



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

**BOARD OF DIRECTORS PUBLIC MEETING**  
**Community Centre, St Catherine's Health Centre**

**Wednesday 19 February 2025**

**2:00pm**

**BOARD OF DIRECTORS MEETING**  
(Community Centre, St Catherine's Health Centre)

Wednesday 19 February 2025 2.00pm - 4:00pm

**AGENDA**

| No  | Item (20 minutes)  | Action     | Reference          |
|---|--|------------|--------------------|
| 1.  | <b>Journey of Care</b><br>Chief Nurse  | To assure  | WCT24/25-134 (v)   |
| <b>PRELIMINARY BUSINESS (5 minutes)</b>         |  |            |                    |
| 2.  | <b>Apologies for Absence</b>   | To note    | WCT24/25-135 (v)   |
| 3.  | <b>Declaration of Interests</b><br>(Any action to be taken as a result)  | To assure  | WCT24/25-136 (v)   |
| 4.  | <b>Minutes of the previous meeting</b><br>• 11 December 2024   | To approve | WCT24/25-137 (d)   |
| 5.  | <b>Matters Arising:</b><br>• 11 December 2024  | To assure  | WCT24/25-138 (d)   |
| <b>STATUTORY BUSINESS (10 minutes)</b>          |  |            |                    |
| 6.  | <b>Chair's Report</b>  | To assure  | WCT24/25-139 (v)   |
| 7.  | <b>Lead Governor's Report</b>  | To assure  | WCT24/25-140 (d)   |
| 8.  | <b>Chief Executive's Report</b>  | To assure  | WCT24/25-141 (d)   |
| <b>COMMITTEE ASSURANCE REPORTS (20 minutes)</b> |  |            |                    |
| 9.  | <ul style="list-style-type: none"> <li>• <b>Quality &amp; Safety Committee - 15 January 2025</b><br/>Professor Chris Bentley</li> <li>• <b>Finance &amp; Performance Committee - 5 February 2025</b><br/>Beverley Jordan</li> <li>• <b>Audit Committee - 5 February 2025</b><br/>Meredydd David</li> <li>• <b>People &amp; Culture Committee - 12 February 2025</b><br/>Meredydd David</li> <li>• <b>Staff Voice Forum - 21 January 2025</b><br/>Chief People Officer</li> </ul> | To assure  | WCT24/25-142 (v)   |
| <b>PERFORMANCE (15 minutes)</b>                 |  |            |                    |
| 10.   | <b>Integrated Performance Report</b> (with live presentation from Trust dashboard)<br>Chief Executive  | To assure  | WCT24/25-143 (p/d) |
| <b>RISKS (10 minutes)</b>                       |  |            |                    |
| 11.   | <b>Board Assurance Framework (BAF) Strategic Risks 2024-25</b><br>Director of Corporate Affairs  | To approve | WCT24/25-144 (d)   |

| <b>CORPORATE GOVERNANCE (15 minutes)</b>   |   |            |                  |
|--|---|------------|------------------|
| <b>12.</b>   | <b>Foundation Trust Constitution - review</b><br>Director of Corporate Affairs  | To approve | WCT24/25-145 (d) |
| <b>13.</b>   | <b>Communications &amp; Marketing Report for Q2 and Q3 2024-25</b><br>Director of Corporate Affairs   | To assure  | WCT24/25-146 (d) |
| <b>14.</b>   | <b>Equality Delivery System</b><br>Chief People Officer   | To approve | WCT24/25-147 (d) |
| <b>GROUP MINUTES (For noting):</b>   |   |            |                  |
| <b>15.</b>   | <b>Staff Voice Forum:</b><br>• 18 November 2024   | To assure  | WCT24/25-148 (d) |
| <b>16.</b>   | <b>Council of Governors</b><br>• 13 November 2024   | To assure  | WCT24/25-149 (d) |
| <b>CLOSING BUSINESS: (5 minutes)</b>   |   |            |                  |
| <b>17.</b>   | <b>Any Other Business</b>   |            | WCT24/25-150 (v) |
| <b>18.</b>   | <b>Items for Risk Register</b>  |            | WCT24/25-151 (v) |
| <b>19.</b>   | <b>Invitation for Public Comments:</b><br>Any questions on the items on the agenda should be raised with the Director of Corporate Affairs in advance to be addressed here. |            | WCT24/25-152 (v) |
| <b>20.</b>   | <b>Summary of actions and decisions</b>   |            | WCT24/25-153 (v) |
| <b>21.</b>   | <b>Meeting Review</b>   |            | WCT24/25-154 (v) |
| <b>Date and Time of Next Meeting:</b><br>The next Public Board of Directors meeting will take place on <b>Wednesday 23 April 2025.</b> |   |            |                  |

(d) = document included in the paper pack

(v) = verbal report to be provided at the meeting

(p) = presentation to be provided at the meeting



**TRUST BOARD OF DIRECTORS MEETING  
(Community Centre, St Catherine’s Health centre)**

**DRAFT MINUTES OF MEETING**

**WEDNESDAY 11 DECEMBER 2024 at 2.30PM**

**Members:**

|                    |                                      |       |
|--------------------|--------------------------------------|-------|
| Mr Tony Bennett    | Chief Strategy Officer               | (TB)  |
| Prof Chris Bentley | Non-Executive Director               | (CB)  |
| Mrs Jo Chwalko     | Director of Integration and Delivery | (JC)  |
| Mr Meredydd David  | Non-Executive Director               | (MD)  |
| Mr Mark Greatrex   | Chief Finance Officer                | (MG)  |
| Sir David Henshaw  | Chair                                | (SDH) |
| Mrs Janelle Holmes | Chief Executive                      | (JH)  |
| Mrs Alison Hughes  | Director of Corporate Affairs        | (AH)  |
| Ms Beverley Jordan | Non-Executive Director               | (BJ)  |
| Ms Debs Smith      | Chief People Officer                 | (DS)  |
| Mr Gerald Meehan   | Non-Executive Director               | (GM)  |
| Mr Dave Murphy     | Chief Digital Information Officer    | (DM)  |
| Mr Bradley Palin   | Interim Chief Operating Officer      | (BP)  |
| Dr Eddie Roche     | Interim Medical Director             | (ER)  |
| Mrs Paula Simpson  | Chief Nurse                          | (PS)  |

**In Attendance:**

|                     |  |       |
|---------------------|--|-------|
| Mr Jim Cadwallader  | Public member                                    | (JCa) |
| Mrs Eve Collins     | Appointed Governor                               | (EC)  |
| Ms Lynn Collins     | Lead Governor                                    | (LC)  |
| Mrs Cathy Gallagher | Senior Assistant (minute taker)                  | (CG)  |
| James Jackson-Ellis | Corporate Governance Officer (WUTH) – via Teams  | (JJE) |
| David McGovern      | Director of Corporate Affairs (WUTH) – via Teams | (DMc) |
| Ms Emma Robinson    | Associate Non-Executive Director                 | (ERo) |

| Reference              | Minute   |
|------------------------|--|
| 1.<br>WCT24/25-<br>108 | <p><b>Staff Story: Children’s Speech and Language Therapy and Dietetics</b></p> <p>PS introduced the Staff Story which featured Denise King, Clinical Lead Children’s Dietitian and a certified Lactation Consultant and Abbie Moran, Children’s Integrated Therapies Team Leader.</p> <p>Denise and Abbie described the benefits of a joint care package with Speech &amp; Language Therapy and Dietetics that was in place for a child with complex medical needs.</p> <p>The Board of Directors welcomed and appreciated the story shared and extended thanks to the service.</p> |

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| <p><b>2.</b><br/>WCT24/25-109</p> | <p><b>Journey of Care: Children’s Speech and Language Therapy and Dietetics</b></p> <p>PS introduced the Journey of Care story which was told by a Mum of a young child that had a joint care package with Speech &amp; Language Therapy and Dietetics.</p> <p>The parent described the benefits of having a joint care plan and was very grateful for the treatment and care provided.</p> <p>The Board of Directors welcomed the opportunity to receive the Journey of Care story and thanked all those involved.</p>  |
| <p><b>3.</b><br/>WCT24/25-110</p> | <p><b>Apologies for Absence</b></p> <p>None.</p>   |
| <p><b>4.</b><br/>WCT24/25-111</p> | <p><b>Declaration of Interests</b></p> <p>The members of the Board confirmed standing declarations of interest, and it was noted that there was nothing on the agenda that required further action in respect of standing or new interests.</p>  |
| <p><b>5.</b><br/>WCT24/25-112</p> | <p><b>Minutes of the previous meeting - 16 October 2024</b></p> <p>The Board of Directors approved the minutes of the meeting held on 16 October 2024, as a true and accurate record.</p>  |
| <p><b>6.</b><br/>WCT24/25-113</p> | <p><b>Matters Arising - 16 October 2024</b></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>AH noted that since the last meeting of the Board and in accordance with provisions set out in the Terms of Reference, the Board had received and approved virtually two contract awards associated with the wound dressing contract and postal testing kits for the sexual health service.</p>   |
| <p><b>7.</b><br/>WCT24/25-114</p> | <p><b>Chair’s Report</b></p> <p>SDH presented a verbal Chair’s Report noting the following points.</p> <p>SDH congratulated Lynn Collins on being re-elected as Public Governor in the Wirral West constituency at the recent Council of Governor elections.</p> <p>SDH welcomed Debs Smith, Chief People Officer to the Trust Board of Directors.</p> <p>SDH noted that it was Gerald Meehan’s last meeting of the Board and thanked Gerald for his commitment and contribution as Non-Executive Director of the Trust for 6 years and most recently as the interim Chair.</p> <p>GM thanked SDH and the Board of Directors, Governors and the Corporate Team for their help and support over the years.</p> <p>The Board of Directors received the report with no further questions or comments.</p> |
| <p><b>8.</b><br/>WCT24/25-115</p> | <p><b>Lead Governor’s Report</b></p> <p>LC presented the report as included in the pack, summarising recent work of the Council of Governors.</p> <p>LC thanked Gerald Meehan for his contribution to the Trust as a Non-Executive Director, and wished him well in his new role at Alder Hey Children’s Hospital NHS FT.</p> <p>The Board of Directors received the report with no further questions or comments.</p>   |
| <p><b>9.</b><br/>WCT24/25-116</p> | <p><b>Chief Executive’s Report</b></p> <p>JH presented the report which highlighted key issues of local, regional and national importance. The following key points were highlighted;</p>  |

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|---|---|
|   | <ul style="list-style-type: none"> <li>• Wirral Review first recommendation had been implemented with the appointment of a joint Chair and a joint Chief Executive to lead both Foundation Trusts and maximise the benefits of integration.</li> <li>• Jo Chwalko, Director of Integration and Delivery continued to work on the integration and alignment of patient pathways.</li> <li>• The Executive Team had welcomed the new CQC inspection team to the Trust in early December 2024 for a quarterly engagement meeting.</li> <li>• The Trust has celebrated Freedom to Speak Up (FTSU) month during October 2024, and the Trust marked it with lots of activity and engagement from colleagues, all led by the Trust's Senior FTSU Team.</li> <li>• The Trust's Annual Team WCHC Awards had taken place at the end of October 2024 and were a great opportunity to celebrate the work of colleagues right across the Trust.</li> <li>• The Trust's Annual Members Meeting had taken place in November 2024 reporting on the financial year 2023-24.</li> <li>• The report following the CQC's inspection of Urgent and Emergency Care services at WUTH had been published three of the five domains rated as Good and overall Requires Improvement.</li> <li>• On 26 November 2024 WUTH had declared a major incident related to a cyber incident and the support and responsiveness of colleagues in WCHC was highly appreciated and acknowledged.</li> <li>• The Standout Awards for October and November 2024 were presented in the monthly Get Together to Gaynor Taylor, Community Paramedic from the Urgent Community Response Team and Alix Beecham, Cloughton District Nursing.</li> </ul> <p>JH welcomed any comments or questions on the report; there were no further questions or comments from members of the Board.</p>  |
| <p><b>10.</b><br/>WCT24/25-<br/>117</p> | <p><b>Reports from the committees of the Board</b></p> <p><b>Quality &amp; Safety Committee - 6 November 2024</b></p> <p>CB provided a verbal report highlighting the following key areas:</p> <ul style="list-style-type: none"> <li>• The following reports were reviewed and approved at the committee; <ul style="list-style-type: none"> <li>- The decision and action log from the previous meeting</li> <li>- Mortality Report - Learning from Deaths Q2 2024-25</li> <li>- Controlled Drug Accountable Officers' Annual Report 2023-24</li> <li>- Freedom to Speak Up Bi-Annual Report</li> <li>- The Board Assurance Framework strategic risks ID01 and ID02</li> </ul> </li> <li>• The Quality &amp; Patient Experience Report was received and performance against key quality indicators noted. The amendments to key quality metrics to align with the Patient Safety Incident Response Framework (PSIRF) were also noted.</li> <li>• There were no proposed changes to the two strategic risks in the Board Assurance Framework tracked by the committee.</li> <li>• The committee annual self-assessment results were received, and key themes were summarised in a separate report to the Board.</li> <li>• An update was received on the Wirral Place Quality &amp; Performance Group.</li> <li>• The Safe Staffing report was presented providing assurance on the approach taken to ensure safe staffing levels were achieved</li> <li>• The committee received and assured by the IPC Q2 report.</li> <li>• The Policy SitRep was noted with confirmation provided on the tracking and monitoring of the 55 trust-wide policies reporting to the committee.</li> <li>• There was nothing to escalate to the Board of Directors by the committee.</li> </ul> <p><b>Finance &amp; Performance Committee - 4 December 2024</b></p> <p>BJ provided a verbal report highlighting the following key areas:</p> <ul style="list-style-type: none"> <li>• The committee received three items for approval:</li> </ul> |

- The decision and action log from the previous meeting
- The National Cost Collection Patient Level Costing System Post Submission report 2023-24
- The Board Assurance Framework strategic risks ID04-ID06.
- A summary of discussions at Place and regional finance meetings was shared including the challenges of achieving the 2024-25 Financial Plan and the anticipated publication of the planning guidance for 2025-26
- Matters raised by exception included the challenging Trust CIP target although unidentified CIP target had reduced there remained a gap between what was approved and the target for 2024-25.
- The Investigation and Intervention Action Plan commissioned by NHSE targeted at ICBs with a 'high risk' of not achieving their financial plan had 21 recommendations within the report. An update on progress against the action plan and recommendations would be brought back to FPC.
- The Estates Return Information Collection (ERIC) 2023-24 summary report detailed the Trust's performance against national benchmarks.
- There were no high-level organisational risks reported to the committee as per the Risk Policy.
- The total number of organisational risks across the Trust had increased, and the committee asked for a review to identify if there was an emerging trend, particularly at risks rated 10-14.
- The Internal Audit and Anti-Fraud Review progress report recommendations had been completed and there were two open actions with updates provided on each.
- There were 13 Trust-wide policies, and all were approved and published.
- There was nothing to escalate to the Board of Directors by the committee.

SDH referred to the approach to CIP 2025-26 and requested TB to share and discuss at a future board/informal board meeting.

#### **Informal Board - 20 November 2024**

AH provided a verbal briefing from the informal board session held on 20 November 2024 advising that it was the second session members had participated in with Brap, on anti-racism.

AH noted that a briefing on the development of the 100-day plan was also shared.

#### **People and Culture Committee - 4 December 2024**

In MD's absence BJ provided a verbal report highlighting the following key areas:

- The committee had received four items for approval:
  - The decision and action log from the previous meeting
  - The People Strategy Delivery Plan Year 3 including the pausing of some actions to align approaches and resources with WUTH
  - The Board Assurance Framework strategic risks ID07 - ID09
  - An extension to the review deadline of a policy relating to Partnership recognition between the Trust and Staff Side.
- Data analysis was underway to support the development of the Wirral Place People Strategy. It was noted that workforce planning across Cheshire and Merseyside including a standard operating procedure was being developed to ensure consistent reporting of workforce metrics from 2025/26.
- The workforce elements of the 100-day plan would be important and regular updates would be provided to the committee. An Organisational Development Plan would focus on individual areas of the plan together with the Communications Plan.
- The Workforce Report provided an update against each of the key People metrics.
- A review of Safe Staffing was reported to provide assurance that safety systems were in place to minimise patient safety.

- There were no high-level risks for escalation to the committee.
- The committee was assured that all People policies remained in date.

**Staff Voice Forum - 18 November 2024**

DS gave a verbal update from the Staff Voice Forum on 18 November 2024, noting that staff had raised some frustrations in relation to the additional controls on discretionary spend. There were some questions in relation to the Wirral Review including how the Trust would communicate with staff having two organisations.

There were also some great ideas from staff on Christmas celebrations.

11.  
WCT24/25-  
118

**Integrated Performance Report**

JH introduced the report which provided a summary of performance across the Trust during October and November 2024, noting that a detailed analysis of performance was completed in the oversight groups reporting to the Integrated Performance Board (IPB).

**Operational Performance**

BP highlighted the following position for operational performance:

- There were a total 91 KPIs; 74 green KPIs, 9 amber and 8 red and good progress had been made to increase performance with action plans in place for all red KPIs.
- Performance against the four-hour target in the Walk-in-Centre and Urgent Treatment Centre remained high at 97.9%.
- Bed occupancy in the Community Intermediate Care Centre (CICC) was at 91.8%. The median length of stay was currently 17 days (v's target under 21 days).
- Referrals to the HomeFirst service were at 220 (v's target of 170).
- Urgent Community Response 2-hour and 2-day performance continued to exceed the 70% target at 86.4%% which demonstrated the huge demand for community services.
- The UCAT 15-minute response was at 68.8% and UCAT 30-minute response was at 96.8%.
- The CAS 20-minute response times trend was 80.0% and 2-hour 87.0% in month which continued to improve, and NHS 111 Service had improved at 61.4%.
- RTT and DM01 were 100% compliant.
- Patients waiting with a wait under 6 weeks was at 100%.
- Speech & Language Therapy had received additional funding to recruit additional therapists to help reduce 18 weeks waiting times by August 2025.

JH requested the tracking of non-RTT services to be included in the dashboard.

**Workforce Performance**

DS highlighted the following position for workforce performance:

- Staff turnover was at 9.1% below the target of 10%.
- Mandatory training compliance had increased to 94.8% which was above the 90% target.
- Sickness absence was at 6.5% with an increase in short term absence and in mental health related absences.
- Agency usage was at 1.3% below the cap of 3.2%.
- The Staff Survey uptake was 51%.



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|                                    | <p><b>Quality Performance</b></p> <p>PS highlighted the following position for quality performance:</p> <p>Quality &amp; Safety Committee had approved the new set of metrics, principles and methodology to align to PSIRF.</p> <ul style="list-style-type: none"> <li>• There had been 0 StEIS reportable incidents in month.</li> <li>• There had been 0 category 3 &amp; 4 pressure ulcers attributable to the Trust, 0 moderate and above harm incidents attributable to the Trust, 0 IPC incidents attributable to the Trust and 0 missed medication incidents resulting in moderate harm with care concerns attributable to the Trust.</li> <li>• QUAL 02 - Number of incidents reported 0.</li> <li>• QUAL 03 - Patient Safety Incidents – the SPC chart indicated a shift following the new Learn from Patient Safety Event System (LFPSE) which remained under scrutiny at CRMG, IPB and the Quality &amp; Safety Committee.</li> <li>• QUAL 07 - Number of ICO reportable IG incidents reported 0 against a YTD of 2 incidents.</li> <li>• QUAL 08 - Total number of complaints received was at 5 for month 7.</li> <li>• QUAL 18 - The YTD position of all incidents reported with moderate and above harm level was at 3.4%.</li> <li>• QUAL 22 - The YTD Friends and Family Test responses was at 93.3% satisfaction score based on c.18,654 to date.</li> </ul> <p><b>Financial Performance</b></p> <p>MG highlighted the following position for financial performance:</p> <ul style="list-style-type: none"> <li>• Budget performance was on plan with a surplus of £684,00 reported for M7.</li> <li>• Income was slightly ahead of plan at £800,000.</li> <li>• Pay budget was slightly over plan at £750,000.</li> <li>• Non-pay was broadly on plan but there were some Estates &amp; IM&amp;T pressures.</li> <li>• Expected by the end of the year to reach £6.5m surplus but there was a risk adjusted forecast of a surplus of £2.2m.</li> <li>• The achievement of CIP remained on plan with 80% achieved against plan, but the level of non-recurrent savings was significant, and work was underway to convert as much as possible to recurrent savings.</li> <li>• The Capital Plan was ahead of plan and forecasting to spend its full allocation.</li> <li>• Better Payment Practice Code performance by volume was over 93.0% and value at 95% against a target of 95%.</li> <li>• Cash position had decreased to £8.2m which was 28 operational days.</li> </ul> <p>DH referred to the decommissioning of the Long Covid service and asked TB to share future plans of the service.</p> <p>The Board of Directors received the report noting the performance reported across all performance domains.</p> |
| <p><b>12.</b><br/>WCT24/25-119</p> | <p><b>Board Assurance Framework (BAF) strategic risks 2024-25</b></p> <p>AH presented the updated position in relation to strategic risks managed through the BAF following detailed review by the committees during November and December.</p> <p>There were currently 8 strategic risks detailed in appendix 1. Each risk was aligned to committees and the Place Delivery Assurance Framework (PDAF) to mitigate risks.</p> <p>The highest scoring risk remained ID04 – <i>Failure to deliver the Trust’s agreed financial plan for 2024-2025 has an impact on future monitoring and regulation and on Place performance</i> with a current risk rating of RR16. The Finance &amp; Performance Committee had continued to review and monitor this risk and at its most recent meeting also considered the risk score in relation to the relevant risk</p>   |

