



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

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

DRAFT MINUTES OF MEETING

WEDNESDAY 16 OCTOBER 2024 at 2.00PM

Members:

Mr Anthony Bennett	Chief Strategy Officer	(AB)
Prof Chris Bentley	Non-Executive Director	(CB)
Mr Meredydd David	Non-Executive Director	(MD)
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	Interim Chair	(GM)
Mr Dave Miles	Interim Chief Finance Officer	(DM)
Mr Dave Murphy	Chief Digital Information Officer	(DMu)
Mr Bradley Palin	Interim Chief Operating Officer	(BP)
Dr Eddie Roche	Interim Medical Director	(ER)
Mrs Paula Simpson	Chief Nurse	(PS)

In Attendance:

Ms Lynn Collins	Lead Governor	(LC)
Mrs Cathy Gallagher	Senior Assistant (minute taker)	(CG)
Ms Emma Robinson	Associate Non-Executive Director	(ERob)

Reference	Minute
1. WCT24/25-083	Journey of Care: Community Heart Failure Service ER introduced the Journey of Care story which focused on the Community Heart Failure Service. The patient described how the Trust was supporting the health and wellbeing of the local community and praised Rosalyn Clare, Heart Failure Specialist Nurse for her professionalism and exceptional care. The Board of Directors welcomed the opportunity to receive the Journey of Care story and thanked all those involved.
2. WCT24/25-084	Apologies for Absence Emma Robinson, Associate Non-Executive Director.
3. WCT24/25-085	Declaration of Interests The members of the Board confirmed standing declarations of interest, and it was noted that there was nothing on the agenda that required further action in respect of standing or new interests.

<p>4. WCT24/25-086</p>	<p>Minutes of the previous meeting - 21 August 2024</p> <p>The Board of Directors approved the minutes of the meeting held on 21 August 2024, as a true and accurate record.</p>
<p>5. WCT24/25-087</p>	<p>Matters Arising - 21 August 2024</p> <p>The Board of Directors reviewed the current status and noted any outstanding items. <i>(See separate actions/matters arising tracker.)</i></p>
<p>6. WCT24/25-088</p>	<p>Chair's Report</p> <p>GM presented the Chair's Report which included key updates for members' attention and assurance.</p> <p>GM thanked Claus Madsen, Chief People Officer for his leadership and contribution over the last 2 years as he left the Trust to take up a new role in Manchester. GM also extended a warm welcome to Debs Smith, new Chief People Officer on a joint appointment between WUTH and WCHC. GM noted that Debs will bring a wealth of experience to the Board and would formally start in post on 21 October 2024.</p> <p>The 2024 Team WCHC Staff Awards would take place on Friday 25 October 2024 at the Crowne Plaza, Liverpool and this year more staff than ever before had confirmed their attendance. GM reflected that it promised to be a wonderful evening celebrating the successes of staff and teams right across the Trust.</p> <p>As noted in the report and for members assurance, GM confirmed that he had completed the assurance process to verify all of the evidence to support the board member Fit and Proper Persons annual checks to ensure on-going compliance with Regulation 5: Fit and Proper Persons.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
<p>7. WCT24/25-089</p>	<p>Lead Governor's Report</p> <p>LC presented the report summarising recent work of the Council of Governors.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
<p>8. WCT24/25-090</p>	<p>Interim Chief Executive's Report</p> <p>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"> • Wirral System Review was completed with formal recommendations accepted by Cheshire & Merseyside Integrated Care Board (ICB) the Boards of both Trust (WCHC), and Wirral University Teaching Hospital Foundation Trust (WUTH). Debs Smith would take on the joint Chief People Officer role for WCHC and WUTH. • MG thanked CM on behalf of the Board of Directors for his leadership of the People Strategy and wished him well in his new role at Greater Manchester Mental Health NHS Foundation Trust. • The annual national NHS Staff Survey launched at the start of October 2024 inviting everyone to take the opportunity to share their views about working at the Trust. • Over 360 staff would be attending this year's Team WCHC Staff Awards on 25 October 2024 compared to 280 last year. • This year's appraisal compliance achieved 94.8% which was one of the best performances across the country. • October was Freedom to Speak Up (FTSU) month with a focus on 'here to listen' encouraging people to feel confident to speak up. Alison Jones, FTSU Guardian was leading the campaign supported by over 120 FTSU champions. • The staff flu campaign launched in early October 2024 encouraging all staff to get vaccinated to protect themselves and those in our care. Other campaigns launched included Community Services Week, Infection Prevention Week,

