

FIFTY-EIGHTH BOARD OF DIRECTORS MEETING

WEDNESDAY 6 SEPTEMBER 2017

2:00 PM

TRAINING SUITE - 3RD FLOOR

ST. CATHERINE'S HEALTH CENTRE

DERBY ROAD

BIRKENHEAD

WIRRAL

BOARD OF DIRECTORS MEETING

Wednesday 6 September 2017 at 2.00 pm
Training Suite, 3rd Floor, St. Catherine's Health Centre

AGENDA PART II

No	Time	Item (10 minutes)	Action	Reference
1.		Patient Story - Cherubs Breastfeeding Director of Nursing & Quality Improvement	To assure	WCT17/18-046 (d)
PRELIMINARY BUSINESS: (10 minutes)				
2.		Apologies for Absence		WCT17/18-047 (v)
3.		Declaration of Interests		WCT17/18-048 (v)
4.		Minutes of the previous meeting: <ul style="list-style-type: none"> 5 July 2017 	To approve	WCT17/18-049 (d)
5.		Matters Arising: <ul style="list-style-type: none"> 5 July 2017 	To assure	WCT17/18-050 (d)
STATUTORY BUSINESS: (40 minutes)				
6.		Chair's Report	To note	WCT17/18-051 (d)
7.		Report from the Lead Governor	To assure	WCT17/18-052 (d)
8.		Chief Executive's Report	To assure	WCT17/18-053 (d)
9.		Reports from the sub-committees of the Board - July & August 2017: <ul style="list-style-type: none"> Quality & Governance Committee Education & Workforce Committee Finance & Performance Committee Non-Executive Chairs of the Committees <ul style="list-style-type: none"> Staff Council Director of HR & Organisational Development <ul style="list-style-type: none"> Board Development Sessions Director of Corporate Affairs	To assure	WCT17/18-054 (d)
PERFORMANCE: (20 minutes)				
10.		Integrated Performance & Risk Report - June - July 2017 Chief Executive	To assure	WCT17/18-055 (d)
11.		Board Assurance Framework Director of Corporate Affairs	To assure	WCT17/18-056 (d)
STRATEGY & PLANNING (55 minutes)				
12.		Healthy Wirral - Whole System Integration Update Chief Operating Officer	To assure	WCT17/18-057 (d)
13.		Quarter 1 Communications & Marketing Strategy Update for reporting period April - June 2017 Director of Corporate Affairs	To assure	WCT17/18-058 (d)
14.		Workforce Race Equality Standard (WRES) Director of HR & Organisational Development	To assure	WCT17/18-059 (p)
15.		Emergency Preparedness, Resilience & Response (EPRR) Annual Report 2017/18 & Self-Assessment against EPRR Core Standards Review of Major Incident Plan Interim Director of Business Development & Strategy	To approve	WCT17/18-060 (d)

COMMITTEE REPORTS: (5 minutes)

16.		Staff Council: <ul style="list-style-type: none">• 25 May 2017	To note	WCT17/18-061 (d)
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ITEMS FOR INFORMATION:

17.		Any Other Business		WCT17/18-062 (v)
18.		Invitation for Public Comments: The public meeting of the Trust Board is a meeting held in public, rather than a public meeting. At the discretion of the Chairman there will be an opportunity at this point for attending members of staff and the public to make relevant points.		WCT17/18-063 (d)
19.		Items for Risk Register		WCT17/18-064 (v)
20.		Summary of actions and decisions		WCT17/18-065 (v)

Date and Time of Next Meeting:

The next Public Board of Directors meeting will take place on **Wednesday 1 November 2017** at 2.00pm.

Patient Story Cherubs Breast Feeding

Meeting	Board of Directors		
Date	06 September 2017	Agenda item	1
Lead Director	Sandra Christie, Director of Nursing and Quality Improvement		
Author(s)	Anna Simpson, IG/Governance Officer		

To Approve <input type="checkbox"/>	To Note <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>
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Link to strategic objectives & goals - 2017-19	
<i>Please mark ✓ against the strategic goal(s) applicable to this paper</i>	
Our Patients and Community - To be an outstanding trust, providing the highest levels of safe and person-centred care	
We will deliver outstanding, safe care every time	✓
We will provide more person-centred care	✓
We will improve services through integration and better coordination	✓
Our People - To value and involve skilled and caring staff, liberated to innovate and improve services	
We will improve staff engagement	✓
We will advance staff wellbeing	
We will enhance staff development	✓
Our Performance - To maintain financial sustainability and support our local system	
We will grow community services across Wirral, Cheshire & Merseyside	
We will increase efficiency of corporate and clinical services	✓
We will deliver against contracts and financial requirements	

Link to the Board Assurance Framework (strategic risks)					
<i>Please mark ✓ against the principal risk(s) - does this paper constitute a mitigating control?</i>					
Our Patients and Community		Our People		Our Performance	
Quality and safety including addressing inequalities is not maintained or improved	✓	Lack of, or ineffective engagement and 2-way communication with staff & governors		Failure to respond to system changes and the requirements of the NHS Five Year Forward View	
Patient experience is not systematically collected, reported or acted upon	✓	Failure to maintain a competent, engaged and resilient workforce that feels trusted, listened to and valued at work within a changing environment	✓	Failure to deliver the efficiency programme and achieve all the relevant financial statutory duties	
Inability to deliver the benefits of integration within the defined timescales		Failure to provide quality training and supervision and opportunities for career development for all staff		Inability to sustain performance against contractual and financial targets	

Link to the Organisational Risk Register (Datix)
N/A

Has an Equality Impact Assessment been completed?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Paper history		
Submitted to	Date	Brief Summary of Outcome
No history		

Patient Story

CHERUBS Breastfeeding

Purpose

1. A person's story enables the board to hear directly from patients, their families or carers about their experience of care services. Patient stories engage service users, their families or carers in ways that use their knowledge and experience to directly influence the provision of care services.
2. The person telling their story has consented to the board hearing their story and also to their photograph being used within the presentation. The patient has consented to their story being shared publicly and with care provider organisations.
3. This story is about a patient who accessed the 0-19 Cheshire East CHERUBS service in Macclesfield after struggling to breastfeed her baby.

