

TRUST BOARD OF DIRECTORS MEETING

MINUTES OF MEETING

WEDNESDAY 1 NOVEMBER 2017 at 2.00 PM

TRAINING SUITE, ST CATHERINE'S HEALTH CENTRE

Members:

Prof Michael Brown	Chairman	(MB)
Mrs Chris Allen	Non-Executive Director	(CA)
Mrs Sandra Christie	Director of Nursing & Quality Improvement	(SC)
Dr Murray Freeman	Non-Executive Director	(MF)
Mr Mark Greatrex	Chief Finance Officer/Deputy Chief Executive	(MG)
Mr David Hammond	Interim Director of Business Development & Strategy	(DH)
Ms Jo Harvey	Director of HR & Organisational Development	(JH)
Mrs Karen Howell	Chief Executive	(SG)
Mrs Alison Hughes	Director of Corporate Affairs	(AH)
Ms Beverley Jordan	Non-Executive Director	(BJ)
Ms Val McGee	Chief Operating Officer	(VM)
Mr Brian Simmons	Non-Executive Director	(BS)

In Attendance:

Mr Tom Meade	Deputy Lead Governor (attending on behalf of IC)	(TM)
Mrs Heather Stapleton	Board Support Officer	(HS)

Reference	Minute
<p style="text-align: center;">1.</p> <p>WCT17/18-066</p>	<p>Patient Story</p> <p>PS introduced close members of the patient's family to the Board of Directors who were in attendance to share their experience of the health care received from various health care providers in Wirral by their father and husband after being diagnosed with cancer. The Board also heard an audio recording recalling the patient's journey and the impact this had had on the whole family.</p> <p>The patient story identified that the care provided was fragmented with a lack of communication between services, resulting in the patient and the family's needs not being met. As a result of this, the story would be shared with other providers. The Board were advised that the family had agreed to be involved in a review of the pathway of care by sharing their experience and contributing to the work that had commenced with community and specialist nursing transformation.</p> <p>Having listened to the story, MB expressed sincere thanks on behalf of the whole Board to the family for attending the meeting. MB reflected on the crucial importance of ensuring integrated services to Wirral patients. MB acknowledged that PS had been working closely with the family and PS provided further assurance to the Board of Directors that important progress would be made to improve the pathway of care.</p>

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	<p>PS reviewed some of the actions that had been taken already including a process change (in order to ensure continuity of care) so that a named nurse would be available as a point of contact for individual families allowing them to establish a relationship throughout their journey and to be a point of contact for support.</p> <p>With the consent of the family, their experience had been shared with the Director of Nursing at Wirral University Teaching Hospital NHS Foundation Trust (WUTH) and it had been suggested that a joint nursing leadership role be discussed to work across the hospital and the community for all palliative care and end of life teams. Negotiations are on-going.</p> <p>The Trust had integrated community and specialist nursing teams so there would be one team supporting the patient and their family during their period of care. The family had agreed to assist in the redesign of some of the pathways and service delivery models and to advise on whether the improvements worked. Timescales had been implemented to ensure rapid progress was made.</p> <p>KH advised that work on End of Life was a clinical priority and would be led by PS and the Medical Director. The care appeared to be fragmented as it was delivered from within different trusts.</p> <p>The Board of Directors welcomed the patient's story and recognised its responsibilities to ensure improvements were made. It was agreed a progress report would be received in six months' time on the actions being taken forward. The Board of Directors thanked the team for sharing their story so honestly and for supporting the local system in identifying improvements.</p>
<p>2. WCT17/18-067</p>	<p>Apologies for Absence The board received apologies from: Professor Ewen Sim, Medical Director Mrs Irene Cooke, Lead Governor</p>
<p>3. WCT17/18-068</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>4. WCT17/18-069</p>	<p>Minutes of the previous meeting - 6 September 2017 The Board of Directors approved the minutes of the previous meeting held on 6 September 2017 as a true and accurate record.</p>
<p>5. WCT17/18-070</p>	<p>Matters Arising - 6 September 2017 AH provided an update on the actions from the previous Board meetings. The Board of Directors reviewed the current status and noted the outstanding actions. <i>(See separate actions/matters arising tracker.)</i></p>
<p>6. WCT17/18-071</p>	<p>Chairman's Report MB presented the report and highlighted the following key announcements:</p> <ul style="list-style-type: none"> • The new leadership walkround programme was underway and both NED and governor colleagues were looking forward to engaging with staff and service users. • MB and BJ had attended an NHS Providers induction programme for all newly appointed Non-Executive Directors which was very useful. • A video produced by the King's Fund, which described the structure and operation of the NHS, had been made available to Board members. <p>The Board of Directors noted the contents of the report.</p>
<p>7. WCT17/18-072</p>	<p>Report from the Lead Governor In the absence of IC, TM presented the Lead Governor report and informed the</p>

