



Minutes of Board of Directors Meeting – held in Public

**At 1:00pm on Wednesday 31 July 2019
At Boardroom, Redesmere**

Present	<p>Mike Maier Sheena Cumiskey Avril Devaney</p> <p>Dr Anushta Sivananthan</p> <p>David Harris Suzanne Edwards</p> <p>Rebecca Burke-Sharples Andrea Campbell Lucy Crumplin Edward Jenner Dr Jim O'Connor</p>	<p>Chairman Chief Executive Director of Nursing, Therapies and Patient Partnership Joint Medical Director, Quality, Compliance and Assurance Director of People and Organisational Development Acting Director of Operations</p> <p>Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director</p>
In attendance	<p>Louise Brereton Suzanne Christopher</p> <p>Gavin Williams Robert Waites Helen Nellist Dr Mahesh Odiyoor Jane Woods</p> <p>Jodie D'Enrico</p>	<p>Head of Corporate Affairs Corporate Affairs Manager (minutes)</p> <p>Community Nurse – CLDT Wirral Health Facilitator - CLDT Wirral Public Governor Strategic Clinical Director: LD, NDD and ABI Deputy Director of People and Organisational Development Head of Communications, Marketing and Public Engagement</p>
Apologies	<p>Andy Styring Tim Welch Dr Faouzi Alam</p>	<p>Director of Operations Director of Finance (after item 19/20/48) Joint Medical Director, Effectiveness, Medical Education and Medical Workforce & Caldicott Guardian</p>

Ref	Title of item	Action
	Meeting governance	
19/20/39	<p>Welcome, apologies and quoracy</p> <p>The Chair welcomed all to the meeting. The meeting was confirmed as quorate. Apologies were noted as above.</p> <p>Item 19/20/48 was taken as the first item. Further to this item, T Welch left the meeting.</p>	
19/20/40	<p>Declarations of interest</p> <p>None declared.</p>	

Ref	Title of item	Action
19/20/41	<p>Minutes of the previous meeting held 22 May 2019 & 29 May 2019.</p> <p>The minutes of the meeting held 22 May 2019 were approved as an accurate record.</p> <p>The minutes of the meeting held 29 May 2019 were approved as a correct record, with the following amendments:-</p> <ul style="list-style-type: none"> • Item 19/20/25 – bullet point 2 – amend to – “<i>The staffing levels were safe as additional staff have assisted. However, this is not reflected in this report as it does not include AHP staffing and others who provide care for periods within a shift.</i>” • Item 19/20/29 – addition to note the positive staff report. 	
19/20/42	<p>Matters arising and action points</p> <p>L Crumplin queried the progress made in respect of additional crisis beds (item 19/20/30 – 29th May 2019). S Edwards confirmed that the beds will be available from September 2019.</p> <p>There were no open actions included on the action log.</p>	
19/20/43	<p>2019/20 Cycle of Business</p> <p>The business cycle for 2019/20 was noted.</p>	
19/20/44	<p>Chair’s announcements</p> <p>The Chairman announced the following:</p> <p>Changes to ECT services From Monday 5 August all Electro-Convulsive Therapy (ECT) services will be provided at our Bowmere Hospital site in Cheshire. This move is in line with the outcome of the public consultation on the redesigning of specialist mental health services in Eastern Cheshire, South Cheshire and Vale Royal.</p> <p>Parliamentary Awards 2019 Wednesday, 10 July saw our three regional NHS Parliamentary Award winners head down to London for the National Parliamentary awards ceremony at Westminster. The Board congratulated our North-West regional winners: Director of Operations, Andy Styring; Next Step Cards and Clinical Support Worker, Stephanie John.</p> <p>Outstanding celebration at CWP Recognition Awards The third CWP Recognition Awards event was held recently at Ellesmere Civic Hall. The evening was a great opportunity to reflect on some of the Trust’s achievements from the past year and to celebrate and recognise our colleagues and partners. The Board of Directors congratulated all the nominees and winners.</p>	