	<p>Cyber Awareness Month, Black History Month, World Mental Health Day, World Menopause Day and Allied Health Professionals Week.</p> <ul style="list-style-type: none"> Regional news included Louise Shepherd appointment as Regional Director for the Northwest with effect from 3 November 2024. Sir Julian Hartley had been announced as the next Chief Executive of the independent healthcare regulator, the Care Quality Commission (CQC). MG congratulated Alison Hughes, Director of Corporate Affairs and Senior Information Risk Owner (SIRO) who was shortlisted in the Cyber Executive/SIRO of the Year 2024 Awards. MG also acknowledged the NHS Cadets Project Team who were shortlisted in the HPMA Excellence in People Awards 2024. The 'Stand Out' winners for August 2024 were Chris Allen and Helen Nevin from the Knowsley 0-25 Target Team and 0-19+ South and Nursery Nurse Teams, St Helens. <p>CM advised that the NHS Cadets programme was highly commended in the Hill Dickinson award for excellence in organisational development in our HPMA Excellence in People Awards 2024. To commemorate this achievement a tree was planted in the Trust's honour.</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>9. WCT24/25-091</p>	<p>Reports from the committees of the Board</p> <p>Quality & Safety Committee - 11 September 2024</p> <p>CB provided a verbal report highlighting the following key areas:</p> <ul style="list-style-type: none"> An update was received on the Wirral Place Quality & Performance group in relation to the challenges of the neuro-diversity agenda and the four components of service which was discussed at Board. The Falls Prevention Safety QI Plan 2024/25 identified in the CICC wards that caffeinated drinks could relate to falls as a result decaffeinated drinks would be served. The Quality Strategy Delivery Plan included discussion on the Community Nursing development programme. It had been confirmed that Autism Together had offered to deliver the Tier 2 Oliver McGowan training to relevant and eligible staff across the Trust. The Quality and Patient Experience report was received and an increase in moderate harm incidents was noted. The committee sought further assurance on analysis of the early indicators to understand the data and identify any themes or trends. There were no high-level organisational risks reported to the committee as per the Risk Policy. The relevant strategic risks included in the Board Assurance Framework (ID01 and ID02) were reviewed and the committee noted the information shared in relation to the Wirral Place Delivery Assurance Framework (PDAF) and the risks included. The Mortality Assurance Report was approved for presentation to the Board for formal ratification. The PSRIF Assurance Report was presented which included 10 priority areas that had been derived locally. The Safeguarding Assurance Report for Q1 was presented for assurance and included a CiC case study of a 15-year-old in care. The Clinical Audit and Quality Improvement Assurance Report included discussions on the Respiratory Virtual Ward that was managed jointly by WCHC and WUTH. The Safe Staffing Report provided assurance on the approach taken to ensure safe staffing levels were achieved. The Inclusion Annual Report 2023-24 was received, and the committee was assured by the content of the report.

- The EPPR Core Standards Annual Self-Assessment 2023-24 included an updated action plan and was approved for presentation to the Board of Directors for formal ratification.

Informal Board - 30 September 2024

AH presented a summary of the items considered at the Informal Board meeting, noting the detail also included in the papers.

Members of the Board of Directors attended a Board Development session on anti-racism delivered by BRAP a charity transforming the way we all think and do equality. A further session would be held mid-November.

Audit committee - 9 October 2024

MD provided a verbal report highlighting the following points:

- The Audit Tracker Tool, Organisational Risk Report and BAF were received for assurance on the systems and processes in place across the Trust to manage risk.
- The high-level risk report was received providing an overall position trust-wide and assurance on the risk escalation framework process through oversight groups, IPB and the committees of the Board.
- The Trust-wide policy schedule included 102 policies and of these 101 were approved and published. One had expired and four were under review. Over the next six months 17 policies were due to expire.
- Positive assurance was received from MIAA in relation to progress of the internal audit plan 2024-25.
- The Internal Audit Progress report included the Electronic Patient Records (EPR), Key Financial Systems and Patient Safety Incident Response Framework (PSIRF).
- The Anti-Fraud Progress Report was received, and the committee was assured by the update.
- There were no new tender waiver applications received.
- The findings from the annual committee self-assessment of effectiveness were presented with identified areas for further development. Overall it was noted that the committee was functioning well and meeting its Terms of Reference as set by the Board of Directors.
- The committee also received a summary of the findings from all other committees to be assured in accordance with Audit Committee Terms of Reference to *'review the findings of other significant assurance functions (e.g., reports from external regulators and arm's length bodies, the work of other committees)'*.

