



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

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

DRAFT MINUTES OF MEETING

WEDNESDAY 21 AUGUST 2024 at 2.00PM

Members:

Mr Anthony Bennett	Chief Strategy Officer	(AB)
Prof Chris Bentley	Non-Executive Director	(CB)
Prof Michael Brown	Chair	(MB)
Mr Meredydd David	Non-Executive Director	(MD)
Mr Mark Greatrex	Interim Chief Executive	(MG)
Mrs Alison Hughes	Director of Corporate Affairs	(AH)
Ms Beverley Jordan	Non-Executive Director	(BJ)
Mr Claus Madsen	Chief People Officer	(CM)
Mr Gerald Meehan	Non-Executive Director	(GM)
Mr Dave Miles	Interim Chief Finance Officer	(DM)
Mr Dave Murphy	Chief Digital Information Officer	(DMu)
Mr Bradley Palin	Interim Chief Operating Officer	(BP)
Dr Eddie Roche	Interim Medical Director	(ER)
Mrs Paula Simpson	Chief Nurse	(PS)

In Attendance:

Ms Lynn Collins	Lead Governor	(LC)
Mrs Cathy Gallagher	Senior Assistant (minute taker)	(CG)

Reference	Minute
1. WCT24/25-057	Journey of Care: Community Nursing - Birkenhead Locality PS introduced the Journey of Care story which focused on the Community Nursing Team in the Birkenhead locality. The patient described the compassion shown by the community nursing team and the benefits of having a consistent care plan over the past seven years. The Board of Directors welcomed the opportunity to receive the Journey of Care story and thanked and all those involved.
2. WCT24/25-058	Apologies for Absence Meredydd David, Non-Executive Director. Emma Robinson, Associate Non-Executive Director.
3. WCT24/25-059	Declaration of Interests The members of the Board confirmed standing declarations of interest, but it was noted that there was nothing on the agenda that required further action in respect of standing or new interests.

<p>4. WCT24/25-060</p>	<p>Minutes of the previous meeting - 19 June 2024</p> <p>Minute WCT2/25-037 - Organisational Strategy 2022-27 Year 3 Plan - paragraph 2 to read: <i>It was noted that of the 37 statements: 18 were unchanged and 16 had had minor changes made for emphasis and/or clarity. Three had been removed and three were new.</i></p> <p>Following the above amendment being made, the Board of Directors approved the minutes of the meeting held on 19 June 2024, as a true and accurate record.</p>
<p>5. WCT24/25-061</p>	<p>Matters Arising - 19 June 2024</p> <p>The Board of Directors reviewed the current status and noted any outstanding items. <i>(See separate actions/matters arising tracker.)</i></p>
<p>6. WCT24/25-062</p>	<p>Chair's Report</p> <p>MB presented the Chair's Report which included key updates for members' attention and assurance.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
<p>7. WCT24/25-063</p>	<p>Lead Governor's Report</p> <p>LC presented the report summarising recent work of the Council of Governors (CoG).</p> <p>LC extended thanks to Professor Michael Brown on behalf of the CoG for his leadership and support to the Council of Governors recognising that this would be his last Board meeting at the Trust.</p> <p>The Board of Directors received the report with no further questions or comments.</p>
<p>8. WCT24/25-064</p>	<p>Interim Chief Executive's Report</p> <p>MG presented the report which highlighted key issues of local, regional and national importance. The following key points were highlighted;</p> <ul style="list-style-type: none"> • MG thanked Professor Michael Brown for his support, dedication and commitment to the Trust over the last seven years recognising the wisdom and experience he had brought to the Trust, his unwavering ambition for Trust staff and services and the care and compassion he had shown to all during his time as Chair of the Trust. • MG extended support to Gerald Meehan, Non-Executive Director who would be Interim Chair with effect from September 2024. • Jo Chwalko, Chief Operating Officer for the Trust had started in a new role working jointly between the Trust and Wirral University Teaching Hospital as Director of Integration and Delivery. The post was a seconded post for a minimum period of 12 months and would be key to driving forward integration opportunities between both organisations to further improve services for the Wirral population. Bradley Palin, Deputy Chief Operating Officer would be the Interim Chief Operating Officer and Toni Shepherd the Interim Deputy Chief Operating Officer. • Following a successful tender process led by Wirral Council the Trust had been awarded a five-year contract to deliver the Children and Young People's Risk and Resilience Service in Wirral. The service would launch from 2 September 2024. • This year's Team WCHC Awards received over 140 nominations. MG and MB were proud to have announced the shortlisted nominees ahead of the awards event at the end of October 2024. • The Annual Report and Accounts 2023-24 had been completed with the external auditors, Grant Thornton providing an unqualified opinion. • The Trust's Annual Members Meeting would be held in October 2024. • The Annual Quality Accounts 2023-24 had also been published and was accessible via the link in the report.