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	<p>Board of Directors of the following:</p> <ul style="list-style-type: none"> • The Council of Governors had welcomed MB to chair his first council meeting and was also pleased to meet BJ as the new Non-Executive Director. • A report from the external auditors on the Trust's Quality Report had been received. • Three public governor colleagues had been involved in the external audit sub-group who led the process of appointing external auditors for the Trust. They had recommended to the Council of Governors the appointment of Ernst & Young for a period of three years with the potential to extend a further year, and this was supported. • Governors had been involved in discussions to expand the Patient Engagement Group. • The election period had commenced for four public governors and one staff governor following the end of a two year term of office. The results would be declared following the election at the end of November 2017. • The leadership walkrounds had commenced and governors were looking forward to starting their visits. • The Annual Members Meeting would be taking place on 13 November 2017. <p>BS expressed thanks to IC and colleagues for the support provided in the external audit process which had gone very smoothly.</p> <p>The Board of Directors welcomed the on-going work and engagement with the Council of Governors.</p>
<p>8. WCT17/18-073</p>	<p>Chief Executive's Report</p> <p>KH presented the Chief Executive's report 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. An overview was also provided of the communications and engagement activities undertaken by KH and a summary of business conducted through the Executive Leadership Team meetings.</p> <p>In particular, KH drew attention to the following:</p> <ul style="list-style-type: none"> • Baroness Dido Harding had been appointed as the next NHS Improvement Chair to replace Ed Smith. • The CQC had published their annual assessment of health and social care in England. The report showed that the quality of health and social care had been maintained despite the challenging climate and this was testament to the staff and their leadership. • The Trust was working nationally, regionally and locally to develop a detailed workplan in anticipation of winter pressures. • The Health Secretary had announced funding for additional student nurse placements and nursing associates. SC advised that, in relation to the work being done with the University of Chester, the Nursing & Midwifery Council had approved all the pathways to build on the current apprenticeship programme. • The Annual Members Meeting was due to take place on 13 November 2017 commencing at 5 pm. • Exec to exec meetings that had taken place with colleagues from WUTH, Clinical Commissioning Group (CCG) and Cheshire & Wirral Partnership Trust (CWP) had proved to be collaborative and provided the opportunity for shared learning.