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|                                    | <p>on the Place Delivery Assurance Framework (PDAF) - PDAF 5 which had increased to RR16.</p> <p>The Finance &amp; Performance Committee had also considered the current risk rating for ID06 - <i>Trust operational performance declines resulting in poorer outcomes and greater inequalities for our population</i> and agreed a recommendation that this remained at RR8 (2x4) therefore achieving the target risk rating recognising the sustained strong performance across Trust services. The committee agreed that this position would be kept under review for the remainder of the financial year.</p> <p>All other risks were scored between RR12 and RR8 with no escalations to the Board of Directors.</p> <p>The People &amp; Culture Committee had approved extensions to actions in the People Strategy Delivery Plan and it was noted that the impact of this would be considered against each of the relevant strategic risks and reviewed at the next meeting of the committee in February 2025.</p> <p>The Board of Directors approved the position reported for each of the strategic risks included in the BAF for 2024-25, noting that ID04 remained the highest scoring risk. The Board of Directors also approved the recommendation from the Finance &amp; Performance Committee that ID06 had achieved its target risk rating and would be kept under review for the remainder of the financial year.</p> |
| <p><b>13.</b><br/>WCT24/25-120</p> | <p><b>Emergency Preparedness, Resilience and Response (EPRR) Core Standards Self-Assessment 2024-25</b></p> <p>MB presented the Emergency Preparedness, Resilience and Response Core Standards Self-Assessment 2024-25 noting the following points;</p> <ul style="list-style-type: none"> <li>• The Trust was required to complete an Annual Self-Assessment against 58 core standards that were attributed to community providers and 11 further standards associated with Cyber Security as part of a deep dive process.</li> <li>• The process had now been completed and provided an overall compliance of 86% with an overall assessment of 'Partially Compliant'.</li> </ul> <p>The Board of Directors was assured by the information provided in the Emergency Preparedness, Resilience and Response Core Standards Self-Assessment 2024-25.</p>  |
| <p><b>14.</b><br/>WCT24/25-121</p> | <p><b>Updated Board of Directors declaration of interest 2024-25</b></p> <p>AH presented the updated 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>AH confirmed that the register for 2024-25 had been updated to include the recent changes to the Chair and Chief Executive positions and is included at appendix 1.</p> <p>The Board of Directors received the updated 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><b>15.</b><br/>WCT24/25-122</p> | <p><b>Summary of committee's self-assessment of effectiveness 2024-25</b></p> <p>AH presented a summary of the committee self-assessments completed and highlighting the following:</p> <ul style="list-style-type: none"> <li>• Each of the committees had completed a self-assessment of their performance and effectiveness as set out in the Terms of Reference.</li> <li>• The detail in the report provided further information on the findings and actions being taken as supported by the Audit Committee.</li> </ul>   |

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|                                    | <p>The Board of Directors welcomed the feedback from the committee self-assessments and completion of the process.</p>   |
| <p><b>16.</b><br/>WCT24/25-123</p> | <p><b>Controlled Drug Accountable Officer's Annual Report 1 April 2023 - 31 March 2024</b></p> <p>ER presented the Controlled Drugs Annual Report 2023-24 and provided assurance that the Trust was compliant with Controlled Drug legislation and that Controlled Drug systems, procedures and incidents were regularly reviewed and actions taken as necessary to strengthen safety and governance.</p> <p>The report outlined that:</p> <ul style="list-style-type: none"> <li>• Standard operating procedures are in place and based on best practice surrounding the management and control of Controlled Drugs (CDs)</li> <li>• CD prescribing is audited, and appropriate challenges are in place</li> <li>• the handling of CDs within services is audited</li> <li>• incidents involving CDs are investigated and learning is put in place</li> <li>• incidents are reported to the regional CDAO via the local intelligence network, of which the Trust is an active member</li> </ul> <p>A member of the Specialist Palliative Care Team had completed a review of 40 patient records who received end of life care via community nursing during 2023. No major concerns were identified however the audit noted some minor areas for improvement which would be fed back to the nursing teams for learning.</p> <p>A member of Medicines Management Team had conducted face-to-face audits of the handling of CDs within services that held stock. The audits identified that services generally followed agreed procedures, completion of the few actions identified were monitored via the Medicines Governance Meeting. Where there was any deviation from process, this has been positively managed.</p> <p>There was a total of 43 Controlled Drug incidents reported during 2023/24 (compared with 50 reported 2022-23, and 25 reported 2021-22). All the CD incidents were low or no harm.</p> <p>The Board of Directors was assured by the information provided in the Controlled Drugs Annual Report 2023-24.</p> |
| <p><b>17.</b><br/>WCT24/25-124</p> | <p><b>Mortality Report - Learning from Deaths Q2 July 2024 - September 2024</b></p> <p>ER presented the Mortality Report - Learning from Deaths Q2 July - September 2024.</p> <p>It was noted there was a total of 8 reported unexpected deaths including 5 child deaths and 3 adults; all had been reviewed and investigated and none had resulted from harm or care provided by the Trust. None of the deaths had met the criteria for StEIS reporting.</p> <p>ER confirmed that the Mortality Review Group had discussed Martha's Rule.</p> <p>The Board of Directors approved Appendix 1 for publication on the Trust's website.</p>   |
| <p><b>18.</b><br/>WCT24/25-125</p> | <p><b>Safe Staffing Report Q1 and Q2 2024-25</b></p> <p>PS presented the Safe Staffing Report for Q1 and Q2 to provide assurance on compliance with the Care Quality Commission Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 for safe staffing levels at the Trust's Community Intermediate Care Centre (CICC).</p> <p>The Trust had a robust governance framework in place to support monitoring and oversight of safe staffing which included SOG, PCOG, IPB, PCC, QSC and bi-annual high-level assurance report to the public Board of Directors.</p>   |

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|--|---|--------------|--|
|  | <p>The report included Ward Staffing Summary compared against Care Hours Per Patient Day (CHPPD) and Ward Temporary Staffing Breakdowns. Safe Staffing levels were considered throughout each stage of the governance process.</p> <p>MD referred to the FTSU report and requested for future reports to include reference to demographic data related to FTSU raised across the Trust.</p> <p>The Board of Directors was assured of the information presented and approved the Safe Staffing Report Q1, Q2 2024-25.</p>  |              |  |
| <p><b>19.</b><br/>WCT24/25-126</p>   | <p><b>Freedom to Speak Up (FTSU) Mid-Year Assurance Report 2024-25</b></p> <p>PS presented Freedom to Speak Up (FTSU) Mid-Year Assurance Report 2024-25 noting that the Quality &amp; Safety Committee had received the report and approved it presentation to the Board of Directors.</p> <p>It was noted that 27 FTSU concerns had been reported during April 2024 - September 2024 which was a 50% increase on the same period last year. The members of the Board noted the detail included in the papers.</p> <p>The Board of Directors acknowledged the work of the FTSU Guardian and the team of FTSU Champions and thanked AJ for her hard work and commitment.</p> |              |  |
| <p><b>20.</b><br/>WCT24/25-127</p>   | <p><b>Staff Voice Forum</b></p> <p>The minutes from the meeting of Staff Voice Forum on 23 September 2024 were received and noted.</p>  |              |  |
| <p><b>21.</b><br/>WCT24/25-128</p>   | <p><b>Council of Governors</b></p> <p>The minutes of the Council of Governors meeting on 11 September 2024 were received and noted.</p>   |              |  |
| <p><b>22.</b><br/>WCT24/25-129</p>   | <p><b>Any Other Business</b></p> <p>PS noted the Trust's CQC statement of purpose had been updated with one small and minor amend to reflect the GP provision in the Community Intermediate Care Centre (CICC).</p> <p>The CQC statement of purpose would be shared with the Board of Directors following the meeting.</p>  |              |  |
| <p><b>23.</b><br/>WCT24/25-130</p>   | <p><b>Items for Risk Register</b></p> <p>There were no new risks identified for the risk register.</p>  |              |  |
| <p><b>24.</b><br/>WCT24/25-131</p>   | <p><b>Invitation for Public Comments:</b></p> <p>JCa asked if the Board contacted practice managers to close the gap in services.</p> <p>DH advised that more information gathering was required in primary care and further discussions on gathering/evaluating data which would identify gaps in services.</p> <p>JCa asked what service removed implants from children eg. ear, nose.</p> <p>JH advised that children would be treated by Urgent and Emergency Care services.</p>  |              |  |
| <p><b>25.</b><br/>WCT23/24-132</p>   | <p><b>Summary of actions and decisions</b></p> <p>AH provided a summary of actions and decisions taken during the Board of Directors meeting.</p>   |              |  |
| <p><b>Date and Time of Next Meeting:</b><br/>The next formal Trust Board meeting will take place on <b>Wednesday 19 February 2025 at 2.00pm, Community Centre, St Catherine's Health Centre.</b></p> |   |              |  |
| <p><b>Board - Chair Approval</b></p>   |   |              |  |
| <b>Name:</b>   |   | <b>Date:</b> |  |
| <b>Signature:</b>  |   |              |  |

Meeting finished at 4.32pm.

## Board of Directors - Matters Arising 2024-25

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

Actions from meeting held on **19 June 2024** have been completed and archived.

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

| Topic Title                       | Minute Reference | Action Points  | Lead      | Due Date       | Status  |
|-----------------------------------|------------------|--|-----------|----------------|---|
| <b>Board Assurance Framework</b>  | 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 March 2025 as the new strategic risks for the BAF 2025-26 are considered. |
| <b>Safeguarding Annual Report</b> | 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 | <b>Complete.</b>  |

There were no actions from the meeting on **16 October 2024**.

Actions from meeting held on **11 December 2024**.

| Topic Title                        | Minute Reference | Action Points  | Lead      | Due Date                               | Status  |
|------------------------------------|------------------|--|-----------|--|---|
| <b>Committee Assurance Reports</b> | WCT24/24-117     | The approach to CIP 25-26 to be shared and discussed at a future board / informal board meeting. | T.Bennett | <del>February 2025</del><br>March 2025 | The CIP plan for 2025-26 and revised governance arrangements are in development with the Executive Team, aligning processes and |



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

| Topic Title                                 | Minute Reference | Action Points  | Lead      | Due Date      | Status  |
|---|------------------|--|-----------|---------------|---|
|   |                  |  |           |               | approach to WUTH arrangements. An update will be provided to the FPC and Board in March/April 2025. |
| <b>Integrated Performance Report</b>        | WCT24/24-119     | Include the tracking of non-RTT services in the TIG performance dashboard                            | B.Palin   | January 2025  | <b>Complete.</b>  |
|   |                  | Share future commissioning plans for the Long Covid service  | T.Bennett | January 2025  | <b>Complete.</b>  |
| <b>Freedom To Speak Up Bi-annual Report</b> | WCT24/25-126     | In future FTSU reports include reference to demographic data related to FTSU raised across the Trust | P.Simpson | June 2025     |   |
| <b>Any Other Business</b>                   | WCT24-25-129     | Share the revised CQC statement of purpose with members of the Board                                 | P.Simpson | December 2024 | <b>Complete.</b>  |



## **Lead Governor Report**

### **Council of Governor Induction Programme**

Following the conclusion of the governor elections in December 2024, we were delighted to come together as a full Council of Governors to participate in and support the induction of our new public and staff governors in mid-January 2025.

All governors enjoyed a very informative and engaging session provided by the Trust which included an overview of the role of Foundation Trusts and the role of the governor, including statutory duties and powers, and a presentation on the Trust's 5-year strategy and enabling strategies.

We appreciated the time and support of the Trust and particularly Sir David Henshaw, Chair and the Executive Directors present who provided helpful and clear presentations.

We have also just completed part two of the induction where we shared important information on the governance of the Trust, what it means to be a well-led organisation and heard from both the internal and external auditors on their important roles.

My thanks to all new and existing governors who participated and engaged in the induction session.

### **Lead Governor**

I am delighted to have been reappointed as the Lead Governor for the Council of Governors and appreciate the support and confidence of my governor colleagues and of Sir David Henshaw, Chair.

I am committed to supporting the Trust as it continues to work in partnership and identify opportunities for greater integration with WUTH, and as Lead Governor I appreciate the information shared and the engagement both Trusts are supporting with the respective Councils of Governors.

During Q1, 2025-26 we will be seeking to appoint a Deputy Lead Governor who I will work with closely to support them to take on the Lead Governor role in 2026-27.

### **Re-appointment of Professor Chris Bentley**

The Council of Governors Remuneration Committee met on 14 January 2025 to consider the reappointment of Professor Chris Bentley as a Non-Executive Director of the Trust for a further 3-years to January 2028.

It was noted that Professor Bentley would end his current term of office on 31 January 2025 and at the end of this current term of office, he would have served 6 years. Therefore, in accordance with the NHS Code of Governance the process completed by the members of the committee took account of the requirement to complete a 'rigorous review' for any extensions beyond 6 years.

The committee received detailed papers including;

- A personal statement from Professor Bentley
- A summary of his most recent appraisal including the NHSE Leadership Competency Framework
- A summary of compliance with the Fit and Proper Persons Test
- Evidence of mandatory training compliance

All members present acknowledged that Professor Bentley brings extensive experience and specialist knowledge to the Board through his work regionally and nationally on Population Health and Health Inequalities. He is a respected thought-leader in this area which is a key focus for the provision of effective community services supporting the vision anticipated to be included in the NHS 10-year plan. Following the appointment of Sir David Henshaw as Joint Chair with Wirral University Teaching Hospital NHS FT and the opportunities for greater integration and partnership working including the further development of neighbourhood health and care teams, the insight and expertise of Professor Bentley in this endeavour was recognised by all.

The recommendation to reappoint Professor Bentley for 3-years was presented to the full Council of Governors and supported by all.

My thanks to the members of the Remuneration Committee who supported the process and to Sir David Henshaw and Alison Hughes, Director of Corporate Affairs who advised governors through the process.

### **Re-appointment of Sir David Henshaw**

At the same meeting of the Council of Governors Remuneration Committee, the reappointment of Sir David Henshaw for a further two-years to February 2027 was also considered.

The importance of continuity in senior leadership, particularly with the Chair, in order to effectively implement the recommendations from the Wirral Review was recognised by all.

All members present supported the reappointment and the recommendation was presented to the full Council of Governors and supported by all.

The reappointment of Chairs also requires the review and approval of both the Cheshire & Merseyside ICB and the NHSE Regional Director for the Northwest and we are pleased to have received both approvals in order to complete the process for the reappointment of Sir David.

My thanks also to Bev Jordan and Steve Igoe, Senior Independent Directors for WCHC and WUTH who also supported governors in considering the reappointment of Sir David.





## **Wirral Community Health and Care**

**NHS Foundation Trust**

### **Non-Executive Director vacancy**

Following Gerald Meehan ending his term of office at the end of January 2025, we will shortly be starting the process to appoint a new Non-Executive Director to the Board, and we are pleased to be exploring the option to appoint a Joint NED with WUTH, recognising an existing vacancy on the WUTH Board also.

The Council of Governors Remuneration Committee will lead this process working closely with the WUTH governor committee and supported by the respective Directors of Corporate Affairs from each Trust.

### **Wirral Review - 100-day plan**

All governors were interested to receive an update on the 100-day plan at our meeting on 12 February 2025 and we recognise the collaborative work underway to maximise the benefits of integration and improve outcomes for the Wirral population. It was particularly encouraging to hear about the early benefits already seen from the integration between clinical services and we look forward to the establishment of the Integration Management Board to oversee the continued programme of integration and to track the benefits.

We are also looking forward to having the opportunity to meet with WUTH governors again in March 2025 to share information and knowledge about each Trust and to receive further updates including on the emerging governance arrangements.

### **Your Voice**

The members of the Your Voice group came together on 29 January 2025 with a varied and engaging agenda.

As a standing agenda item, the group also received an update on patient experience and learning from feedback received.

The Your Voice group will meet again on 26<sup>th</sup> March 2025 at 2.30pm.

**Lynn Collins**  
**Lead Governor (public governor, Wirral West)**

13 February 2025

## **Chief Executive's Report - February 2025**

1. I am pleased to present a report as Chief Executive of Wirral Community Health & Care NHS Foundation Trust, providing updates from across the Trust and nationally.

### **Local news and developments**

#### **Implementing the recommendations from the Wirral Review**

2. We continue to work in partnership across WCHC and WUTH to deliver the recommendations from the Wirral Review. We have developed a 100-day plan which sets out the objectives, key programme areas, tasks and deliverables in the first 100 working days of integration between the two Trusts.
3. The 100-day plan began in early November 2024 and will conclude in early April 2025. The progress against the plan is being managed through a newly formed Integration Management Team, with Executive representation, which is currently meeting fortnightly.
4. There are 8 programme areas in the 100-day plan, each led by Executive Directors from each Trust. They are;
  - Governance
  - Clinical Services
  - Corporate Functions
  - Finance
  - Workforce and Culture
  - Communications and Engagement
  - Estates
5. We anticipate both Trusts approving a Partnership Agreement in March 2025 which will allow for further joint decision-making and partnership working to achieve the benefits described in the Wirral Review, and importantly to respond to the priorities as set by NHSE in the operational planning and priorities guidance for 2025-26.
6. Consequently, a (special purpose) Joint Committee, namely the Integration Management Board will be established in April 2025 to formally govern the future programme of integration and to develop a Joint Strategy for the future. Both Trust Boards have received updates and briefings on the progress and direction of travel.
7. We are already seeing benefits where services are working together in a more collaborative and efficient way, in particular in Urgent Care Services and the Community Integrated Response Teams and I would like to recognise the hard work and commitment of colleagues in these teams who are seeking new and innovative ways of working.
8. We know that by continuing to work better together, we are improving the experience and outcomes for our patients and our communities.

### **Integrated Performance**

9. The YTD performance across operational, quality, workforce and finance will be presented

later on the agenda at item 11. This position will reflect the performance reviewed and scrutinised at each of the committees of the Board during January and February 2025.

10. In line with the publication of the NHSE Insightful Board guidance we have developed a new Integrated Performance Report (IPR), which reflects the position reported through our performance dashboard.
11. This IPR will continue to develop over the coming months as we review and introduce the appropriate and relevant metrics for the Board of Directors from the Trust's existing performance dashboard and the guidance as set out in the Insightful Board.

### **Your Experience - the importance of feedback**

12. In December 2024 the Trust received 2,099 responses to our patient experience survey with 92.3% of people recommending our services as a Good or Very Good place to receive care.
13. So far this year, we have received 23,250 responses with 93.1% of people recommending our services. This is a sustained, strong performance and reflects the hard work and dedication of our staff right across the organisation.

### **Metropolitan Borough of Wirral: Local Authority - CQC assessment**

14. The report following the inspection by the Care Quality Commission (CQC) of Wirral's Adult Social Care Services has been published with a rating of 'Requires Improvement'.
15. The report, published on 22<sup>nd</sup> January 2025, follows the CQC's inspection in September 2024 and covers challenges which need to be overcome in order to make positive system-wide changes. It also discusses the inspectors' positive findings including the authority's person-centred approach and the co-production of services with residents.
16. The full report can be accessed via the following link - [Overall summary - Care Quality Commission](#)
17. An improvement plan is already in place under the leadership of Syaeed Osman, **Director of Adults, Health, and Strategic Commissioning (DASS)** and this will be further informed by working with the LGA and DHSC to seek independent assurance on the plan at the right time.
18. We will be working closely with the Local Authority in support of the improvement plan.

### **Wirral SEND Inspection**

19. A Special Educational Needs and Disability (SEND) inspection has just concluded across the Wirral health, care and education system. The inspection focused on the provision for children, young people and young adults with special educational needs and disabilities in Wirral.
20. The inspection officially started on 13 January 2025 and took place over three weeks and included inspection teams from both the CQC and Ofsted.

21. Following the last SEND inspection in 2021, the Wirral system has been working through the improvement plan that was developed.
22. The Trust continues to provide a range of responsive and innovative services, working closely with partners to support local children, young people and adults with special educational needs and disabilities. This dedicated support also extends to their parents, carers and family network and includes;
  - Community Therapy Teams - Speech and Language Therapy, Physiotherapy, Podiatry, Rehabilitation at Home, Nutrition and Dietetics, and Wheelchair services.
  - Community Dental services
  - Bladder and Bowel service
  - 0-19 (Health Visiting, School Nursing, Specialist School Nursing, Let's Talk, Family Nurse Partnership)
  - Sexual Health Wirral
23. We await the outcome of the inspection, but I would like to extend thanks to all colleagues across the Trust who supported the inspection process, with particular thanks to Paula Simpson, Chief Nurse who provided Executive oversight and leadership for both WCHC and WUTH.

### **Wirral Place Based Partnership Board (PBPB)**

24. The PBPB met on 23 January 2025 discussing a number of Place issues as follows:
25. PBPB received the regular Quality and Performance Report which gave an overview of the Place aggregate position. The Board acknowledged patients waiting more than 6 weeks for a diagnostic test remained within the national and local target, however performance against relevant cancer targets remains a challenge. Healthcare-associated infections (HCAIs) also remain a focus within Wirral and governance has been strengthened through the Health Protection Board to focus on the C Diff plan.
26. PBPB discussed the Unscheduled Care Improvement Programme update and the progress to date across the 4 workstreams with the aim of improving urgent and emergency care services in Wirral. Progress against the programme sentinel measures were presented and overall evidence and assurance was given that the programme continues to make significant progress in delivery.
27. PBPB received the Place Finance Report and noted the actual reported deficit of £38.6m compared with a planned year-to-date deficit of £17.9m, which represents an adverse variance of £20.7m. The reported collective forecast out-turn position for NHS partner organisations remains in line with the planned deficit of £19.4m although all partners have acknowledged significant financial risks to the delivery of the position and are progressing with stringent mitigation and action plans.

### **National news and developments**

#### **2025-26 Priorities and Operational planning guidance 2025-26**

28. The investigation by Lord Darzi made clear that the NHS is facing major challenges in meeting the growing needs of an ageing population. To make the NHS sustainable now

and for future generations, systems need to agree and deliver plans within the resources allocated that maximise productivity and start to implement the reforms needed to improve services for patients, shifting the system from hospital to community, analogue to digital and sickness to prevention.

29. The government mandate had reduced the number of essential objectives for the NHS. Consistent with these objectives, NHS England has reduced the number of national priorities for 2025-26, giving local systems greater control and flexibility over how local funding is deployed to best meet the needs of their local population.
30. The national priorities to improve patient outcomes in 2025-26 are;
  - Reduce the time people wait for elective care
  - Improve A&E waiting times and ambulance response times
  - Improve patients' access to general practice, and improve access to urgent dental care
  - Improve patient flow through mental health crisis and acute pathways
  - Improve access to children and young people's (CYP) mental health services
31. ICBs are now working with local partner Trusts to develop their financial and operational plans by the end of March 2025 to meet the national objectives and locally agreed priorities.
32. Trust Boards will also be asked to confirm the development and assurance of plans by the end of March 2025.