Ref	Title of item	Action
	<p>Chair and Chief Executive of the NMC visit CWP The Trust recently welcomed Philip Graf, Chair of the NMC and Andrea Sutcliffe, Chief Executive and Registrar of the NMC, to listen to CWP nurses reflect on their experiences in delivering care. Our visitors also heard from those who receive care as well as our partners.</p> <p>A celebration of PRIDE M Maier advised that he had recently attended a Crewe Pride celebration at Delamere Resource Centre on the 13 June 2019. The day was a wonderful example of the Trust's commitment to equality, diversity and inclusivity. A further launch event for Chester was held at Redesmere on Friday 26 July.</p> <p>Save the Date: Person-Centred event and farewell to Avril Devaney As Board Members are aware, Avril Devaney will be retiring after 17 years as Director of Nursing, Therapies and Patient Partnerships. Avril will be saying farewell at our person-centred event on 6 September, which will be held at Sycamore House.</p> <p>Farewell to Lucy Crumplin The Board of Directors also acknowledged that today's meeting would be the final Board meeting for Non-Executive Director, Lucy Crumplin, who is stepping down from her position with the Trust at the completion of her second three-year tenure. Huge thanks were offered to Lucy for all her efforts and contributions during her time with the Trust.</p> <p>BAME Staff Network Meeting It was reported that the first meeting was held on Friday 19 July 2019 - Sycamore House, Ellesmere Port.</p> <p>The Board of Directors noted the above updates.</p>	
19/20/45	<p>Chief Executive's announcements</p> <p>S Cumiskey updated on the following:</p> <p>PRIDE S Cumiskey reflected on the recent PRIDE events and commented what an honour it had been to participate. The Trust was able to celebrate and invite a wider set of partners to the event ahead of the celebrations scheduled to take place in Chester on the 10th August 2019. During the launch event at Redesmere, colleagues also had the opportunity to listen to an inspirational talk from Jessica Lynn, who described her life, her experiences and the challenges she has faced to be the person she wished to be. This reflected very much the work that CWP are trying to take forward through our networks and how we enable people to be the best they can be and make that experience real for them.</p> <p>S Cumiskey also provided an overview of the items discussed during the Closed Board Meeting as follows:</p>	

Ref	Title of item	Action
	<ul style="list-style-type: none"> • The Board began their meeting with a patient story, which had been drawn together by the PALS team. The story described an individual's journey to change their relationship with food and the support CWP had provided to assist them in that process. The individual reflected on how, over time, some of the stigmas that were associated with their experience appeared to be breaking down. Board Members felt proud of the individual and what they had been able to achieve. This was a very positive way to begin the closed session. • Board Members discussed developments with regards to provider collaboratives and the commissioning of specialised mental health services. • The Operational Committee Chair's report was received, and outlined how the Committee is reducing risk in respect of bed pressures. The Committee also acknowledged the efforts of staff to work in quite difficult circumstances. • A report was received in regards to the Trust's serious and untoward incidents and Board Members reflected on the learning from those. • An overview was provided regarding how the Trust plans to develop the Performance Team to better support the work of Care Groups. • It was reported that the Trust is on track to achieve its financial targets for this year. • A detailed presentation and lengthy discussion was held regarding how to further develop the Trust's capability to deliver the best possible care that meets the needs of the population. <p>The Board of Directors noted the above summary.</p>	
Reporting from Committees and Matters of Governance		
19/20/46	<p>Audit Committee:</p> <ul style="list-style-type: none"> • Chair's report of the Audit Committee held on 9 July 2019 <p>R Burke-Sharples introduced the item, reporting as Vice Chair of the Committee and as Chair of the meeting held on 9 July 2019.</p> <p>The Trust's new auditors, Grant Thornton, had attended the meeting for the first time. Committee members welcomed them to the Trust, and as is usual practice, held a private meeting with the internal and external auditors ahead of the formal meeting. This provided an opportunity to meet with the Partner and Senior Manager of Grant Thornton who will be providing support to the Trust going forward. During the formal meeting, Grant Thornton provided an overview of how they propose to deliver services to CWP over this financial year. The letter of engagement was approved by Committee Members.</p> <p>The Audit Committee had also received the Speak Up Guardian</p>	