Finance & Performance Committee - 2 October 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 Estates Management Group Terms of Reference
 - the realignment of the Travel Subsistence Policy for the new e-expenses system.
 - The Board Assurance Framework which had three actions from the previous FPC in relation to the scoring of ID04 and ID06.
- The committee received an update on the enhanced financial control measures for discretionary non-pay and the vacancy control processes. It was agreed that a similar update should be provided to the Quality & Safety Committee with a focus on any quality and safety impact as a result of the enhanced controls. This action was referred to the Quality & Safety Committee.
- Matters raised by exception included the challenging Trust CIP target although unidentified CIP target had reduced to 12%.

- There were no high-level organisational risks reported to the committee as per the Risk Policy.
- Following the approval of the electronic health record in August 2024 the ICB had requested a pause on the contract which was due to start on 1 October but is now expected to start on 1 November 2024.
- The Information Governance lead presented an update on the new DSPT Cyber Assurance Framework (CAF) providing an overview of the new requirements and how this would be addressed in the Trust, in order to meet national reporting timelines.
- The Head of Corporate Governance shared with committee the findings from the annual self-assessment of effectiveness with some areas for further development and improvement identified. Overall, it was noted that the committee was functioning well and meeting its Terms of Reference as set by the Board of Directors.

People and Culture Committee - 9 October 2024

As GM was in the Chair for the meeting, CM, as Executive Lead for the committee provided a verbal report highlighting the following key areas:

- Following an action referred from the Finance & Performance Committee the committee received an assurance report on the vacancy control procedures particularly in respect of clinical vacancies.
- The Year 3 People Strategy Delivery Plan was received, and the committee was updated on the progress to complete all 33 actions included.
- The Workforce Report was presented, and committee was assured by the update against each of the key People metrics.
- The Head of Equality, Diversity and Inclusion presented the Inclusion Annual Report 2023-24 and committee welcomed the detail included in the report.
- The Ethnicity Pay Gap report 2024 was presented and committee was assured by the positive data; a further review of the data would include clinical and non-clinical posts.
- The Head of Corporate Governance shared with committee the findings from the annual self-assessment of effectiveness with some areas for further development and improvement identified. Overall, it was noted that the committee was functioning well and meeting its Terms of Reference as set by the Board of Directors.
- The Policy Schedule Update confirmed that all HR policies were in date at the time of reporting. It was noted that there were three policies due to expire at the end of October 2024 and one at the end of November 2024. All were under review. The committee approved extensions to three of the policies (HRP01, HRP02 and HRP04) to reflect operational priorities and the imminent release of national guidance on resolution policies.

Staff Voice Forum - 23 September 2024

CM gave a verbal update from the Staff Voice Forum on 23 September 2024, noting the Wellbeing/Basic Needs campaign link for the website was shared at the meeting.

The charity for the Pennies from Heaven initiative was discussed, and staff would be asked for their views on either keeping the current charity Air Ambulance or changing to a new charity. An update was received on the Staff Flu Campaign 2024.

10.
WCT24/25-
092

Integrated Performance Report

MG introduced the report which provided a summary of performance across the Trust up to and including the end of August 2024, noting that a detailed analysis of performance was completed in the oversight groups reporting to the Integrated Performance Board (IPB).

Operational Performance

BP highlighted the following position for operational performance:

- There were a total 91 KPIs; 75 green KPIs, 4 amber and 12 red and good progress had been made to increase performance with action plans in place for all red KPIs.
- Performance against the four-hour target in the Walk-in-Centre and Urgent Treatment Centre remained high at 98.6%.
- Bed occupancy in the Community Intermediate Care Centre (CICC) was at 93.5%. The median length of stay was currently 19 days.
- Referrals to the HomeFirst service were at 179 (v's target of 170).
- Urgent Community Response 2-hour and 2-day performance continued to exceed the 70% target at 91.7% which demonstrated the huge demand for community services.
- The UCAT 15-minute response was at 71.2% and UCAT 30-minute response was at 96.7%.
- The CAS 20-minute response times trend was 82.3 % and 2-hour 93.5% in month which continued to improve, and NHS 111 Service had improved at 81.8%.
- RTT and DM01 were 100% compliant.
- Speech & Language Therapy had received additional funding to recruit additional therapists to help reduce waiting lists.