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	<ul style="list-style-type: none"> • The redeployment of resource from the Walk in Centre at Eastham Clinic to provide support to the Emergency Department at Arrowse Park Hospital had seen an improvement in the 4-hour performance target. The CCG had confirmed that the closure of the Walk in Centre at Eastham Clinic would be temporary. • Following the appointment of Andrew Gibson (AG) as Executive Chair for the STP covering Cheshire & Merseyside, the appointment of Mel Pickup (MP) as Chief Executive Lead for Cheshire & Merseyside had been confirmed. This would be undertaken on a part-time basis of five sessions a week for the first 12 months. Correspondence received from AG and MP had been circulated which explained the work being taken forward. • KH had agreed to be the lead Chief Executive for workforce and would also be Chair of the Local Workforce Action Board. • The Trust continued to be involved in the local Healthy Wirral plans, ensuring the appropriate governance was in place for the system to be fit for purpose. • The HEART awards had been officially launched for 2017 and provided the opportunity for the exceptional work undertaken by both individual members of staff and teams within the organisation to be recognised. • A warm welcome was extended on behalf of the Board of Directors, to three new apprentices who had joined the Trust and would be working within Finance, Business Intelligence and IT teams. <p>The Board of Directors noted the content of the report.</p>
<p>9. WCT17/18-074</p>	<p>Reports from the Sub Committees of the Board - September & October 2017</p> <p>Quality & Governance Committee CA highlighted the following from the meetings held on 20 September and 18 October 2017:</p> <ul style="list-style-type: none"> • The committee had acknowledged one of the Trust's senior community matrons who would be participating in the health care outreach programme in Kenya. • A presentation had been received highlighting the progress being made with the sepsis quality improvement project. Improvements had also been made on harm-free care rates and community acquired pressure ulcers. • The revised Terms of Reference for the committee were approved. • The reporting of incidents within the Trust had increased and this was recognised as a positive move. • The comprehensive Learning from Deaths policy was approved and was a requirement from the Learning from Deaths framework. The information requested as a result from this would be monitored by the Quality & Safety Committee. • The staff flu vaccination programme had been launched in September with the incentive of tetanus jabs being donated to Africa through Unicef, for each member of staff vaccinated. • Sickness absence for September had risen, particularly in some community nursing teams. There had also been an increase in the number of information governance incidents reported and this was being monitored by the Information Governance Group. • The Raising Concerns report was received and it was recognised that BS had been appointed as the Trust's new Freedom to Speak Up Guardian. <p>There had been one recommendation that the Terms of Reference be updated to include the EPRR standards.</p> <p>Education & Workforce Committee MF highlighted the following from the meetings held on 27 September and 25</p>

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	<p>October 2017:</p> <ul style="list-style-type: none"> • The final draft of the People Strategy was received and approved. • There were no new high level risks reported and the decrease in activity in GP Out of Hours was being investigated. Discussion had taken place on safe, sustainable and productive staffing in respect of the workforce changes to improve quality. The widening scope of the Learning & Development Group was being considered to accommodate this. • Sickness absence rates remained steady and the Trust benchmarked well against comparative trusts. The data for sickness absence within the Adult Social Care teams was being validated as they currently had low levels of sickness absence. • The committee noted that the clinical admin review had been completed. • The annual appraisal process had a completion rate of 99.2%. • Progress on the quarter 2 People Strategy assurance report was noted. • The Workforce Plan report was received and key information noted. An update was also received on Adult Social Care and the Associate Director of Adult Social Care was welcomed to the meeting. The Chief Social Worker would be visiting the Trust in February 2018. • Feedback was received from the Wellbeing Group who had had some positive discussions and reported on the interventions being offered to staff to keep them well. • The Children & Wellbeing Division had made good progress in relation to mandatory training and met their target. • The first cohort of apprenticeships had started to work in the Trust. • The Staff Survey action plan was progressing well. <p>JH made reference to the absence levels in Adult Social Care confirming it was being monitored. The systems for recording absence levels remained with the local authority and access was limited until this was transferred to the Trust in April 2018.</p> <p>Finance & Performance Committee</p> <p>BJ highlighted the following from the meetings held on 27 September and 25 October 2017:</p> <ul style="list-style-type: none"> • The committee noted the financial performance at month 6 which was in line with plan and the Use of Resources risk rating remained at 1. There were challenges in relation to MSK and it was noted that the contract had been extended to 31 March 2018. MG provided further information in relation to MSK and advised that improving the rate of referrals had been discussed at Exec to Exec meetings. • There were no new high-level risks reported; the risk associated with the Sexual Health IT system was reviewed and some progress reported with the supplier. • The number of green KPIs was improving and a sustained improvement in Adult Social Care KPIs was also noted. The Transformation & Efficiency Group (TEG) would performance manage the KPIs and this step was welcomed by the committee. • CIP slippage had increased and the Trust was behind plan for the year. Assurance had been provided through TEG that progress was being made to identify the slippage. Significant progress had been made to embed long term plans for 2018/19 and three workshops would be held to review the plans and would be submitted to the Finance & Performance Committee for agreement. VM stated that engagement with staff had been welcomed. • On-going progress in relation to the Grant Thornton external audit findings was reviewed. • The migration of the Adult Social Care mobilisation team to focus on a