Ref	Title of item	Action
	<p>Annual Report, which included a great deal of detail. The Audit Committee considered the processes in place to ensure the initiative is effective and endorsed the report to the Board of Directors. R Burke-Sharpley outlined the governance processes for the report to be presented at Audit Committee, Quality Committee and the Board of Directors.</p> <p>The Board of Directors noted the Chair's report of 9 July 2019.</p>	
19/20/47	<p>Quality Committee:</p> <ul style="list-style-type: none"> • Chair's Report of the Quality Committee held 3 July 2019 <p>Dr J O'Connor introduced the item.</p> <p>Board Members were informed of a recent regulation 28 notification, and acknowledged that this was quite unusual for the Trust. The notice concerned the timing of assessments for patients suffering from depression. A response has been sent to the Coroner and a further update is scheduled for the Quality Committee.</p> <p>The recent external audit had raised some issues regarding EIT and CHEDs data. The matter was appropriately escalated to be considered in detail. A progress report will be provided to the September Quality Committee Meeting.</p> <p>A number of annual reports were received at the last Quality Committee meeting, which have been commended to the Board of Directors.</p> <p>The Board of Directors noted the Chair's Report of 3 July 2019.</p> <p><i>Dr J O'Connor left the meeting</i></p>	
Operational Performance		
19/20/48	<p>Board Dashboard Development</p> <p><i>This item was taken as the first item on the agenda.</i></p> <p><i>James Partington (Quality Surveillance Specialist) joined the meeting.</i></p> <p>T Welch introduced the item and reminded colleagues that last December's Board Seminar considered the Board Dashboard. As part of that discussion, the Board agreed a number of KPI's to be included in the dashboard going forward.</p> <p>J Partington provided a presentation to Board Members that outlined the role of the quality surveillance team, the process to review the current dashboard and proposals for the new dashboard based on the discussions held in December.</p> <p>It was noted that data does exist for the metrics identified by Board Members in December. It was, therefore, agreed that the 20 metrics identified at the December 2018 Board Seminar will now be progressed and can continue to be shaped over time. Board Members provided feedback in regards to the suggested format and expressed their preference for this to follow a similar</p>	

Ref	Title of item	Action
	<p>appearance to the Quality Committee Dashboard.</p> <p>A discussion was held in regards to the definition of ‘deep dive’ and what that means against each of the identified metrics. Board Members also referenced the need to be clear on acceptable tolerances and understanding the root cause of trends.</p> <p>D Harris advised that in light of work now undertaken regarding the People and OD Strategy, there may now be additional metrics to add to the dashboard. D Harris agreed that tolerances need to be confirmed and agreement reached in regards to who will hold responsibility for the interpretation of the data. D Harris expressed his support for the approach being considered.</p> <p>Dr J O’Connor acknowledged James’s comment during the presentation that the Quality Surveillance Specialists had also considered additional metrics and asked that these be shared with Board Members for further consideration.</p> <p>ACTION – J Partington to work up the 20 metrics agreed in December and share thoughts on additional metrics with Board Members for further consideration.</p> <p>S Edwards commented that work is already taking place within - Care Group that is supported by the Quality Surveillance Specialist. It is, therefore, important to ensure this work is joined up and not a duplication of data.</p> <p>The Board of Directors noted the presentation and approved the suggested way forward.</p> <p><i>J Partington left the meeting.</i></p>	<p>J Partington</p>
Quality of Care		
19/20/49	<p>Safer Staffing (May - June 2019)</p> <p><i>V Peach (Associate Director of Nursing – Physical Health) joined the meeting.</i></p> <p>A Devaney introduced the item. Two reports were presented, the monthly safer staffing report and the six monthly safer staffing report.</p> <p>A Devaney highlighted the main sections of the monthly report as follows:</p> <p>The report is required to be presented to Board on a monthly basis to outline the percentage fill rates on inpatient wards. Staffing on Bollin Ward continues to be a challenge, although improvement has been noted. The service has managed to maintain the identified safeguards. Occupational Therapy also continue to support along with the Modern Matron and Clinical Service Manager. Board Members were asked to note the report.</p> <p>The Board of Directors noted the monthly safer staffing report.</p>	