Workforce Performance

CM highlighted the following position for workforce performance:

- Staff turnover was at 9.3% which was under the strategic target of 10%.
- Mandatory training compliance had increased to 94.9% which was above the 90% target. All mandatory core training was over 90% compliance.
- Sickness absence was at 5.9%. The main reason for absence was stress and anxiety which aligned with the national position.
- Agency usage was at 0.6% below the cap of 3.2%.
- The quarterly People Pulse Survey was at 19.6% uptake for Q2.

Quality Performance

PS highlighted the following position for quality performance noting that there were several positive areas within the Trust's safety metrics to highlight.

There had been zero incidents relating to Trust care delivery in the following areas

- Category 3 and above pressure ulcers
- IPC incidents including CDificile and MRSA
- Falls resulting in moderate or above harm
- Missed medication incidents resulting in moderate or above harm
- QUAL 02 - Number of incidents reported was within normal variation, achieving stability in reporting following transition to LFPSE in December 2023. It was noted that the historical context remained visible on the adjusted SPC chart to support continuous analysis.
- QUAL 03 - Patient Safety Incidents were reporting within normal variation. There were eight data points above the mean, which would typically indicate a shift or change in reporting, however it was acknowledged that this was likely associated with the implementation of LFPSE which continued to be tracked through the Trust's governance framework to identify early warning indicators / emerging themes.

	<ul style="list-style-type: none"> • QUAL 07 - There had been 2 ICO reportable IG incidents regarding an IG confidentiality breach YTD, both were being managed through appropriate policy and had been closed by the ICO. • QUAL 18 - The YTD position of all incidents reported with moderate and above harm level was at 5.5%. • Experience metrics QUAL 08 - 3 complaints were received in August which was comparable to previous reporting month with no themes or trends identified. • QUAL 22 - The YTD Friends and Family Test responses was at 93.5% satisfaction score based on 2,595 responses in month. <p>Financial Performance</p> <p>DM highlighted the following position for financial performance:</p> <ul style="list-style-type: none"> • A deficit of £110,00 was reported for M5 against the YTD plan of £100,000. • Income was slightly ahead of plan at £649,000. • Expenditure was slightly over plan at £639,000. • The CIP schemes YTD delivered £1.7m efficiencies against £2m target. • Better Payment Practice Code performance by volume and by value were both over 94.1% and value at 95% against a target of 95%. • Cash balance at the end of June was at £12.6m. • Agency costs were at 1.03% against a cap of 3.2%. • Capital expenditure was at £412,000 against a plan of £988,00. <p>The Board of Directors received the report noting the performance reported across all performance domains.</p>
<p>11. WCT24/25-093</p>	<p>Board Assurance Framework (BAF) strategic risks 2024-25</p> <p>AH presented the updated position in relation to strategic risks managed through the BAF following detailed review by the committees during September and October 2024 and at the informal board session on 30 September 2024.</p> <p>There were currently 8 strategic risks detailed in appendix 1.</p> <p>The new strategic risk ID11 related to partnership working and organisational strategy. The mitigations, gaps, outcomes and trajectory for ID11 had been included and were highlighted in red text. It was noted that this risk had oversight by the Board of Directors only.</p> <p>The highest scoring risk remained ID04 with a current risk rating of RR16 (4 x 4). The Finance & Performance Committee had continued to review and monitor this risk and at its most recent meeting also considered the risk score in relation to the relevant risk on the Place Delivery Assurance Framework (PDAF).</p> <p>All other risks were scored between RR12 and RR8.</p> <p>Through the committees of the Board an action was taken to complete a deep dive review of the PDAF risks at a forthcoming informal board session. It was noted that this would be schedule for Q3/4, 2024-25.</p> <p>The Board of Directors was assured of the oversight and management of strategic risks in the BAF through the sub-committees of the Board. The Board of Directors noted the current risk ratings and ID04 as the highest scoring risk.</p>
<p>12. WCT24/25-094</p>	<p>5 Year Organisational Strategy Assurance Report - mid-year update</p> <p>AB presented the 5 Year Strategy mid-year report, and the following points were noted.</p> <ul style="list-style-type: none"> • The report provided an overview of key achievements against each of the 'We Will statements' from the Organisational Strategy in each of its key sections (excluding social value, which was subject to a separate annual report).