	<ul style="list-style-type: none"> The NHS Cadets Programme graduation events had taken place in Wirral, St Helens and Knowsley and marked the end of an inspiring and highly successful programme. The events provided the young people with an opportunity to come together to celebrate their remarkable achievements and share their experiences of the programme. MG congratulated the Monthly Stand Out winners for June and July including VCH Walk-in-Centre team and Angela Howard, Head of PMO. <p>MG welcomed any comments or questions on the report.</p> <p>There were no further questions or comments from members of the Board.</p>
<p>9. WCT24/25-065</p>	<p>Reports from the committees of the Board</p> <p>Quality & Safety Committee - 10 July 2024</p> <p>CB provided a verbal report highlighting the following key areas:</p> <ul style="list-style-type: none"> A number of reports were approved for onward reporting to the Board of Directors including Complaints and Concerns Annual Report, Safeguarding Annual Report, Medicines Optimisation Annual Report, the Quality & Safety Committee Terms of Reference Annual Review and Mortality Review Group Terms of Reference. The committee approved an extension of the outstanding actions of The Emergency Preparedness Resilience and Response (EPRR) Action Plan. A further extension was approved on four policies that had expired but were under review. An update was provided on System/Place programmes of work including a recent system SEND workshop that had resulted in a commitment to fund additional capacity to help manage the backlog while a new model was implemented. The committee received the Quality Strategy Delivery Plan 2024-25 and the Quality and Patient Experience Report and was assured by the updates. The committee noted the Organisational Risk Report and was assured by the position provided. The MIAA report on the <i>Data Quality - Health Inequalities Audit</i> was received with an update on the progress made to address the recommendations in the report. The CQC Medicines Optimisation Action Plan was received providing assurance on the completion of actions in the Trust's CQC report 2023. The Infection Prevention & Control Assurance Report 2024-25 for Q1 was received and the committee was assured that IPC systems and processes continued to be robustly implemented. <p>Informal Board - 17 July 2024</p> <p>AH presented a summary of the items discussed at the Informal Board meeting, noting the detail also included in the papers.</p> <p>AH confirmed that the members of the Board had completed an annual refresher on the National Cyber Security (NCSC) Certified Board Level Training.</p> <p>Audit Committee - 24 July 2024</p> <p>BJ provided a verbal report from the committee on behalf of MD. The following key areas were highlighted:</p> <ul style="list-style-type: none"> The committee received three items for approval: <ul style="list-style-type: none"> the decision and action log from the previous meeting the annual review of the Audit Committee Terms of Reference the 2024 process for self-assessing the effectiveness of sub-committee of the Board. The Audit & Fraud Tracker Tool, Organisational Risk Report and the Board Assurance Framework (BAF) were received, and the committee was assured by the updates provided and the robust processes in place.

- The Internal Audit Follow-Up Report was presented by MIAA and members were assured by the progress made to address the recommendations.
- The committee received a Summary of the Clinical Audit and Quality Improvement Programme for 2023-24 detailing the progress made to support triangulation with other sources of data. The key successes of the programme included participation in three national CQUIN audits all of which were fully green RAG rated in Q4. 59 audits had been successfully completed and published on the SAFE system in the reporting period and 57 Quality Improvement Programmes had been implemented throughout the organisation.
- MIAA presented the Internal Audit Progress Report and provided an update on the assurance and progress against the internal audit plan. Two internal audit reports had been issued including the Data Security and Protection Toolkit (DSPT) 2023-24 and the Data Quality – Health Inequalities review. It was noted that the Finance & Performance Committee and the Quality & Safety Committee would monitor the detail of each respectively.
- No other matters were raised by exception or identified by committee for escalation.