### **Reports of interest published**

33. The following are some reports recently published and of interest to members of the Board, staff and public.
  - The NHS Confederation has published a report [Greater than the sum of its parts? | NHS Confederation](#) which explores the learning from shared leadership models in provider Trusts in England.
  - The NHS Confederation has published a report which details how integration through the places that matter to people can shift the government's ambitions to prioritise community-centred design and delivery of services into a working reality. It draws on the insights of more than 60 leaders across ICBs, ICPs, local NHS providers, local government and the voluntary, community and social enterprise sector - [The state of integration at place | NHS Confederation](#)
  - The King's Fund published a blog, [Delivering Population Health: Lessons For Government | The King's Fund](#) highlighting the challenges and opportunities in delivering population health as part of the government's 10-year health plan.
  - NHS England has published new guidance to help ICB and provider Boards to assess the effectiveness of the information they collect and use. The guide is built around 6 functional areas which underpin how Boards deliver their purpose and it suggests that within each, a range of indicators, information and lines of enquiry to help Boards - [NHS England » The insightful provider board](#)
  - NHS Providers has published a report - [providers-deliver-shifting-care-upstream.pdf](#) showing how, in the context of a very challenging environment, Trusts are innovating and

adapting to deliver the three key shifts called for by the government - hospital to community, analogue to digital and treatment to prevention.

- NHS Providers - [State of the provider sector 2024](#) has been published.

## **Communications and Engagement**

### **Executive Service Visits**

34. Over recent months, members of the Executive Team and Deputy Directors have enjoyed a programme of service visits with over 20 services and teams, both clinical and non-clinical visited so far.
35. The visits have provided an opportunity for staff to share their views, ideas or concerns and to ask any questions on the outcome of the Wirral Review, and also to raise any questions or concerns on the delivery of the financial plan 2024-25.
36. The visits have been highly engaging with staff openly sharing their thoughts and ideas and the energy and commitment to embrace the opportunity for greater collaboration and partnership with WUTH has been impressive.
37. The Executive Team will continue to visit services and teams as we continue to implement the recommendations from the Wirral Review recognising that colleagues will continue to have questions and ideas to share.

### **Get Together - Team WCHC Briefing**



38. I have continued to enjoy attending the on-line monthly Get Together meetings and having the opportunity to engage with staff on key news items and updates from across the Trust. At our most recent meeting in January 2025, it was great to see over 130 staff on-line with lots of positive interaction and engagement. We provided an update on the delivery of the 100-day plan associated with the Wirral Review and expect that this will be a regular standing agenda item as we continue to establish greater partnership working, integration and shared decision-making across both Trusts.



39. I was pleased to be able to announce our monthly Stand Out winners for December 2024 and January 2025 at our recent Get Together.
40. Our monthly Stand Out winner for December 2024 was **Mary Murphy, Public Health Nurse** from the St Helens Safeguarding Children Team.

41. In nominating Mary, the Safeguarding Children's Team said;

*"The St Helens Safeguarding Children Team would like to acknowledge the excellent safeguarding practice demonstrated by Public Health Nurse Mary Murphy (St Helens South 0-19 Team).*

*Whilst attending a home visit, Mary encountered a situation of a young child potentially alone she took immediate safeguarding actions to escalate concerns with Police and Children's Social Care. Mary remained at the location, liaising with the agencies until the situation could be assessed and made safer.*

*Mary's professional curiosity, child focused approach and tenacious response is to be commended. Mary kept the safeguarding team fully updated throughout. This enabled the safeguarding team to support with additional conversations with colleagues within the service and with children's social care as the situation evolved.*

*Mary's actions on the day very likely prevented a much more serious safeguarding incident occurring for the child and has undoubtedly helped agencies working with the family to better understand the child's lived and living experience and support safety planning moving forward."*

42. Our monthly Stand Out winners for January 2025 were **Sylvie Larkins and Gemma Marrin, from the 0-19+ Immunisation Team.**

43. In nominating Sylvie and Gemma, Lorraine Abbott said;

*"I would like to give a shout out to Sylvie Larkins and Gemma Marrin from 0-19+ Immunisation team, they came to one of the SEN Secondary schools based in Wirral and showed such kindness, empathy towards the children and young people and took the time to provide reassurance for some pupils that due to their learning disabilities had to be supported to allow them to receive important vaccinations to keep them healthy by their support which ensured they received their scheduled vaccination which Sylvie and Gemma gave them the time that was required to prepare for the vaccinations.*

*They were amazing and nothing was too much trouble for them, they went above and beyond in making sure they allowed any reasonable adjustments to be made for the children and young people's that have significant Learning Disabilities and managed to vaccinate some Young People that have severe learning disabilities, They were simply amazing and their skills and ability to safely deliver the immunisation programme to some of our most vulnerable CYP members in society deserves a "Shout Out".*

## **Congratulations**

44. A research paper, 'An exploration of the Placement Travel and Accommodation Issues for Nursing, Midwifery and Allied Health Professional Students, Universities and Practice Educators' has been published in the International Journal of Practice-based Learning in Health and Social Care (free to access and no log-in required to read the paper).

45. The research was funded by NHS England as a Clinical Placement Expansion Project (CPEP) in 2023-24. This Trust was the lead Trust, and the project was led by Sharon Davenport, Practice Education Facilitator Research Lead.

## **Summary of Executive Leadership Team (ELT) business**

46. The ELT continues to meet on a weekly basis to receive updates and share information from Executive portfolios including key performance metrics, any new or emerging risks, updates on key programmes of work and briefings from regional or national meetings.
47. During December 2024 and January 2025 in addition to regular performance SitReps the following key items were discussed;
- Feedback from the programme of executive service visits in November and December 2024
  - A Partnership Working Improvement Plan with Staff Side
  - The outcomes from phase 1 of the District Nursing Transformation Project and mobilisation plans for phase 2
  - Outcomes from the fortnightly Vacancy Control Panel
  - Updates on the Trust's response rate for the NHS Staff Survey
  - Updates on the impact of the cyber security incident at WUTH on WCHC's services
  - The Trust's Internal Audit Plan for 2025-26
  - Upcoming contract opportunities and ongoing review of contracts already in place
  - Updates on submission of the annual plan and financial plan
  - Proposals for the monitoring and oversight of agency use
  - Preparation of the Annual Report for 2024-25
48. The members of the Executive Team have also continued to meet with Executives at WUTH weekly in the Integration Management Team to support the delivery of the 100-day plan, and on a monthly basis we have now established a joint Executive - Executive Team Meeting which is proving to be engaging and highly effective as we continue to share knowledge on services, specialist skills across both Trusts and progress against the 100-day plan.

## **Conclusion**

49. I recommend this report to the Board of Directors for assurance on key activities across the Trust. This report can be received alongside the Chair and NED reports and the Integrated Performance Report.

**Janelle Holmes**  
**Chief Executive**

Alison Hughes  
Director of Corporate Affairs

10 February 2025



| <b>Integrated Performance Report - M9</b>  |  |  |    |
|--|--|--|----|
| <b>Meeting Title</b>   | Board of Directors                           |  |    |
| <b>Date</b>  | 19/02/2025                                   | <b>Agenda Item</b>                                   | 10 |
| <b>Lead Director</b>   | Janelle Holmes, Chief Executive              |  |    |
| <b>Author(s)</b>   | Alison Hughes, Director of Corporate Affairs |  |    |
| <b>Action required</b> (please select the appropriate box)   |  |  |    |
| <b>To Approve</b> <input type="checkbox"/>   | <b>To Discuss</b> <input type="checkbox"/>   | <b>To Assure</b> <input checked="" type="checkbox"/> |    |
| <b>Purpose</b>   |  |  |    |
| <p>The purpose of this report is to provide the Board of Directors with a summary of performance across the Trust live from the Integrated Performance Dashboard in the Trust Information Gateway (TIG).</p> <p>The position reported to the Board follows presentation at each of the sub-committees of the Board during December 2024 and January 2025.</p>  |  |  |    |
| <b>Executive Summary</b>   |  |  |    |
| <p>The Integrated Performance Report provides a summary of performance across operational, quality, workforce and financial metrics. The report provides an in-month and YTD position.</p> <p>The Integrated Performance Board met on 29 January 2025 to review performance up to and including M9.</p> <p>The Integrated Performance Dashboard will be presented 'live' at the meeting of the Board of Directors to provide an update on Trust performance across all domains. This report should be considered alongside the briefings from the Chairs of the committees of the Board.</p> <p>The development of a published version of the IPR remains in progress. This responds to a recommendation from the Trust's external auditors and previous updates reported to the Board of Directors.</p> |  |  |    |
| <b>Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:</b>  |  |  |    |
| <p>The Board reviews the Trust's performance at every meeting together with the risks both operational and strategic in the Board Assurance Framework (BAF). The Board seeks opportunities to continuously improve the performance of the Trust, to better service our</p>   |  |  |    |

communities and support the work of the Wirral Place, and the Cheshire and Merseyside Integrated Care Board (ICB). The IPR directly supports mitigation across all risks in the Board Assurance Framework as it provides performance against quality, people, finance and operational metrics.

**Quality/inclusion considerations:**

Quality & Equality Impact Assessment completed and attached No.

The impact assessments are undertaken at service level and during the development of the Trust strategies.

**Financial/resource implications:**

None identified.

**The Trust Vision** - To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:

- Populations - We will support our populations to thrive by optimising wellbeing and independence
- People - We will support our people to create a place they are proud and excited to work
- Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places

Please select the top three Trust Strategic Objectives and underpinning goals that this report relates to, from the drop-down boxes below.

|  |  |  |
|--|--|--|
| Populations - Safe care and support every time | Place - Improve the health of our population and actively contribute to tackle health inequalities | Place - Make most efficient use of resources to ensure value for money |
|--|--|--|

**The Trust Social Value Intentions**

Does this report align with the Trust social value intentions? Yes.

If Yes, please select all of the social value themes that apply:

Community engagement and support

Purchasing and investing locally for social benefit

Representative workforce and access to quality work

Increasing wellbeing and health equity

Reducing environmental impact

**Board of Directors is asked to consider the following action**



To receive the report live from TIG and be assured on the monitoring of performance across the Trust for M9, 2024-25.

**Report history** (Please include details of the last meeting that received this paper, including the title of the meeting, the date, and a summary of the outcome). This provides the audit trail through the governance structure.

| Submitted to   | Date | Brief summary of outcome |
|--|------|--------------------------|
| Regular bi-monthly report to the Board of Directors. |      |                          |



| Board Assurance Framework (BAF) Strategic Risks 2024-25   |  |   |    |
|---|--|---|----|
| <b>Meeting Title</b>  | Board of Directors                           |   |    |
| <b>Date</b>   | 19/02/2025                                   | <b>Agenda Item</b>                        | 11 |
| <b>Lead Director</b>  | Alison Hughes, Director of Corporate Affairs |   |    |
| <b>Author(s)</b>  | Karen Lees, Head of Corporate Governance     |   |    |
| <b>Action required</b> (please select the appropriate box)  |  |   |    |
| <b>To Approve</b> <input checked="" type="checkbox"/>   | <b>To Discuss</b> <input type="checkbox"/>   | <b>To Assure</b> <input type="checkbox"/> |    |
| <b>Purpose</b>  |  |   |    |
| <p>The purpose of this paper is to provide the Board of Directors with an update and assurance on the management of strategic risks through the Board Assurance Framework for 2024-25</p> <p>This update provides the position following the committees of the Board who have reviewed relevant strategic risks during January and February 2025.</p>   |  |   |    |
| <b>Executive Summary</b>  |  |   |    |
| <p>The Board has in place a full Board Assurance Framework which is reviewed annually to reflect the strategic priorities of the Trust.</p> <p>Each of the sub-committees of the Board maintain oversight of strategic risks relevant to the duties and responsibilities of the committee.</p> <p>There are currently 8 strategic risks included in the BAF for 2024-25 and each risk is aligned to the duties and responsibilities of a committee or the Board of Directors for oversight. All are detailed in <b>appendix 1</b> which provides the original, current and target risk ratings for each.</p> <p>Each risk has also been reviewed and aligned to key actions and measures included in the relevant strategy delivery plans for outcomes and trajectories to mitigate. The risk ratings and risk appetites for each have also been reviewed.</p> <p>The highest scoring risk remains ID04 - <i>Failure to deliver the Trust's agreed financial plan for 2024-25 has an impact on future monitoring and regulation and on Place performance</i> with a current risk rating of RR16. This relates to non-delivery of the financial plan and the impact on future monitoring and regulation. The Finance &amp; Performance Committee has continued to review and monitor this risk and at its most recent meeting also considered the risk score in relation to the relevant risk on the Place Delivery Assurance Framework (PDAF) - PDAF 5 which had increased to RR16 and a new high-level organisational risk ID3135 (RR15 - 5 x 3) -</p> |  |   |    |

*non-achievement of CIP target with current CIP may lead to not meeting regulatory or statutory duties and/or increase the underlying deficit for future years.*

In December 2024, the People & Culture Committee approved extensions to some actions in the Year 3 People Strategy Delivery Plan. The impact of this was considered against each of the relevant strategic risks and reviewed at the most recent meeting of the committee in February 2025. It was agreed that no changes would be made to the relevant strategic risk ratings as the actions to continue to develop and train managers had been clarified and would continue therefore limiting the overall impact.

All other risks are scored between RR12 and RR8 with no escalations to the Board of Directors.

### **Assurance Framework Review**

A key component of the annual Internal Audit Plan is the Assurance Framework Review. This informs the annual Head of Internal Audit Opinion and supports the development of the Annual Governance Statement. The review was completed by MIAA in January 2025 providing the following opinion;

- The organisation's AF is structured to meet the NHS requirements.
- The organisation considers risk appetite regularly and the risk appetite is used to inform the management of the AF.
- The AF is visibly used by the organisation. Quality & Alignment
- The AF clearly reflects the risks discussed by the Board

The AF Review was also presented to the Audit Committee at its meeting on 5 February 2025 and is attached for board members assurance.

It is worthy of note that the Audit Committee also received a Final Report following an internal audit review of Risk Management Core Controls which confirmed that *overall, the Trust has a good system of internal control in place in relation to the risk management process.*

### **Wirral Place Delivery Assurance Framework**

The Wirral Place Based Partnership Board manages key system strategic risks through the Place Delivery Assurance Framework. The PDAF has been developed and has a three-monthly review schedule to the Place Based Partnership Board. The PDAF identifies key strategic risks across 7 areas and the relevant PDAF risks have been shared with the committees of the Board when receiving the latest position on the BAF.

It was noted by the Quality & Safety Committee that **PDAF 7 - Unscheduled Care** was the highest scoring risk on the PDAF at RR20 with an action taken to review the Trust's contribution to the identified mitigations.

The effective management of strategic risks also requires oversight of relevant organisational risks. The committee receives a regular risk report which provides oversight of the management of high-level (>15) organisational risks. There are 5 high-level organisational risks at the time this paper was prepared with relevant links to associated strategic risks.

### **BAF planning for 2025-26**

At each of the committees of the Board, the review of strategic risks at the year-end and planning for the new financial year has been identified. This has included recommendations to review the risk descriptions to ensure they remain relevant and reflective of current and new strategic priorities for 2025-26 and a review of the risk appetite statements for each. It is



proposed that this work will be completed through an informal board session and each of the committees during March / April 2025 with a proposal reported to the Board of Directors.

**Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:**

The BAF records the principal risks that could impact on the Trust’s ability in achieving its strategic objectives. Therefore, failure to correctly develop and maintain the BAF could lead to the Trust not being able to achieve its strategic objectives or its statutory obligations. There are opportunities through the effective development and use of the BAF, to enhance the delivery of the Trust’s strategic objectives and effectively mitigate the impact of the principal risks contained within the BAF.

**Quality/inclusion considerations:**

Quality & Equality Impact Assessment completed and attached No.

The quality impact assessments and equality impact assessments are undertaken through the work streams that underpin the BAF.

**Financial/resource implications:**

Any financial or resources implications are detailed in the BAF for each strategic risk.

**The Trust Vision** - To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:

- Populations - We will support our populations to thrive by optimising wellbeing and independence
- People - We will support our people to create a place they are proud and excited to work
- Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places

Please select the top three Trust Strategic Objectives and underpinning goals that this report relates to, from the drop-down boxes below.

|   |  |  |
|---|--|--|
| People - Improve the wellbeing of our employees | Populations - Safe care and support every time | Place - Make most efficient use of resources to ensure value for money |
|---|--|--|

**The Trust Social Value Intentions**

Does this report align with the Trust social value intentions? Not applicable

If Yes, please select all of the social value themes that apply:

**Community engagement and support**

**Purchasing and investing locally for social benefit**

**Representative workforce and access to quality work**



| <p>Increasing wellbeing and health equity <input type="checkbox"/></p> <p>Reducing environmental impact <input type="checkbox"/></p>  |          |  |
|---|----------|--|
| <p><b>Board of Directors is asked to consider the following action</b></p>  |          |  |
| <p>To review and approve the position reported for each of the strategic risks included in the BAF for 2024-25, noting that ID04 remains the highest scoring risk.</p> <p>To receive the position in relation to the Assurance Framework Review and note the final report attached.</p> |          |  |
| <p><b>Report history</b> (Please include details of the last meeting that received this paper, including the title of the meeting, the date, and a summary of the outcome). This provides the audit trail through the governance structure.</p>   |          |  |
| Submitted to  | Date     | Brief summary of outcome   |
| Board of Directors  | 21/02/24 | <p>The Board of Directors reviewed the mitigations, gaps, outcomes and actions already populated for each of the strategic risks.</p> <p>The Board of Directors noted the detail provided in relation to the new risk ID10 and approved a revised risk description for 2024-25 for ID04.</p>   |
| Board of Directors  | 17/04/24 | <p>The Board of Directors reviewed the mitigations, gaps, outcomes and actions already populated for each of the strategic risks and approved the position reported for the year-end 2023-24 for each of the strategic risks.</p> <p>The Board of Directors also welcomed the Annual Assurance Framework Review from Mersey Internal Audit Agency (MIAA).</p>  |
| Informal Board  | 15/05/24 | <p>The Board of Directors discussed the strategic risks on the Board Assurance Framework for 2024-25 including a specific discussion on service delivery, performance and financial risks following discussions at the Finance &amp; Performance Committee in May 2024. A proposal in relation to financial risks was agreed to be further discussed at the next meeting of the Finance &amp; Performance Committee in June 2024. The members of the Board also appreciated the opportunity to consider the risks articulated in the Wirral Place Delivery Assurance Framework and</p> |



|                    |          |   |
|--------------------|----------|---|
|                    |          | alignment with the organisation's identified strategic risks.   |
| Board of Directors | 19/06/24 | The Board of Directors approved the recommendations in the report and was assured of the oversight and management of strategic risks in the BAF through the sub-committees of the Board.  |
| Informal Board     | 17/07/24 | The Board of Directors had a discussion on new and emerging risks to be included in the BAF - see ID11.   |
| Board of Directors | 21/08/24 | The Board of Directors approved the position reported and approved the introduction of new risk ID11 for tracking and oversight by the Board.   |
| Board of Directors | 16/10/24 | The Board of Directors was assured of the oversight and management of strategic risks in the BAF through the sub-committees of the Board and noted the current risk ratings and ID04 as the highest scoring risk.   |
| Board of Directors | 11/12/24 | <p>The Board of Directors approved the position reported for each of the strategic risks included in the BAF for 2024-25, noting that ID04 remained the highest scoring risk.</p> <p>The Board of Directors also approved the recommendation from the Finance &amp; Performance Committee that ID06 had achieved its target risk rating and would be kept under review for the remainder of the financial year.</p> |

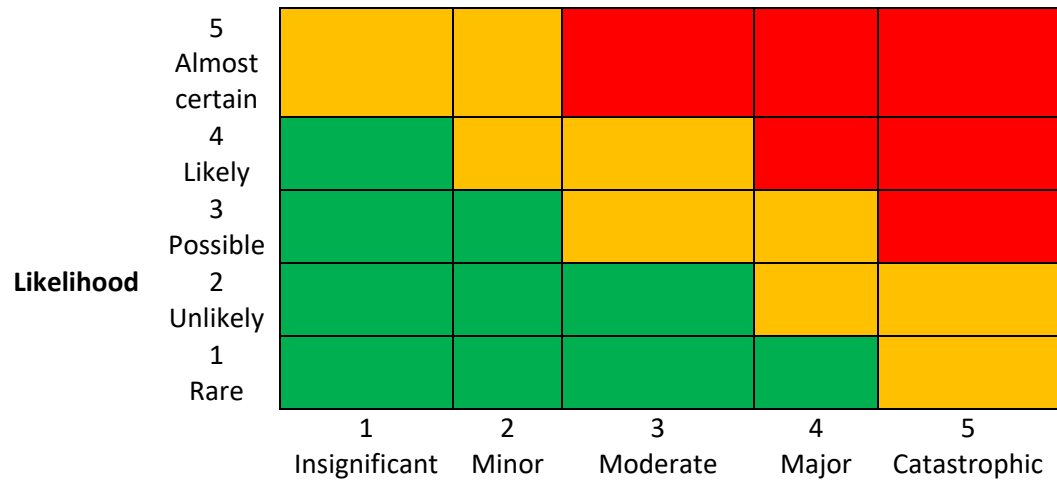




## Strategic risk summary 2024-25

| Risk Description   | Committee oversight             | Link to 5-year strategy   | Initial risk rating (LxC) (April 2024) | Current risk rating (LxC) (February 2025) | Target risk rating (LxC) | Risk Appetite |
|--|---------------------------------|---|--|---|--------------------------|---------------|
| ID01 - Failure to deliver services safely and responsively to inclusively meet the needs of the population.  | Quality & Safety Committee      | Safe Care & Support every time  | 3 x 4 (12)                             | 3 x 4 (12)<br>↔                           | 2 x 4 (8)                | Averse        |
| ID02 - Failure to deliver services inclusively with people and communities guiding care, supporting learning and influencing change.   | Quality & Safety Committee      | Inequity of access and experience and outcomes for all groups in our community resulting in exacerbation of health inequalities | 3 x 4 (12)                             | 3 x 4 (12)<br>↔                           | 2 x 4 (8)                | Averse        |
| Previous ID03 archived at end of 2023-24.  |                                 |   |  |   |                          |               |
| ID04 - Failure to deliver the Trust's agreed financial plan for 2024-25 has an impact on future monitoring and regulation and on Place performance.                                    | Finance & Performance Committee | Make most efficient use of resources to ensure value for money  | 4 x 4 (16)                             | 4 x 4 (16)<br>↔                           | 2 x 4 (8)                | Cautious      |
| Previous ID05 closed for 2024-25.  |                                 |   |  |   |                          |               |
| <b>TARGET RISK RATING ACHIEVED (remaining under review)</b><br>ID06 - Trust operational performance declines resulting in poorer outcomes and greater inequalities for our population. | Finance & Performance Committee | Deliver sustainable health and care services  | 2 x 4 (8)                              | 2 x 4 (8)<br>↔                            | 2 x 4 (8)                | Cautious      |
| ID07 - Our people do not feel looked after, their employee experience is poor, and their health and wellbeing is not prioritised.  | People & Culture Committee      | Improve the wellbeing of our employees<br>Better employee experience to attract and retain talent                               | 2 x 4 (8)                              | 2 x 4 (8)<br>↔                            | 1 x 4 (4)                | Moderate      |
| ID08 - Our People Inclusion intentions are not delivered; people are not able to thrive as   | People & Culture Committee      | Improve the wellbeing of our employees  | 3 x 4 (12)                             | 3 x 4 (12)<br>↔                           | 1 x 4 (4)                | Moderate      |

| Risk Description   | Committee oversight        | Link to 5-year strategy  | Initial risk rating (LxC) (April 2024) | Current risk rating (LxC) (February 2025) | Target risk rating (LxC) | Risk Appetite |
|--|----------------------------|--|--|---|--------------------------|---------------|
| employees of our Trust and the workforce is not representative of our population.  |                            | Better employee experience to attract and retain talent  |  |   |                          |               |
| Previous ID09 archived during 2023-24 and included in ID01.  |                            |  |  |   |                          |               |
| ID10 - We are not able to attract, grow and develop our talent sufficiently to ensure the right numbers of engaged, motivated and skilled staff to meet activity and operational demand levels.  | People & Culture Committee | Grow, develop and realise employee potential.<br>Better employee experience to attract and retain talent | 2 x 4 (8)                              | 2 x 4 (8)<br>↔                            | 1 x 4 (4)                | Open          |
| ID11 - Failure to achieve the Trust's 5-year strategy due to the absence of effective partnership working resulting in damaged external relations, failure to deliver the financial plan 24-25 and the recommendations from the Wirral Review, with poorer outcomes for patients and a threat to service sustainability. | Board of Directors         | Make most efficient use of resources and ensure value for money  | 2 x 4 (8)                              | 2 x 4 (8)<br>↔                            | 1 x 4 (4)                | Moderate      |



| <b>Consequence</b> |  |
|--------------------|--|
| <b>Averse</b>      | Prepared to accept only the very lowest levels of risk   |
| <b>Cautious</b>    | Willing to accept some low risks   |
| <b>Moderate</b>    | Tending always towards exposure to only modest levels of risk                                    |
| <b>Open</b>        | Prepared to consider all delivery options even when there are elevated levels of associated risk |
| <b>Adventurous</b> | Eager to seek original/pioneering delivery options and accept associated substantial risk levels |

# Board Assurance Framework 2024-25

## Strategic risks with oversight at Quality & Safety Committee

When considering the mitigations and structures in place for each strategic risk, the committee recognises the following standing mitigations which constitute the quality governance framework in place across the Trust.

