

TRUST BOARD OF DIRECTORS MEETING

MINUTES OF MEETING

WEDNESDAY 7 MARCH 2018 at 2.00 PM

EDUCATION ROOM, VICTORIA CENTRAL HEALTH CENTRE

Members:

Prof Michael Brown	Chairman	(MB)
Mrs Sandra Christie	Director of Nursing & Quality Improvement (<i>present for agenda items 1 - 11 only</i>)	(SC)
Dr Nick Cross	Interim Medical Director	(NC)
Dr Murray Freeman	Non-Executive Director	(MF)
Mr Mark Greatrex	Chief Financial Officer/Deputy Chief Executive	(MG)
Mr David Hammond	Interim Director of Business Development & Strategy	(DH)
Ms Jo Harvey	Director of HR & Organisational Development (<i>present for agenda items 1 - 17 only</i>)	(JH)
Mrs Karen Howell	Chief Executive	(SG)
Ms Val McGee	Director of Integration & Operations	(VM)
Mr Brian Simmons	Non-Executive Director	(BS)

In Attendance:

Mrs Heather Stapleton	Board Support Officer	(HS)
-----------------------	-----------------------	------

Reference	Minute
1. WCT17/18-106	<p>Patient Story - Speech & Language Therapy - More Than Words</p> <p>SC presented an audio recording and storyboard which focussed on two sets of parents who talked about the More Than Words course and the positive impact this had had on their child and family life. The course had provided them with confidence to use the skills and strategies learnt during the course.</p> <p>The Board of Directors welcomed the patient story and was assured of the delivery of high quality, safe and effective services.</p>
2. WCT17/18-107	<p>Apologies for Absence</p> <p>The board received apologies from: Mrs Chris Allen, Non-Executive Director Mrs Irene Cooke, Lead Governor Mrs Beverley Jordan, Non-Executive Director Prof Ewen Sim, Medical Director Mrs Paula Simpson, Deputy Director of Nursing & Quality Improvements</p> <p>The Board noted that IC had submitted apologies as she had been invited to attend a meeting with the Shadow Health Team in Westminster to consider a range of primary care topics, including strategies which could prevent unnecessary hospital admission.</p>

Reference	Minute
<p>3. WCT17/18-108</p>	<p>Declaration of Interests MF declared an interest as 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. WCT17/18-109</p>	<p>Minutes of the previous meeting - 8 January 2018 The Board of Directors approved the minutes of the previous meeting held on 8 January 2018 as a true and accurate record.</p>
<p>5. WCT17/18-110</p>	<p>Matters Arising - 8 January 2018 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. WCT17/18-111</p>	<p>Chair's Report MB presented the report and drew particular attention to the following:</p> <ul style="list-style-type: none"> • Recognition was given to SC who would be retiring at the end of March 2018 following 35 years' service in the NHS. SC would be missed by many of her colleagues. • An appointment had been made to the post of Independent Chair to the Healthy Wirral Partners Board. This offer had been accepted and was an excellent appointment both for the Trust and the system generally. <p>The Board of Directors noted the contents of the report.</p>
<p>7. WCT17/18-112</p>	<p>Report from the Council of Governors - Lead Governor In IC's absence, AH presented the Lead Governor report and highlighted the following:</p> <ul style="list-style-type: none"> • New staff and public governor colleagues had been welcomed into the Council of Governors following the election process. They had attended a short induction session at the end of January 2018 and met the full Council of Governors at their meeting held in mid-February 2018. • A number of governors had been involved in the judging panels for the annual HEART awards. • IC as Lead Governor together with governor colleagues, supported and acknowledged the forthcoming CQC inspection of the Trust. <p>The Board of Directors welcomed the on-going work and engagement with the Council of Governors.</p>
<p>8. WCT17/18-113</p>	<p>Chief Executive's Report KH presented the Chief Executive's report highlighting developments of local and national interest and issues relating to the local health and social 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"> • The latest figures for the NHS providers deficit had worsened by 50%. • NHS providers announced at the end of January 2018 that NHS England and the government would delay the creation of the first Accountable Care Organisations (ACOs) until consultation had taken place. • The consultation on health and care workforce strategy was significant at both regional and national level. Discussions had taken place in relation to interventional radiology as there was an absence of this in Wirral and