Executive Summary

4. Breastfeeding provides young infants with the nutrients they need for healthy growth and development.
5. The World Health Organisation (WHO) recommends exclusive breastfeeding for up to six months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.
6. In this story, the individual struggled to initiate breastfeeding. Consequently, she was referred into the 0-19 Cheshire East CHERUBS service.
7. The CHERUBS team responded to the needs of the patient by providing breastfeeding tips, identifying the baby had tongue tie, offering creative solutions, suggesting a supplementary feeding system and by providing needed reassurance to the patient.
8. Consequently the mother was able to successfully breastfeed her baby.

Patient Story

9. In this story the individual talks about her experience of accessing the 0-19 Cheshire East CHERUBS service and the specialist staff who supported her to initiate breastfeeding of her baby.
10. The Cheshire East 0-19 service is commissioned to provide:

0-5 Health Visiting Family Nurse Partnership Targeted breastfeeding	5-19 years Healthy Child Programme including NCMP Vaccination & Immunisation Programme
School Health 5-19 HCP including NCMP	NHS England Vaccination and Immunisation programme

11. Wirral Community NHS Foundation Trust (WCT) employs 170 staff in Cheshire East 0-19 Service and the service covers Alsager, Nantwich, Crewe, Sandbach, Middlewich, Congleton, Holmes Chapel, Macclesfield, Wilmslow, Knutsford, Poynton and Handforth.

12. The CHERUBS team in Cheshire East provides specialist breastfeeding advice and targets deprived areas in Cheshire East. There are Cherubs groups set up in each town and there are ten sessions per week. There is also a Cherubs Facebook, website and help line. CHERUBS deliver training to all Early Years workers in the local authority.
13. In Wirral, WCT provide a universal breastfeeding service to all ladies from the antenatal period. This forms part of the antenatal conversation and for women who want to learn more about breastfeeding in the antenatal period, they are invited to attend an infant feeding parent-to-be session that specifically looks at the benefits and practicalities of breastfeeding. All breastfeeding mothers are offered additional visits in the post natal period to support and continue breastfeeding.
14. On Wirral WCT also subcontract Homestart breastfeeding service that are able to visit seven days per week to support women who may be experiencing breastfeeding issues and will deliver breast pumps for women that are deemed necessary to use a pump on a short term basis.
15. Staff working within the Wirral 0-19 service receive two days Unicef breastfeeding training and a full day two yearly breastfeeding update. Staff working within the Cheshire East 0-5 service receive an initial two day breastfeeding session and then an annual update. The 5-19 staff receive a half day session.
16. Breastfeeding provides young infants with the nutrients they need for healthy growth and development. Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the health care system and society at large.
17. Breastfeeding reduces the baby's risk of:
 - infections, with fewer visits to hospital as a result
 - diarrhoea and vomiting, with fewer visits to hospital as a result
 - sudden infant death syndrome (SIDS)
 - childhood leukaemia
 - type 2 diabetes
 - obesity
 - cardiovascular disease in adulthood
18. Breastfeeding lowers the mothers risk of:
 - breast cancer
 - ovarian cancer
 - osteoporosis (weak bones)
 - cardiovascular disease
 - obesity
19. However, breastfeeding isn't always a simple process and many women struggle with it. Furthermore, a recent longitudinal study has shown that mothers who plan, but are unable, to breastfeed their babies are more likely to suffer from postnatal depression (Borra, Iacovou and Sevilla, 2015).
20. In this patient story when the mother was discharged from hospital her baby wasn't feeding properly so she felt anxious about coming home. The CHERUBS team in Cheshire East provided a home visit and offered breastfeeding tips.
21. Emma Evans, Infant Feeding Coordinator, identified that the baby had a tongue tie and that this was potentially preventing him from latching on. This wasn't identified by the midwife or health visitor. The baby was then referred by CHERUBS to Oldham Hospital where he received tongue tie division.

22. In Cheshire East the Infant Feeding Coordinator has recently been trained in tongue tie division and is now ready to deliver services. The service is currently in the process of setting up clinics in the South of Cheshire East. In Wirral, staff are being trained to perform this procedure. However, there is currently a service on Wirral that staff can refer into and this is run by midwives.
23. The baby's feeding didn't improve straight away, however 6 - 7 days later during the middle of the night the baby latched on. This was a pivotal moment and the mother got back in contact with the CHERUBS team for further support and advice.
24. The individual's milk flow was not as high as it could be so it was advised by CHERUBS that she used a supplementary feeding system. This had not been suggested before and was a revelation to the patient. This reassured the mother that her baby was getting enough milk and she used this successfully for six weeks. After six weeks the baby was completely attached to breastfeeding.
25. The mother comments on the specialist knowledge of staff in the CHERUBS team, such as them advising on supplements for milk flow. She comments that she does not think she could have received this evidence-based advice from anywhere else. Additionally, she comments that the staff were creative with their suggestions and positive about her chances of breastfeeding.
26. The patient describes the staff as non-judgemental and notes that this is important in a breastfeeding service as in some situations implementation of breastfeeding may not be successful. Consequently a judgemental attitude may make mothers feel like they have failed and this may be detrimental to mothers who are already feeling vulnerable.
27. Unfortunately, friends of the patient who live in other areas do not have access to services such as CHERUBS and consequently have been unsuccessful in implementing breastfeeding. The patient is really grateful that she had the CHERUBS service available to her. At the recent 0-19 celebration in East Cheshire Viv Bennett, Public Health England Chief Nurse, attended and tweeted about our CHERUBS service.
28. Currently in Cheshire East at 6 - 8 weeks 47% of mothers report that they are still breastfeeding and in Wirral 34% do.
29. Additionally, WCT have also been awarded the Baby Friendly Accreditation. Both services have been inspected five times and have received Level 3 Accreditation. As part of the accreditation the UNICEF team audit breastfeeding policies, interview patients, volunteers and assess staff's knowledge.
30. The patient story has been mapped against the Care Quality Commission (CQC) key lines of enquiry. There are five questions they ask of all care services. They are at the heart of the way the CQC regulate and they help to make sure the trust focus on the things that matter to people:

Are our services safe?