### Corporate Governance

- The Quality & Safety Committee meets on a bi-monthly schedule with an agreed annual workplan in place.
- The committee has Terms of Reference in place, reviewed annually.
- The Chief Nurse is the Executive Lead for the committee.
- The Chief Nurse is also the Trust Lead for addressing health inequalities.
- The Integrated Performance Board is the highest operational group in the Trust and maintains oversight and scrutiny of performance to provide assurance to the committee.
- The committee completes a self-assessment against its work in respect of the agreed Terms of Reference
- In accordance with the Trust's Risk Policy, the committee receives a report on high-level organisational risks to monitor actions to mitigate risks and determine any impact on strategic risks being managed through the BAF.
- The committee receives an update on trust-wide policies related to the duties of the committee and on the implementation of recommendations from internal audit reviews
- The Chair of the committee meets with the governor chair of the Governor Quality Forum to provide a briefing after each meeting of the committee.
- Governance arrangements of oversight groups reporting to IPB tested through internal audit in 2023-24 providing Substantial Assurance.

### Quality Governance

- Year 1 and Year 2 of the Quality Strategy Delivery Plan implemented successfully with committee oversight.
- The quality governance structure in place provides clarity on the groups reporting to the committee.
- The committee receives the Terms of Reference for the groups reporting to it and minutes/ decisions from the groups for noting.
- The committee contributes to the development of the annual quality strategy delivery plan and priorities and receives bi-monthly assurance on implementation.
- The committee contributes to the development of and maintains oversight of the implementation of the annual quality priorities.
- The committee reviews and approves the Trust's annual quality report.
- The committee ensures that processes are in place to systematically and effectively respond to reflective learning from incidents, complaints, patient/client feedback and learning from deaths.
- The fortnightly Clinical Risk Management Group (CRMG) meetings are in place to monitor incidents and learning.
- SAFE system in use trust-wide for audits (e.g., hand hygiene, medicines management, IG, team leader)
- SAFE Operations Group (SOG) reports directly to the Integrated Performance Board
- Regular formal and informal engagement with CQC
- CQC inspection rating of Good with Outstanding areas.
- The Trust has implemented a health inequalities stratification waiting list tool.

- Just and Learning culture supported by FTSU framework allowing staff to openly raise concerns.

#### *PSIRF*

- Patient Safety Lead in post and two Patient Safety Partners recruited as per national guidance.
- PSIRF implementation reported to the committee
- PSIRF policies and procedures developed and implemented to promote sustainability.
- PSIRF stakeholder group established.
- Robust gantt chart aligned to the national PSIRF implementation timeframes, reporting to POG monthly by exception.
- High-level of compliance with patient safety training.

#### *FTSU*

- FTSU Guardian appointed.
- FTSU Executive Lead is a member of the committee.
- FTSU NED Lead identified and attends committee
- FTSU Steering Group reporting to the committee.

#### *Safeguarding governance*

- Safeguarding executive lead is member of committee
- Quarterly Safeguarding Assurance Group established to oversee compliance with legislative and regulatory safeguarding standards reporting directly to QSC
- Place based Safeguarding Assurance Partnership Boards and subgroups are supported through strong presentation of WCHC safeguarding specialists

#### *Infection prevention and control governance*

- Director of Infection Prevention and Control is member of committee
- Quarterly IPC group established to oversee compliance with legislative and regulatory IPC standards reporting directly to QSC
- Place based IPC and Health Protection Boards attended by IPC specialists
- Member of NW IPC forum

#### *Medicines governance*

- Executive lead for medicines governance and Controlled Drugs Accountable Officer is member of committee
- Medicines governance group established which reports directly to QSC

#### *Safe Staffing (the following mitigations have been moved from the detail of ID01 recognising implementation during 2023-24)*

- Safe staffing model on CICC supports professional judgement by maximising use of available staffing resource, implementing a holistic multidisciplinary team model including the use of therapies staff.
- Enhanced reporting through the governance agreed via PCC and QSC.
- Metrics and measures developed to monitor, analyse and review and report against e-rostering system use and performance (*MiAA recommendation completed*)
- Reporting timetable developed to ensure regular, timely updating to PCOG and SOG including any trends or areas for improvement (*MiAA recommendation completed*)

- Trust engaged in national pilot of Community Nursing Safer Staffing Tool (CNSST) - the first cohort of community trusts to collect safe staffing data

#### **System Governance**

- Wirral Place Quality Performance Group established with CNO as member
- Partnership working with Local Authorities and other stakeholder organisations via Place (e.g., Quality & Performance Group, Safeguarding Children Partnerships, Safeguarding Adults Partnership Board) and regional (e.g., C&M Chief Nurse Network, MHLDC Provider Collaborative) meetings

#### **Monitoring quality performance**

- The committee receives a quality report from TIG providing a YTD summary (via SPC charts) of all quality performance metrics at each meeting.
- The members of the committee have access to the Trust Information Gateway to monitor quality performance and to access the Audit Tracker Tool to monitor progress.
- The committee contributes to and receives the annual quality improvement audit programme and tracks implementation.
- The committee receives updates live from the system on regulatory compliance including local audits and procedural documents.

|  |   |  |   |
|--|---|--|---|
| <b>ID01 Failure to deliver services safely and responsively to inclusively meet the needs of the population.</b>   |   | Quality & Safety Committee oversight   |   |
| Link to 5-year strategy - Safe care and support every time   |   |  |   |
| Consequence; <ul style="list-style-type: none"> <li>• Poor experience of care resulting in deterioration and poor health and care outcomes</li> <li>• Non-compliance with regulatory standards and conditions</li> <li>• Widening of health inequalities</li> </ul>  |   |  |   |
| <b>Current risk rating (LxC)</b>   | <b>Risk appetite</b>  | <b>Target risk rating (LxC)</b>  |   |
| 3 x 4 (12)   | <b>Averse</b>   | 2 x 4 (8)  |   |
| <b>Mitigations (i.e., processes in place, controls in place)</b>   | <b>Gaps (Including an identified lead to address the gap and link to relevant action plan)</b>  | <b>Outcomes/Outputs (i.e., proof points that the risk has been mitigated)</b>  | <b>Trajectory to mitigate and achieve target risk rating</b>  |
| <b>Actions to ensure safe care and support every time to prevent variation of standards across localities and teams.</b><br>Headline measures in-month <ul style="list-style-type: none"> <li>- 0 never events - QUAL05</li> <li>- 0 MRSA incidents - QUAL16</li> <li>- 0 C.Diff incidents - QUAL15</li> <li>- 0 falls (moderate &amp; above harm) - QUAL17</li> <li>- 92% FFT - QUAL22</li> <li>- 3 complaints received - QUAL08</li> <li>- 487 incidents reported (M9) - QUAL02 (2.1% moderate and above harm - QUAL18)</li> <li>- 199 patient safety incidents (M9) - QUAL03</li> <li>- CQC actions (from 2023 inspection) completed and reported to QSC and PCC</li> <li>- 1 x MUST DO (Community In patients) and 2 x SHOULD DO (Community Health Services</li> </ul> | <ul style="list-style-type: none"> <li>- Clinical and professional supervision compliance sustained at 90% - <b>Team Leaders (trust-wide trajectory on TIG and set trajectory for Q2, Q3 and Q4 aiming for above 90%)</b></li> <li><del>Relaunch of supervision policy - Deputy Chief Nurse</del></li> <li>- Supervision Training Strategy - <b>Head of L&amp;OD</b></li> <li><del>Tier 2 Oliver McGowan training to be rolled out to eligible staff - OMMT lead trainer</del> - see revised quality goal and mitigation with Autism Together.</li> </ul> | <ul style="list-style-type: none"> <li>- CQC rating GOOD with Outstanding elements.</li> <li>- FFT response rate and satisfaction rate</li> <li>- Low number of complaints</li> <li>- Publication of Quality Account 2023-24 published with key achievements and progress to deliver quality goals highlighted.</li> <li><del>Safe mobilisation of Lancashire 0-19 service.</del></li> <li>- Mandatory training sustained compliance maintained at 90%</li> <li>- Role essential training compliance achieved and maintained at 90%</li> </ul> | <ul style="list-style-type: none"> <li><del>Lancashire 0-19 contract mobilisation - 1 October 2024.</del></li> <li>- 60% of eligible staff trained in QI curriculum - <b>March 2025 (quality goal 7) - at risk due to operational pressures</b></li> <li>- Supervision Training Strategy approved - <b>November 2023</b> - (Extension for action approved by QSC)</li> <li>- 90% of clinical staff receiving supervision - <b>31 June 2024 (quality goal 3 reset for 24/25</b> - targeted approach to set trajectories for improvement if below 85%)</li> </ul> |

|   |  |   |  |
|---|--|---|--|
| <p>for Adults and Community In patients) medicines actions completed</p> <ul style="list-style-type: none"> <li>- Vacancy control measures implemented to respond to ICB FICC process provide oversight of quality &amp; safety - assurance on process provided to the committee in September 2024</li> <li>- SAFE mechanism for recording clinical and professional supervision captures method of delivery to include peer, group and 1:1 delivery - <del>M12 89%, M2 87.5% (vs 90%)</del> at end of Q1 achieved <b>92.4%</b> at end of M9 - <b>92%</b> (vs 90% target)</li> <li>- Quality of supervision audit completed, and feedback used to improve processes.</li> <li>- Clinical protocol for Clinical Supervision (CP95)</li> <li>- Safeguarding Supervision Policy (SG04)</li> <li>- Management Supervision procedure (HRP07)</li> <li>- Mandatory training compliance trust-wide achieved target - <del>M12 94.2%, M2 94.1%, M4 94.9%</del> M9 <b>95.8%</b> (vs 90% target)</li> <li>- Role essential training compliance - <del>M12 92.6%, M2 91.7%</del> M9 <b>92.1%</b> (vs 90% target)</li> <li>- 2024-25 clinical audit programme agreed.</li> <li>- Patient Safety Incident Response Plan (GP60) approved.</li> <li>- LFPSE (Learning from Patient Safety Events) launched.</li> <li>- Professional Nurse Advocate (PNA) programme in place</li> </ul> | <ul style="list-style-type: none"> <li>- Further embed PSIRF principles through process and culture - <b>Deputy Chief Nurse</b></li> <li><del>— Strategic plan to address CQC SHOULD DO action related to ‘a strategy to meet the needs of patients with a mental health, learning disability, autism or dementia diagnosis’ - Deputy Chief Nurse / Head of Equity, Diversity and Inclusion</del></li> <li><del>— Completion of the action plan related to incident reporting levels - Deputy Chief Nurse</del></li> <li>- PSIRF learning cafes roll-out Q4</li> </ul> | <ul style="list-style-type: none"> <li>- Clinical and professional supervision sustained compliance at 90% (<i>quality goal 3</i>).</li> <li>- <del>20%</del> 12% of staff to be trained in Tier 2 Oliver McGowan mandatory training (<i>quality goal 4</i>)</li> <li>- QI summary reports with measured impacts from 4 x QI programmes and with actions for improvement</li> <li>- Audits on the quality of supervision (end of Q2 and Q4)</li> <li>- 20 members of staff trained in QSIR-P (<i>5-day course commenced</i>)</li> <li>- 80 members of staff trained in QSIR-F (<i>2 session for Quality Champions in Q4</i>)</li> <li>- Quarterly patient safety champions meetings with attendance monitored to ensure continued appropriate staff engagement across services</li> <li>- PSIRF learning cafes</li> </ul> | <ul style="list-style-type: none"> <li>- <del>20%</del> 12% of eligible staff trained in Tier 2 Oliver McGowan mandatory training - <b>31 March 2025</b> (<i>quality goal 4</i>) 8 training sessions (20 staff per session) planned before 31/3/25 - <i>at risk due to operational pressures</i></li> <li>- 4 x QI programmes delivered - <b>March 2025</b> with measured impact (<i>quality goal 1</i>)</li> <li>- PSIRF actions to further embed in the process and culture (<i>quality goal 2</i>) - <b>March 2025</b></li> </ul> |
|---|--|---|--|



|   |   |  |  |
|---|---|--|--|
| <ul style="list-style-type: none"> <li>- Waiting list stratification tool aligned to CORE20PLUS5 (in pilot phase)</li> <li>- 20% baseline of staff trained in Quality Improvement curriculum.</li> <li>- Baseline completed to determine a clear denominator and criteria for eligible staff for the national patient safety curriculum.</li> <li>- Training compliance visible on TIG for L1 &amp; L2 of the national patient safety curriculum.</li> <li>- Current compliance L1 &amp; L2 - 95.1% L1 for board and senior management - 95.3%, L1 for other staff (agreed cohort) - 97.5%.</li> <li>- 4 x QI programmes identified - <i>wound care, medicines, falls, end of life care and deteriorating patient</i> - and stakeholder analysis completed for all.</li> <li>- QI training compliance tracked monthly through locality governance meetings.</li> <li>- District nursing development work underway, including engagement with frontline rearms to take forward improvement ideas.</li> <li>- 3 cohorts of staff trained in Tier 2 Oliver McGowan (n=48 staff). Further staff cohort planned for January 2025.</li> </ul> <p><b>Actions to ensure safe mobilisation of new services.</b></p> <ul style="list-style-type: none"> <li>- Business decision making process aligned to strategic objectives.</li> <li>- Establishment of mobilisation project at the commencement of new contracts</li> <li>- Mobilisation projects monitored at POG.</li> </ul> | <p><del>— Satisfactory completion of mobilisation plan to support safe launch and delivery of Lancashire Healthy Child Programme from 1 October</del></p> | <p><del>— Safe mobilisation of Lancashire Healthy Child Programme contract from 1 October 2024</del></p> | <p><del>— Launch of Sexual Health Wirral Service 1 April 2024</del></p> <p><b>COMPLETE</b></p> <p><del>— Safe mobilisation of Lancashire Healthy Child Programme contract 1 October 2024</del></p> |
|---|---|--|--|

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| <ul style="list-style-type: none"> <li>- SRO and Project Lead identified.</li> <li>- Workstreams and relevant leads identified and work underway to mobilise Lancashire 0-19 contract for 1 October 2024.</li> <li>- Successful launch of Wirral Sexual Health Service from 1 April 2024</li> <li>- Successful launch of Let's Talk, risk and resilience service from 1 September 2024</li> </ul> <p><b>Actions to ensure equitable outcomes across our population based on the Core20PLUS5 principles.</b></p> <ul style="list-style-type: none"> <li>- Health Inequalities &amp; Inclusion Strategy developed and approved.</li> <li>- Inclusion Annual Report 2023-24 presented to PCC and Board</li> <li>- Mechanism in place to ensure involvement of people always included within RCA's (agreed at CRMG)</li> <li>- Participation in C&amp;M Prevention Pledge programme agreed with identified.</li> <li>- Chief Nurse = Prevention Pledge Executive Lead</li> <li>- Inclusion dashboard developed.</li> <li>- Partnership forum established.</li> <li>- 4 x care pathways to be co-designed with people and community partners identified (aimed at reducing health inequalities)</li> <li>- Bronze Status in the NHS Rainbow Pin Badge accreditation scheme</li> <li>- Silver award in the Armed Forces Covenant Employer Recognition Scheme</li> </ul> | <p><del>2024 – Executive Leadership Team/Board of Directors</del></p> <p><del>Availability of health inequalities data aligned to service provision and as part of personalised care assessment processes – Head of Inclusion and Service Directors (September 2022) - see below following MIAA review.</del></p> <ul style="list-style-type: none"> <li>- Completion of all actions agreed following MIAA review to address variation in practice and incomplete data.</li> <li>- Review of the NHS Providers guide on reducing health inequalities will be undertaken, resulting in a clear plan for delivery of health inequalities data analysis and intelligence reporting to Board.</li> </ul> | <ul style="list-style-type: none"> <li>- Regular reporting to the Trust Board on health inequalities data through the Integrated Performance Report.</li> <li>- Availability and use of AIS data for all core services</li> <li>- Inclusion metrics</li> <li>- High % of patient feedback via FFT is maintained and feedback is representative of the community tested through equality data</li> <li>- Tracking of health inequalities data in TIG across the identified 4 co-designed care pathways aimed at reducing health inequalities (<i>quality goal 6</i>)</li> <li>- Successful launch of 'what matters to you?' campaign (<i>quality goal 5</i>)</li> </ul> | <ul style="list-style-type: none"> <li>- Completion of all agreed actions to address MIAA recommendations - <b>September 2024</b> the Committee agreed to extend to the end of <b>December 2024</b> the completion date for the health inequalities actions.</li> <li>- Summary report from 4 co-designed care pathways - <b>March 2025</b> (<i>quality goal 6</i>)</li> <li>- 'What matters to you?' question embedded into 1 service as part of routine care planning and personalised care - <b>March 2025</b> (<i>quality goal 5</i>)</li> </ul> |
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| <ul style="list-style-type: none"> <li>- Veteran Aware accreditation achieved for the Trust.</li> <li>- EDS2 assessment criteria agreed and completed for 2022-23 - achieving across all areas including Domain 1 commissioned services (community cardiology and bladder and bowel)</li> <li>- AIS template available in S1 for all services. Performance against completion rates tracked via locality SAFE/OPG meetings with increased oversight at IPB. Included as an action from EDS domain 1.</li> <li>- FFT (YTD) = 21,151 responses with 93.2% recommending Trust services</li> <li>- MiAA report on health inequalities completed with 5 core recommendations agreed.</li> <li>- 4 x QI programmes identified - <i>wound care, medicines, falls and deteriorating patient</i> - and stakeholder analysis completed for all.</li> <li>- Locality governance reflects trust-wide governance across different geographies with any variation related to specific service specification (i.e., different 0-19 services)</li> <li>- <i>What matters to you?</i> campaign developed with other actions (<i>e.g. campaign days, embedding question as part of routine care planning</i>) on track</li> </ul> <p><b>Actions to ensure safe demobilisation of services.</b></p> <ul style="list-style-type: none"> <li>- Demobilisation plan in progress for Lancashire 0-19+ contract.</li> </ul> |  |  |  |
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| <b>ID02 Failure to deliver services inclusively with people and communities guiding care, supporting learning and influencing change</b>  |  | Quality & Safety Committee oversight  |  |
| Link to 5-year strategy - Safe care and support every time  |  |   |  |
| Consequence; <ul style="list-style-type: none"> <li>• Inequity of access and experience and outcomes for all groups in our community</li> <li>• Poor outcomes due to failure to listen to people accessing services</li> <li>• Reputation impact leading to poor health and care outcomes</li> </ul>  |  |   |  |
| <b>Current risk rating (LxC)</b>  | <b>Risk appetite</b>   | <b>Target risk rating (LxC)</b>   |  |
| 3 x 4 (12)  | <b>Averse</b>  | 2 x 4 (8)   |  |
| <b>Mitigations (i.e., processes in place, controls in place)</b>  | <b>Gaps (Including an identified lead to address the gap and link to relevant action plan)</b>   | <b>Outcomes/Outputs (i.e., proof points that the risk has been mitigated)</b><br><br>NOTE: ensuring clear alignment of the outcome to the gap it addresses  | <b>Trajectory to mitigate and achieve target risk rating</b>   |
| <b>Actions to ensure collaboration and co-design with community partners.</b> <ul style="list-style-type: none"> <li>- EDI training compliance - 98.2%</li> <li>- Quality Strategy ambition <i>“People and communities guiding care”</i>.</li> <li>- Inclusion Principle 1 - Positive action for inclusive access</li> <li>- 6000 public members sharing their experience and inspiring improvement.</li> <li>- Level 1 Always Events accreditation focussing on what good looks like and replicating it every time.</li> <li>- Complaint’s process putting people at the heart of learning.</li> <li>- QIA and EIA SOP refreshed and approved</li> <li>- Recruitment of Population Health Fellow role</li> </ul> | <ul style="list-style-type: none"> <li>- Completion of all actions agreed following MIAA review to address variation in practice and incomplete data.</li> <li>- Poor compliance and completion of AIS template across all services - <b>Deputy COO/Service Directors (inclusion principle 1)</b></li> <li>- Lack of staff confidence in accessing and interpreting health inequalities data - <b>Head of Inclusion</b></li> </ul> | <ul style="list-style-type: none"> <li>- Measures of equity of access demonstrated through patient/service user data and experience.</li> <li>- Staff confident in delivering culturally sensitive care.</li> <li>- All reasonable adjustments are made to facilitate most effective care delivery.</li> <li>- <del>20%</del> 12% of staff to be trained in Tier 2 Oliver McGowan mandatory training (<i>quality goal 4</i>)</li> <li>- 60% of eligible staff trained in QI curriculum (<i>quality goal 7</i>)</li> </ul> | <ul style="list-style-type: none"> <li>- <del>20%</del> 12% of eligible staff trained in Tier 2 Oliver McGowan mandatory training - <b>31 March 2025 (quality goal 4)</b> 8 training sessions (20 staff per session) planned before 31/3/25 - <i>at risk due to operational pressures</i></li> <li>- Achievement of 90% completion rate of AIS and inclusion template across all services - <b>March 2025 (Inclusion principle 1)</b></li> <li>- Summary report from 4 co-designed care pathways - <b>March 2025 (quality goal 6)</b></li> </ul> |