Reference	Minute
	<p>Chester and this was now becoming an issue.</p> <ul style="list-style-type: none"> • A draft of the first long-term national workforce strategy for the health and care system was in consultation until 23 March 2018 with the final version of the strategy published in July 2018. • HEE had set out six high level principles to underpin future workforce decisions and KH was designing the Programme Board around these key principles, ensuring a focussed, even approach around the whole system. • The importance of the Cavendish Coalition was highlighted and MB and KH would be attending the Chair and Chief Executive meeting when this would be an agenda item. Four surveys had been undertaken since the referendum and an infographic records feedback was included in paragraph 23 of the report which showed pictorially the challenge and effect Brexit would have on the NHS workforce. • The delay of the 5 Year Forward View for Community Services had resulted in the Kings Fund publishing a report stating that this should now be given priority for additional funding. The importance of having a 5 Year Forward View was stressed and assurance was provided that, as a member of the Programme Board, KH would ensure the STP looked into this issue. • The Kirkup Review was significant for the Trust as an independent review. The review had been commissioned by NHSI following concerns raised by the care delivered and culture of Liverpool Community Health NHS Trust during the period November 2010 - December 2014. This was being reviewed by the Trust for any learning to be gained and a briefing was attached to the report as an appendix. This item would be on the agenda for the next board development session. • A positive Quarterly Review Meeting had taken place with NHS Improvement and the impending CQC inspection had been highlighted to them in case there was any interference with the service in quarter 4. NHSI had been complimentary in relation to the services delivered by the Trust. • Becky Smith had been appointed as Staff Side Chair and the contribution of JUSS was welcomed in order to develop productive relationships. Fiona Davies had been appointed as Chair of the Staff Council. • CQC were present in the Trust following an unannounced, short notice inspection of services. The process was being supported and it was anticipated a report would be available on 9 March 2018. The well led review was due to take place at the end of March and the report following this inspection should be available within 65 days of completion of the review. • The strategy refresh had been shared with the Council of Governors in mid-February. • Congratulations were extended to the 0-19 team in Wirral following a successful launch of their Health and Wellbeing hub. • Lyn Romeo, Chief Social Worker for Adults at the Department of Health, had attended and addressed Wirral's Adult Social Care Conference in February. She had been complimentary in relation to the transition of health and social care and the implementation plans. • The Wirral Integrated Providers Partnership Board (WIPPB) had drafted their Terms of Reference which would be approved at their next meeting. Progress was being made and the primary function of WIPPB defined as focussing on the design and delivery of outcome-based services. • Congratulations were extended to Joanne Kerr who had been successful in applying to become a Fellow of the Institute of Health Visiting. • Heartfelt thanks and best wishes were extended to SC who would be