Ref	Title of item	Action
	<p>V Peach introduced the six monthly safer staffing report. It was noted that in addition to the monthly fill rate reports, the Trust is required to provide six monthly reports as part of its obligations to the National Quality Board (NQB). The report considered Inpatient Services, IAPT, Specialist Mental Health, Learning Disability Services, Community Nursing and Community CAMHS.</p> <p>During this reporting period it is noted that the skills mix across the Trust has been enhanced with the inclusion of Nurse Associates. The Trust also continues to recruit to training nurse associate posts. The organisation has also continued to invest in advancing its staffing mix through role redesign, enhancing clinical roles, and broadening clinical capability through multi-disciplinary working.</p> <p>Some areas have also recruited in advance of need to support the succession planning process. A focus remains on the need to enhance clinical supervision. Training is also being considered to ensure any impact on time for direct care is minimised. Regular reports are provided to the People and Organisational Development Sub Committee.</p> <p>The report outlines that there is evidence to support that concerns are escalated appropriately to enable responsive solutions and to address areas of challenge. It is evident that both systems and processes are responsive.</p> <p>Board Members were asked to note the report and approve the suggested way forward.</p> <p>Dr A Sivananthan commented how helpful the report was, with an emphasis of focusing on the right care, at the right time, and in the right place, rather than just considering numbers of staff.</p> <p>R Burke-Sharples commended the efforts regarding the support to preceptorships and the flexible methodology being used.</p> <p>S Edwards commented that the report is useful to identify how the Trust is supporting staff to ensure time is dedicated to direct care. Thanks were offered to the acknowledgement of All Age Disability Services being included in this report going forward. Work is ongoing to ensure staff in these areas are supported accordingly.</p> <p>The Board of Directors noted the report.</p>	
19/20/50	<p>Freedom to Speak up Guardian 2018/19 Annual Report</p> <p>V Peach introduced the item. The report was taken as read and the following areas highlighted;</p> <p>It was noted that the report is now inclusive of a Board of Directors declaration. Thanks was offered to Board Members for the completion of the self-assessment tool, and assurance was provided that all outcomes on that tool were completed by the end of the year. Quality Assurance processes have been developed to ensure appropriate scrutiny of cases. The profile of the Freedom to Speak up Guardians has also been raised</p>	

Ref	Title of item	Action
	<p>through additional engagement with staff who may be more isolated. The policy has been reviewed and is available to all staff via the intranet.</p> <p>It was noted that the number of concerns reported has increased. This is not a significant change, and it is evident that this growth is also in line with the increase in awareness. There is also evidence to show that people across the Trust are in touch with the Freedom to Speak Up team. The method of collating data has also changed, which has impacted on the figures for this reporting year. Learning is captured, discussed and considered as part of the People and Organisational Development Sub-committee. The report also outlined the plans for 2019/20.</p> <p>A Campbell queried the increased concerns raised in West (table 3 of the report) whilst all other areas appear to have remained consistent. V Peach provided assurance that the increase is not related to one particular service and is related to the step change in recording methods (i.e. a team concern involving 8 people used to be counted as one, it will now be counted as 8 concerns).</p> <p>A Campbell also queried the narrative below table 4 regarding the reasons for complaints. V Peach advised that this related to more of the low level concerns often in respect of people not having the confidence to raise concerns themselves, and so instead using the Freedom to Speak Up process.</p> <p>A Devaney noted this as a point regarding accessibility and the need to further understand. As a Trust there is a need to explore any barriers that currently prevent individuals from coming forward. It was suggested that this should be included in the aims for the following year.</p> <p>E Jenner queried if the organisation is confident that of those individuals who have spoken up, that they have been protected in the process. A Devaney confirmed that that was the case and feedback has been actively sought in terms of the same.</p> <p>R Burke-Sharples reflected that the same conversation formed part of Audit Committee discussions. It was noted that some individuals appear to be accessing the Speak-Up process rather than other more appropriate avenues.</p> <p>The Board of Directors noted the report.</p>	
19/20/51	<p>Medical Appraisal 2018/19 Annual Report</p> <p><i>Rachel Mcloughlin (Consultant Psychiatrist) joined the meeting.</i></p> <p>R Mcloughlin introduced the item, outlining key issues and highlights from the report. Board Members were advised that the medical appraisal is now well established with high rates of compliance. The process will continue to be reviewed to monitor compliance and consider further improvement. A quality assurance panel has also been piloted in year to consider the output of appraisals. This has been well received and also enabled appraisers to receive individual feedback.</p>	