All staff within the Trust have the relevant qualifications, competences, skills and experience to ensure patients are safe.

Are our services effective?

The Trust provided effective care. This service successfully enabled the patient to breastfeed her baby. The benefits of breastfeeding are substantial and consequently recommended by the WHO.

Are our services responsive?

The CHERUBS team responded to the needs of the patient by providing breastfeeding tips, identifying the baby had tongue tie, offering creative solutions, suggesting a supplementary feeding system and by providing needed reassurance to the patient.

Are our services caring?

The patient commented that the staff and service were incredibly helpful, supportive, knowledgeable and non-judgmental.

Are our services well led?

The leadership, management and governance of the organisation encourage learning and innovation by all staff.

31. A transcript of the patient story can be found at **Appendix 1**.

Board Action

32. The Board of Directors are asked to be assured of the delivery of high quality, responsive, safe and effective care by staff at Wirral Community NHS Foundation Trust.

Sandra Christie
Director of Nursing and Quality Improvement

Contributor:
Anna Simpson, IG/Governance Officer

1 September 2017

Appendix 1 Story transcript

Patient

'I'm Estelle and I live in the Macclesfield area and my baby is just over a year old now but I used the Cherubs service for the first few months after I had him and found both the staff and service in general incredibly helpful and I'm really thankful that they supported us through the first few months and that we successfully ended up being able to breastfeed until now, actually he's still continuing...it was quite touch and go at the beginning and before being discharged from hospital he hadn't fed properly so I was quite anxious coming home having got breastfeeding established but very soon the Cherubs team came to my house... gave me some different tips about holding positions to begin with... he was very much struggling to latch on... and we were trying to, through a process of elimination, work out what the issue was... was it because I was holding him awkwardly...was it because he had had an awkward delivery and ended up having an emergency C section so he was very drowsy and there had also been forceps used earlier on... so we thought he might have a sore neck which would affect his position... so yeah at first it was about trying different positions...seeing whether that would make a difference...and then afterwards we realised that it might be because he basically he was struggling to latch on... so we could use a nipple shield... so it was a bigger target for him to use... we had some success with that...but it was a bit limited...and he seemed to be very distressed every time I tried to feed him which was distressing me as well...but it became obvious later on...after the team had been a couple of times that it was more than just holding positions or perhaps affected by the drugs that I had to have for the caesarean and so on and that he had tongue tie but it wasn't a very easy tongue tie to see... and so the fact that Emma was trained in recognising that made a real difference and they were able to make a referral for me to Oldham Hospital...who are specialists in that area... it was a little while until I got an appointment and I think he was about six weeks old by the time we went to have that seen to... and his feeding had been very on an off... I had to combination feed him since the beginning... been using a breast pump... but he was still quite distressed every time I went to feed him...and because I'd used a bottle from early on he was showing a preference for bottle feeding rather than breastfeeding...and just before going to the appointment at Oldham I had some queries about whether it was the right thing to do or not...I didn't know whether he would find it distressing...all the advice I got was that he wouldn't because you know they hadn't actually developed the nerve connections for them to be any hurt to their tongue if they have that procedure done... but yeah I was in two minds...I wasn't sure it would necessarily help but I was also willing to give it a try as almost sort of the last option for breastfeeding with him...and immediately after that I don't think his feeding improved immediately we could see in fact the nurse that did it said she could see that he could only move his tongue up and down not from side to side...after the procedure he started doing cartwheels with his tongue and seemed really excited to explore how he could move it so I was hopeful he would latch on properly... but for the next week he didn't and that was quite upsetting...I thought that would make a difference and that he would breastfeed properly...however 6 - 7 days later in the middle of the night he suddenly started feeding... so that was my pivotal moment to just decide to ditch using bottles completely and I got some more advice from the Cherubs team at that point because I wanted to make sure that he carried on feeding that way but I think because he hadn't fed properly from the beginning my flow wasn't as high as it could be...so then they suggested using a supplementary nursing system...and that was a bit of a revelation, nobody had mentioned it to me before ...and what was great about that was although it's a little bit fiddly to use I knew that he was getting more than enough milk through doing that...and it was encouraging him to breastfeed rather than take anything from a bottle...carried on using that for another six weeks...I think... took a lot of determination because it was really awkward to use and it is hard to breastfeed in public...but I persevered and by the end of the six weeks he was completely attached to breastfeeding and I was able to feed him that way with a little bit of supplement twice a day with formula...but to me that felt like a great success...because it seemed at the beginning that that might not happen at all...the other thing I would say is that the Cherubs team, they were great at suggesting things like supplements that I could take that would help with milk flow... I didn't have a big problem with that at the beginning but I think because he wasn't feeding properly that could be affected over time... they mentioned things I could eat like oats that would really help with that...and also supplements so fenugreek that would help with