Reference	Minute
	<p>retiring from her position of Director of Nursing & Quality Improvement following 35 years in the NHS. SC would be greatly missed as both a friend and confidante and had provided sound, wise advice and support. The Trust had a sound successor following the appointment of PS who had been developed and supported by SC.</p> <ul style="list-style-type: none"> Finally thanks were expressed to AH who produced the Chief Executive's report on behalf of KH for each meeting of the Board of Directors. <p>The Board of Directors noted the contents of the report.</p>
<p>9. WCT17/18-114</p>	<p>Reports from the Sub Committees of the Board - January & February 2018</p> <p>Quality & Safety Committee In CA's absence, SC highlighted the following from the meetings held on 27 January and 21 February 2018:</p> <ul style="list-style-type: none"> An update was provided in relation to the work being done on the clinical governance assurance framework for wound care and pressure ulcers. An informative presentation had been received from Amanda Ball on a project undertaken to improve the patient experience within the wheelchair service. This originated from a patient story and one of the service users had helped to improve the pathway. There had been a decrease in incident reporting and pressures particularly within urgent care and supporting discharges were discussed. Incident reporting increased during January. The Risk Strategy was approved, subject to some comments made being included in the final version. There was a significant increase in Trust-wide incident reporting and some discussion regarding the national requirements for response times for GP Out of Hours and the improvement plan which had been put in place. Quarterly reports were presented to the February committee, including the first of learning from deaths. Significant work had been undertaken on the quarterly safeguarding report. The Managing Allegations Policy was reviewed to reflect the statutory responsibilities now adult social care had transferred into the Trust. An interim flowchart was in place and the policy was being finalised. Feedback was provided regarding the serious case review in relation to an external child sexual exploitation case which had led to convictions being made. It was clear that health services and staff had made a significant contribution to identifying children at risk. There was learning to be gained from this and a reminder had been added in SystmOne regarding child sex exploitation. All school nursing staff had received training to recognise child sex exploitation and a template added to the Sexual Health IT system. The safeguarding governance structure has been strengthening following the adult social care staff joining the Trust and this was shared with the committee. A comprehensive Quality Impact Assessment was received in relation to the nursing transformation programme. This was a major piece of work and Board members needed to be sighted on the work undertaken to ensure a strong governance structure was in place. <p>Education & Workforce Committee MF highlighted the following from the meetings held on 3 January (virtual), 24 January and 28 February 2018:</p> <ul style="list-style-type: none"> From the virtual meeting held on 3 January, one high level risk was identified in the risk report which related to mandatory training in GP Out of Hours and an action plan was now in place. Part of this problem related to GP's not being able to import into the system. A staff story was presented to the meeting held on 24 January which informed of a tool which school nurses used to assist in the improvement

Reference	Minute
	<p>of the emotional health and wellbeing of children.</p> <ul style="list-style-type: none"> • The quarterly People Strategy assurance report was received. An update was provided in relation to the on-going work to address concerns regarding staff morale raised by the Staff Council. An action plan had been developed with ELT and SLT and was supported by the Wellbeing Group. • There were no new high level risks reported. • The updated Dignity at Work Policy was received and approved. • A positive staff story was presented to the meeting held on 28 February from the Unplanned and Primary Care division regarding their approach to winter resilience. What's App had been used as a tool to support colleagues and it was noted that some structure was needed in relation to this. • The updated Terms of Reference were received and approved. • Sickness absence had increased to 6.2% in January 2018. • The NHS National Staff Survey was received and discussed. • The Health Education England North West Local Education Provider Report was received and provided an overall assessment of the non-medical training provided for students. This was a positive evaluation. • The Education, Training and Development Policy and the Volunteer Policy were approved. <p>Finance & Performance Committee</p> <p>In the absence of BJ, MG highlighted the following from the meetings held on 3 January (virtual), 31 January and 28 February 2018:</p> <ul style="list-style-type: none"> • From the virtual meeting held on 3 January, there were no new high level risks reported. The committee agreed that future reports would include an explanation to support reduced risk scores. • An update was requested on the rising pay costs in GP Out of Hours and this was submitted to a subsequent committee. • A risk associated with MSK was identified at the meeting held on 31 January. This had increased, having previously decreased, due to a further delay in the signing of the contract. • The rising costs of the agency workforce was noted and how this impacted on the capital imposed by the regulator. • Incentivised KPIs in the Cheshire East contract was noted, together with the improving relationship with commissioners. • The significance of the Nursing Transformation programme was acknowledged. • The Sustainability Report was received and approved and it was noted that ISO accreditation for St. Catherine's Health Centre had been achieved. • A presentation was given on the Trust Information Gateway and the dashboard to be adopted. An update on SLR/PLICs was noted. • At the February meeting an updated SLR report was received and this would in future be received monthly. It would also be available on iPads each month. • Two new high level risks were reported which related to incentivised payments and to automated laboratory links within the Sexual Health Service with the potential for human error. • There was further discussion on rising agency costs. • Further information on the slippage of the Stoma care product CIP was received. • A report was received on GP Out of Hours and the National Quality Reporting requirement. It had been agreed at the Quality & Safety Committee to share this information with Finance & Performance Committee.