Ref	Title of item	Action
	<p>A Responsible Officer Assurance Group has also been introduced. The Group review all information submitted by the Doctor for revalidation to ensure this is consistent with GMC requirements. Doctors also now receive individual 'thank you' letters to confirm their revalidation and thank them for their contribution to the process and efforts for the Trust during the year.</p> <p>Board Members were advised that the following three areas will form the focus of this year's work programme:</p> <ul style="list-style-type: none"> • Development of improved workforce planning / succession planning processes. • Piloting of a new electronic leave system • Individual meetings with all Clinical Directors to understand how we assist them to be as effective as possible in their role. <p>D Harris noted the drive, focus and commitment that Rachel has brought to this role. Board Members thanked Rachel for her efforts to date.</p> <p>Dr A Sivananthan noted the feedback process to appraisers and how helpful this was, focusing on quality of appraisals as well as compliance rates.</p> <p>The Board of Directors approved the report and agreed for the Chief Executive to sign the Statement of Compliance on behalf of the Board of Directors.</p> <p><i>R Mcloughlin left the meeting.</i></p>	
19/20/52	<p>Infection, Prevention and Control 2018/19 Annual Report</p> <p>V Peach introduced the item. The report was taken as read and the key achievements highlighted for 18/19.</p> <p>It was noted that the Trust had demonstrated full compliance with Infection, Prevention and Control (IPC) requirements, and the following areas were highlighted:</p> <ul style="list-style-type: none"> • Effective links have continued between the IPC control team and Modern Matrons / Link Practitioner on each of the Wards. • There has been a significant decrease (50%) in the number of inoculation incidents across the Trust since the implementation of safety devises during 2018/19. • A continued area of challenge relates to the use of scalpels within podiatry. There is currently no other devise that is safer and able to get close to the skin. The team are currently working with procurement to consider this further. • 80% compliance has been achieved for essential learning. The training will now be delivered as part of the one stop training day, and compliance will continue to be monitored and improved. 	

Ref	Title of item	Action
	<ul style="list-style-type: none"> • Effective working relationships with Estates and Facilities has enabled audits to be carried out and prompt actions to be taken. • A sepsis awareness programme has been rolled out across the Trust. • Also involved in the flu campaign for staff – achieving a 60% compliance rate (aiming for 80% next year). • Cleanliness audits remain positively above target. • Waste auditing has been undertaken and all actions have been completed. The Policy is due to be updated this year. • PLACE visits have been very successful, and assisted the Trust in improving the environment for patients. <p>D Harris commented that staff compliance with the flu vaccine was disappointing for last year. This was no reflection on the efforts of the campaign, but instead this appears to be around people's willingness to have the vaccine. It was noted that this was discussed at length during a recent Execs meeting. The September CELF session will focus entirely on the flu campaign; expectations of the Trust, individual responsibilities and accountability.</p> <p>The Team were congratulated on a number of areas of their work during the year. It was clear the amount of work that is undertaken by the team, and they were thanked for their efforts.</p> <p>The Board of Directors noted the report.</p> <p><i>V Peach left the meeting.</i></p>	
19/20/53	<p>Medicines Management 2018/19 Annual Report</p> <p>Dr A Sivananthan introduced the item, advising that the report had been discussed in detail at the most recent Quality Committee.</p> <p>The report provided a summary of the activity and progress that has been made by the Medicines Management Group and the Pharmacy Team against the group's annual business cycle and the pharmacy team's quality improvement priorities.</p> <p>The report outlined the structure of the medicines management group and how they provide assurance in regards to prescribing methods. Sections of the report also form part of the evidence provided in others forms of Trust assurance, such as the learning from experience report.</p> <p>The report outlined the three areas for quality improvement:</p> <ol style="list-style-type: none"> 1. Quality Improvement for High Risk Medicines Across All Care Settings. QI work is taking place with prescribers and nurses running clinics. 2. Stopping the over use of psychotropics in Learning Disability services. Teams have worked hard to review patients who are prescribed these meds. This has also 	