Reference	Minute
	<p>wider 9-4-1 integrated service delivery model was supported.</p> <ul style="list-style-type: none"> • The Estates Strategy was received and particular attention was paid to the Pharmacy at WUTH. • A presentation had been received on the performance and activity of East Cheshire 0-19 service. Assurance was received on the quality of service being delivered and the lessons learnt following transition into the organisation. <p>Audit Committee BS stated there were no formal recommendations to report following the meeting held on 13 September 2017 and this reflected the excellent work being led by the board committees.</p> <p>There were no formal recommendations.</p> <p>Staff Council JH highlighted the following from the meetings held on 5 October 2017:</p> <ul style="list-style-type: none"> • A survey had been conducted to ensure the purpose of the Staff Council was clear to members of staff. Staff Council members would be working closely with the Communications Team to raise their profile. • Staff Council had supported FabChange week as a way of sharing new ideas. This had taken the form of randomised coffee trials to encourage making connections with other staff members as a way of finding out more about the way they worked. <p>Board Development Sessions AH highlighted the following key topics discussed at the board development sessions held on 11 October and 18 October 2017:</p> <ul style="list-style-type: none"> • A presentation was received from the Associate Director of Social Care which updated members on the positive changes made and the forthcoming opportunities, following the integration of health and social care. • An interesting and interactive ‘deep dive’ session into the Datix system was presented to committee members. • Key strategic priorities were considered within the context of the Five Year Forward View. <p>KH added that further Executive time out had been held at the end of October 2017 when the Trust Information Gateway (TIG) was explored in terms of using it to present information in the form of a dashboard and building on the framework for the strategy in the future.</p>
<p>10. WCT17/18-075</p>	<p>Integrated Performance Report - August - September 2017</p> <p>The Integrated Performance Report provided assurance on the safe, effective, quality services and performance against the board approved strategic objectives.</p> <p>KH stated that due to the advent of TIG, there would be changes in the way information was presented and it was important that performance continued to be closely monitored.</p> <p>VM highlighted the following from Our Performance section:</p> <ul style="list-style-type: none"> • The KPI's for the CCG contracted services had improved in September with 55 green, 2 amber and 3 red, the detail of which was included in the report. • The Local Authority 0-19 services had also improved and there were no reds which was testament to the work the team were doing. • There were continued issues with the sexual health IT system in terms of performance reporting. However it was anticipated activity figures would be available during quarter 3. • Community nursing activity had increased by approximately 12,000