Reference	Minute
	<p>Audit Committee BS highlighted the following from the meeting held on 14 February 2018:</p> <ul style="list-style-type: none"> • Internal audit processes were reviewed and the support provided from board committees was acknowledged. • The Board Assurance Framework was presented and it was noted that a review of the principal risks was underway. • The internal Audit Plan was received for the financial year. • The newly appointed external auditors (Ernst & Young) presented their plan for the coming year. • An update on fraud was received. • The Managing Conflicts of Interest policy was received and approved. <p>Board Development Sessions AH highlighted the following from the board development session held on 7 February 2018:</p> <ul style="list-style-type: none"> • An update was received on the forthcoming CQC inspection and well-led inspection. • An update was received on the first draft of the Trust's revised Organisation Strategy. • The key strategic risks were reviewed and would be monitored as the principal risks in the Board Assurance Framework. • A presentation was received from Hill Dickinson in readiness for the new General Data Protection Regulation (GDPR) legislation. It was an important part of the Board's role to support the legislation. • The Trust Information Gateway (TIG) was now accessible and could be accessed remotely. <p>Staff Council JH highlighted the following from the meeting held on 25 January 2018:</p> <ul style="list-style-type: none"> • Thanks were recorded to Tom Meade who was standing down from his role as Staff Council Chair having undertaken two terms as chair. His commitment to the role was appreciated and he would continue to be a Staff Governor. Fiona Davies would be taking on the role of Staff Chair, with Deb Ollerhead as Vice Chair. • Following feedback from Staff Council in relation to staff morale and work pressures, an action plan was shared with them. They were assured by the response from the Trust Board and were keen to underline the fact that they felt they had been listened to. Discussions had also taken place at Education & Workforce Committee. • There had been some issues raised regarding problems being experienced by staff being released to attend Staff Council meetings. This had been picked up through operational meetings and VM continued to review this with line managers.
<p>10. WCT17/18-115</p>	<p>Integrated Performance Report - December 2017 - January 2018 The Integrated Performance Report provided assurance on the safe, effective, quality services and performance against the board approved strategic objectives.</p> <p>SC highlighted the following from the Our Patients and Communities section:</p> <ul style="list-style-type: none"> • The overall FFT score was 97% during December 2017 and 98% during January 2018 and demonstrated the good work staff were doing. • The incidence of pressure ulcers had increased in January. These were all within the Wallasey area and would be further investigated. • There had been a significant decrease in the rate of missed medication incidents which was testament to the improvement plan in place.

Reference	Minute
	<p>JH highlighted the following from the Our People section:</p> <ul style="list-style-type: none"> • The sickness absence rate had risen in January to 6.2% and did repeat the annual projections and trend. This would continue to be monitored by the Education & Workforce Committee. • The staff turnover figure was 14.5% which was a slight increase and reflected the adult social care staff transfer. • The completion of mandatory training was at 82% which was below the target of 90%. Sessions were being targeted for community nursing staff and GP Out of Hours and an action plan had been undertaken. SC reported that the figure had recently increased to 84% and there was an improvement seen each month. <p>VM highlighted the following from Our Performance section:</p> <ul style="list-style-type: none"> • Of the Trust's 91 applicable KPI's, 89% were reported green or amber. There were 60 KPI's for Wirral CCG contracted services of which 52 were reported as green, 4 amber and 4 red. Action plans were in place for the red KPI's. • There were no red KPI's reported in the 0-19 services. KPI's for the Sexual Health service were now being reported and improvement plans were in place. • Cheshire East 0-19 services were reporting 2 red and 2 amber KPI's. • The Trust were reporting 4 green, 1 amber and 2 red KPI's for Adult Social Care services and commissioners have acknowledged the progress being made. • CIP was behind plan at the end of January and included non-recurrent savings. Recovery plans were in place for those schemes where slippage had occurred and these were being monitored by the Finance & Performance Committee. • Face to face activity against the Wirral CCG block was behind plan and continued to be monitored. Significant activity was being seen in community nursing and phlebotomy. Following the re-opening of Eastham Walk in Centre in January, attendances had returned to their previous level and this would be monitored. • Detailed discussions had taken place in relation to agency expenditure which was over plan in December and January. <p>KH made reference to the activity at Eastham Walk in Centre. Staff had raised concerns that patients were arriving in the waiting room as the centre was closing and had been told would need to go somewhere else. Discussions were taking place with the CCG in terms of re-opening the Walk in Centre in May and the requirement to train staff to operate at Walk in Centre level had been honoured. The Trust had never been funded to supply the service at Eastham and the CCG had been advised more resources were needed for that service. An impact assessment had been done and £214k was required to resource the Walk in Centre. KH and VM would be attending the Overview & Scrutiny Committee at the end of March to confirm when the Walk in Centre would be opening. KH had been clear that it would not be opening in May if agreement had not been reached in relation to the resource. The Walk in Centre needed to be seen as part of the urgent care service</p> <p>MG also highlighted the following from Our Performance section:</p> <ul style="list-style-type: none"> • At the end of month 10 the Trust were reporting a surplus of £1,086k which was slightly better than plan. The overall Use of Resource rating continued to be 1, however Finance & Performance Committee had discussed the new risk regarding pension liability for those staff who had