Finance & Performance Committee - 24 July 2024

BJ provided a verbal report highlighting the following key areas:

- The committee received six items for approval:
 - The decision and action log from the previous meeting.
 - The Board Assurance Framework.
 - The Full Business Case (FBC) for the Electronic Health Record (EHR).
 - The Information Governance Annual Report was presented alongside the outcome of the final review of the Data Security Protection Toolkit (DSPT) by MIAA which had provided Substantial Assurance.
 - The annual review of Finance & Performance Committee Terms of Reference was approved following some minor amendments.
 - A review of the tender and contract decision-making process and proposals had been received with an agreement for further discussion.
- Following an update from the Integrated Performance Board, the committee noted that PWC had been commissioned by NHS England to review financial delivery and establish a support and intervention process for Trusts across Cheshire & Merseyside.
- An update on the progress to achieve CIP was provided with the committee noting that a significant proportion related to savings from vacancies. The committee had referred an action to the People & Culture Committee and the Quality & Safety Committee to seek assurance that robust processes were in place to support staff wellbeing and patient safety.
- There were no high-level risks escalated to committee and the committee reviewed the strategic risks included in the BAF noting ID04 as high-level risk.

People and Culture Committee - 14 August 2024

GM provided a verbal report highlighting the following key areas:

- The Year 3 People Strategy Deliver Plan 2022-27 was received, and the committee was assured by the work completed and the progress being made.
- The Workforce Report was presented, and committee noted areas of improvement in relation to performance metrics.
- The committee had also recognised the importance to maintaining the psychological safety and wellbeing of staff given the PWC review of financial plans.
- Meredydd David, Non-Executive Director had been appointed as the new Wellbeing Guardian for the Trust.
- The Gender Pay Gap Report results for 2024 demonstrated a pay gap of 8.59%.

	<ul style="list-style-type: none"> • The committee was assured by the update on the CQC Action Plan - People related actions and agreed to close the action plan. • Detailed analysis of the data confirmed there were no patient safety risks that correlated to the Safe Staffing Report. • The Workforce Race Equality Standard 2024 was approved and GM thanked Millie Williams, Chair of the BAME staff network for her leadership and support. The committee acknowledged the impact on staff following the recent riots across the country following tragic events in Southport. • The Workforce Disability Equality Standard for 2024 was approved and GM thanked Laura Kennedy, Chair of the Ability Staff Network for her leadership and support. • There were no high-level risks escalated to committee and the strategic risks in the BAF were also reviewed. <p>Staff Voice Forum - 15 July 2024</p> <p>CM gave a verbal update from the Staff Voice Forum on 15 July 2024 noting that and update on the People Strategy Delivery Plan had been shared, together with a Quality Strategy update and a position statement on the demobilisation of the Lancashire contract.</p>
<p>10. WCT24/25-066</p>	<p>Integrated Performance Report</p> <p>MG introduced the report which provided a summary of performance across the Trust up to and including the end of July 2024, noting that an analysis of performance was completed in the Integrated Performance Board (IPB) which reported to each of the committees of the Board.</p> <p>Operational Performance</p> <p>BP highlighted the following position for operational performance:</p> <ul style="list-style-type: none"> • There were 68 green KPIs, 10 amber and 10 red and good progress had been made to improve performance. • Performance against the four-hour target in the Walk-in-Centre and Urgent Treatment Centre remained high at 98.1%. • Bed occupancy in the Community Intermediate Care Centre (CICC) was at 85.6%. This was a slight drop compared to the previous month which were due to estates issues but had since increased again to over 90%. The median length of stay target was currently 19 days. • Referrals to the HomeFirst service were just below the target of 170 at 169. • The Urgent Community Response 2-hour and 2-day performance continued to exceed the 70% target at 95.7% which demonstrated the huge demand for community services. • The GP Out of Hours UCAT 15-minute response was at 68.3% and UCAT 30-minute response was at 94.4%. • The GP Out of Hours CAS 20-minutes response time trend was 80.3% and 2-hour at 90.2% in month which continued to improve, and NHS 111 Service had improved at 71.9%. • RTT and DM01 were 100% compliant. <p>Workforce Performance</p> <p>CM highlighted the following position for workforce performance:</p> <ul style="list-style-type: none"> • Staff turnover was at 9.5% which was under the strategic target of 10%. • Mandatory training compliance had increased to 94.3% which was above the 90% target. All mandatory core training was over 90% compliance. • Sickness absence was slightly up to 6.0%. The main reason for absence was stress and anxiety which aligned with the national position. • Agency usage was at 1.7% below the cap of 3.2%.