that...I don't think I could have got that advice anywhere else...there's forums online...but there's so many different suggestions and they aren't necessarily specialists or things that you can trust so it made a big difference knowing that I was speaking to people who had done research in this... I would also say they are non-judgemental and that's really important in a service to support breastfeeding because I think in some situations you know it may not be successful and you don't want you know new mums to feel like they are failing in anyway because it's a time when you can feel quite vulnerable and everything is new you know...you're just getting over having given birth and bringing this tiny baby home and yeah I think it's really important that there isn't a matronly approach that makes you feel like there's one way that's right and one way that's not and yeah very much felt that all members of the team were willing to listen and hear what you wanted to do and then advise you accordingly... they are also quite creative with what they'll suggest so if they can see that you're very determined and that you'll try various different things then there are suggestions that they will make, for example there was something that Emma told me about where she said how having a bath together with your baby can be like a... it sounds new age but a re-birthing experience for them and can trigger them to go back to the instinct which teaches them to breastfeed in the first place...even several weeks after birth...and cause when I spoke to her after he'd had his tongue tie appointment and he still wasn't breastfeeding I was starting to feel a bit desperate like it wouldn't happen and she said to me well actually you know I've known babies to breastfeed sometimes eleven weeks after they're born...because I thought gosh seven weeks is a hell of a long time for him not to do it...and she started telling me about these other ways that can trigger that...and I appreciated that she had lots and lots of tools in her bag which she could pull out and say to think about trying this or that...I've got other friends living in other areas and who've had babies and also had problems with breastfeeding sometimes because of tongue tie that wasn't diagnosed at the hospital and in some cases they have given up and they've not been able to carry on with breastfeeding and I know emotionally they've found that hard and so I'm really glad that I was able to call on a service and I wish that other people in other areas you know had the same access really...'

Glossary

Tongue-tie (ankyloglossia) - where the strip of skin connecting the baby's tongue to the floor of their mouth is shorter than usual. Tongue-tie affects around 4-11% of new born babies.

Supplemental nursing system - consists of a container and a capillary tube leading from the container to the mother's nipple.

References

Borra C, Iacovou M, Sevilla A (2015) New evidence on breastfeeding and postpartum depression: the importance of understanding women's intentions. *Matern Child Health J* 19:897–907

TRUST BOARD OF DIRECTORS MEETING

MINUTES OF MEETING

WEDNESDAY 5 JULY 2017 at 2.00 PM

TRAINING SUITE, ST CATHERINE'S HEALTH CENTRE

Members:

Mrs Chris Allen	Acting Chairman	(CA)
Mrs Sandra Christie	Director of Nursing & Quality Improvement	(SC)
Mrs Irene Cooke	Lead Governor	(IC)
Dr Murray Freeman	Non-Executive Director	(MF)
Mr Mark Greatrex	Director of Finance & Resources	(MG)
Mr David Hammond	Interim Director of Business Development & Strategy	(DH)
Ms Val McGee	Director of Integration & Operations	(VM)
Mr Brian Simmons	Non-Executive Director	(BS)
Mrs Karen Walkden-Smith	Interim Director of HR & OD	(KWS)
Mr Alan Wilson	Non-Executive Director	(AW)

In Attendance:

Ms Fiona Davies	Deputy Chair, Staff Council	(FD)
Ms Sophie Hunter	Interim E&D Lead (agenda items 19 & 20)	(SH)
Mrs Alison Hughes	Trust Board Secretary	(AH)
Ms Denise Powell	Executive Assistant	(DP)

Reference	Minute
1. WCT17/18-020	<p>Patient Story - Integrated Out of Hospital Care</p> <p>SC presented an audio recording and storyboard which focussed on a patient's experience of the care he had received following a fall at home. The patient was experiencing signs of dementia and was accompanied by his daughter.</p> <p>The patient had recently had a fall and was fairly immobile. He was referred for a package of care and health care services such as physiotherapy, dietetics, community nursing, continence and occupational therapy. The care provided prevented the patient from being admitted to hospital and his daughter believed that the quality of care could not have been any better, stating that every member of staff went 'that extra mile.'</p> <p>SC noted the patient and his daughter's praise was a credit to the staff involved in his care. CA asked SC to pass on the Board's thanks to all the staff.</p> <p>IC commended the story as an excellent example of services working together to enable patients to receive treatment at home.</p> <p>The Board of Directors welcomed the patient story and was assured of the delivery of high quality, safe and effective services.</p> <p>VM suggested that Board members could share their own stories at future meetings in order to get a greater understanding of the role of each individual member.</p>

Reference	Minute
<p>2. WCT17/18-021</p>	<p>Apologies for Absence The board received apologies from: Karen Howell, Chief Executive Ewen Sim, Medical Director A welcome was extended to FD who was attending her first meeting of the Board as Deputy Chair of Staff Council.</p>
<p>3. WCT17/18-022</p>	<p>Chairman's Report - July 2017 CA presented the report and highlighted the following key announcements:</p> <ul style="list-style-type: none"> • DH was welcomed to the meeting and congratulations extended on his appointment as Interim Director of Business Development & Strategy. • It was noted that this would be AW's last formal Board meeting before he left the trust in August. CA thanked AW for his considerable contribution to the trust and wished him well for the future. • New guidance on declarations of interest had been issued by NHSE. • The Archbishop of York would be visiting Birkenhead on 8 September 2017 and would visit St Catherine's Health Centre for an hour on that day. • The trust's active cohort of volunteers would be recognised during National Volunteers Week. • Staff from across the organisation had taken part in a number of events during Wellbeing Week. • The Council of Governors would be taking part in a development day on Wednesday 12 July at which the new public governor for Wirral West would be welcomed into the organisation. • Congratulations were extended to student health visitor Louise Roe who had received the University of Chester's Dora Rylance Award for Outstanding Achievement as a Health Visitor Student. • On the NHS's 69th anniversary, CA paid tribute to the hard work of staff both within the trust and across the health service.
<p>4. WCT17/18-023</p>	<p>Report from Lead Governor IC presented the Lead Governor report and informed the Board of the following:</p> <ul style="list-style-type: none"> • The forthcoming CoG development day would give governors some time to get to know each other better and to identify key priorities and areas of focus. • IC welcomed the appointment of Lynn Collins as the new Public Governor for West Wirral. • The CoG Remuneration & Nominations subgroup was supporting the process for recruitment of a new Chair and NED for the trust.
<p>5. WCT17/18-024</p>	<p>Declaration of Interests MF declared an interest as a member of a GP Federation, a practising Wirral general practitioner and as such a member of the Wirral Clinical Commissioning Group (CCG) who commission services from the trust.</p>
<p>6. WCT17/18-025</p>	<p>Minutes of the Previous Meeting - 3 May 2017 The minutes of the previous meeting held on 3 May 2017 were approved as a true and accurate record.</p>
<p>7. WCT17/18-026</p>	<p>Matters Arising - 3 May 2017 AH provided an update on the actions from previous Board meetings. The Board of Directors reviewed the current status and noted the outstanding actions. (See <i>separate actions/matters arising tracker</i>.)</p>
<p>8. WCT17/18-027</p>	<p>Chief Executive's Report MG presented the Chief Executive's report on behalf of KH, highlighting developments of local and national interest and issues relating to the local health and social care economy, particularly those that might impact on the trust.</p> <p>In particular, MG drew attention to the following:</p> <ul style="list-style-type: none"> • The trust had responded to the first consultation on the CQC inspection