Reference	Minute
	<p>transferred over from the local authority. Any shortfall needed to be acknowledged in the income and expenditure account at the end of the year and the debate was whether this counted towards the control totals. A proposal had been submitted to the Department of Health stating that this would not affect the control totals and although a response had been received, it was unclear and further clarity had been requested. This issue was on the risk register.</p> <p>The Board of Directors noted and approved the report for the reporting period 1 December 2017 - 31 January 2018 and were assured of the actions being taken to address any concerns that had been identified.</p>
<p>11. WCT17/18-116</p>	<p>Board Assurance Framework (BAF)</p> <p>AH presented the BAF which identified any major risks in relation to each strategic objective, together with controls in place and assurances on their operation. The full BAF was attached as an appendix and any changes highlighted in red text.</p> <p>AH advised there were a number of original risks mapped across to principal risk 1 and 9 and these had all been reviewed by the relevant board committees during January and February. The risk rating of these principal risks had not increased and assurance was provided that these would continue to be tracked closely.</p> <p>AH requested support for the finalisation of the BAF refresh to progress for the new financial year. An exercise had been completed through Executive Leadership Team (ELT) and a board development session held in February, where a proposed revised list of principal risks for 2018/19 had been reviewed to ensure they were fit for purpose and aligned to the refresh of the Trust's organisation strategy. A draft of these was attached as an appendix to the report and would be taken forward to update and present as the new BAF to the Board of Directors in May. Prior to this an exercise would be undertaken to review the risk rating of the principal risks looking at the likelihood and consequence of each one and highlighting those risks where a focus needed to be retained.</p> <p>BS stated that he agreed with the revision and the wording was more meaningful for the organisation.</p> <p>The Board of Directors noted and approved the revised principal risks.</p>
<p>12. WCT17/18-117</p>	<p>Corporate Governance Manual (CGM)</p> <p>AH presented the updated Corporate Governance Manual which reflected changes made and included those associated with the Trust's Foundation Trust status.</p> <p>The Board of Directors were asked to review and approve specifically the Standing Orders and the Schedule of Matters Reserved to the Board and Scheme of Delegation. The changes to the document had been highlighted in red text and had previously been approved by delegated authority at Finance & Performance Committee in September. The key updates were listed in paragraph 8 of the report.</p> <p>MB highlighted the issue of the Remuneration & Terms of Service Committee which met to discuss and agree Very Senior Manager/Executive Director salaries. As currently defined, the Committee does not have delegated power to agree these salaries and conditions but has to recommend changes back to the full Board of Directors. This process seemed to be a waste of time as when the recommendations came back to the Board, all of the Executive Directors were unable to vote (as they all had a conflict of interest) and the remaining Board</p>