Quality Performance

PS highlighted the following position for quality performance:

- There had been 0 StEIS reportable incidents in month.
- There had been 0 category 3 & 4 pressure ulcers attributable to the Trust, 0 moderate and above harm incidents attributed to the Trust, 0 IPC incidents attributed to the Trust and 0 missed medication incidents resulting in moderate harm with care concerns attributed to the Trust.
- For QUAL 2 - Number of incidents reported and QUAL 3 - Patient Safety Incidents reported the SPC charts had been re-based following the transition to the Learn From Patient Safety Events (LFPSE) system, which was part of the Patient Safety Incident Response Framework (PSIRF) implementation plan.
- QUAL 17 - Falls resulting in moderate or above harm level, the YTD position was at 2 which demonstrated a significant improvement.
- QUAL 18 - Of all incidents reported with moderate and above harm level the YTD position was at 5.6%.
- Experience metrics QUAL 08 - complaints received were low.
- QUAL 22 - Friends and Family Test responses, the YTD position was at 93.2% satisfaction score based on 8,070 responses.

Financial Performance

DM highlighted the following position for financial performance:

- A deficit of £72,000 was reported for M3 against the YTD plan of £75,000.
- Income was slightly ahead of plan at £210,000.
- Pay was better than planned at £142,000.
- The non-pay overspend was £349,000.
- The CIP schemes had a potential target of £3.1m against the £6.3m target. YTD delivered £1.1m worth of savings against £1.2m target.
- Better Payment Practice Code performance by volume and by value were both over 92% against a target of 95%.
- Cash balance at the end of June was at £11.9m.
- Agency costs were below the cap of 3.2% as reported in the People metrics.

The Board of Directors received the report noting the performance reported across all domains.

11.

WCT24/25-067

Board Assurance Framework (BAF) strategic risks 2024-25.

AH presented the updated position in relation to strategic risks managed through the BAF following detailed review by the committees during July and August 2024 and at the informal board session on 17 July 2024.

AH noted that the risks managed through the Wirral Place Delivery Assurance Framework (PDAF) were mapping across to the strategic risks on the Board Assurance Framework (BAF).

The Finance and Performance Committee had agreed to complete a further review of strategic risk ID04 following acknowledgement that the system financial risk on the PDAF had been reduced in July 2024.

It was noted that ID04 remained the highest scoring risk on the BAF.

The new risk ID11 had been aligned to the Board of Directors for oversight during the financial year. The risk related to partnership working in order to achieve organisational strategy and had a current risk rating of 8 (2 x 4) with a moderate risk appetite.

CB suggested further discussion on PDAF governance to align with the Trust's structure.