Reference	Minute
	<p>programme and would respond to the second and third consultations later in the year.</p> <ul style="list-style-type: none"> • KH attended the NHS Confederation conference in Liverpool in June which also included delegates from social care. • MG extended the board's gratitude to the trust's school nurses who provided support to school children and their families following the terrorist attack in Manchester. • The trust was not directly affected by the cyber attack in May but did learn some valuable lessons as a result. • Recruitment of a new Chair and NED was progressing well. • Urgent care practitioners were helping to support the GP Out of Hours service and decreasing the trust's reliance on locum medical staff. • The trust had been successful in obtaining funding for the Executive Team Development Tool which had been completed earlier in the year. The outcome and feedback from Deloitte had been very positive and KH would deliver a presentation at a future Board Development session. • KH had met with the new Accountable Officer for NHS Wirral CCG and NHS England's new Director of Commissioning Operations for Cheshire & Merseyside. <p>CA asked how Board would be informed of the key issues and developments during the CQC consultation process. SC advised that she would be co-ordinating the trust's response and would submit a paper to Board in September 2017.</p> <p>CA expressed the Board's gratitude to KH for her outward facing role on behalf of the organisation and noted the work carried out by other directors within the trust</p> <p>The Board of Directors noted the content of the report.</p>
<p>9. WCT17/18-028</p>	<p>Reports from the Sub Committees of the Board - May & June 2017</p> <p>Quality & Governance Committee SC highlighted the following from the meeting held on 17 May:</p> <ul style="list-style-type: none"> • The May Quality & Patient Experience Report was approved and the committee noted the improvement in two quality hotspots – pressure ulcers and medication incidents. • The committee was concerned at the lack of progress in reporting triage times; however this was resolved at the committee on 19 June. • The committee noted the Monthly Risk Report and gave feedback on the draft Annual Quality Report. • The committee received a presentation on the revised QIA process and noted the establishment of a QIA scrutiny panel. <p>SC highlighted the following from the meeting held on 19 June:</p> <ul style="list-style-type: none"> • The committee noted the sustained reduction in pressure ulcers and the increased number of Datix incident reports and asked for data on medication incidents to be included in July's Quality Report. • The Q4 assurance reports were received and the committee welcomed the transition from the IPCA system to SystemOne. • The committee discussed this year's challenging flu vaccination targets and agreed that a different approach be taken to ensure that as many staff as possible were vaccinated. • An Excellence In Care self-assessment tool had been introduced and staff who achieved a gold standard would be recognised at the annual Staff Awards event. <p>Education & Workforce Committee MF highlighted the following from the meeting held on 24 May 2017:</p> <ul style="list-style-type: none"> • Assurance was given around the new high level risk in relation to the sexual health consultant contract.

Reference	Minute
	<ul style="list-style-type: none"> • The sickness rate had increased from 4.1% to 4.5% in March although it was acknowledged that this figure was significantly lower than the same period last year (5.3%). • An analysis of leavers had been carried out but no significant trends were identified. SC added that further work had been undertaken to look at nursing leavers in light of national concerns about staffing levels and the trust had raised with the CCG the importance of a system-wide workforce approach. • The staff survey action plan would be monitored on a six monthly basis by IPG. • The committee approved the revised Partnership Recognition Agreement with Staff Side. <p>AW, Acting Chair, highlighted the following from the meeting held on 28 June 2017:</p> <ul style="list-style-type: none"> • The committee reviewed the draft People Strategy for 2017 - 2020, noting the change of name from HR Strategy • The Workforce Report for May showed an increase in sickness absence to 5%. • The committee expressed its gratitude to the colleagues involved in the transfer of over 200 social care staff to the trust on 1 June and the terms of reference for the Social Care Professional Standards Group were received and approved. <p>Finance & Performance Committee</p> <p>AW highlighted the following from the meeting held on 30 May 2017:</p> <ul style="list-style-type: none"> • The committee received an update on the roll-out of SLR and the Trust Information Gateway. • The efforts of the IT team in minimising the impact of the recent cyber-attack on the trust were noted and commended. <p>AW highlighted the following from the meeting held on 28 June 2017:</p> <ul style="list-style-type: none"> • The committee recognised the redesign of the phlebotomy service and the close working with the CCG in terms of the future contract. • The completion of the first phase of GPOOH redesign was acknowledged. • The committee noted that the trust's CIP was slightly behind plan and that overall executive responsibility for CIP lay with VM, with SC leading on the transformation agenda. • The progress of the Healthy Wirral HealthIntent platform was noted. • The committee approved the revised delegated financial limits. <p>CA requested assurance on the trust's preparedness for the HealthIntent platform and MG provide an update outlining milestone dates, progress with GP uploads and the validation of the trust's sample data.</p> <p>Audit Committee</p> <p>BS highlighted the following from the meeting held on 30 May 2017:</p> <ul style="list-style-type: none"> • The annual accounts and quality accounts had been signed off at the meeting. • Gratitude was expressed to the teams involved for the huge amount of work carried out. <p>Staff Council</p> <p>KWS highlighted the following from the meeting held on 25 May 2017:</p> <ul style="list-style-type: none"> • A detailed staff survey action plan was shared with the Council • An update on health and social care integration was given. • The Council also received an update on the Leadership for All programme including appraisal and coaching masterclasses. • The flu vaccination campaign was discussed at Wellbeing Group and wellbeing champions were keen to support the programme.