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	<p>contacts and this would be fed into contract monitoring meetings with the CCG.</p> <p>JH highlighted the following from Our People section:</p> <ul style="list-style-type: none"> • There had been some fluctuation recently in relation to sickness absence, which had increased to 5.4% in September. Any hotspots would be addressed, particularly with the approach of the winter season, and work was on-going regarding the wellbeing and support for staff. • Mandatory training was close to the target of 85%. New e-learning modules had been issued and it was anticipated these would resolve any outstanding problems. <p>SC highlighted the following from Our Patients and Communities section:</p> <ul style="list-style-type: none"> • The FFT score had improved in September which resulted in the achievement of the FFT Quality Goal. • The increase in avoidable grade 3 and 4 pressure ulcers reflected the increased numbers of contacts community nurses had made in the reporting period. • One of the key quality goals was to reduce the rate of missed medications. The baseline for 2016/17 was 0.65 and it was noted that year to date the performance for 2017/18 was 0.33. <p>MG highlighted the following from Our Performance section:</p> <ul style="list-style-type: none"> • The Trust was reporting a surplus at the end of September 2017 which was slightly better than plan. The overall Use of Resource rating remained at 1 and was the highest achievable score. • CIP was reported as £52k behind plan and it was reported that some work had been undertaken with long standing vacancies in Cheshire East. • The face to face activity against the CCG block was overall behind plan. There some updates needed in agreement with commissioners. • The agency expenditure continued to remain within the agency cap. Also the Trust had met the new stretch target and reduced the use of medical agency staffing. • The general financial risks highlighted in the Finance Report had been cross-referenced with existing organisational risks on Datix to ensure triangulation. <p>CA made reference to the Executive briefing and the way in which information was cascaded to staff to ensure they were kept informed, particularly the way in which the message relating to the budget and CIP was portrayed. The way in which this information was presented would be reviewed.</p> <p>The Board of Directors noted and approved the Integrated Performance Report for the reporting period 1 August - 30 September 2017 and was assured of the actions being taken to address any identified concerns.</p>
<p>11. WCT17/18-076</p>	<p>Board Assurance Framework</p> <p>AH presented the BAF following a review of the principal risks earlier in the year to align with the new strategic objectives. The full BAF was attached as an appendix and any changes highlighted in red text.</p> <p>AH highlighted the purpose of BAF which was to ensure the risks were managed and understood within the organisation to achieve the strategy objectives. The organisation's strategy priorities had been recently revisited and the need identified to revisit the principal risks included in BAF. A board development session would be scheduled during December to take this forward.</p>

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	<p>The target to achieve risk ratings and enduring risks had also been raised and the importance that the principal risks had mitigating actions in place identified.</p> <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. WCT17/18-077</p>	<p>Annual Reports: Information Governance (including Senior Information Risk Owner (SIRO) and Caldicott)</p> <p>MG presented the Information Governance Annual Report and highlighted the following:</p> <ul style="list-style-type: none"> • The key responsibilities were identified for SIRO and the Caldicott Guardian. • IG toolkit had maintained Level 2 in all areas. The trust had been audited by MIAA and received significant assurance. • One complaint had been made to the Information Commissioner’s Office from a staff member. • The number of FOI requests received had increased and the requests were becoming more complex. The Trust had achieved 78% response rate within the timescale for 2016/17. The Information Governance Group reviewed the FOI process. • Subject Access Requests were also monitored by the Information Governance Group and 82% were responded to within the required timescale of 40 days. • The number of information governance incidents had reduced from the previous year. The confidentiality incidents had also reduced and the details and learning were detailed in the appendices. • The plans for 2017/18 were detailed and included preparation for the introduction of the changes made to the Data Protection Act. A Data Protection Officer would be required and some members of staff had attended courses highlighting the changes. A session would also be held to prepare the Board of Directors. • A cyber security review would be undertaken by the MIAA. <p>The Board of Directors was assured by the detail provided within the report and noted that robust arrangements were in place to manage all the information risks within the organisation.</p>
<p>13. WCT17/18-078</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"> • Two ‘lock-ins’ had been held to progress the work in relation to the development of accountable care and included understanding the financial gap and working towards a system control total. • Work continued on the Healthy Wirral 50+ project. A clinical forum had been developed consisting of GPs, nursing, therapists, mental health and social care representatives. Three topic areas had been identified and it would be beneficial to have a group of professionals solving the issues together. • Following the integration of health and social care, working together continued on the mobilisation plan. • Examples of feedback received from service users and staff were included in an appendix attached to the report and confirmed the process had been a positive experience. • Contract monitoring meetings continued to be held on a monthly basis.