	<p>The Board of Directors approved the recommendations in the report including oversight of the new strategic risk ID11 and was assured of the management of strategic risks in the BAF through the sub-committees of the Board.</p>
<p>12. WCT24/25-068</p>	<p>Communications and Marketing Report for Q1 2024-25</p> <p>AH presented the Communications & Marketing Report Q1 2024-25 highlighting communication activity both internally and externally.</p> <p>The Communications and Marketing engagement priorities were aligned to the Trust's strategic objectives as set out in the 5-year strategy and the enabling strategies.</p> <p>AH noted that the report included greater emphasis on the measurement and impact of communications and marketing activity in order to support strategy delivery.</p> <p>BJ referred to the priorities for Q3 and suggested work to support brand Team WCHC.</p> <p>The Board of Directors welcomed the report with no further questions or comments.</p>
<p>13. WCT24/25-069</p>	<p>Formal Evaluation of the Shadow Board Programme</p> <p>CM presented the formal evaluation of the Shadow Board Programme.</p> <p>The final evaluation of the programme had provided a quantitative and qualitative data, both before and after its implementation. It revealed a 35% aggregated improvement in participants' understanding, abilities and confidence after successfully completing the programme.</p> <p>BJ asked about a participant who reported a less favourable experience. CM advised that participants were supported and offered career conversations to discuss their aspirations, adding that the programme had helped some participants decide not to pursue a Board role in the future.</p> <p>The Board of Directors welcomed the report with no further questions or comments.</p>
<p>14. WCT24/25-070</p>	<p>Place governance arrangements and progress</p> <p>MG referred to Phase 1 of the Wirral System Review and advised that interviewees had been asked for their opinion on the effectiveness of governance at Place level and how it could be improved or implemented from the outcome of the review.</p> <p>The Board of Directors noted the update and there were no further comments.</p>
<p>15. WCT24/25-071</p>	<p>Annual declaration of interests - Board of Directors 2024-25</p> <p>AH presented the report providing assurance that the Trust was compliant with the requirements of Standing Order 8 'Declaration of Interest and Register of Interests' and 'General Policy 7 Managing Conflicts of Interest' whereby all members of the Board of Directors were required to annually declare all interests that were relevant and material.</p> <p>All members of the Board and advisors to the Board had given consent to have their declarations published which would also be reported through the Trust's Annual Report 2024-25.</p> <p>AH noted an amendment for B Jordan, Non-Executive Director to confirm that representation on the MHLDC Board had ended in July 2024. The register would be amended to reflect the end date prior to publication.</p> <p>The Board of Directors received the report and was assured by the processes in place to ensure compliance with Trust policy and the subsequent register of interests for members of the Board for 2024-25 was approved.</p>

<p>16. WCT24/25-072</p>	<p>Audit Committee Annual Report 2023-24</p> <p>In the absence of the Audit Chair, AH presented the Audit Committee Annual Report for 2023-24 which set out how the committee had met its Terms of Reference and achieved key priorities.</p> <p>AH noted a point of accuracy to report Grant Thornton as the Trust's external auditors, and not Ernst Young.</p> <p>The Board of Directors, including members of the Audit Committee approved the Annual Report 2023-24.</p>
<p>17. WCT24/25-073</p>	<p>Terms of Reference Annual Review</p> <p>AH presented the committee Terms of Reference (ToRs) for approval, following review by the committees of the board during July and August 2024.</p> <p>AH noted that the Trust's Associate Non-Executive Director would be included as 'in attendance'.</p> <p>The Board of Directors reviewed the terms of references and approved the proposed changes.</p>
<p>18. WCT24/25-074</p>	<p>CQC Statement of Purpose</p> <p>PS presented the CQC Statement of Purpose noting that it was last updated and approved at the Board of Directors on 17 April 2024.</p> <p>The statement had been adjusted to remove narrative relating to provision of the 0-19 Healthy Child Programme in Lancashire.</p> <p>Once approved, the updated Statement of Purpose would be submitted to CQC in line with regulatory requirements. The changes detailed in the report were highlighted in red.</p> <p>The Board of Directors approved the proposed changes to the CQC Statement of Purpose.</p>
<p>19. WCT24/25-075</p>	<p>Annual Reports 2023-24</p> <p><i>Complaints and Concerns Annual Report 2023-24</i></p> <p>PS presented the Complaints & Concerns Annual Report 2023-24 confirming that the Quality and Safety Committee had reviewed it in July 2024 and approved it for submission to the Board of Directors (pending one small amend related to the total number of contacts which had been addressed).</p> <p>The report included an organisational analysis of complaints and concerns received during the reporting period and detailed learning and improvements that had resulted from complaints and concerns under four clear themes identified through analysis.</p> <p>During the reporting period, there were no referrals to the Parliamentary and Health Service Ombudsman (PHSO).</p> <p>Equality monitoring information was included in the report and priorities for further improvement during 2024-25 listed.</p> <p><i>Safeguarding Annual Report 2023-24</i></p> <p>PS presented the Safeguarding Annual Report 2023-24 confirming that the Quality and Safety Committee had reviewed it in July 2024 and approved it for submission to the Board of Directors (pending one small addition to add further narrative on system-wide inspections which had been addressed).</p> <p>The report included seven sections. PS noted that section three detailed the work of safeguarding partnerships across the Trust's four areas of provision and demonstrated the complexity of safeguarding governance and the nuances that</p>