Reference	Minute
	<p>members were the NEDs who had already voted on the matter (as they comprised the Committee membership). It was agreed this would be reviewed.</p> <p>The Board of Directors noted the full revised CGM with the approved Standing Financial Instructions and Delegated Financial Limits included. The Board of Directors also supported the publication of the revised CGM on StaffZone and on the Trust's public website.</p>
<p>13. WCT17/18-118</p>	<p>Risk Management Strategy Review</p> <p>On behalf of SC, AH presented the revised Risk Management Strategy for approval. The strategy had been updated as part of the annual review and included comments received from the Quality & Safety Committee.</p> <p>AH advised that the strategy had also been updated to reflect the transfer of adult social care staff to the Trust and in this regard, contribution had been made by the Associate Director of Adult Social Care.</p> <p>JH referred to page 16 of the document and pointed out that she was no longer responsible for Communication and Marketing as this was now AH.</p> <p>The Board of Directors approved the revised Risk Management Strategy.</p>
<p>14. WCT17/18-119</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"> • A further lock-in had been held in January. There were a number of primary activities listed in paragraph 3 of the report and the Trust had submitted leads for each of the areas appropriate for the Trust. • Progress continued on the Healthy Wirral 50+ project and discussion had taken place in relation to the 51-9-4-1 model in terms of aligning neighbourhood working to fit in with the population within the nine neighbourhoods. Work continued to be overseen by the Wirral Senior Change Team and it was crucial this developed. • Work continued on negotiations in association with integrated health and social care. VM had attended the Overview & Scrutiny Committee and gave a joint presentation with the Council on the transfer and mobilisation benefits and future plans. This had been well received by councillors. • The mobilisation plan continued in a number of areas including linking the social care governance structures into the Trust governance structure. • Contract monitoring meetings continued and commissioners recognised the progress made in particular on performance reporting and KPI's in particular. • There were a range of development projects in hand and it was noted that case transfer principles had been agreed with Wirral Borough Council and Cheshire and Wirral Partnership Trust. • Two senior managers from the integrated teams would be visiting Holland to look at the Buurtzorg model, one of whom was a social care colleague and one a HUB manager. • Information was provided on what had been happening in relation to winter pressures and urgent care priorities. A table was provided under paragraph 24 which showed performance had improved since last July. However, it was noted that the system was under pressure with conditions exacerbated by the weather which had affected in particular patients with respiratory problems.

Reference	Minute
	<ul style="list-style-type: none"> • Extra staff had been put into key points, with a GP helping in Spa Medica. The system was now in level 3 and staff were aware of the contribution to be made. • Delayed transfer of care had been reporting well over the three month period and Wirral continued to deliver and maintain consistently below the 3.5% performance target. • Relationships with primary care colleagues continued to progress. A meeting was due to take place with the Primary Care Wirral Federation looking at a joint response to urgent care. • A positive executive to executive meeting had taken place with Cheshire & Wirral Partnership Trust where a presentation was given by their Medical Director on the place based work that was being undertaken in Central Cheshire. <p>MB made reference to the timing of the CQC inspection and the necessity to ensure that any inflexibility did not interfere with the ability to apply the best possible care for the people in Wirral.</p> <p>NC made reference to the lock-in and the number of increasing workstreams. It was commendable that there were leads for each of the workstreams but asked whether the timelines would be spread over a period of time. The point was made that in order to be effective all stakeholders needed to commit as failure to do this could lead to decisions being made, with little challenge, which could affect the Trust.</p> <p>VM advised that MSK was moving ahead and when the contract had been signed by CCG and WUTH some savings should be seen coming out of the system. Once agreement was reached as to where each of the workstreams were up to, together with their predictions, progress needed to be made. Some mapping needed to be done at the next lock-in.</p> <p>KH stated that the driving force needed to come from the commissioner. A Programme Manager had now been appointed who would be leading the work with the CCG and providing support in WIPPB.</p> <p>MB made reference to the appointment of the independent chair who had been clear in his presentation that suitable resources had to be invested into driving any required changes, given that this was the most serious challenge facing the Wirral health system. KH stated that it was crucial that the independent chair was able provide serious leadership and that investment was made in the resources required to deliver action, rather than expecting existing staff to try to undertake this work on top of other demanding roles.</p> <p>The Board of Directors noted and were assured that the Trust was playing a full part in Healthy Wirral.</p>
<p>15. WCT17/18-120</p>	<p>Quarterly Communications, Marketing & Engagement Strategy Update for reporting period October - December 2017</p> <p>AH presented an update on the Communications, Marketing and Engagement Strategy which recorded activity for the period October - December 2017.</p> <p>AH drew attention to paragraph 16 which listed the priorities for the team for the next quarter.</p> <p>KH made reference to the fact that the garlands and lights from Christmas had</p>