Reference	Minute
	<p>Board Development Sessions</p> <p>AH advised that the two sessions had been held in May and June 2017 when the Board considered the emerging STPs and the opportunities for the Trust in relation to system changes, and received an update from the Chief Executive and the Medical Director following their attendance at a workshop with colleagues across Wirral on Accountable Care.</p>
<p>10. WCT17/18-029</p>	<p>Integrated Performance & Risk Report - May 2017</p> <p>The Integrated Performance Report provided assurance in relation to the organisation's strategic objectives and linked to the principal risks in each area of the Board Assurance Framework.</p> <p>MG advised that the trust had been utilising Yellowfin and TIG for performance reporting and had applied for a licence for web access which would enable iPad users to access the software remotely.</p> <p>AH stated that the Board Development session on 2 August would provide an opportunity for Board members to be assured that the right indicators were being reported to Board and committees</p> <p>CA commended the report as a much more robust, dynamic and interactive way of the Board receiving information and thanked those involved in developing it.</p> <p>SC highlighted the following from the Our Patients & Community section:</p> <ul style="list-style-type: none"> • The format of this section had been revised in line with the trust's strategic themes and the Quality Strategy and to highlight key information to Board. • The trust's FFT score was 98% and 95% respectively. • There had been a four month sustained reduction in the number of community trust acquired pressure ulcers at grade three or above. • A medication incident improvement plan was in place. <p>KWS highlighted the following from the Our People section:</p> <ul style="list-style-type: none"> • The report mirrored the strategic themes detailed in trust's People Strategy. • The reduction in head count and WTE in May were noted along with the increased sickness absence rate over the previous two months. • The year to date KPI for onboarding was 100%. Social care staff were also required to undertake onboarding. • The year to date position for mandatory training was below target at 81%. <p>VM highlighted the following from the Our Performance section:</p> <ul style="list-style-type: none"> • The trust was developing a new performance strategy to include social care. • KPIs continued to perform well and plans were in place to address those rated red. • There were no red KPIs in the Wirral 0-19 service. Detailed improvement plans were in place to address the two red KPIs in the Cheshire East 0-19 service. • The ongoing concerns around the sexual health IT provider had been escalated to the commissioner. • CIP was slightly under plan and VM was working closely with SC to ensure that transformation would drive efficiencies, including changing some reporting pathways. • Activity was ahead of plan in May. • Agency expenditure was within cap. <p>CA asked how assurance would be provided around transformation and efficiency. SC advised that paper would be submitted to ELT to describe the process and what would be delivered through transformation particularly in the community nursing service. This information would then be submitted to committees on a monthly basis, starting in August.</p>

Reference	Minute
	<p>MG noted that overall activity was at least 1% up on plan with nursing activity at its highest ever level in May. There was a small financial deficit at the end of month two but the trust was still ahead of plan and rated as segment 1 with the regulators.</p> <p>The Board of Directors noted and approved the Integrated Performance Report for the reporting period 1 April - 31 May 2017 and was assured of the actions being taken to address any identified concerns.</p>
<p>11. WCT17/18-030</p>	<p>Board Assurance Framework</p> <p>AH presented the BAF following a review of the principal risks earlier in the year to coincide with new strategic objectives.</p> <ul style="list-style-type: none"> • The report included target risk ratings and actions to mitigate the risks. • There were no high level risks to report to Board but a number of risks were rated at 12 and would continue to be closely monitored. • Those risks with a number of organisational risks mapped across to them were being tracked closely through committees. • It was noted that the HealthIntent Platform presented a potential risk to the organisation and had been aligned to principal risk 7. The F&P Committee would receive regular progress updates. <p>The Board of Directors noted the BAF and was assured by the detail provided within the report and the progress being made.</p>
<p>12. WCT17/18-031</p>	<p>Annual Reports</p> <p>Raising Concerns</p> <p>AW presented the Raising Concerns Annual Report and highlighted the following:</p> <ul style="list-style-type: none"> • The Raising Concerns policy was updated and ratified in April 2017. • 13 concerns were raised in 2016/17 and the outcomes and learning themes had been discussed at Q&G Committee. • Concerns were proactively dealt with by referring them back to services for resolution. • A self-assessment of the action plan was carried out in Q3 and the one remaining action would be picked up in the staff Friends & Family audit. • The FTSU team had been expanded to incorporate the current Non-Executive Director FTSU guardian, Director of Nursing and Quality Improvement, Deputy Director of Nursing and Quality Improvement, Head of Governance and Patient Safety, Staff side chair and a Senior Assistant. • 25 FTSU champions had been recruited from across the Trust. • BS would be taking over the role of FTSU Guardian from August. <p>The Board of Directors was assured by the detail provided within the report.</p> <p>Complaints & Concerns</p> <p>SC presented the Complaints & Concerns Annual Report for the reporting period 1 April 2016 - 31 March 2017, and highlighted the following:</p> <ul style="list-style-type: none"> • 124 formal complaints were recording during the reporting period compared to 64 for the previous year. • 53% of these were upheld compared to 38% nationally. SC reflected that this was a good indication that the trust was listening to patients' concerns and acting on them. • There had been an increase in recorded concerns attributable to implementation of the new phlebotomy service model. • One of the main themes identified was poor communication and it was noted that the phlebotomy staff had undertaken a lot of work to improve patient experience. • One complaint was referred to the Parliamentary Ombudsman but was not upheld. <p>MF noted that the Patient Engagement Group was being relaunched to include</p>