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| <ul style="list-style-type: none"> <li>- Quality Improvement sharing and celebration events.</li> <li>- Experience dashboard built on TIG.</li> <li>- Partner Safety Partners recruited.</li> <li>- Re-balancing of resources in community nursing to support caseload in PCNs underway.</li> <li>- 5 community partners recruited.</li> <li>- Lancashire mobilisation governance includes Service Delivery workstream.</li> </ul> <p><b>Actions to address health inequalities by hearing from those with poorer health outcomes, learning and understanding the context of people’s lives and what the barriers to better health might be</b></p> <ul style="list-style-type: none"> <li>- On-going work with system partners (system health inequalities group) to improve identification of minority and vulnerable groups within the population, ensuring that we reach into these communities and make it as easy as possible for people to access appropriate care when required.</li> <li>- Quality Strategy - <i>quality goal 6 - 5</i> co-designed care pathways identified - <i>NPOP and referral pathway to memory clinic, translation and interpretation, Long Covid and rehabilitation, Rehab @ Home and home hazards checklist, FNP-Improving accessibility of information for first time parents.</i></li> </ul> <p><b>Actions to ensure that all voices, including under-represented groups can be heard and encouraged to influence change.</b></p> <ul style="list-style-type: none"> <li>- MiAA report on health inequalities completed with 5 core recommendations agreed.</li> </ul> | <ul style="list-style-type: none"> <li>- <del>Established engagement with stakeholders and partners in Lancashire to understand communities</del></li> <li>- <del>Head of Inclusion / Service Lead</del></li> <li>- Further embed health inequalities waiting list tool evidencing outcomes and ensuring equitable access (<i>inclusion principle 1</i>) - <b>Deputy Chief Operating Officer / Deputy Chief Nurse / Head of Inclusion</b></li> <li>- Tier 2 Oliver McGowan training to be rolled out to eligible staff - <b>OMMT lead trainer</b> - see revised quality goal and mitigation with Autism Together (and link to ID01).</li> </ul> | <ul style="list-style-type: none"> <li>- Staff will report increased skill, knowledge and confidence in quality improvement methodology.</li> <li>- Completion of 4 co-designed care pathways aimed at reducing health inequalities with stakeholder engagement (<i>quality goal 6</i>)</li> <li>- Successful launch of ‘what matters to you?’ campaign (<i>quality goal 5</i>)</li> <li>- Further embed health inequalities waiting list tool</li> <li>- Regular reporting to the Trust Board on health inequalities data through the Integrated Performance Report.</li> <li>- Reference in the report the impact and outcomes related to external stakeholders - quality improvement in: <ul style="list-style-type: none"> <li>- Medicines management</li> <li>- Falls</li> <li>- Wound care</li> <li>- Deteriorating patient</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>- Completion of all agreed actions to address MIAA recommendations - <del>September 2024</del> <b>December 2024</b></li> </ul> |
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| <ul style="list-style-type: none"> <li>- Active engagement through the Partnership Forum with multiple groups/agencies across Wirral (e.g., Wirral Change, Mencap, LGBT, veterans) supporting close links with our communities and positively influencing participation and involvement.</li> <li>- Veteran Aware accreditation (Bronze and Silver) achieved for the Trust.</li> <li>- EDS 2022-23 published on public website with actions identified.</li> <li>- 94.6% of staff completed comprehensive learning disability and autism e-learning (Oliver McGowan Level 1)</li> <li>- Autism Together to provide 8 sessions to support Oliver McGowan Tier 2 training.</li> <li>- 2 x QI programmes identified with specific focus on children and young people – Translation and Interpretation and Family Nurse Partnership</li> <li>- ‘What matters to you’ campaign and first ‘What matters to you’ day trust-wide scheduled for 25/9/24.</li> <li>- Services identified to embed ‘what matters to you’ question as part of care planning and personalised care.</li> <li>- Trust active involvement in system-wide preparation for re-inspection of SEND.</li> </ul> <p><b>Actions to ensure children and families living in poverty in all our places are engaged to improve outcomes and life chances.</b></p> |  |  |  |
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| <ul style="list-style-type: none"><li>- Established service user groups including Involve, Your Voice and Inclusion Forum with a commitment to co-design.</li><li>- Participation in Local Safeguarding Children Partnerships across all Boroughs where 0-19/25 services are delivered.</li><li>- Good partnerships with other agencies</li><li><del>— Lancashire mobilisation governance includes Service Delivery workstream.</del></li><li>- Locality governance reflects trust-wide governance across different geographies with any variation related to specific service specification (i.e., different 0-19 services)</li></ul> |  |  |  |
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## **Board Assurance Framework 2024-25**

### **Strategic risks with oversight at Finance & Performance Committee**

When considering the mitigations and structures in place for each strategic risk, the committee recognises the following standing mitigations which constitute the financial and performance governance framework in place across the Trust.

#### **Corporate Governance**

- The Finance & Performance Committee meets on a bi-monthly schedule with an agreed annual workplan in place
- The committee has Terms of Reference in place, reviewed annually (last reviewed in August 2023)
- The committee completes a self-assessment against its work in respect of the agreed Terms of Reference (last completed in September/October 2023)
- The Chief Finance Officer is the Executive Lead for the committee
- The Integrated Performance Board is the highest operational group in the Trust and maintains oversight and scrutiny of performance to provide assurance to the committee
- The Finance & Resources Oversight Group (FROG) reports to the IPB on all matters associated with financial and contractual performance and the Safe Operations Group (SOG) reports to the IPB on all matters associated with operational performance
- In accordance with the Trust's Risk Policy, the committee receives a report on high-level organisational risks, and can access all operational risk status through the TIG on-line system, to monitor actions to mitigate risks and determine any impact on strategic risks being managed through the BAF
- The committee receives an update on the status of trust-wide policies (related to the duties of the committee) at every meeting
- The committee receives an update on the implementation of recommendations from internal audit reviews (via TIG - Audit Tracker Tool) at every meeting
- The committee receives assurance reports in respect of the Data Security & Protection Toolkit submission
- The committee receives an IG /SIRO Annual Report
- CQC inspection published December 2023 with overall rating of Good.

#### **Financial and Operational Governance**

- The governance structure in place provides clarity on the groups reporting to the committee
- The committee reviews and approves the Trust's financial and operational plans prior to submission to the Board of Directors and relevant regulators
- The committee contributes to the development of the annual financial plan (including oversight of P&E and capital expenditure) and the Digital Strategy Delivery Plan and receives quarterly assurance on implementation
- The committee receives the Terms of Reference for the groups reporting to it and decision and action logs from each meeting for noting
- The Trust has established enhanced controls and developed a robust action plan in response to the FICC process at C&M ICB. This process is monitored weekly at ELT.

#### **System Governance**

- Wirral Place Finance, Investment and Resources Group established with CFO as member
- Trust involvement in system planning sessions for 2024-25

#### **Monitoring performance**

- The committee receives a finance report providing a summary of YTD financial performance metrics at each meeting (via TIG)



- The committee receives a report on progress to achieve Productivity & Efficiency targets across the Trust
- The committee receives a YTD operational performance report providing a summary of all operational performance metrics (national, regional and local) at each meeting with TIG dashboards allowing tracking of performance
- The members of the committee have access to the Trust Information Gateway to monitor performance

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| <b>REVISED ID04</b> Failure to deliver the Trust’s agreed financial plan for 2024-25 has an impact on future monitoring and regulation and on Place performance.  |   | Finance & Performance Committee oversight   |  |
| <p>Link to 5-year strategy - Make most efficient use of resources to ensure value for money</p> <p>Link to PDAF - Poor financial performance in the Wirral health and care system leads to a negative impact and increased monitoring and regulation</p> <p>Link to organisational risk - ID3033 (RR12 - 3 x 4) non-delivery of the financial plan and <del>ID3029 (RR12 - 4 x 3) insufficient agreed projects to deliver efficiency target.</del> (Archived and new risk added - see below)</p> <p><b>NEW organisational risk</b> - ID3135 (RR15 - 5 x 3) non-achievement of CIP target with recurrent CIP may lead to not meeting regulatory or statutory duties and/or increase the underlying deficit for future years.</p> |   |   |  |
| <p>Consequence;</p> <ul style="list-style-type: none"> <li>Financial sustainability impact</li> <li>Negative reputational impact</li> </ul>   |   |   |  |
| <b>Current risk rating (LxC)</b>  | <b>Risk appetite</b>  | <b>Target risk rating (LxC)</b>   |  |
| 4 x 4 (16)  | Cautious  | 2 x 4 (8)   |  |
| <b>Mitigations (i.e. processes in place, controls in place)</b>   | <b>Gaps (Including an identified lead to address the gap and link to relevant action plan)</b>  | <b>Outcomes/Outputs (i.e. proof points that the risk has been mitigated)</b>  | <b>Trajectory to mitigate and achieve target risk rating</b>   |
|   |   | NOTE: ensuring clear alignment of the outcome to the gap it addresses   |  |
| <ul style="list-style-type: none"> <li>Recommendations from Wirral system review agreed by Board of Directors</li> <li>Weekly Integration Management Team established chaired by Joint CEO</li> <li>Review of CIP approach (project management and governance) with WUTH underway to confirm approach for 2025-26 during Q4, 2024-25</li> <li>Trust engagement in ICB financial support process.</li> <li>Contribution to system Financial Recovery Plan</li> </ul>   | <ul style="list-style-type: none"> <li>Robust CIP schemes to deliver unidentified target - <b>Chief Strategy Officer</b></li> <li>M9 unidentified CIP = £183k - <b>Chief Strategy Officer / Chief Finance Officer</b></li> <li>M9 recurrent schemes = 30.9% - <b>Chief Strategy Officer (LINK TO NEW ORGANISATIONAL RISK)</b></li> <li>Delivery of identified transformation / developmental programmes of work (i.e.,</li> </ul> | <ul style="list-style-type: none"> <li><del>Agreement of financial plan 2024-25.</del></li> <li>Delivery of financial plan 2024-25</li> <li>Delivery of CIP target for 2024-25</li> <li>Compliance with all necessary and relevant system expenditure controls (I&amp;I)</li> <li>Completion of all actions identified as part of the FICC process</li> </ul> | <ul style="list-style-type: none"> <li>Submission of FINAL financial plan for 2024-25 - May 2024 - <b>COMPLETE</b></li> <li>Completion of I&amp;I process action plan - <b>March 2025</b></li> <li>CIP target delivered - <b>March 2025</b></li> <li>Financial plan delivered or mitigated position with ICB - <b>March 2025</b></li> <li><del>Conclusion of Wirral system review - Q3, 2024-25</del></li> </ul> |

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| <ul style="list-style-type: none"> <li>● <del>At M the unsupported position of the Trust is 906k deficit, 1,007k away from plan. Overall, reporting to achieve financial plan.</del></li> <li>● <del>At M7 reporting a YTD surplus of £684k, 2k ahead of plan.</del></li> <li>● At M9 reporting a YTD surplus of £1,691k, 4k ahead of plan.</li> <li>● Year end forecast is in line with plan being £6,500k surplus.</li> <li>● <del>Risk and mitigations at M7 reported including potential financial impact</del></li> <li>● Key pressures (income, pay and non-pay) at M9 reported to FPC</li> <li>● Risks and mitigations at M9 reported including potential financial impact</li> <li>● <del>CIP delivery at M7 of £2,954k against plan of £3,026k</del></li> <li>● CIP delivery at M9 of £4,652k against plan of £4,327k</li> <li>● Year end forecast to deliver the full CIP plan</li> <li>● Regular CFO engagement with ICB CFO to negotiate and agree financial position for 2024-25</li> <li>● Board briefings on draft financial plan submissions and approval on each iteration of the financial planning process</li> <li>● Capital plan 2024-25 developed via Capital Monitoring Group and discussed with IPB - at M7 M9</li> </ul> | <p>Community Nursing Development Programme) - <b>Chief Strategy Office (SRO) / ELT</b></p> <ul style="list-style-type: none"> <li>● CIP/Transformation programme approach to 2025-26 - <b>Chief Strategy Officer / Chief Finance Officer</b></li> <li>● Further implementation and use of model health data in clinical and corporate services - <b>Chief Strategy Officer / Interim Chief Finance Officer</b></li> <li>● <del>Recommendations from Wirral system review - <b>Interim CEO</b></del></li> <li>● Review of financial plan following Lancashire 0-25 contract - Interim Chief Financial Officer</li> <li>● <del>Risk rating review of ID3033 and ID3029 to be completed in M6 - <b>Interim CFO / Chief Strategy Officer</b></del></li> <li>● <del>Availability of planning guidance for 2024-25 to determine impact on financial position for 2024-25 - <b>Chief Finance Officer / FPC</b></del></li> <li>● <del>Confirmation of continued funding of system investments e.g. HomeFirst - <b>Chief Finance Officer / Chief Operating Officer</b></del></li> </ul> | <ul style="list-style-type: none"> <li>● Transformation approach and revised governance for CIP for 2025-26.</li> </ul> | <ul style="list-style-type: none"> <li>● Confirm approach to CIP (project management and governance) for 2025-26 - Q4, 2024-25</li> </ul> |
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| <p>forecasting to deliver against full allocation of £4,684k</p> <ul style="list-style-type: none"> <li>• ELT review of financial pressures for 2024-25</li> <li>• Financial governance arrangements in place and tested by MIAA through Key Financial Controls audit providing <b>Substantial Assurance</b></li> <li>• Senior Leadership Forum (March 2024) focused on CIP target and opportunities / confidence level to deliver savings</li> <li>• Transformation /developmental programmes of work identified with Chief Strategy Officer as SRO</li> <li>• Model health data available and in use across clinical and corporate services</li> <li>• Membership and participation in Place Finance and Investment Group</li> <li>• System collaboration across NHS provider organisations</li> <li>• Relevant organisational risks (e.g., CIP, Capital, Financial Performance) tracked on Datix and through governance structures (as per Risk Policy)</li> <li>• Enhanced controls established for vacancy control and non-pay discretionary spend and communicated trust-wide with supporting SOP - improved position reported in two months since established.</li> </ul> | <ul style="list-style-type: none"> <li>• <del>Clarity on expenditure controls from the ICB</del> <b>Chief Finance Officer / Chief Executive</b></li> </ul> |  |  |
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| <ul style="list-style-type: none"><li>• Action plan in place in response to PWC recommendations (I&amp;I) with weekly oversight at ELT – action plan themes include;<ul style="list-style-type: none"><li>• Financial plan</li><li>• Financial accountability framework</li><li>• Efficiency programme and templates</li><li>• Grip and control</li></ul></li></ul> |  |  |  |
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| <b>REVISED ID06</b> - Trust operational performance declines resulting in poorer outcomes and greater inequalities for our population.<br><b>TARGET RISK RATING REACHED – THIS WILL BE KEPT UNDER REVIEW</b> | Finance & Performance Committee oversight |
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Link to 5-year strategy - Make most efficient use of resources to ensure value for money  
 Link to PDAF - Wirral system partners are unable to deliver the priority programmes within the Wirral Health and Care Plan which will result in poorer outcomes and greater inequalities for our population (RR8).  
 Link to organisational risk - ID3125 (RR16) - Inability to deliver the pre-diagnostic element of the ND pathway due to the lack of available funding

- Consequence;
- Poor service user access, experience and outcomes
  - Poor contract performance - financial implications (Trust)
  - Negative reputational impact

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| <b>Current risk rating (LxC)</b> | <b>Risk appetite</b> | <b>Target risk rating (LxC)</b> |
| 2 x 4 (8)                        | Cautious             | 2 x 4 (8)                       |

| <b>Mitigations<br/>(i.e. processes in place, controls in place)</b>  | <b>Gaps<br/>(Including an identified lead to address the gap and link to relevant action plan)</b>   | <b>Outcomes/Outputs<br/>(i.e. proof points that the risk has been mitigated)</b>  | <b>Trajectory to mitigate and achieve target risk rating</b>  |
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| <ul style="list-style-type: none"> <li>• Recommendations from Wirral system review agreed by Board of Directors</li> <li>• Weekly Integration Management Team established chaired by Joint CEO</li> <li>• CQC report providing overall rating of 'Good'</li> <li>• Strong operational performance reported M09 = 72 Green, 7 Amber, 12 Red (<del>M07 = 74 Green, 9 Amber, 8 Red M05 = 77 Green, 3 Amber, 12 Red M03 = 68 Green, 11 Amber, 10 Red</del>)</li> </ul> | <ul style="list-style-type: none"> <li>• Waiting lists performance to be within 52 weeks - <b>Chief Operating Officer</b></li> <li>• Evidence and assurance on performance according to population need and demographics - <b>Chief Operating Officer, Chief Nurse and EDI Lead</b></li> <li>• Paediatric SLT average waiting times (average 29 weeks, longest wait 82 weeks) - Chief Operating Officer</li> </ul> | <ul style="list-style-type: none"> <li>• Improved position on red KPIs (M01 = 65 Green, 12 Amber, 11 Red)</li> <li>• Reduction in agency usage across the Trust (M01 = 2.77%)</li> <li>• Sustained strong patient satisfaction and feedback (average 92% recommending Trust services)</li> <li>• Stakeholder satisfaction and feedback through Place Based Partnership Board</li> <li>• Positive impact on health inequalities demonstrated through</li> </ul> <p>NOTE: ensuring clear alignment of the outcome to the gap it addresses</p> | <ul style="list-style-type: none"> <li>• Reduction in number of red KPIs – see comparison to M01.</li> <li>• Full roll-out of waiting list stratification tool to all services - <b>COMPLETE</b></li> <li>• Staff survey results - <b>March 2025</b></li> <li>• Paediatric SLT waiting list improvement trajectory to achieve the target of all initial assessments completed by 18 weeks by mid-August 2025</li> </ul> |

Month  
Dec-24



- ICB contracts 24-25 signed
- Strong and sustained performance against operational system metrics
- All KPIs have been revised and updated to ensure they are relevant, consistent with other providers locally and nationally, and with appropriate RAG thresholds.
- Waiting list management process developed (also aligned to health inequalities)
- All waiting lists are clinically triaged
- ~~At M3 all services (except paediatric SLT) continue to report under 52 weeks for first appointments~~
- All services are measured against 6, 12 and 18 weeks for reducing waiting time for first appointment. At M09 18 of 19 services have an average wait of less than 18 weeks. ~~At M05 18 of 19 services have an average wait of less than 18 weeks.~~
- Strategic COOs meeting weekly
- Service contracts in place, approved and with strengthened scrutiny and governance arrangements
- Sustained monthly performance with FFT feedback - M09 = 92.3% recommending services of 2,099 responses ~~M07 = 92.8% recommending services of 2,720~~

- service provision (waiting list data and patient experience)
- Waiting list performance achieved across all services

*(outcome to be carried forward to new financial year)*

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| <p>responses <i>M05 = 94% recommending services of 2,595 responses</i></p> <ul style="list-style-type: none"><li>• COO is SRO for Home First across the system - activity increasing and expansion trajectory on track</li><li>• Sustained improvements in LoS at CICC</li><li>• Downward trajectory in turnover rates, vacancy rates, temporary staffing levels and sickness absence rates across the Trust (i.e., resilience in workforce)</li><li>• Waiting list stratification tool in services demonstrating positive impact</li><li>• TIG waiting list dashboard with targets visible with RAG status against performance compared to previous quarter (methodology reported to IPB)</li><li>• TIG functionality allowing drill down for full caseload and new patient waiting list (SLT)</li><li>• Agency use below 3.2% ICB cap (M01 = 0.1%, M03 = 0.2%, M05 = 0.6%, M07 = 1.6%, M09 = 0.98% (£581k YTD))</li></ul> |  |  |  |
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# Board Assurance Framework 2024-25

## Strategic risks with oversight at People & Culture Committee

When considering the mitigations and structures in place for each strategic risk, the committee recognises the following standing mitigations which constitute the quality governance framework in place across the Trust.