	<ul style="list-style-type: none"> • The report included highlights from each of the enabling strategies (Quality, People and Digital) recognising that formal reporting and oversight was through the committees of the Board. • In operational development, the progress against 10 'We will' statements was provided each with a mid-year update. This included the development of integrated care models for 0-19+ services in Cheshire & Merseyside, the continued expansion of the Community Integrated Response Team, the continued development of the Home First service with system partners, the Community Intermediate Care Centre pathway development to support step-up capability and (but not limited to) the continued development of the Single Point of Access into a multidisciplinary Right Care Hub for access to urgent care services, admission avoidance and integrated care coordination. • Key updates on the Quality and Innovation included embedding a framework for system-wide learning (PSIRF), building a strong innovation and research portfolio and establishing processes for systematically hearing from people and communities. • Key updates on Digital included reference to the planning and preparation to move from DSPT to CAF in 2025-26, the move to 'hybrid cloud' in 2025-26, the Electronic Health Record future state design and defining a strategic model for remote and assistive care. • Key updates on People objectives included the successful delivery of the NHS Cadets Programme maximising the Trust's role as an anchor institution, delivering the Staff Engagement Plan and launching the Trust's Behavioural Standards Framework. • Key updates on Inclusion included the positive position in relation to staff completing Tier 1 of the Oliver McGowan training, which was at 97% of staff. <p>BJ asked about the Virtual Frailty Wards and if occupancy was at target level. BP advised that the target was 80% and occupancy was currently at 88%. BJ suggested it would be useful for the occupancy target to be added to TIG as a KPI.</p> <p>BJ asked if there was a methodology with Wirral University Teaching Hospital (WUTH) in relation to tracking performance related to admission avoidance. BP agreed the data could be enhanced further and would review this with colleagues at WUTH.</p> <p>MD asked how the Family Hubs were funded and how any impact was measured. TB confirmed that they were government funded and an additional £3m had been allocated across 75 Local Authorities. TB added that any impact would be reviewed and reported via 0-19 services.</p> <p>AH referred to the NHS Cadets Programme success and advised that future funding had not been secured through NHSE or St John's Ambulance. MD suggested exploring funding streams through HEIs.</p> <p>The Board welcomed the update and the progress reported in the mid-year report.</p>
<p>13. WCT24/25-095</p>	<p>PLACE Governance arrangements and progress</p> <p>MG referred to the recommendations from the Wirral Review including a review of Place governance arrangements.</p> <p>AH referred to the Place Delivery Assurance Framework and the alignment of PDAF risks with the BAF.</p> <p>The Board of Directors noted the update and there were no further comments.</p>
<p>14. WCT24/25-096</p>	<p>Charitable Funds Annual Report</p> <p>DM presented the Charitable Funds Annual Report 2022-23 highlighting the following key points;</p> <ul style="list-style-type: none"> • The published statement referred to the financial year 2022-23 and updates were included for 2023-24.