Reference	Minute
	<p>only recently been taken down as staff had requested they remain to brighten the ground floor during the winter period.</p> <p>The Board of Directors noted the amount of work taking place within the team and were assured of the progress being made in relation to the implementation of the Communications, Marketing & Engagement Strategy.</p>
<p>16. WCT17/18-121</p>	<p>Equality & Diversity Update</p> <p>JH presented an update in relation to the delivery of the Equality Strategy as well as information on activity undertaken in relation to ensure consideration of equality and human rights was incorporated into the day to day practice of the Trust.</p> <p>An action plan from the strategy was included as an appendix to the report and had been updated against the quality objectives. Information was also available on a number of reports the Trust were required to provide as a public sector organisation. These were reported separately to individual board committees and the Trust was meeting its duty in relation to these.</p> <p>JH highlighted the fact that there was no update of the annual plan as mentioned in paragraph 9.</p> <p>The first Gender Pay Gap report would be provided and reported to the Education & Workforce Committee at the end of March 2018 and an update would be provided to the Board in May.</p> <p>The EDS2 report was submitted separately to Board and it was noted that there had been a gap in reporting this, the previous one having been reported in 2015. However, the EDS2 2018 brought the Trust back in line with its Public Sector Equality Duty (PSED).</p> <p>Equality Analysis continued to be undertaken and there had been a particular focus on this process for the 2018/19 Cost Improvement Programme. All Project Initiation Documents that required Equality Assessment had consistently been part of the Quality Impact Assessment process and were provided for every CIP scheme. Thanks were expressed to divisions and services for responding positively to this.</p> <p>A protocol and system was now in place to collect data in relation to the Accessible Information Standard, however further work was required to review the data and undertake analysis. A steering group was being developed to move this work forward.</p> <p>Staff networks were developing in relation to staff disability and focus groups had been well attended. Attempts had been made to run workshops for BME staff but attendance had been poor. However engagement and focus with this group would continue and work with other trusts would be undertaken to see if any more could be done.</p> <p>The Community Equality Panel had met twice and was developing engagement with the voluntary and their sector organisations.</p> <p>Reviewing the equality and diversity governance, funding and reporting structure was key going forward and needed to be strengthened. Positive discussions had taken place regarding embedding and integrating equality and diversity in patient experience as a key part of the equality and diversity agenda.</p>

Reference	Minute
	<p>Staff were working hard to engage with hard to reach groups and this information needed to be gathered as part of everyday work. Further work was needed on these processes.</p> <p>Important work was taking place in relation to the retendering of translation and interpretation services. The national procurement framework agreements were used to ensure the proper processing was in place.</p> <p>The Board of Directors noted and was assured that the awareness of equality and diversity was being raised across the organisation.</p>
<p>17. WCT17/18-122</p>	<p>Equality Delivery System2 (EDS2)</p> <p>JH presented the results of the EDS2 assessment for 2018. EDS2 was the national system used to measure performance in relation to NHS organisations equality and diversity obligations. The results were due to be published at the end of March and approval was therefore sought for their publication.</p> <p>JH advised there were four goals and these were outlined in paragraph 5 of the report. Each goal had to be assessed and this was undertaken in February and it was noted that the position had improved since 2015. The results of the assessment were attached in an appendix to the report. Two outcomes were assessed as excellent, 12 as achieving and only four outcomes assessed as developing. No significant concerns had been raised and recommendations were included in the action plan.</p> <p>The assessment process had been undertaken by staff and externally by Healthwatch which, due to capacity issues, had been unable to attend either of the assessment events or a separate meeting to review the assessment.</p> <p>The assessment had taken place over two half days with one session focussing on staff issues and the other on patient issues. However attendance at the sessions had been disappointing and this would be reviewed for next year when it was anticipated improvements would be made. Attendance by the Staff Council had been excellent and they had taken on the role of external assessors and proved to be very challenging.</p> <p>MF noted the excellent work being undertaken by Sophie Hunter as the Equality & Diversity Manager and the strong position the Trust was now in.</p> <p>The Board of Directors approved the results of the EDS2 assessment be published on the Trust's public website.</p>
<p>18. WCT17/18-123</p>	<p>Medicines Optimisation Strategy 2018 - 2021</p> <p>NC presented the second version of the Medicines Optimisation Strategy 2018 - 2021 which included updated references to NICE guidance on medicines optimisation.</p> <p>NC advised that this version of the document had previously been to the Quality & Safety Committee where reference had been made to the inclusion of the Medical Director as the named director and included in the roles and responsibilities of the Trust Board. This had been included in the final version and apologised the version included in the board papers was not the final version. No other changes had been made and the document aimed to ensure the Trust adhered to ensuring patients received the right choice of medicines at the right time and medicines were prescribed safely.</p>