Ref	Title of item	Action
	<p>been positively embraced by General Practice.</p> <p>3. Targeted electronic referrals to community pharmacy. CWP are the first to do this, and involves sharing a holistic view of the person, rather than just their medication needs. A pharmacy technician has also been utilised to support prescribing. This has reduced medicine waste and enhanced nursing time.</p> <p>S Edwards commented that opportunities exist to consider how we use those models of care within crisis services.</p> <p>Board members commented on the standard of the report and the quality of the work being undertaken.</p> <p>The Board of Directors approved the annual report.</p>	
19/20/54	<p>Data Protection 2018/19 Annual Report</p> <p><i>Gill Monteith (Trust Records and Information Governance Manager) joined the meeting.</i></p> <p>G Monteith introduced the item, the report was taken as read and key achievements were highlighted.</p> <p>Board Members were advised that GDPR came into force with effect from May 2018. At the same time the UK data protection Act was also introduced. GDPR applies across Europe, whilst the UK data protection Act applies only to the UK, but compliments the GDPR principles.</p> <p>A working group was formed of the Information and Governance Sub-Committee. Their focus was to ensure compliance with the data protection act and GDPR regulations. Work was undertaken in regards to privacy notices, impact assessments, health record timeframes, asset registers and contract repository to ensure compliance with the new requirements. All work has now been completed and assurance provided of compliance.</p> <p>Questions were raised regarding the approach adopted to review our processes in line with the regulations and to ensure we are efficient in our processes. It was confirmed that a QI approach was adopted to establish the systems required. Further work will take place to review the 'flow' of information to avoid duplication or repetition.</p> <p>S Cumiskey expressed her thanks to Gill and the team for all their efforts to ensure the Trust is compliant.</p> <p>The Board of Directors approved the annual report.</p>	
	Strategy	
19/20/55a	<p>People Strategy 2019/2022</p> <p>D Harris introduced the item, providing a presentation to Board Members to update on progress to date in regards to the People and Organisational Development Strategy.</p>	