	<p>exist across all areas. Section four outlined the excellent and sustained compliance achieved against the extensive statutory framework throughout the reporting period.</p> <p>The safeguarding governance for children was subject to a review by Merseyside Internal Audit. The review identified many areas of good practice and resulted in an overall assurance opinion of Substantial Assurance.</p> <p>GM referred to the role of the scrutineers to be included in the Safeguarding Report.</p> <p>PS noted the role of the scrutineers would be detailed in the report at the next Quality & Safety Committee.</p> <p>Information Governance Annual Report 2023-24</p> <p>AH presented the Information Governance Annual Report 2023-24 confirming that the Finance & Performance Committee had reviewed it in August 2024 and approved it for submission to the Board of Directors.</p> <p>The Annual Report detailed compliance with the Data Security and Protection Toolkit (DSPT) and provided assurance of on-going improvements in relation to managing risks to information. It was noted that the DSPT was submitted in June 2024 with all standards met.</p> <p>AH acknowledged Claire Wedge, Deputy Chief Nurse and Chair of the Information Governance Data Security Group (IGDS) and all members for their continued support with the Information Governance agenda and extended thanks to Anna Simpson, Data Protection Officer for her on-going support and guidance.</p> <p>Medicines Optimisation Annual Report 2023-24</p> <p>ER presented the Medicines Optimisation Annual Report 2023-24 confirming that the Quality & Safety Committee had reviewed it in July 2024 and approved it for submission to the Board of Directors.</p> <p>ER noted that the report did not include the management of controlled drugs which would be reported in a separate Controlled Drugs Annual Report 2023-24.</p> <p>The report was based on the four principles of medicines optimisation as outlined in the Trust's Medicines Optimisation Strategy.</p> <p>The Board of Directors were assured of the information presented and approved the Complaints and Concerns Annual Report 2023-24, the Safeguarding Annual Report 2023-24, Information Governance Annual Report 2023-24 and Medicines Optimisation Annual Report 2023-24.</p>
20. WCT24/25-076	Staff Voice Forum The minutes from the meeting on 3 June and 15 July 2024 would be shared at the next Public Board meeting on 16 October 2024.
21. WCT24/25-077	Council of Governors The minutes from the Council of Governors meeting on 15 May 2024 were subject to approval at the next CoG meeting on 11 September 2024.
22. WCT24/25-078	Any other Business None.
23. WCT24/25-079	Invitation for Public Comments JC thanked PS for the detailed Safeguarding Report. EM thanked the Board of Directors for the invitation to the Public Board meeting.
24.	Items for Risk Register There were no new risks identified for the risk register.

WCT24/25-080	
25. WCT23/24-081	Staff Story CM introduced the Staff Story which featured James Hanson, Birkenhead Locality Community Nursing. James shares his story which related directly to the Journey of Care shared at the start of the meeting. The Board of Directors welcomed and appreciated the story shared and extended thanks to James and the Community Nursing service.
26. WCT23/24-082	Summary of actions and decisions AH provided a summary of decisions taken and actions agreed during the Board of Directors meeting.
Date and Time of Next Meeting: The next formal Trust Board meeting will take place on Wednesday 16 October 2024 at 2.00pm, St Catherine's Health Centre.	
Board - Chair Approval	
Name:	Date:
Signature:	

The Board of Directors meeting closed at 4.44pm.

Board of Directors - Matters Arising 2024-25

All previous actions from meetings in 2023-24 have been completed and archived.

There were no actions from the meeting on 17 April 2024.

Actions from meeting held on **19 June 2024**.

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Board Assurance Framework (BAF) strategic risks 2024-25	WCT24/25-036	Amend the strategic risk ID04 initial rating to reflect the current rating	A Hughes	August 2024	Complete
Social Value Framework Annual Report 2023-24	WCT24/25-038	Provide the Board with information on the number of tea and coffee tokens handed out by GPs to patients at the Marine Lake Health and Wellbeing Centre	A Bennett	October 2024	Complete.
NHS Provider License Self-Certification	WCT24/25-041	Add the Trust's CQC Inspection 'Good' rating score to section G6	A Hughes	August 2024	Complete



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

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