### Corporate Governance

- The People & Culture Committee meets on a bi-monthly schedule with an agreed annual workplan in place.
- The committee has Terms of Reference in place, reviewed annually.
- The Chief People Officer is the Executive Lead for the committee. A Joint CPO has been appointed between WUTH and WCHC as part of the recommendations from the Wirral Review.
- The Integrated Performance Board is the highest operational group in the Trust and maintains oversight and scrutiny of performance to provide assurance to the committee.
- The committee completes a self-assessment against its work in respect of the agreed Terms of Reference.
- The PCOG (People & Culture Oversight Group) reports to the IPB on all matters associated with people and workforce performance.
- In accordance with the Trust's Risk Policy, the committee receives a report on high-level organisational risks, and can access all operational risk status through the Datix on-line system, to monitor actions to mitigate risks and determine any impact on strategic risks being managed through the BAF.
- The committee receives an update on trust-wide policies (related to the duties of the committee and on the implementation of recommendations from internal audit reviews.
- The Chair of the committee is also the NED health and wellbeing lead for the Trust.
- Governance arrangements of oversight groups reporting to IPB were tested through internal audit in 2023-24 providing Substantial Assurance.
- CQC inspection rating of Good with Outstanding areas

### Workforce Governance

- Year 1 and Year 2 of the People Strategy Delivery Plan implemented successfully with committee oversight.
- The PSDP has been reviewed and actions consolidated and 10 paused (agreed with committee in December 2024). A review of those paused has been completed to monitor any impact on strategic risks. The paused actions focus on management training and development, clinical career pathways and apprenticeships, rotational posts and RPA. However, the action to continue to develop and train managers has been clarified and will continue therefore minimising impact. The other actions will be held as paused but will be carried over into future plans under a joint WCHC/WUTH People Team which will address the capacity issues preventing delivery.
- The governance structure in place provides clarity on the groups reporting to the committee.
- The committee contributes to the development of the annual People Strategy Delivery Plan and priorities and receives bi-monthly assurance on implementation.
- The committee receives the Terms of Reference for the groups reporting to it and decision and action logs from each meeting for noting.
- The committee reviews and approves the EDS (workforce domains), WRES and WDES annual reports and associated action plans.
- The committee ensures that processes are in place to systematically and effectively respond to reflective learning from staffing incidents and employee relations cases.
- The committee receives and approves the Trust's workforce plan.
- The FTSU Executive Lead is a member of the committee.

- People Governance structure reviewed during 2023-24 to ensure effective monitoring of workforce and L&OD metrics.
- NHS national staff survey 2023 overall improved position with increased response rate to 60%.
- Quarterly People Pulse Survey process embedded with reporting to PCC and to staff via Get Together
- NHS national staff survey 2004 results under embargo and awaiting release date for March 2025. Initial findings shared with committee (Feb 2025).

#### **System Governance**

- Wirral Place Workforce Group established with CPO as member
- CPO Chair of NHS national community providers COP meeting
- The 100-day plan to address the recommendation from the Wirral Review is being monitored via a weekly Integration Management Team chaired by the Joint CEO.

#### **Monitoring workforce performance**

- The committee receives a workforce report from TIG providing a YTD summary (via SPC charts) of all workforce performance metrics at each meeting.
- The members of the committee have access to the Trust Information Gateway, to monitor workforce performance and to access the Audit Tracker Tool to monitor progress
- Recruitment and Retention Group established
- Recruitment and retention action plan delivered with improved tracking of key metrics
- The committee receives updates on regulatory and legislative compliance including procedural documents

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| <b>ID07 Our people do not feel looked after, their employee experience is poor, and their health and wellbeing is not prioritised</b>  |  | People & Culture Committee oversight  |  |
| Link to 5-Year strategy - Improve the wellbeing of our employees<br>Better employee experience to attract and retain talent  |  |   |  |
| Consequence;<br><ul style="list-style-type: none"> <li>• Low staff morale - increase in sickness absence levels and reduced staff engagement</li> <li>• Poor staff survey results</li> <li>• Poor staff retention</li> <li>• Reputation impact leading to poor health and care outcomes</li> <li>• Increase in staff turnover and recruitment challenges</li> </ul>  |  |   |  |
| <b>Current risk rating (LxC)</b>   |  | <b>Risk appetite</b>  | <b>Target risk rating (LxC)</b>  |
| 2 x 4 (8)  |  | Moderate  | 1 x 4 (4)  |
| <b>Mitigations (i.e., processes in place, controls in place)</b>   | <b>Gaps (Including an identified lead to address the gap and link to relevant action plan)</b>   | <b>Outcomes/Outputs (i.e., proof points that the risk has been mitigated)</b><br>NOTE: ensuring clear alignment of the outcome to the gap it addresses  | <b>Trajectory to mitigate and achieve target risk rating</b>   |
| <ul style="list-style-type: none"> <li>• People Promise Manager appointed and in post.</li> <li>• NHS staff survey 2023 results published with improvements across all areas (significantly improve in 8 of the 9 scores compared to 2022)</li> <li>• NHS staff survey 2024 launching with trust-wide campaign October 2024, including roadmap of achievements over the last 12 months based on survey feedback.</li> <li>• 2023 uptake for national staff survey = 60% (1,047 responses)</li> </ul> | <ul style="list-style-type: none"> <li>• <del>Launch new Flexible Working Policy - Head of HR</del></li> <li>• <del>Embed updated Managing Attendance Policy - Head of HR</del></li> <li>• <del>Review of LQF to identify any gaps in current behavioural statements and develop support materials - Head of L&amp;OD</del></li> <li>• Alignment to ICB cultural tool (in development) to provide targeted support to teams -</li> </ul> | <ul style="list-style-type: none"> <li>• CQC rated GOOD Trust</li> <li>• Staff engagement score in the National Staff Survey (NSS) <math>\geq 7.30</math></li> <li>• NSS uptake <math>\geq 62\%</math></li> <li>• Q23c in NSS "I would recommend my organisation as a place to work" <math>\geq 65.0\%</math></li> <li>• Q24a in NSS "I often think about leaving the organisation" (lower % is better) <math>\leq 27.0\%</math></li> <li>• Improve staff retention <math>\leq 10\%</math> over 12 months.</li> </ul> | <ul style="list-style-type: none"> <li>• Staff engagement score in the National Staff Survey (NSS) <math>\geq 7.30</math> - <b>March 2025</b> (quarterly monitoring via NQPS)</li> <li>• NSS uptake <math>\geq 62\%</math> - <b>March 20245</b> (quarterly monitoring via NQPS)</li> <li>• Q23c in NSS "I would recommend my organisation as a place to work" <math>\geq 65.0\%</math> - <b>March 2025</b> (quarterly monitoring via NQPS)</li> <li>• Q24a in NSS "I often think about leaving the organisation" (lower % is better) <math>\leq 27.0\%</math> - <b>March 2025</b></li> </ul> |

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| <ul style="list-style-type: none"> <li>• NHS staff survey 2024 high-level results available (under embargo) - 51.5% (928 responses) response rate (reduced from 60% in 2023)</li> <li>• Key overview - comparison to 2023 - 1 significantly better, 8 significantly worse, 91 no significant difference.</li> <li>• M09 turnover rate 8.9% (M05 - 9.3%, M07 - 9.1% achieving target for People Delivery Plan Year 3 (<math>\leq 10\%</math>))</li> <li>• People Strategy published with clear alignment to the NHS People Promise and ambition 1 'Looking after our people'.</li> <li>• People Strategy Delivery Plan 2023-24 developed, and progress reviewed bi-monthly by committee reported to committee with agreement in December 2024 to reduce the number of focused actions.</li> <li>• Wellbeing Champions in services across the Trust</li> <li>• Enhanced monitoring and reporting on progress against Trust and locality level staff survey action plans (via PCOG)</li> <li>• Improved monitoring of national quarterly pulse survey (NQPS) via TIG</li> <li>• Team WCHC staff recognition scheme &amp; Staff Awards successfully delivered.</li> <li>• Wellbeing conversation training for managers (281 staff received training to date) and uptake monitored at PCOG.</li> </ul> | <p><b>Head of L&amp;OD - paused pending review</b></p> <ul style="list-style-type: none"> <li>• Design, commission and implement a trust wide team development methodology - <b>Head of L&amp;OD - - paused pending review</b></li> <li>• <del>Launch of behavioural standards framework - <b>Head of L&amp;OD</b></del></li> <li>• <del>Define allyship for all protected characteristics to support staff in being allies - <b>Head of Equity &amp; Inclusion</b></del></li> <li>• <del>Manager Essentials Programme for newly appointed managers - <b>Head of L&amp;OD</b></del></li> <li>• <del>Delivery of People Promise Project to support consistently lower turnover - <b>Deputy Director of HR&amp;OD, People Promise Manager</b></del></li> <li>• <del>Evolution of WCHC Leadership Forum framework - <b>Head of L&amp;OD</b></del></li> <li>• <del>Successfully onboard and integrated new staff from Lancashire 0-19 contract - <b>Deputy Director of HR&amp;OD</b></del></li> <li>• Deliver aims of the Sexual Safety Charter in line with national guidance - <b>Head of</b></li> </ul> | <ul style="list-style-type: none"> <li>• We work flexibly NHS People Promise score in NSS = 6.90</li> <li>• Positive position overall from appraisal audit and recommendations to PCOG.</li> <li>• Positive FFT results at 'very good' or 'good' <math>\geq 92.6\%</math></li> <li>• 'Morale' sub-score in NSS <math>\geq 6.30</math></li> <li>• 'Inclusion' sub-score of 'We are compassionate and inclusive' NHS People Promise score in NSS <math>\geq 7.40</math></li> <li>• 'Compassionate culture' sub-score of 'We are compassionate and inclusive' <math>\geq 7.50</math></li> <li>• Targeted culture interventions 'We are safe and healthy' <math>\geq 6.40</math></li> <li>• Team WCHC values are visible in all people practices (recruitment, appraisal, supervision) and at all levels</li> <li>• Wellbeing conversations achieved according to target in People Strategy Delivery Plan (n=100)</li> <li>• <del>Leadership Quality Framework embedded across the Trust including refreshed Leadership Forum.</del></li> <li>• Behavioural standards framework (BSF) embedded across the Trust</li> </ul> | <ul style="list-style-type: none"> <li>• Improve staff retention <math>\leq 10\%</math> over <u>12 months</u> by <b>March 2025</b></li> <li>• We work flexibly NHS People Promise score in NSS - <math>\geq 6.90</math> - <b>March 2025</b> -</li> <li>• 'Morale' sub-score in NSS <math>\geq 6.30</math> - <b>March 2025</b></li> <li>• 'Inclusion' sub-score of 'We are compassionate and inclusive' NHS People Promise score in NSS <math>\geq 7.40</math> - <b>March 2025</b></li> <li>• 'Compassionate culture' sub-score of 'We are compassionate and inclusive' <math>\geq 7.50</math> - <b>March 2025</b></li> <li>• Launch of behavioural standards framework - <b>Q1, 2024-25 - COMPLETE.</b></li> <li>• Embed the behavioural standards framework - <b>Q4 March 2025</b></li> <li>• <del>Lancashire contract mobilisation - <b>1 October 2024</b></del></li> <li>• Internal communications plan to support 100-day plan - <b>December 2024 - ON-GOING</b></li> </ul> |
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| <ul style="list-style-type: none"> <li>• Wellbeing (including financial wellbeing) information on Staff Zone for all staff.</li> <li>• Wagestream available for all staff</li> <li>• Vivup staff benefits platform launched.</li> <li>• FFT results providing high satisfaction levels from service users (&gt;90%)</li> <li>• Leadership Qualities Framework in place and supporting development of leadership skills (<i>LQF under review to identify any gaps in current behavioural statements</i>)</li> <li>• System Leadership Training for senior leaders</li> <li>• Staff Voice Forum</li> <li>• Agile working principles developed with JUSS and Staff Council</li> <li>• Managers briefings in place and issued to support with the dissemination of key messages (to be enhanced through staff engagement plan)</li> <li>• Senior Leadership Forum and Leadership Forum in place and established across (twice per year).</li> <li>• Annual Festival of Leadership.</li> <li>• Appraisal 2024 completion rate 94.8%</li> <li>• Highest performing community trust in the country for the quality of appraisals (NSS 2023)</li> <li>• Training packages in place via ESR to support managers to undertake effective appraisals.</li> <li>• Freedom To Speak Up Guardian connecting across the Trust.</li> </ul> | <p><b>HR - delayed completion to end of Q4</b></p> <ul style="list-style-type: none"> <li>• <del>Delivery of recruitment and retention plan (refreshed for 2024-25) including objectives relating to positive action for under-represented groups</del> - <b>Deputy Director of HR &amp; OD</b></li> <li>• <del>Design a structure for team-based working in front-line services</del> - <b>Chief Operating Officer</b></li> <li>• Internal communications plan to ensure clear staff messages on 100-day plan implementation - <b>Director of Corporate Affairs</b></li> <li>• Work to be undertaken on organisational change as party of the Wirral Review - <b>Chief People Officer</b></li> <li>• Mitigating the potential impact of the vacancy control processes on staff morale and employee experience - <b>ELT</b></li> <li>• Civility and Respect Policy (replacing Bullying &amp; Harassment Policy) - <b>Deputy Director of HR &amp; OD</b></li> </ul> | <ul style="list-style-type: none"> <li>• Managers confident to support the wellbeing of their staff (PS1) fully and compassionately</li> </ul> |  |
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| <ul style="list-style-type: none"><li>• Organisational-wide recruitment and retention (R&amp;R) group reporting to PCOG</li><li>• R&amp;R group developed Exit Plan to ensure coherent approach.</li><li>• R&amp;R group developed recruitment and retention action plan with improved monitoring of leaver data and improved exit processes. Plan closed following sustained decrease in turnover to below target levels.</li><li>• Reduction in vacancy rates (data on TIG)</li><li>• Refresh and relaunch of MDT preceptorship programme.</li><li>• Shadow board programme delivered for Deputies.</li><li>• Legacy mentor in post</li><li>• HR involvement in PSIRF project</li><li>• Behavioural standards framework launched trust-wide.</li><li>• Leadership events held in October / November 2024 including workshops on 'courageous conversations', 'team wellbeing and resilience' and 'behavioural standards framework'.</li><li>• Community Nursing Development Programme structure in place and Viva Engage app launched (part of MS Teams) to support staff engagement and support during the process</li><li>• Community Nursing Development Programme reviewing spans of control, identified as the main enabler in supporting effective team working</li></ul> |  |  |  |
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| <b>ID08 Our People Inclusion intentions are not delivered; people are not able to thrive as employees of our Trust and the workforce is not representative of our population</b>  |  | People & Culture Committee oversight   |  |
| Link to 5-Year strategy - Improve the wellbeing of our employees<br>Better employee experience to attract and retain talent   |  |  |  |
| Consequence;<br><ul style="list-style-type: none"> <li>Poor outcomes for the people working in the Trust</li> <li>Reduced staff engagement</li> <li>Failure to meet the requirements of the Equality Act 2010</li> <li>Increase in staff turnover and recruitment challenges</li> </ul>   |  |  |  |
| <b>Current risk rating (LxC)</b>  | <b>Risk appetite</b>   | <b>Target risk rating (LxC)</b>  |  |
| 3 x 4 (12)  | Moderate   | 1 x 4 (4)  |  |
| <i>Measures remain under review and in development following committee discussions in August 2024.</i>  |  |  |  |
| <b>Mitigations (i.e., processes in place, controls in place)</b>  | <b>Gaps (Including an identified lead to address the gap and link to relevant action plan)</b>   | <b>Outcomes/Outputs (i.e., proof points that the risk has been mitigated)</b>  | <b>Trajectory to mitigate and achieve target risk rating</b>   |
| <ul style="list-style-type: none"> <li>People Promise Manager appointed and in post.</li> <li><del>NHS staff survey 2023 results published with improvements across all areas (significantly improve in 8 of the 9 scores compared to 2022)</del></li> <li><del>2023 uptake for national staff survey = 60% (1,047 responses)</del></li> <li>NHS staff survey 2024 high-level results available (under embargo) - 51.5% (928 responses) response rate (reduced from 60% in 2023)</li> </ul> | <ul style="list-style-type: none"> <li><del>Achievement of WDES and WRES actions to improve the experience of disabled staff and BAME workforce</del> <b>Deputy HRD/Head of HR/Head of Inclusion - 2023-24 position reported to committee with good progress reported.</b></li> <li>Achievement of new action plans for WDES (5 actions) and WRES (6 actions) 2024-25 -</li> </ul> | <ul style="list-style-type: none"> <li>CQC rated GOOD Trust</li> <li>Achievement of WRES and WDES action plans 2024-25</li> <li>Staff engagement score in the National Staff Survey (NSS) <math>\geq 7.30</math></li> <li>NSS uptake <math>\geq 62\%</math></li> <li>Q23c in NSS "I would recommend my organisation as a place to work" <math>\geq 65.0\%</math></li> <li>Q24a in NSS "I often think about leaving the organisation" (lower % is better) <math>\leq 27.0\%</math></li> </ul> | <ul style="list-style-type: none"> <li>Deliver all actions from the WDES action plan - <b>June 2024</b> - all actions complete with 1 carried over re: promoting lived experiences to increase awareness of disabilities and encourage allyship - <b>End December 2024</b></li> <li>Deliver all actions from WDES action plan 2024-25 - <b>End March 2025</b></li> <li>Deliver all actions from the WRES action plan - <b>June 2024</b> - all</li> </ul> |