Ref	Title of item	Action
	<p>It was noted that the strategy should always be evolving and adapting. Also part of this session is to invite feedback from Board Members to influence the shape and direction of this as it is implemented. The strategy will also be continually reviewed and discussed on a monthly basis as part of the People and Organisational Development Sub-Committee agenda.</p> <p>A review has already taken place to consider the areas of focus for this year, a large proportion of which will fall under the remit of the People and OD Services.</p> <p>D Harris provided an overview of the content and background to the strategy, governance arrangements and people planning. Board Members were also provided with the NHS Interim People Plan for information.</p> <p>D Harris provided a summary of the main points included in the Interim People Plan and then outlined each of the strategic priorities in turn.</p> <p><i>Strategic Aim 1 - <u>Contribution</u> - To ensure we each have the capability (capacity, confidence and competence) to make our own unique contribution.</i></p> <p>Discussion took place in regards to :-</p> <ul style="list-style-type: none"> • How people new to the organisation contribute • How we engage with people who have lived experience to become employees of CWP • How we link this strategy to the Involvement strategy • Greater emphasis on how we connect with our local communities • Being creative in regards to the positions we offer • Including more detail about the culture of CWP and what engages and motivates the people who work for us <p><i>Dr J O'Connor returned to the meeting.</i></p> <p><i>Strategic Aim 2 – <u>Development</u> - To ensure we each develop the competence (knowledge, skills, behaviours) we need to deliver outstanding, person-centred care.</i></p> <p>Discussion took place in regards to :-</p> <ul style="list-style-type: none"> • The profile of CWP leaders and managers • The ability of managers to hold confident conversations • Supporting people to express their confidence (extroverts and introverts) • Change to language – ‘education’ to ‘learning’ <p><i>Strategic Aim 3 - <u>Wellbeing</u> - To create a workplace which helps each of us to enjoy positive physical and mental well-being and so be the best we can be.</i></p> <p>Discussion took place in regards to :-</p> <ul style="list-style-type: none"> • Change to language – ‘recognition and reward’ to 	

Ref	Title of item	Action
	<p>'celebration and appreciation'</p> <ul style="list-style-type: none"> • Ensuring links made between wellbeing and development (supporting people through transformation) • Considering environmental issues and impacts of this on individuals <p><i>Strategic Aim 4 - <u>Policies, Processes and Systems</u> - To provide policies, processes and systems that help (not hinder) each of us to deliver outstanding, person-centred care.</i></p> <ul style="list-style-type: none"> • Consideration of Policies and procedures to ensure these are values based and supporting managers to have confident conversations • Consider the overarching view of all policies and processes to help and enable staff • Consider the quality of processes (such as appraisal etc.) • Consider the impact on teams following investigation processes • Consider Board assurance processes in regards to staff safety issues • Ensuring policies allow the organisation to understand individual thought processes <p>D Harris advised that the Governance Structure is also being considered in regards to the reporting mechanisms of the People and Organisational Development Sub-Committee and if this should become a direct committee of the Board. Further consideration will need to be given to the reporting cycle of the committee before proposals can be made to Board Members.</p> <p><i>E Jenner left the meeting approx. 4pm.</i></p> <p>A discussion also took place regarding the future skills required by the organisation and the people planning approach to support that, as well as the need to review the services we provide and how they are provide in the future, possibly with support of partners. It was recognised that the future of people planning needs to be driven by the needs of the populations CWP serves.</p> <p>The Board of Directors noted the presentation and approved the strategy.</p> <p>Thanks were offered to David Harris and his team.</p>	
19/20/55b	<p>Learning Lessons to improve our people practices</p> <p>D Harris introduced the item, advising that a high level assessment of the Trust's current investigation and disciplinary processes had taken place against a set of recommendations recently issued by NHSI. The recommendations followed an unfortunate case reported at a London Trust relating to disciplinary proceedings of a staff member. The purpose of the report to the Board of Directors was to provide early sight of progress.</p>	

Ref	Title of item	Action
	<p>The initial high level assessment has confirmed that processes within CWP appear satisfactory. However, these can be improved. Possible areas for improvement are likely to relate to training and the need for sufficient capacity and competence regarding investigations, with a greater oversight at Board level.</p> <p>A more detailed assessment will now be undertaken and will be reported to the Board of Directors with clear recommendations in due course.</p> <p>S Edwards offered support to this process and suggested the use of case studies to help inform the process.</p> <p>A Devaney commented that the NMC also issue guidance regarding what constitutes a good investigation, which may be helpful to also consider.</p> <p>It was noted that all processes need to also ensure kindness and compassion at all stages.</p> <p>The Board of Directors noted the report.</p>	
19/20/56	<p>Quality Improvement Strategy 2019/20 implementation</p> <p>Dr A Sivananthan introduced the item advising that the SBAR provides an update to Board Members regarding progress.</p> <p>Implementation of the QI strategy is now well underway, two cohorts of experts have been trained and the third cohort is planned for the autumn.</p> <p>The first senior manager's cohort has also now taken place. It is hoped that the majority of Band 8a staff and above will be trained by the end of March 2020.</p> <p>The Board of Directors noted the report.</p>	
19/20/57	<p>Care Group development review process</p> <p>S Cumiskey introduced the item on behalf of the Director of Finance, Tim Welch.</p> <p>Processes have now been established to further develop the maturity metrics. Care Groups have also been asked to reflect on the approval process and identify areas for further work.</p> <p>Support will continue to be provided via the Effective Services Team, and the work is scheduled to be completed by the end of September. The outcome will be presented to the October Board Seminar. The focus of the session will be to review the work undertaken by care groups to date, consider their self-assessments, and identify areas for further improvement and support to allow care groups to be the best they can be.</p> <p>The session will also consider future engagement arrangements between the Board of Directors and Care Groups, and give thought to the required assurance processes. This will also involve a review of the Trust's financial standing orders and associated amendments to the Corporate Governance Manual</p>	