Reference	Minute
	<p>people in receipt of social care packages. CA requested clarification on the reporting pathway for this group.</p> <p>MG asked whether social care staff had automatically been enrolled as members of the trust. AH advised that the trust would write to them to advise them that they were eligible to become members of the trust.</p> <p>MF enquired about the process for investigating complaints about social care. SC advised that the legislation was different but the same procedures would be followed. A member of staff from the local authority had transferred into the trust complaints team.</p> <p>The Board of Directors was assured by the detail provided within the report.</p>
<p>13. WCT17/18-032</p>	<p>Quality Report 2016/17</p> <p>SC presented the Quality Report for 2016/17 which reflected the trust's commitment to providing the best possible standards of clinical care.</p> <ul style="list-style-type: none"> • The report was in a new format this year in line with the detailed guidance for FTs. • A draft of the report had travelled through Quality & Governance Committee and comments had been incorporated into the final version. <p>AH noted that the Quality Report was an integral part of the annual report which had been laid before Parliament. As an FT the trust was still required to publish a Quality Account and the Quality Report would be used for this purpose.</p> <p>The Board of Directors approved the Quality Report for 2016/17.</p>
<p>14. WCT17/18-033</p>	<p>Quality Strategy Annual Review (<i>including quality goals</i>)</p> <p>The Board of Directors noted that an incorrect version of the Quality Strategy Annual Review had been circulated with the papers for the meeting. The correct paper had subsequently been circulated.</p> <ul style="list-style-type: none"> • SC advised that the review would ensure that the trust delivered the ambition of the Five Year Forward View (5YFV). • The report looked at key areas of focus, priorities and measures of success which would be included in the storyboard for IPR. • The quality goals had been shared with staff through Executive Briefing and the organisational briefings which directors were delivering to teams. <p>MF asked where the Board would be able to see information about outputs, for example of patient engagement events. SC advised that outcomes would be displayed in the dashboard.</p> <p>The Board of Directors approved the Quality Strategy Annual Review.</p>
<p>15. WCT17/18-034</p>	<p>Care Quality Commission (CQC) Statement of Purpose</p> <p>SC presented the CQC Statement of Purpose and explained that this was the document the CQC would use to inform the public about the trust.</p> <p>SC noted that many of the services the trust provided were not regulated and the trust had worked with the CQC Regional Advisor to ensure that the correct procedures were in place.</p> <p>The Board of Directors approved the CQC Statement of Purpose.</p>
<p>16. WCT17/18-035</p>	<p>Audit Committee Annual Report 2016/17</p> <p>BS presented the annual report of the Audit Committee which demonstrated the effectiveness of the governance process which the committee oversaw.</p> <p>BS drew attention to paragraph 4.3 regarding Counter Fraud. MG advised that the trust had a spot audit by NHS Protect which resulted in two green ratings being</p>

Reference	Minute
	<p>down-rated to amber. The trust had been given four weeks to respond to the formal report and NHS Protect would require assurance from the Audit Committee that progress had been made.</p> <p>The Board of Directors noted and endorsed the Annual Report of the Audit Committee.</p>
<p>17. WCT17/18-036</p>	<p>NHS Improvement - Corporate Governance Statement and self-certification returns</p> <p>AH presented the corporate governance statement and self-certification returns which provided Board members with assurance in relation to three certifications the trust was required to make to NHSI.</p> <p>AH noted that Condition CoS7(3) did not apply as the trust was not a CRS provider. Returns had been completed for the certifications relating to:</p> <ul style="list-style-type: none"> • Condition G6(3) - Systems for compliance with licence • Condition FT4 - Corporate Governance Statement and training of governors <p>The Board of Directors noted and was assured by the Corporate Governance Statement.</p>
<p>18. WCT17/18-037</p>	<p>Fire Safety Standards Report</p> <p>MG presented the paper which sought to assure the Board of Directors that all of the trust's buildings met the current fire classification in accordance with British Standards.</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> • MG drew attention to the request from NHSI that all public sector organisations provide assurance that buildings had been checked following the fire at Grenfell Tower. The trust had also received a request over a weekend to obtain a report from the local fire service to confirm there were no risks, but this was amended shortly afterwards to state that the request only applied to inpatient buildings. • The fire service would be carrying a routine inspection of St Catherine's Health Centre in the near future. • MG confirmed that the cladding on St Catherine's Health Centre was fully compliant with building regulations and all other buildings had adequate fire safety systems in place. <p>CA queried the mechanism for recording fire evacuations. MG advised that a monthly report was submitted to the Estates Management Group.</p> <p>The Board of Directors noted the content of the report and was assured by the detail provided.</p>
<p>19. WCT17/18-038</p>	<p>Equality Strategy 2017 - 2020</p> <p>SH presented the paper which sought approval from the Board of Directors for the external publication of the Equality Strategy in order to ensure the trust's compliance with its Public Sector Equality Duty.</p> <p>SH advised that the Equality Strategy, which complemented the Equality & Duty Assurance Report, included an action plan and links to the trust values, the Five Year Forward View and the and NHS Constitution.</p> <p>CA noted that both documents had been reviewed at E&W and noted that comments had been incorporated.</p> <p>BS asked whether any adjustments had been made for social care staff. SH</p>