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| <ul style="list-style-type: none"> <li>• Key overview - comparison to 2023 - 1 significantly better, 8 significantly worse, 91 no significant difference.</li> <li>• Inclusion and Health Inequalities Strategy published with a commitment to empowering and upskilling our people.</li> <li>• People Strategy published with clear alignment to the NHS People Promise and ambition 1 'Looking after our people'.</li> <li>• Staff network groups established for BAME, LGBTQ, Ability and Carers. New Menopause Network.</li> <li>• Executive sponsorship of all staff networks refreshed and agreed.</li> <li>• Key findings from WRES 2023-24 reported to PCC in August 2024; <ul style="list-style-type: none"> <li>- The number of BME staff has increased from 4.1% to 4.4%.</li> <li>- The likelihood of being shortlisted has improved.</li> <li>- No BME staff entered formal disciplinary process (an improvement on the previous year)</li> <li>- BME respondents to the staff survey increased to 47 (from 32 in the previous year)</li> </ul> </li> <li>• Priority actions for WRES 2024-25 agreed and included in action plan - <i>see gaps</i>.</li> <li>• Staff Voice Forum</li> <li>• Leadership Qualities Framework in place and supporting development of leadership skills</li> </ul> | <p><b>Head of HR/ Head of Equity &amp; Inclusion</b></p> <ul style="list-style-type: none"> <li>• <del>Raise awareness of reasonable adjustments, sharing lived experiences, increasing declaration rates and membership of the Ability network</del> <b>Head of HR/Head of Equity &amp; Inclusion</b> - included in WDES action plan 2024-25.</li> <li>• Define allyship for all protected characteristics to support staff in being allies - <b>Head of Equity &amp; Inclusion</b></li> <li>• Allyship support between directors and disabled staff - <b>Head of HR/ Head of Inclusion</b></li> <li>• Involvement in widening participation initiatives and share lived experiences to encourage BAME applicants to the Trust - <b>Head of HR/ Head of Equity &amp; Inclusion/ Widening Participation Lead</b> PSDP action paused pending review of collaborative working opportunities with WUTH</li> <li>• Increased diversity at senior roles in the trust and at Trust Board - <b>Chief People Officer</b></li> </ul> | <ul style="list-style-type: none"> <li>• Improve staff retention <math>\leq 10\%</math> over 12 months.</li> <li>• We work flexibly NHS People Promise score in NSS = 6.90</li> <li>• Positive position overall from appraisal audit and recommendations to PCOG.</li> <li>• Positive FFT results at 'very good' or 'good' <math>\geq 92.6\%</math></li> <li>• 'Morale' sub-score in NSS <math>\geq 6.30</math></li> <li>• 'Inclusion' sub-score of 'We are compassionate and inclusive' NHS People Promise score in NSS <math>\geq 7.40</math></li> <li>• 'Compassionate culture' sub-score of 'We are compassionate and inclusive' <math>\geq 7.50</math></li> <li>• Targeted culture interventions 'We are safe and healthy' <math>\geq 6.40</math></li> <li>• Improved staff experience for disabled staff (WDES)</li> <li>• Increased numbers of people joining the organisation from currently underrepresented groups including those from Core20Plus5 communities</li> <li>• Development of multiple career pathways</li> <li>• Launch of cultural awareness training for managers and staff - <i>to be carried over to 2025-26</i></li> </ul> | <p>actions complete with 1 carried over re: cultural awareness training for recruiting managers - <i>to be carried over to 2025-26</i></p> <ul style="list-style-type: none"> <li>• Deliver all actions from WRES action plan 2024-25 - <b>End April 2025</b></li> <li>• Increased diversity at senior roles in the trust - <b>this is an action in Year 3 People Strategy Delivery Plan.</b></li> <li>• <del>Associate NED role(s) to be recruited to</del> <b>Q4,23-24</b> - <b>COMPLETE.</b></li> <li>• <del>Development of pre-employment programmes</del> <b>September 2023 November 2023</b> March 2024 (as amended in delivery plan) <b>this is an action in Year 3 People Strategy Delivery Plan.</b></li> <li>• Implement the WCHC approach to Widening Participation (including work experience, pre-employment and engagement with FE and schools) - <b>January 2025</b> (Risk ID3078 re: widening participation capacity)</li> <li>• Staff engagement score in the National Staff Survey (NSS) <math>\geq 7.30</math> - <b>March 2025</b> (quarterly monitoring via NQPS)</li> </ul> |
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| <ul style="list-style-type: none"> <li>• WRES and EDS completion with oversight at PCC</li> <li>• Trust adopting/adapting NorthWest BAME Assembly anti-racist statement (to Board of Directors in October 2024)</li> <li>• Board development session on anti-racism commenced (in two parts) with BRAP</li> <li>• BAME staff network chair involved in appointment process for Associate NED</li> <li>• Gender pay gap report to PCC</li> <li>• Wellbeing Champions in services across the Trust</li> <li>• Inclusion Champions in services across the Trust</li> <li>• Key findings from WDES 2023-24 reported to PCC in August 2024; <ul style="list-style-type: none"> <li>- Increase in the percentage of the workforce stating they have a disability which is now 7.26%, up from 6.2% last year.</li> <li>- Respondents to the staff survey increased to 307 (from 251 in the previous year).</li> <li>- No disabled staff entered formal capability processes.</li> <li>- Differential between the number of staff disclosing a disability on ESR v's those who state it in the Staff Survey (positive progress continues to be made).</li> <li>- Likelihood of being appointed has deteriorated.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Further develop staff networks as active partners in decision making processes - <b>Head of HR</b></li> <li>• <del>Targeted recruitment for entry level roles/ career pathways, in areas of high deprivation according to CORE20Plus5</del></li> <li>• <b>Head of L&amp;OD</b></li> <li>• Further data analysis of community demographics linked to widening participation workstreams (to support targeted recruitment for entry level roles) - <b>Head of L&amp;OD/ Widening Participation</b><br/><i>PSDP action paused pending review of collaborative working opportunities with WUTH</i></li> <li>• <del>Development of pre-employment programmes as part of Trust Widening Participation approach</del> - <b>Head of L&amp;OD/ Widening Participation Lead</b></li> <li>• Implement the WCHC approach to Widening Participation (<i>incorporating Work Experience, pre-employment programmes and an engagement programme with schools and FE providers</i>)<br/><i>PSDP action paused pending</i></li> </ul> | <ul style="list-style-type: none"> <li>• Targets are set and monitored to ensure workforce is more representative of the local community at all levels</li> <li>• Behavioural standards framework (BSF) embedded across the Trust</li> </ul> | <ul style="list-style-type: none"> <li>• NSS uptake <math>\geq 62\%</math> - <b>March 2025</b> (quarterly monitoring via NQPS)</li> <li>• Q23c in NSS "<i>I would recommend my organisation as a place to work</i>" <math>\geq 65.0\%</math> - <b>March 2025</b> (quarterly monitoring via NQPS)</li> <li>• Q24a in NSS "<i>I often think about leaving the organisation</i>" (lower % is better) <math>\leq 27.0\%</math> - <b>March 2025</b></li> <li>• Improve staff retention <math>\leq 10\%</math> over 12 months by <b>March 2025</b> -</li> <li>• We work flexibly NHS People Promise score in NSS - <math>\geq 6.90</math> - <b>March 2025</b> -</li> <li>• 'Morale' sub-score in NSS <math>\geq 6.30</math> - <b>March 2025</b></li> <li>• 'Inclusion' sub-score of 'We are compassionate and inclusive' NHS People Promise score in NSS <math>\geq 7.40</math> - <b>March 2025</b></li> <li>• 'Compassionate culture' sub-score of 'We are compassionate and inclusive' <math>\geq 7.50</math> - <b>March 2025</b></li> </ul> |
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| <ul style="list-style-type: none"> <li>- Staff experience is worse than the experience for non-disabled staff (which mirrors the national data from 2023 survey).</li> <li>• Representatives of BAME staff network supporting the development of more inclusive recruitment practices.</li> <li>• Organisational-wide recruitment and retention (R&amp;R) group reporting to PCOG</li> <li>• R&amp;R group developed Exit Plan to ensure coherent approach</li> <li>• R&amp;R group developed recruitment and retention action plan with improved monitoring of leaver data and improved exit processes. Plan closed following sustained decrease in turnover to below target levels.</li> <li>• NHS Rainbow Pin Badge scheme - achieved bronze status</li> <li>• Armed Forces Covenant community inclusion initiatives - covenant signed, silver DERS achieved and VCHA accreditation achieved</li> <li>• E-Learning sourced to support Armed Forces Community inclusion</li> <li>• Recruitment and Retention Policy includes positive action in respect of increasing diversity at senior roles (8a and above).</li> <li>• Legacy mentor in post</li> <li><del>• Widening participation lead in post</del></li> </ul> | <p><i>review of collaborative working opportunities with WUTH</i></p> <ul style="list-style-type: none"> <li><del>• Delivery of recruitment and retention plan (refreshed for 2024-25) including objectives relating to positive action for under-represented groups – <b>Deputy Director of HR &amp; OD</b></del></li> <li><del>• Successfully onboard and integrated new staff from Lancashire 0-19 contract – <b>Deputy Director of HR&amp;OD</b></del></li> <li>• Introduce the cultural awareness training for recruiting managers - <b>Head of HR / Head of Equity &amp; Diversity</b></li> <li>• Reduce NULL/Unknown ethnicity status on ESR - <b>Head of HR</b></li> <li>• BAME staff network members to support review of bullying and harassment policy - civility and respect approach - <b>Head of HR</b></li> <li>• BAME network to be included in the review of the Trust’s disciplinary policy - <b>Head of HR</b></li> <li>• Maintaining equal opportunities in relation to career progression for BME workforce - <b>Head of HR</b></li> </ul> |  |  |
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| <ul style="list-style-type: none"> <li>• Chief executives, chairs and board members have specific and measurable EDI objectives to which they are individually and collectively accountable (6 high impact actions for EDI)</li> <li>• Behavioural standards framework launched trust-wide</li> <li>• EDS 2024 completed (jointly with WUTH) with Board approval in February 2025</li> <li>• Overall attainment level = <b>Achieving</b></li> <li>• Progress made on last year’s identified EDS actions include; <ul style="list-style-type: none"> <li>- <i>Increased engagement with key stakeholders from marginalised groups (Sexual Health working with Wirral Council on the All-Age Disability Strategy)</i></li> <li>- <i>limproved awareness for patients and carers accessing our services (0-19 Neurodevelopment team with Wirral Multicultural Organisation)</i></li> <li>- <i>Revised Quality and Equality Impact Assessment process</i></li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Analyse incidents in relation to incidents of racial harassment reported by staff - <b>Head of HR</b></li> <li>• Promote lived experiences to increase awareness of disabilities and encourage allyship - <b>Head of HR / Head of Equity &amp; Inclusion</b></li> <li>• Ability staff network members to support review of bullying and harassment policy - civility and respect approach - <b>Head of HR</b></li> <li>• Promote access to work process - <b>Head of HR</b></li> <li>• Increase declaration rates on ESR - <b>Head of HR</b></li> </ul> |  |  |
|--|--|--|--|

|  |                                      |
|--|--------------------------------------|
| <b>ID10 - We are not able to attract, grow and develop our talent sufficiently to ensure the right numbers of engaged, motivated and skilled staff to meet activity and operational demand levels.</b> | People & Culture Committee oversight |
|--|--------------------------------------|

Link to 5-Year strategy - Grow, develop and realise employee potential  
 Better employee experience to attract and retain talent  
 Link to PDAF - The Wirral health and care system is unable to recruit, develop and retain staff to create a diverse health and care workforce with the skills and experience required to deliver the strategic objectives (RR12).

Consequence;

- Poor outcomes for the people working in the Trust
- Reduced staff engagement
- Increase in staff turnover and recruitment challenges

|                                  |                      |                                 |
|----------------------------------|----------------------|---------------------------------|
| <b>Current risk rating (LxC)</b> | <b>Risk appetite</b> | <b>Target risk rating (LxC)</b> |
| 2 x 4 (8)                        | Open                 | 1 x 4 (4)                       |

*Measures remain under review and in development following committee discussions in August 2024.*

| <b>Mitigations (i.e., processes in place, controls in place)</b>  | <b>Gaps (Including an identified lead to address the gap and link to relevant action plan)</b>  | <b>Outcomes/Outputs (i.e., proof points that the risk has been mitigated)</b>  | <b>Trajectory to mitigate and achieve target risk rating</b>   |
|---|---|--|--|
| <ul style="list-style-type: none"> <li>• People Promise Manager appointed and in post.</li> <li>• CQC rated GOOD Trust</li> <li>• M09 turnover rate 8.9% (M05 - 9.3%, M07 - 9.1% achieving target for People Delivery Plan Year 3 (≤10%))</li> <li>• Agency use reduced and below the cap</li> <li>• Positive student experience and methods of fast-track recruitment</li> <li>• Time to recruit new staff monitored via PCOG and improving</li> </ul> | <ul style="list-style-type: none"> <li>• <del>Launch new Flexible Working Policy – Head of HR</del></li> <li>• <del>Delivery of recruitment and retention plan (refreshed for 2024-25) including objectives relating to positive action for under-represented groups – Deputy Director of HR &amp; OD</del></li> <li>• <del>Not currently recruiting sufficiently from deprived areas – Chief People Officer</del></li> </ul> | <p>NOTE: ensuring clear alignment of the outcome to the gap it addresses</p> <ul style="list-style-type: none"> <li>• Achieve target rate for turnover</li> <li>• Optimisation of bank and agency use</li> <li>• Staff engagement score in the National Staff Survey (NSS) ≥ 7.30</li> <li>• NSS uptake ≥ 62%</li> <li>• Reduced vacancy rate</li> <li>• Reduced sickness absence</li> <li>• Launch of clinical career pathways</li> <li>• We work flexibly NHS People Promise score in NSS = 6.7</li> </ul> | <ul style="list-style-type: none"> <li>• Launch of clinical career pathways - <del>September 2024</del> <b>December 2024</b></li> <li>- <i>PSDP action paused pending review of collaborative working opportunities with WUTH</i></li> <li>• Trust turnover rate ≤10% <u>average over 12 months</u> - <b>March 2025</b></li> <li>• Staff engagement score in the National Staff Survey (NSS) ≥ 7.30 - <b>March 2025</b></li> <li>• NSS uptake ≥ 62% - <b>March 2025</b> (quarterly monitoring via NQPS)</li> </ul> |

|  |  |  |   |
|--|--|--|---|
| <ul style="list-style-type: none"> <li>• Apprenticeship plan in progress (task &amp; finish group established) - 'grow our own' - clinical career pathways</li> <li>• Social value metrics related to recruitment agreed</li> <li>• Widening participation lead in post</li> <li>• Behavioural standards framework (BSF) launched at Leadership Forum (April 2024)</li> <li>• Proactive work with HE, Proactive recruitment of Y3 nursing and therapy students.</li> </ul> | <p>this is an action in Year 3<br/>People Strategy Delivery Plan</p> <ul style="list-style-type: none"> <li>• <del>Not currently using the right proportion of apprenticeship levy for entry level roles - Chief People Officer / Head of L&amp;OD</del></li> </ul> <p>this is an action in Year 3<br/>People Strategy Delivery Plan</p> <ul style="list-style-type: none"> <li>• Further embed clinical apprenticeships within 'grow our own' pathways and increase the number of entry-level apprenticeships - <b>Head of L&amp;OD - PSDP action paused pending review of collaborative working opportunities with WUTH</b></li> <li>• Consider the impact of smaller services on workforce resilience - <b>Deputy Director of HR&amp;OD</b></li> <li>• <del>Successfully onboard and integrated new staff from Lancashire 0-19 contract - Deputy Director of HR&amp;OD</del></li> </ul> | <ul style="list-style-type: none"> <li>• Behavioural standards framework (BSF) embedded across the Trust</li> <li>• Student evaluations, rotational posts working with system partners - <i>paused pending review</i></li> </ul> | <ul style="list-style-type: none"> <li>• We work flexibly NHS People Promise score in NSS = <math>\geq 6.90</math> - <b>March 2025</b></li> <li>• Launch of behavioural standards framework - <b>Q1, 2024-25 - COMPLETE.</b></li> <li>• Embed the behavioural standards framework - <b>Q4 March 2025</b></li> <li>• <del>Lancashire contract mobilisation - 1 October 2024</del></li> <li>• % of apprenticeship levy used for entry level roles (L2 and L3) Year 3 target 2024-25 <math>\geq 5\%</math></li> <li>• % of workforce on an apprenticeship programme Year 3 target 2024-25 <math>\geq 5\%</math> - <i>PSDP action paused pending review of collaborative working opportunities with WUTH</i></li> </ul> |
|--|--|--|---|

## Board Assurance Framework 2024-25

### Strategic risks with oversight at Board of Directors

|   |  |  |  |
|---|--|--|--|
| <b>ID11 Failure to achieve the Trust’s 5-year strategy due to the absence of effective partnership working resulting in damaged external relations, failure to deliver the financial plan 24-25 and the recommendations from the Wirral Review, with poorer outcomes for patients and a threat to service sustainability.</b>   |  | Board of Directors oversight   |  |
| Link to 5-year strategy - Make most efficient use of resources and ensure value for money   |  |  |  |
| Consequence; <ul style="list-style-type: none"> <li>• Poor external relations</li> <li>• Non-delivery of the financial plan 2024-25</li> <li>• Poor experience of care resulting in deterioration and poor health and care outcomes</li> <li>• Non-compliance with regulatory standards and conditions</li> <li>• Widening of health inequalities</li> </ul>  |  |  |  |
| Alignment to PDAF risks;<br><b>PDAF 1 - Service Delivery</b> Wirral system partners are unable to deliver the priority programmes within the Wirral Health and Care Plan which will result in poorer outcomes and greater inequalities for our population - (RR8)/at target.<br><b>PDAF 7 - Unscheduled Care</b> There is a risk that a lack of Urgent and Emergency Care capacity and restricted flow across all sectors in Wirral (primary care, community, mental health, acute hospitals and social care) results in patient harm and poor patient experience - (RR20).<br><b>PDAF 3 - Collaboration</b> Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare - (RR6) |  |  |  |
| <b>Current risk rating (LxC)</b>  | <b>Risk appetite</b>   | <b>Target risk rating (LxC)</b>  |  |
| 2 x 4 (8)   | Moderate   | 1 x 4 (4)  |  |
| <b>Mitigations (i.e., processes in place, controls in place)</b>  | <b>Gaps (Including an identified lead to address the gap and link to relevant action plan)</b>                                       | <b>Outcomes/Outputs (i.e., proof points that the risk has been mitigated)</b>  | <b>Trajectory to mitigate and achieve target risk rating</b>   |
| <ul style="list-style-type: none"> <li>- Shared leadership model implemented</li> <li>- Progress against all workstreams in the 100-day plan reported to Boards and CoGs</li> </ul>   | <ul style="list-style-type: none"> <li>- Partnership Agreement in development and IMB (Joint Committee) to be established</li> </ul> | <ul style="list-style-type: none"> <li>- Improved clinical pathways and service integration.</li> <li>- Improved patient experience and outcomes for patients</li> </ul> | <ul style="list-style-type: none"> <li>- Partnership Agreement between WCHC and WUTH to be executed - <b>March 2025</b></li> </ul> |

|  |  |   |  |
|--|--|---|--|
| <ul style="list-style-type: none"> <li>- Bi-weekly Integration Management Team meetings established with both Exec teams to review progress on 100-day plan</li> <li>- Wirral System Review phase two completed with all 17 recommendations accepted by WCHC and WUTH Board of Directors and the ICB</li> <li>- Trust actively participating in the Wirral Review (CEO &amp; Chair members of the Steering Group)</li> <li>- Trust COO deployed on secondment to WUTH as Director of Integration &amp; Partnerships to support opportunities for improved integration and collaboration.</li> <li>- Internal and external communications plans agreed</li> </ul> | <p>with effect from 1 April 2025 - <b>Director of Corporate Affairs</b></p> <ul style="list-style-type: none"> <li>- Establishment of Wirral Provider Collaborative - <b>Director of Corporate Affairs/Chief Strategy Officer</b></li> <li>- Review of strategic priorities to ensure alignment with partners - <b>CEO/CSO</b></li> <li><del>Completion of the Wirral Review and agreed recommendations/ opportunities with partners - <b>CEO/ICB</b></del></li> <li><del>Clarity on formal mechanism to support partnership working - <b>CEO/Director of Corporate Affairs</b></del></li> <li><del>Exec to Exec meeting with WUTH - <b>CEO</b></del></li> <li><del>Board to Board meeting with WUTH - <b>Chair</b></del></li> </ul> | <p>(measured by admission avoidance and discharge)</p> <ul style="list-style-type: none"> <li>- Agreement of recommendations between ICB and all provider partners</li> <li>- Agreement of the delivery plan and timescale for the implementation of recommendations</li> <li>- Agreement on formal mechanism to ensure delivery of partnership working with partners.</li> </ul> | <ul style="list-style-type: none"> <li>- <b>(Joint Committee) Integration Management Board to be established - April 2025</b></li> <li><del>Exec to Exec meeting with WUTH - Interim CEO - <b>September 2024 - COMPLETE</b></del></li> <li><del>Board to Board with WUTH - Chair - <b>Q3, 24-25 - COMPLETE</b></del></li> <li><del>Phase two findings of Wirral Review - ICB - <b>September 2024 - COMPLETE and recommendations accepted.</b></del></li> <li><del>Appointments of Joint Chair and Joint CEO - <b>by end of 2024 - COMPLETE</b></del></li> <li>- Establishment of Integrated Programme Board - <b>by end of 2024 (see above)</b></li> <li>- Completion of all 17 recommendations in the review report - <b>2024-25</b></li> </ul> |
|--|--|---|--|



# Assurance Framework

## Assignment Report 2024/25 (Final)

Wirral Community Health and Care NHS Foundation Trust

133WIRRCFT\_2425\_001



# Contents

## 1 Executive Summary

## 2 Detailed Assessment and Management Action

**Appendix A: Engagement Scope**

**Appendix B: Report Distribution**

MIAA would like to thank all staff for their co-operation and assistance in completing this review.

This report has been prepared as commissioned by the organisation and is for your sole use. If you have any queries regarding this review, please contact the Engagement Manager. To discuss any other issues then please contact the Director.

## 1 Executive Summary

**Overall Audit Objective:** The overall objective was to assess the approach to which the organisation has maintained and uses the AF to support the overall assessment of governance, risk management and internal control.

This report provides assessment of the following sub objectives:

- The organisation clearly defines its strategic plan objectives regularly, and they are aligned with current NHS England's objectives and priorities;
- The organisation has a well-defined governance and assurance structure that align to the NHS England well-led assurance framework;
- The structure of the Board Assurance Framework meets NHS requirements;
- Reporting, challenge and scrutiny arrangements are in place for AF, which provide relevant quality information;
- There is ownership of the AF and engagement by the Board and Audit Committee, which continuously review and update the AF.
- The organisation has oversight of strategic objectives and associated risks;
- The organisation has a defined risk appetite, which is embedded in the AF and used by management to make informed decisions;
- There is ongoing review of risks associated with the organisation's strategic objectives, ensuring there are controls and actions in place to mitigate risks, and that gaps in controls are identified and addressed;
- Risk reporting is embedded in the AF, ensuring there is ownership, discussion, review and update, and that risk management is supported across the Board and Committees.

## Opinion

|                            |   |
|----------------------------|---|
| <b>Structure</b>           | <b>The organisation's AF is structured to meet NHS requirements.</b>  |
| <b>Processes</b>           | <b>Process in place to update the AF were robust.</b>   |
| <b>Risk Appetite</b>       | <b>The organisation considers risk appetite regularly and the risk appetite is used to inform the management of the AF.</b> |
| <b>Engagement</b>          | <b>The AF is visibly used by the organisation.</b>  |
| <b>Quality Alignment</b> & | <b>The AF clearly reflects the risks discussed by the Board.</b>  |

Scope Limitation: The review focused on the elements described above and therefore did not include review / confirmation of the controls or actual assurances received.

## 2 Detailed Assessment and Management Action

| Area Assessed  | Conclusion   | Wider Commentary  |
|--|--|---|
| <p><b>The organisation clearly defines its strategic plan objectives regularly, and they are aligned with current NHS England's objectives and priorities.</b></p> | <p>The organisation's strategic plan objectives were defined. The strategic objectives were subject to review and update.</p> <p>Regular review of the organisation's strategic objectives was evidenced within reviewed documentation.</p> <p>The organisation's strategic objectives were aligned with current NHS England's priorities.</p> | <p>The 5-year Organisational Strategy (2022-2027) was approved by the Board of Directors in 2022. The strategy was reviewed and a revised version (with some changes to the "We Will" statements) was approved by the Board of Directors in April 2023. A progress report against delivery of the 5-year strategy was provided to the Board of Directors in April 2024.</p> <p>A review of the Trust's strategic objectives highlighted they were aligned with current NHS England's priorities. For example, the People Strategy is aligned to the NHS People Plan and NHS People Promise.</p> |
| <p><b>The structure of the Board Assurance Framework meets NHS requirements.</b></p>   | <p>The structure of the AF does meet the NHS requirements. The objectives within the AF do align with those in the strategic plan. There was correlation between the 3 lines of assurance. The organisation's AF does include reference to the movement of risks /</p>   | <p>The organisation's Assurance Framework (AF) includes scoring for current and target risk ratings (included on both the summary AF and the detailed AF). Initial risk scores have been included on the summary AF.</p> <p>The AF includes consideration of risk appetite.</p>   |

| Area Assessed  | Conclusion  | Wider Commentary   |
|--|---|--|
|  | <p>risk profile. The AF includes actions to address gaps.</p>   | <p>The organisation’s AF does provide updates of progress against actions. A review of the gaps and “trajectory to mitigate and achieve risk rating” columns of the detailed AF identified that a responsible lead and implementation due dates/deadlines have been allocated to the actions.</p>  |
| <p><b>There is ownership and engagement of the AF by the Board and Audit Committee, which continuously review and update the AF.</b></p> | <p>The Board and Audit Committee were engaged with the AF. There was clear ownership of the AF by the Board and Audit Committee, which seemed to have robust processes to identify emerging risks and capture them within the AF.</p> | <p>The AF was presented to the Board of Directors in the following months:</p> <ul style="list-style-type: none"> <li>• April 2024;</li> <li>• June 2024;</li> <li>• August 2024;</li> <li>• October 2024;</li> <li>• December 2024 (as per meeting papers).</li> </ul> <p>Examples of Board discussion of the AF included:</p> <ul style="list-style-type: none"> <li>• August 2024 – It was noted that a new risk (ID11) had been aligned to the Board of Directors for oversight during the financial year. The risk</li> </ul> |

| Area Assessed   | Conclusion   | Wider Commentary   |
|---|--|--|
|   |  | <p>related to partnership working to achieve organisational strategy.</p> <ul style="list-style-type: none"> <li>• December 2024 - The Board considered the current risk rating for ID06 and agreed that this remained a risk rating of 8 (2x4) therefore achieving the target risk rating recognising the sustained performance across the Trust services. The Board agreed that this position would be kept under review for the remainder of the financial year.</li> </ul> <p>The AF was presented to the Audit Committee in the following months:</p> <ul style="list-style-type: none"> <li>• June 2024;</li> <li>• July 2024;</li> <li>• October 2024 (as per meeting papers).</li> </ul> |
| <p><b>Reporting, challenge and scrutiny arrangements are in place for AF, which provide relevant quality information.</b></p> | <p>Governance, reporting and scrutiny arrangements surrounding the AF were</p> | <p>The current governance and reporting arrangements surrounding the AF were</p>   |