Reference	Minute
	The Board of Directors approved the updated strategy for Medicines Optimisation 2018 - 2021.
19. WCT17/18-124	<p>Managing Conflicts of Interest Policy (GP7)</p> <p>AH presented the new Managing Conflicts of Interest policy and advised this had previously been submitted to the Audit Committee. Some minor amendments had been made and the final version circulated electronically and agreed.</p> <p>The policy reflected NHS England guidance on Managing Conflicts of Interest and was also required following a recent NHS Protect inspection in relation to standard 2.4 when the Trust had received a red rating.</p> <p>BS stated it was important to have this policy in place which would be published on StaffZone.</p> <p>AH advised that the Declaration of Interests would be updated to go beyond Trust Board members and would include all senior leaders across the organisation to declare interests in accordance with the policy.</p> <p>Reference was made to the Equality Impact Assessment and agreed this would be circulated to members.</p> <p>The Board of Directors ratified the Managing Conflicts of Interest Policy (GP7) following approval by the Audit Committee.</p>
20. WCT17/18-125	<p>Staff Council - 30 November 2017</p> <p>The minutes of the Staff Council held on 30 November 2017 were noted.</p>
21. WCT17/18-126	<p>Any Other Business</p> <p>None.</p>
22. WCT17/18-127	<p>Invitation for Public Comments</p> <p>Veronica Cuthbert, Public Governor Wirral West, was present and asked about some of the terminology used in the reports and during the meeting. KH advised that there was the need for Board members to be mindful of NHS terminology, particularly when members of the public were present at public Board.</p>
23. WCT17/18-128	<p>Items for Risk Register</p> <p>None.</p>
24. WCT17/18-129	<p>Summary of actions and decisions</p> <p>AH provided a brief summary of actions and decisions taken during the Board of Directors meeting.</p>
<p>Date and Time of Next Meeting: The next formal Trust Board meeting will take place on Wednesday 2 May 2018 at 2.00pm in the Training Suite, St. Catherine's Health Centre.</p>	

Board - Chair Approval			
Name:		Date:	
Signature:			

The Board of Directors Meeting closed at 16:10.

Board of Directors - Matters Arising 2017-18

Actions from meeting held in 2015 are complete.

Actions from the meeting held on 3 May 2017 are complete.

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	Complete.

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	Complete.

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

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

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Chief Executive's Report	WCT17/18-027	Present the findings of the ETDT in a board development session	K.Howell/ A.Hughes	Oct 2017	Complete.

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

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
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	Complete.

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	P.Simpson	May 2018	

Actions from the meeting held on: **8 January 2018**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Matters Arising	WCT17/18-090	Revision of the principal risks to be progressed through board development	A.Hughes	Feb 2018	Complete.
Chief Executives Report	WCT17/18-093	Confirm the type of flu vaccine (trivalent and quadrivalent used for staff groups).	S.Christie	Jan 2018	Complete.
Reports from Committees Staff Council	WCT17/18-094	Provide an update to the Board on the actions being taken to address staff resilience and pressures being reported	J.Harvey	March 2018	Complete. <i>Detail shared with Education &</i>



Wirral Community
NHS Foundation Trust

					<i>Workforce Committee.</i>
Integrated Performance Report	WCT17/18-095	Provide a summary view of performance against each domain of the Single Oversight Framework	E.Berry	Feb 2018 May 2018	Awaiting further information and tolerances from NHSI.
		Include a trend line to the Board organisation-wide dashboard	E.Berry	Feb 2018	Trend lines are available via TIG dashboard

There were no actions from the meeting held on 7 March 2018.