Reference	Minute
	<p>advised that the staff who had transferred to the trust via TUPE would be covered by any 'reasonable adjustment' arrangements they had in place with the local authority.</p> <p>VM asked about the mechanisms in place to reach people who had difficulty accessing healthcare. SH advised that the trust took part in a range of outreach initiatives including the establishment of a Community Equality Panel and meetings with local organisations such as homeless charities.</p> <p>The Board of Directors noted the content of the Equality Strategy and approved its external publication.</p>
<p>20. WCT17/18-039</p>	<p>Equality & Duty Assurance Report</p> <p>SH presented the paper which sought feedback on the content of the Equality Duty Assurance Report (EDAR) and Board of Directors' approval for the external publication of the document in order for the trust to ensure compliance with its Public Sector Equality Duty.</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> • The Equality Duty & Assurance Report was required by the CCG on an annual basis. The document acknowledged the trust's legal and ethical responsibilities and encompassed people other than just those with the nine protected characteristics in order to recognise other groups who struggled to access healthcare and identify ways to support them. • It also looked at barriers to employment and gave assurance regarding measures the trust would take to mitigate barriers to healthcare and employment progression. <p>The Board of Directors noted the content of the EDAR and approved its external publication.</p>
<p>21. WCT17/18-040</p>	<p>Healthy Wirral - Whole System Integration Update</p> <p>VM presented the paper which described the activities across the health and social care system which the trust was leading on and supporting to ensure a strong out of hospital focus.</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> • VM was leading a clinical group to look at the next set of registries for Population Health which would include cardiovascular, depression, alcohol, wellbeing and medicines management, and continuation of the work on respiratory and diabetes. • The work to establish an accountable care system for Wirral was ongoing, including the establishment of a Healthy Wirral Executive Director Group. CA asked what authority directors had to make decisions at this group, and MG noted that it would not always be appropriate for directors to make decisions on behalf of the Board. • VM drew attention to the steps outlined in the section of the paper on health and social care and advised that the recently appointed Associate Director of Adult Social Care would be the point of contact for the Board to be assured. MF asked at what point service redesign and transformation would commence. VM advised that this would be the remit of the newly appointed Interim Deputy Director of Operations and a large part of the work would be dictated by the Section 75 contract. • The nine point plan on which the A&E Delivery Board would be scrutinised was noted. • Primary care relationships were still a key focus and the CCG had allocated funding to support GP Federation attendance at meetings.

Reference	Minute
	The Board of Directors was assured by the detail provided within the report and the progress being made.
22. WCT17/18-041	Staff Council - 30 March 2017 The minutes of the Staff Council held on 30 March 2017 were noted. CA highlighted the discussion about credit unions and asked MG to ensure that the capacity of the chosen credit union was checked before the trust entered into an agreement.
23. WCT17/18-042	Any Other Business None.
24. WCT17/18-043	Invitation for Public Comments FD provided very positive feedback on the organisational briefing delivered to the SLT team at VCH and said that the team found the information on strategic goals and the Trust Information Gateway particularly useful. CA had not been notified in advance of any other public questions or comments.
25. WCT17/18-044	Items for Risk Register None.
26. WCT17/18-045	Summary of actions and decisions AH provided a brief summary of actions and decisions taken during the Board of Directors meeting.
Date and Time of Next Meeting: The next formal Trust Board meeting will take place on Wednesday 6 September 2017 at 2.00pm in the Training Suite, St Catherine's Health Centre.	

Board - Chair Approval			
Name:		Date:	
Signature:			

The Board of Directors Meeting closed at 17.05

Board of Directors - Matters Arising 2017-18

Actions from meeting held on: **7 October 2015**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Communications, Marketing & Engagement Strategy	WCT15/16-196	Revisit following FT authorisation and submit refreshed version to board	J.Harvey A.Hughes	November 2016 July 2017	Strategy to be revised to reflect new strategic objectives (supported by Board in January 2017). On-going to align with timetable for organisational strategy refresh. <i>See agenda item 13.</i>

Actions from the meeting held on: **7 September 2016**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Integrated Performance Report & Risk Report	WCT16/17-069	Complete a refresh of the Quality dashboard to include more detailed keys to information	S.Christie	November 2016 March 2017	Complete
Well Led Framework Quarterly Review	WCT16/17-071	Schedule a board development session to consider the NHSI guidance included in the well-led framework	A.Hughes	December 2016 March 2017	In progress. New framework released on 15 June 2017 and session planned to begin review during board development in August 2017.

Actions from the meeting held on: **11 January 2017**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
General Data Protection Regulations	WCT16/17-112	Arrange a board development session focusing on key information governance topics inc. GDPR, FOI and cyber security	A.Hughes	April 2017	Session postponed for June 2017; date held for October 2017

There were no actions from the meeting held on 1 March 2017.

Actions from the meeting held on: **3 May 2017**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Healthy Wirral - Whole system integration update	WCT17/18-014	Board development session to be arranged to discuss the key highlights of Healthy Wirral	A.Hughes	June 2017	Complete.

Actions from the meeting held on: **5 July 2017**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Patient Story	WCT17/18-020	Explore the opportunities to share patient stories with other organisations (& vice versa)	S.Christie	Sept 2017	
Chief Executive's Report	WCT17/18-027	Present the findings of the ETDT in a board development session	K.Howell/ A.Hughes	Oct 2017	
		Provide feedback on response to the CQC consultations	S.Christie	Aug 2017	Complete. See briefing from Chairman of the Quality & Governance Committee.

Board Assurance Framework	WCT17/18-030	Dates for B2B meetings with CCG and local provider organisations to be arranged	K.Howell/ A.Hughes	Sept 2017	In progress.
Complaints & Concerns Annual Report	WCT17/18-031	Review the governance arrangements supporting the 'Your Voice' group to ensure appropriate links to the Council of Governors	S. Christie/ A.Hughes	Sept 2017	In progress.
		Invite Adult Social Care staff to become staff members of the organisation	A.Hughes	Sept 2017	In progress.