of the Annual Report and Accounts 2023- 24
015	AH noted that since publication of the papers, further discussions had taken place with Grant Thornton and given the interim arrangements at CEO and CFO level, and the absence of the Audit Chair, it was recommended that the Board did not delegate authority to the Audit Committee on this occasion to receive and approve the Annual Accounts and Annual Report for 2023-24.
	The Board of Directors approved this position noting that it reflected current arrangements.
16.	Revised Audit Committee Terms of Reference
WCT24/25- 016	AH presented the revised Audit Committee Terms of Reference and highlighted that when appointed the new Audit Chair would complete a further review.
	The consequential changes to the Quality & Safety Committee Terms of Reference would be reviewed by the committee before being presented to the Board of Directors for approval.
17.	Care Quality Commission (CQC) Statement of Purpose
WCT24/25- 017	PS presented the revised CQC Statement of Purpose and highlighted the amendments included the start date for the Lancashire 0-19 service.
	The Board of Directors approved the amendments to the CQC Statement of Purpose.
18.	Mortality Report - Learning from Deaths Q3 2023-24
WCT24/25- 018	ER presented the Mortality Report - Learning from Deaths Q3 2023-24 highlighting the new format of the report which included detailed governance processes

	inherent to the framework, the structures to child deaths, information on the medical examiner role and a breakdown of service locality.				
	ER noted that the report had already been shared with the Quality & Safety Committee. The report noted that there were 10 reported unexpected deaths including 4 child deaths all reviewed and investigated but non resulted from harm or care provided by the Trust and no deaths had met the criteria for StEIS reporting. It had been identified a number of child deaths had been associated with safe sleeping arrangements. The Trust was actively involved in the promotion of Safe Sleep and engaging with partners working in collaboration with Merseyside Police on a Safe Sleeping Pilot alongside the Trusts Child and Young People services.				
	ER noted that paragraph 29 of the report included April 2024 as the date of Lancashire 0-19 service go live; the transfer date would be updated accordingly.				
	The Board of Directors received the report, noting oversight by the Quality & Safety Committee and approved appendix 1 for publication on the Trust's website.				
19.	Staff Voice Forum				
WCT24/25- 019	The decision and action log from the meeting of the Staff Council held on 9 November 2023 and 22 January 2024 was received and noted.				
20.	Council of Governors				
WCT24/25- 020	The minutes from the Council of Governors meeting on 17 January 2024 were subject to approval at the next CoG meeting on 15 May 2024.				
21.	Any other Business				
WCT24/25- 021	On behalf of the Board of Directors, all staff, governors and partners MB extended thanks and best wishes to Karen Howell OBE as she was leaving the Trust. MB recognised her leadership of the Trust and the contribution she had made to the future strength of the Trust.				
22.	Invitation for Public Comments				
WCT24/25- 022	JB, public member praised the Board of Directors for their dedication and described the Trust as being a safe service for everyone.				
23.	Items for Risk Register				
WCT24/25- 023	There were no new risks identified for the risk register.				
24.	Staff Story				
WCT24/25- 024	CM introduced the Staff Story which featured Sarah Leaver, Healthcare Assistant, HomeFirst. Sarah described the HomeFirst personal care package in place to support the patient's recovery and the special relationship she had built up with the patient and his wife.				
	The Board of Directors welcomed and appreciated the story shared.				
25.	Summary of actions and decisions				
WCT23/24- 154	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 19 June 2024 at 2.00pm, St Catherine's Health Centre.					
Board - Cha	ir Approval				
Name:	Date:				
Signature:					
1					

The Board of Directors meeting closed at 4.17pm.



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
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 February 2024	Complete.

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

Actions from meeting held on 21 February 2024.

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Remuneration & Terms of Service		Review membership and quoracy as described in the ToRs.	A.Hughes	March 2024	Complete.
Committee Terms of Reference - Annual Review	WCT23/24- 144	Review and clarify the reference to the expenses policy for the Trust.	A.Hughes / M.Greatrex	April 2024	Complete.
Sexual Safety	WCT23/24-	Employers' Initiative on Domestic Abuse - request caveat to the fourth of five	C.Madsen	February 2024	Complete.



1	Fopic Title	Minute Reference	Action Points	Lead	Due Date	Status
	Charter	148	commitments to 'providing <u>access to</u> training and support…'.			

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