Ref	Title of item	Action
	<p>regarding delegated authority to Care Groups and links to the Audit Committee to support assurance processes.</p> <p>The Board of Directors noted the recommendations.</p>	
Closing Business		
19/20/58	<p>Any other business</p> <p>There were no further items of business.</p> <p>The Chair invited those observing the meeting to comment on the afternoon's proceedings.</p> <p>Questions :-</p> <p><u>Robert Waites - Health Facilitator - CLDT Wirral</u> – raised the following questions:-</p> <p>How accessible have the vaccines been to staff? D Harris advised that a number of measures have been established to ensure the vaccine can be accessed by staff across the Trust. However, the feedback shows that there appears to be a large number of staff who are unwilling to accept this. As discussed during the meeting, further evaluation of this will take place at the September CELF.</p> <p>How can lived experience advisors be included in recruitment processes to add value? A Devaney advised that the current Trust strategy allows for the involvement of lived experience volunteers in processes such as recruitment. The staff member was advised to link with Cathy Walsh – Associate Director of Patient and Carer Experience.</p> <p>R Waites also commented on recent changes in their work environment, moving to a hot desking approach, but raised the question of how this impacts on the experience of students. Board Members will reflect on this suggestion.</p> <p>A further suggestion was made in regards to the principles applied to easy read materials for patients, being applied to all policies for staff. The Board of Directors welcomed this suggestion, and will consider this further.</p>	
19/20/59	<p>Matters for referral to any other groups</p> <p>There were no matters to refer or escalate to other groups.</p>	
19/20/60	<p>Matters impacting on policy and/ or practice</p> <p>There were no matters identified impacting on policy and/or practice.</p>	
19/20/61	<p>Review risk impact of items discussed</p> <p>There were no further items to add to the risk register.</p>	
19/20/62	<p>Key messages for communication</p> <p>The various annual reports presented during today's meeting</p>	

Ref	Title of item	Action
	<p>were noted by Board Members, along with the efforts of staff to ensure Trust compliance. All were thanked for their contribution.</p> <p>S Cumiskey also offered thanks on behalf of the Board of Directors to both Lucy Crumplin and Avril Devaney, for whom this would be their last board meeting. Lucy Crumplin steps down from her post as Non-Executive Director and Avril Devaney is to retire from her position as Director of Nursing, Therapies and Patient Partnership at the end of September.</p> <p>S Cumiskey thanked both for their contribution to the Trust, with a special thanks to Avril for her 17 years of service as the Director of Nursing. Board Members reflected on the work of Avril during her time with the Trust and highlighted her kind, compassionate and person centred approach to all that she has been involved in. All thanked her for her efforts and commitment.</p>	
19/20/63	<p>Review of meeting performance</p> <p>All agreed the meeting had been effective. Board members were encouraged to complete the online meeting survey to enable continuous improvement at Board level.</p>	
CLOSE		
Date, time and venue of the next meeting:		
Wednesday 25 September 2019, 9.30am, Boardroom, Redesmere		