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	<p>The Care Management Team (CAT) were employed by the Trust to search for the commissioning of domiciliary care packages. It was important these were arranged in a timely manner with the appropriate costs agreed.</p> <ul style="list-style-type: none"> • It was anticipated that a review of the transition arrangements of children into adult services would 'free up' some capacity in the system. This was crucial with the approach into winter. • There had been some challenges in the system in relation to urgent care priorities and the winter plan. The average against the 4 hour wait target for October was 88.1% and did not include any additional changes such as off-site activity. Since the beginning of October, there had been an increase in attendances which had the potential to turn into admissions and it was important the correct admissions avoidance took place. Discussions were taking place with the team in relation to this. • Close working was taking place with WUTH on the redesign of end of life care to ensure this was done in an integrated way. • A new model of care for families and their children was being developed and would concentrate in the community and where they would be placed in the accountable care system. GPs and primary care needed to be involved from the outset. <p>The Board of Directors was assured that they would be instrumental in Healthy Wirral and a key partner in developing accountable care.</p>
<p>14. WCT17/18-079</p>	<p>Quarterly Communications & Marketing Strategy Update for reporting period July - September 2017</p> <p>AH presented the quarterly update on the implementation of the Communications Marketing and Engagement Strategy for the period July - September 2017.</p> <p>The report provided a useful summary of all the activities undertaken and details were provided in the appendix of the measures in the strategy document.</p> <p>Attention was drawn to the priorities for the next quarter and included, with Board input, plans to further develop and refresh priorities both internally and externally. It was noted that a board development session would take place in early November to review the trust's communications and marketing priorities for the coming year.</p> <p>SC made reference to the excellent "visuals" for the staff flu campaign which included the incentive to encourage staff to have their vaccination and donate 10 tetanus jabs to Unicef. The Trust currently required 9% more staff to be vaccinated to reach their target. The social media campaign had also played a vital role.</p> <p>The Board of Directors noted the detail contained in the report.</p>
<p>15. WCT17/18-080</p>	<p>Staff Council - 20 July 2017</p> <p>The minutes of the Staff Council held on 20 July 2017 were noted.</p>
<p>16. WCT17/18-081</p>	<p>Any Other Business</p> <p>None.</p>
<p>17. WCT17/18-082</p>	<p>Invitation for Public Comments</p> <p>A governor was present and requested clarification in relation to the reference to the Sustainable & Transformation Partnerships (STPs) as she understood they were no longer referred to as STPs.</p> <p>KH advised the programme of work was now the work of a collective with Cheshire & Merseyside as the focus.</p>

Reference	Minute
18. WCT17/18-083	Items for Risk Register None.
19. WCT17/18-084	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 Monday 8 January 2018 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 15:50.

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	Board of Directors workshop on 8 November to revisit Comms & Marketing Strategy.

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

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
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 2018	Board development session in October noted alignment between Outstanding Care Accreditation and well-led. This work is progressing during Q3/4.

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	February 2018

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	Complete.
Chief Executive's Report	WCT17/18-027	Present the findings of the ETDT in a board development session	K.Howell/ A.Hughes	Oct 2017	February 2018
		Provide feedback on response to the CQC consultations	S.Christie	Aug 2017	Complete.
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	Complete.
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	Complete.
		Invite Adult Social Care staff to become staff members of the organisation	A.Hughes	Sept 2017	Complete.

Actions from the meeting held on: **6 September 2017**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Board Assurance Framework	WCT17/18-056	Principal risk 5 - include control around be-friending programme to support staff wellbeing	A.Hughes	Oct 2017	Complete.
		Principal risk 8 - ensure Exec Leads are noted accurately	A.Hughes	Sept 2017	Complete.
Healthy Wirral – whole system integration update	WCT17/18-057	Provide a briefing on the BCF funding summary to board development session	A.Hughes/ V.McGee	Nov 2017	February 2018.
EPRR annual report & self-assessment	WCT17/18-060	Check if there are any external assessment arrangements with NHS England for the Trust's self-assessment	D.Hammond	Nov 2017	Complete. There are no external assessment arrangements. A recommendation from the Quality & Safety Committee to update the ToR to include the duty associated with the Emergency Planning and Response standards was supported.

Actions from the meeting held on: **1 November 2017**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Patient Story	WCT17/18-066	Progress report to be presented to the Board on the outcomes agreed associated with the patient story	S.Christie/ P.Simpson	March 2018	
Integrated Performance Report	WCT17/18-067	Consider the clarity of the message in the narrative of the Executive briefing describing the financial position and CIP	M.Greatrex	November 2017	Complete.