	<ul style="list-style-type: none"> • StaffZone had been updated to make the charitable funds application form more accessible and the Charitable Funds Policy would be updated and published during 2024-25. • A service level agreement (SLA) between the Trust and CWP had been produced. The CWP charity currently invoiced the Trust for services provided based on a percentage of funds held. The fee for 2023-24 was £5,000. <p>The Board noted the latest published financial statements for the Trust's charitable funds (for the financial year 2022-23) and noted updates to the charitable funds during 2023-24 and the plans to promote and encourage donations and funding applications throughout the Trust.</p>
<p>15. WCT24/25-097</p>	<p>Board of Directors Terms of Reference Annual Review</p> <p>AH presented the Board of Directors Terms of Reference (ToR) confirming that an annual review of the ToR had been completed following review of all committee ToRs during July-August 2024 to ensure they continued to be fit for purpose and accurate.</p> <p>AH noted that an addition was made to the membership and rules to be observed to allow emergency powers and urgent decisions.</p> <p>The Board of Directors reviewed the terms of references and approved all of the proposed changes and the publication on the Trust's website.</p>
<p>16. WCT24/25-098</p>	<p>Annual Inclusion and Health Inequalities Report 2023-24</p> <p>CM presented the Annual Inclusion and Health Inequalities Report 2023-24 summarising the Trust's progress in the EDI agenda and presented key patient and workforce related equality data and analysis. It included the Trust's key Inclusion priorities for 2024-25.</p> <p>The Board of Directors approved the Annual Inclusion and Health Inequalities Report 2023-24 and the publication on the Trust's website.</p>
<p>17. WCT24/25-099</p>	<p>Mortality Report - Learning from Deaths</p> <p>ER presented the Mortality Report - Learning from Deaths Q1 April - June 2024.</p> <p>It was noted that there was a total of 9 reported unexpected deaths including 5 child deaths; all had been reviewed and investigated and none had resulted from harm or care provided by the Trust. None of the deaths had met the criteria for StEIS reporting.</p> <p>ER notes that two adult deaths had proceeded to a more detailed review of systems and processes by way of an After-Action Review which would be reviewed by the Clinical Risk Management Group.</p> <p>The Board of Directors approved Appendix 1 for publication on the Trust's website.</p>
<p>18. WCT24/25-100</p>	<p>Anti-Racism Statement</p> <p>CM presented the WCHC Anti-Racism Statement and noted the Trust previously signed up to the NHS England Northwest BAME Assembly Anti-Racist Framework with a commitment and an action plan to achieve Bronze level status by 31st March 2025.</p> <p>The final version of the WCHC Anti-Racism Statement was supported by the Equality, Diversity and Inclusion Steering Group.</p> <p>The Board of Directors approved the statement and publication on the Trust's website.</p>
<p>19. WCT24/25-101</p>	<p>Staff Voice Forum</p> <p>The minutes from the meeting of Staff Voice Forum on 3 June 2024 and 15 July 2024 were received and noted.</p>

20. WCT24/25-102	Council of Governors The minutes from the Council of Governors meeting on 15 May 2024 were received and noted. The minutes from the meeting on 11 September 2024 were subject to approval at the next CoG meeting on 13 November 2024.
21. WCT24/25-103	Any other Business CM thanked the Board of Directors and staff for their support and dedication during his tenure as Chief People Officer at the Trust.
22. WCT24/25-104	Invitation for Public Comments None.
23. WCT24/25-105	Items for Risk Register There were no new risks identified for the risk register.
24. WCT24/25-106	Staff Story CM introduced the Staff Story which featured Rosalyn Clare, Heart Failure Specialist Nurse. Rosalyn shared her story which related directly to the Journey of Care shared at the start of the meeting. The Board of Directors welcomed and appreciated the story shared and extended thanks to the service.
25. WCT23/24-107	Summary of actions and decisions AH provided a 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 11 December 2024 at 2.30pm, Community Centre, St Catherine's Health Centre.	
Board - Chair Approval	
Name:	Date:
Signature:	



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
Board Assurance Framework (BAF) strategic risks 2024-25	WCT24/25-036	Amend the strategic risk ID04 initial rating to reflect the current rating	A Hughes	August 2024	Complete
Social Value Framework Annual Report 2023-24	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	Complete.
NHS Provider License Self-Certification	WCT24/25-041	Add the Trust's CQC Inspection 'Good' rating score to section G6	A Hughes	August 2024	Complete



Actions from meeting held on **21 August 2024**.

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Board Assurance Framework	WCT24/25-067	Provide an overview of the governance supporting the PDAF at Wirral Place through informal board session	A.Hughes	November 2024	This will be included in an informal board session in Q3/Q4.
Annual Declaration of Interests	WCT24/25-071	Amend end date for BJ declaration related to MHLDC	K.Lees	August 2024	Complete.
Terms of Reference Annual Review	WCT24/25-073	Add Associate NED to 'in attendance' for committees of the Board	K.Lees	August 2024	Complete.
Safeguarding Annual Report	WCT24/25-073	Confirm back to Quality & Safety Committee the detail in relation to scrutineers in each place and update the Annual Report accordingly.	P.Simpson	September 2024	Complete.