| Area Assessed  | Conclusion   | Wider Commentary  |
|--|--|---|
|  | <p>clearly defined, arrangements were not deemed to require review and update.</p> <p>The organisation received relevant and quality information to review and update in relation to the AF.</p>   | <p>clearly detailed (in agreed terms of reference for the committees).</p> <p>The Trust received relevant and quality information to review and update in relation to the AF.</p> <p>Example of Board discussion of the AF included:</p> <ul style="list-style-type: none"> <li>• June 2024 – The Board of Directors reviewed the risk description for ID06 with a focus on operational performance.</li> <li>• August 2024 – The Board of Directors approved the new strategic risk in relation to ID11 (partnership working) and that the risk will have oversight by the Board of Directors only.</li> </ul> |
| <p><b>The organisation has a defined risk appetite, which is embedded in the AF and used by management to make informed decisions.</b></p> | <p>The organisations risk appetite was clearly defined and communicated. Board minutes did demonstrate review of the risk appetite. The risk appetite had been updated and re-agreed within the period under review. The AF risks are clearly linked</p> | <p>We were informed that the risk appetites for each of the risks within the BAF were considered by each of the Committees as part of the strategic risk review at the start of the financial year. It was confirmed that a review of the strategic risks on the BAF for</p>  |

| Area Assessed   | Conclusion  | Wider Commentary   |
|---|---|--|
|   | <p>to a strategic objective. The risk appetite is detailed for each risk. Risk responses are reflective of the corresponding risk appetite.</p>   | <p>2024/25 was undertaken as part of the Informal Board session in May 2024. As part of this meeting the Board also considered the risks articulated within the Wirral Place Delivery Assurance Framework and alignment with the Trust’s strategic risks.</p> <p>The risk appetite had been reviewed for system risks that are the same or similar to partnering Trusts / organisations in the context of shared objectives.</p> <p>Risk responses are reflective of the corresponding risk appetite. No risk has a target risk rating of more than 8, and 4 of the 8 have a risk appetite of “averse” or “cautious”. For the remaining 4 risks, the Trust is willing to accept more risk, however, believe that they can achieve a target risk rating of 4.</p> |
| <p><b>There is ongoing review of risks associated with the organisation's strategic objectives, ensuring there are controls and actions in place to mitigate risks, and that gaps in controls are identified and addressed.</b></p> | <p>The organisation completed risk mapping exercises between controls, assurance and any gaps within the AF. External environment and systems risks were considered when undertaking mapping exercises and reflected in the AF. The risks</p> | <p>The AF includes a wide range of risks reflective of the NHS and external environment, for example:</p>  |



| Area Assessed | Conclusion   | Wider Commentary  |
|---------------|--|---|
|               | <p>within the AF were visible on the Board agenda. Risks identified by the Board were reflected in the AF. Assurances were clearly identified. Controls were clearly defined. Gaps were clearly identified and mitigating actions were in place.</p> | <p>ID01 – Failure to deliver services safely and responsively to inclusively meet the needs of the population.</p> <p>ID04 – Failure to deliver the Trust’s agreed financial plan for 2024-25 has an impact on future monitoring and regulation and on Place performance.</p> <p>ID06 – Trust operational performance declines resulting in poorer outcomes and greater inequalities for our population.</p> <p>System risks are clearly articulated and consider Trust and system wide position (set out in controls, gaps in controls and assurances).</p> <p>There was evidence of the Board connecting risks in papers and discussions to the AF, examples includes:</p> <ul style="list-style-type: none"> <li>• August 2024 - As part of the Workforce Dashboard, it was reported that there had been improvement in relation to performance metrics which linked to AF risk reference ID07.</li> </ul> |

| Area Assessed  | Conclusion   | Wider Commentary  |
|--|--|---|
|  |  | <ul style="list-style-type: none"> <li>October 2024 - The Annual Health Inequalities and Inclusion report included a set of priorities for 2024/25 which linked to AF risk reference ID01.</li> </ul> <p>The assurances detailed within the AF were clear in terms of reference, frequency and reporting routes to the Board.</p>   |
| <p><b>Risk reporting is embedded in the AF, ensuring there is ownership, discussion, review and update, and that risk management is supported across the Board and Committees.</b></p> | <p>The AF was regularly presented to the Board. Board minutes clearly demonstrate discussion and update of the AF. The AF was regularly presented to relevant committees.</p> <p>Committee minutes received by the Board demonstrated the use of AF by the relevant committees. Risks and actions associated with the AF were updated, and had accountable officers.</p> | <p>The AF was presented to Committees / Sub-Committees in the following months:</p> <ul style="list-style-type: none"> <li>Quality and Safety Committee – May 2024, July 2024, September 2024, and November 2024.</li> <li>Finance and Performance Committee – April 2024, June 2024, August 2024, October 2024 and December 2024.</li> <li>People and Culture Committee – May 2024, June 2024, August 2024, October 2024 and December 2024.</li> </ul> <p>Examples of Sub-Committee consideration of the AF include:</p> |

| Area Assessed | Conclusion | Wider Commentary  |
|---------------|------------|---|
|               |            | <p><u>Quality and Safety Committee</u></p> <ul style="list-style-type: none"> <li>September 2024 – The Committee considered the Wirral Place Delivery Assurance Framework (PDAF) which included seven risks. This had last been reviewed in July 2024. It was noted that in relation to Under Children and Young People (PDAF2), the Trust had active involvement in system-wide preparation for re-inspection of SEND services. The risk scoring had increased to 16 from 12.</li> </ul> <p><u>Finance and Performance Committee</u></p> <ul style="list-style-type: none"> <li>October 2024 - The Committee considered AF risk reference ID04. The Committee agreed to revisit the scoring of ID04 in relation to the operational and system risks (ID3033 and ID3029) and the reduction in rating to Wirral PDAF from 20 to 12.</li> </ul> |

| Area Assessed | Conclusion | Wider Commentary  |
|---------------|------------|---|
|               |            | <p><u>People and Culture Committee</u></p> <ul style="list-style-type: none"><li>• October 2024 – AF risk reference ID08 was discussed (Inclusion Intentions) which was the highest rated risk of the People and Culture Committee. Committee members considered if the risk was in a position to be reviewed in terms of likelihood. Committee members decided to keep the likelihood rating the same whilst the work was ongoing.</li></ul> |

Action Plan:

| No | Requirement  | Recommendation  | Management Response /<br>Responsibility for Action / Date   |
|----|--|---|---|
| 1. | <p><b><u>Risk Appetite</u></b> -</p> <p>The organisation has a defined risk appetite, which is embedded in the AF and used by management to make informed decisions.</p> | <p>The Trust should ensure that the formal review of the risk appetite for each of the risks within the BAF is documented within the minutes of the Committees and Board of Directors meetings.</p> | <p>Management Response: The annual review of the strategic risks, including the risk appetite takes place at the beginning of the financial year. This review will be formally noted in the committee minutes and the Board minutes.</p> <p>Responsible Officer: Head of Corporate Governance</p> <p>Implementation Date: June 2025</p> |

## Appendix A: Engagement Scope

### Scope

The overall objective was to assess the approach to which the organisation has maintained and uses the AF to support the overall assessment of governance, risk management and internal control.

### Scope Limitations

**Limitation to Scope: The review focused on the elements described above and therefore did not include review/ confirmation of the controls or actual assurances received.**

### Limitations

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Whilst every care has been taken to ensure that the information in this report is as accurate as possible, based on the information provided and documentation reviewed, no complete guarantee or warranty can be given with regards to the advice and information contained herein. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Effective and timely implementation of

our recommendations by management is important for the maintenance of a reliable internal control system.

## Appendix B: Report Distribution

| Name          | Title                         |
|---------------|-------------------------------|
| Alison Hughes | Director of Corporate Affairs |
| Mark Greatrex | Chief Finance Officer         |
| Karen Lees    | Head of Corporate Governance  |



**Angharad Ellis**

Deputy Regional Assurance Director  
Tel: 07469378328  
Email: Ann.Ellis@miaa.nhs.uk

**Clare Raymond**

Delivery Manager  
Tel: 07552261246  
Email: Clare.Raymond@miaa.nhs.uk

**Andrew McKenzie**

Principal Auditor  
Tel: 07554334609  
Email: Andrew.McKenzie@miaa.nhs.uk

**imitations**

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**Public Sector Internal Audit Standards**

Our work was completed in accordance with Public Sector Internal Audit Standards and conforms with the International Standards for the Professional Practice of Internal Auditing.



| <b>Foundation Trust Constitution - review</b>   |   |   |    |
|---|---|---|----|
| <b>Meeting Title</b>  | Board of Directors                                    |   |    |
| <b>Date</b>   | 19/02/2025  | <b>Agenda Item</b>                        | 12 |
| <b>Lead Director</b>  | Alison Hughes, Director of Corporate Affairs          |   |    |
| <b>Author(s)</b>  | Karen Lees, Head of Corporate Governance              |   |    |
| <b>Action required</b> (please select the appropriate box)  |   |   |    |
| <b>To Approve</b> <input checked="" type="checkbox"/>   | <b>To Discuss</b> <input checked="" type="checkbox"/> | <b>To Assure</b> <input type="checkbox"/> |    |
| <b>Purpose</b>  |   |   |    |
| <p>The Trust's Foundation Trust (FT) Constitution has been updated to reflect the partnership working arrangements that a Foundation Trust can put in place under the Health &amp; Care Act 2006 and updated in the Health &amp; Social Care Act 2012 and the Health &amp; Care Act 2022. The Constitution has also been updated with further details in the Executive Summary.</p> <p>The Council of Governors received and approved the updated FT Constitution at a formal meeting on 12 February 2025. The Board of Directors is also asked to review and ratify the revised FT Constitution.</p>   |   |   |    |
| <b>Executive Summary</b>  |   |   |    |
| <p>The Trust adopted the FT Constitution in 2016 when it became a Foundation Trust. The Constitution is based on a national template, and the section on Governor elections is the national model election rules (2014) which remain current.</p> <p>The FT Constitution also includes the powers the Trust has, membership and constituencies, the arrangements for constitution of, and the governance framework including the standing orders for, both the Council of Governors and the Board of Directors.</p> <p>The FT Constitution has been updated periodically when required and the current update includes 'housing keeping' such as changes in job titles which have been made.</p> <p>The key changes are shown in red text for ease of review cover the following topics, and the Board of Directors is asked to ratify the updated version, following CoG approval.</p> <p>The key update are as follows;</p> <ul style="list-style-type: none"> <li>• Powers - section 4</li> <li>• Council of Governors composition - section 12</li> <li>• Council of Governors tenure - section 14</li> </ul> |   |   |    |

- Additional provisions - Council of Governors - annex 5
- Additional provisions - Board of Directors - annex 6
- Standing Orders - Board of Directors - annex 8
- Further provisions - annex 9

**Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:**

The Constitution under pins the role and work of the Trust, and therefore supports in the broadest sense the Trust’s management of operational and strategic risks.

**Quality/inclusion considerations:**

Quality & Equality Impact Assessment completed and attached No.

Not applicable

**Financial/resource implications:**

None

**The Trust Vision –** To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:

- Populations – We will support our populations to thrive by optimising wellbeing and independence
- People – We will support our people to create a place they are proud and excited to work
- Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places

Please select the top three Trust Strategic Objectives and underpinning goals that this report relates to, from the drop-down boxes below.

|  |  |   |
|--|--|---|
| Populations - Safe care and support every time | Place - Improve the health of our population and actively contribute to tackle health inequalities | Populations - People and communities guiding care |
|--|--|---|

**The Trust Social Value Intentions**

Does this report align with the Trust social value intentions? Not applicable

If Yes, please select all of the social value themes that apply:

**Community engagement and support**

**Purchasing and investing locally for social benefit**

**Representative workforce and access to quality work**



|   |             |  |
|---|-------------|--|
| <p>Increasing wellbeing and health equity <input type="checkbox"/></p> <p>Reducing environmental impact <input type="checkbox"/></p>  |             |  |
| <p><b>Board of Directors is asked to consider the following action</b></p>  |             |  |
| <p>To review and ratify the revisions to the FT Constitution recognising that the CoG approved at a formal meeting on 12 February 2025.</p>   |             |  |
| <p><b>Report history</b> (Please include details of the last meeting that received this paper, including the title of the meeting, the date, and a summary of the outcome). This provides the audit trail through the governance structure.</p> |             |  |
| <b>Submitted to</b>   | <b>Date</b> | <b>Brief summary of outcome</b>  |
| Council of Governors  | 12.02.25    | The CoG received the updated FT Constitution and approved the amends as highlighted. |



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

**Constitution**

February 2025

# Wirral Community Health & Care NHS Foundation Trust Constitution

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## 1.1 Interpretation and definitions

Unless otherwise stated, words or expressions contained in this constitution shall bear the same meaning as in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012

Words importing the masculine gender only shall include the feminine gender; words importing the singular shall import the plural and vice-versa

**the 2006 Act** is the National Health Service Act 2006.

**the 2012 Act** is the Health and Social Care Act 2012.

**The 2022 Act** is the Health and Social Care Act 2022.

**Annual Members Meeting** is defined in paragraph 10 of the constitution

**Constitution** means this constitution and all annexes to it.

**Monitor** is the body corporate known as Monitor, as provided by Section 61 of the 2012 Act. Monitor became part of NHS Improvement on 1 April 2026, and then NHS Improvement merged with NHS England from September 2018.

The **Accounting Officer** is the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act.

## 2. Name

The name of the foundation trust is Wirral Community Health & Care NHS Foundation Trust (the trust).

## 3. Principal purpose

- 3.1 The principal purpose of the trust is the provision of goods and services for the purposes of the health service in England.
- 3.2 The trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.
- 3.3 The trust may provide goods and services for any purposes related to –
  - 3.3.1 the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and
  - 3.3.2 the promotion and protection of public health.

- 3.4** The trust may also carry on activities other than those mentioned in the above paragraph for the purpose of making additional income available in order better to carry on its principal purpose.

#### **4. Powers**

- 4.1** The powers of the trust are set out in the 2006 Act. **updated in the Health and Social Care Act 2012 and the Health and Care Act 2022**
- 4.2** All the powers of the trust shall be exercised by the Board of Directors on behalf of the trust.
- 4.3** Any of these powers may be delegated to a committee of directors or to an executive director.
- 4.4** The Trust may enter into arrangements for the carrying out, on such terms as the Trust considers appropriate, of any of its functions jointly with any other person.
- 4.5** The Trust may arrange for any of the functions exercisable by the Trust to be exercised by or jointly with any one or more of the following:
- 4.5.1 A relevant body;
- 4.5.2 A local authority within the meaning of section 2B of the 2006 Act;
- 4.5.3 A combined authority within the meaning of section 65Z5 of the 2006 Act
- 4.6** The Trust may also enter into arrangements to carry out the functions of another relevant body, whether jointly or otherwise.
- 4.7** Where a function is exercisable by the Trust jointly with one or more of the other organisations mentioned at paragraph 4.7, those organisations and the Trust may:
- 4.7.1 Arrange for the function to be exercised by a joint committee of theirs;
- 4.7.2 Arrange for the Trust, one or more of those other organisations, or a joint committee of them, to establish and maintain a pooled fund in accordance with section 65Z6 of the 2006 Act.
- 4.8** The Trust must exercise its functions effectively, efficiency and economically.
- 4.9** In making a decision about the exercise of its functions, the Trust must have regard to all likely effects of the decision in relation to:
- 4.9.1 The health and well-being of (including inequalities between) the people of England;
- 4.9.2 The quality of services provided to (including inequalities between benefits



obtained by) individuals by or in pursuance of arrangements made by relevant bodies for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;

- 4.9.3 Efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.
- 4.10 In the exercise of its functions, the Trust must have regard to its duties under section 63B of the 2006 Act (complying with targets under section 1 of the Climate Change Act 2008 and section 5 of the Environment Act 2021, and to adapt any current or predicted impacts of climate change in the most recent report under section 56 of the Climate Change Act 2008).
- 4.11 For the purposes of this section, “relevant body” means NHSE, an integrated care board, an NHS Trust, a NHS foundation Trust (including the Trust) or such other body as may be prescribed under section 65Z5(2). “Relevant bodies” means two or more of these organisations as the context requires.
- 4.12 The arrangements under this paragraph 4 shall be in accordance with
  - 4.12.1 any applicable requirements imposed by the 2006 Act or regulations made under that Act;
  - 4.12.2 any applicable statutory guidance that has been issued and
  - 4.12.3 otherwise on such terms as the Trust sees fit.

## **5. Membership and constituencies**

The trust shall have members, each of whom shall be a member of one of the following constituencies:

- 5.1 a public constituency; or
- 5.2 a staff constituency.

## **6. Application for membership**

An individual who is eligible to become a member of the trust may do so on application to the trust.

Members will either be elected (Public or Staff) or appointed. The Code of Governance for NHS Provider Trusts (updated 2023) notes that best practice is that governors do not serve more than three consecutive terms to ensure that they retain the objectivity and independence required to fulfil their roles.

## **7. Public Constituency**

- 7.1 An individual who lives in an area specified in Annex 1 as an area for a public constituency may become or continue as a member of the trust.

- 7.2** Those individuals who live in an area specified for a public constituency are referred to collectively as a Public Constituency.
- 7.3** The minimum number of members in each Public Constituency is specified in Annex 1.

## **8. Staff Constituency**

- 8.1** An individual who is employed by the trust under a contract of employment with the trust may become or continue as a member of the trust provided:
- 8.1.1** he is employed by the trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or
  - 8.1.2** he has been continuously employed by the trust under a contract of employment for at least 12 months.
- 8.2** Those individuals who are eligible for membership of the trust by reason of the previous provisions are referred to collectively as the Staff Constituency.
- 8.3** The minimum number of members in the Staff Constituency is specified in Annex 2.

## **9. Automatic membership by default – staff**

- 9.1** An individual who is:
- 9.1.1** eligible to become a member of the Staff Constituency, and
  - 9.1.2** invited by the trust to become a member of the Staff Constituency ,
- shall become a member of the trust as a member of the Staff Constituency without an application being made, unless he informs the trust that he does not wish to do so.

## **10. Restriction on membership**

- 10.1** An individual who is a member of a constituency, or of a class within a constituency, may not, while membership of that constituency or class continues, be a member of any other constituency or class.
- 10.2** An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any constituency other than the Staff Constituency.

- 10.3 An individual must be at least 13 years old to become a member of the trust.
- 10.4 Further provisions as to the circumstances in which an individual may not become or continue as a member of the trust are set out in Annex 9.

## **11. Annual Members' Meeting**

- 11.1 The trust shall hold an annual meeting of its members ('Annual Members' Meeting'). The Annual Members' Meeting shall be open to members of the public.
- 11.2 Further provisions about the Annual Members' Meeting are set out in Annex 9.

## **12. Council of Governors – composition**

- 12.1 The trust is to have a Council of Governors, which shall comprise both elected and appointed governors.
- 12.2 The composition of the Council of Governors is specified in Annex 3.
- 12.3 The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency or, where there are classes within a constituency, by their class within that constituency. The number of governors to be elected by each constituency, or, where appropriate, by each class of each constituency, is specified in Annex 3.
- 12.4 The trust will invite shadow governors to the Trust based on the following;
  - 12.5 No alignment to a constituency
  - 12.6 For a period of 12-months allowing the opportunity to stand for election at the next round
  - 12.7 No requirement to stand for election (BUT if not they leave after 12- months)
  - 12.8 The number of shadow governors will equal the number of vacant seats +/- (i.e., currently 5 seats)
  - 12.9 Informal selection process with brief personal statement / EOIs on why and skills/expertise (Lead Governor and Chair lead)

### **13. Council of Governors – election of governors**

- 13.1** Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Election Rules.
- 13.2** The Model Election Rules form part of this constitution. The Model Election Rules current at the date of the trust's Authorisation are attached at Annex 4.
- 13.3** A subsequent variation of the Model Election Rules by the Department of Health shall not constitute a variation of the terms of this constitution for the purposes of paragraph 42 of the constitution (amendment of the constitution).
- 13.4** An election, if contested, shall be by secret ballot.

### **14. Council of Governors - tenure**

- 14.1** An elected Governor may hold office for a period not exceeding three years.
- 14.2** An elected Governor shall cease to hold office if they cease to be a member of the constituency or class by which they were elected. For the avoidance of doubt, this includes a Governor moving their principal residence from one public constituency to another.
- 14.3** Subject to 14.7, an elected Governor shall be eligible for re-election at the end of their term.
- 14.4** An appointed Governor may hold office for a period not exceeding three years.
- 14.5** An appointed Governor shall cease to hold office if the appointing organisation withdraws its sponsorship of them.
- 14.6** Subject to 14.7, an appointed Governor shall be eligible for re-appointment at the end of their term.
- 14.7** A Governor (whether elected or appointed) may not hold office for more than nine consecutive years, and shall not be eligible for re-election or re-appointment, whichever the case may be, if they have already held office for more than three consecutive years. For the purposes of this paragraph 14, years of office are consecutive unless there is a break of at least 1 year between them.

## **15. Council of Governors – disqualification and removal**

- 15.1** The following may not become or continue as a member of the Council of Governors:
- 15.1.1** a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;
  - 15.1.2** a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986)
  - 15.1.3** a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it;
  - 15.1.4** a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him;
- 15.2** Governors must be at least 16 years of age at the date they are nominated for election or appointment.
- 15.3** Further provisions as to the circumstances in which an individual may not become or continue as a member of the Council of Governors are set out in Annex 5.
- 15.4** Provisions as to the circumstances in which a governor maybe removed, and the process for removal, are set out in Annex 5.

## **16. Council of Governors – duties of governors**

- 16.1** The general duties of the Council of Governors are –
- 16.1.1** to hold the non-executive directors individually and

collectively to account for the performance of the Board of Directors, and

**16.1.2** to represent the interests of the members of the trust as a whole and the interests of the public.

**16.2** The trust must take steps to secure that the governors are equipped with the skills and knowledge they require in their capacity as such.

### **Council of Governors – meetings of governors**

**16.3** The Chairman of the trust (i.e. the Chairman of the Board of Directors, appointed in accordance with the provisions of paragraph 25.1 below) or, in his absence, the Deputy Chairman (appointed in accordance with the provisions of paragraph 26 below), shall preside at meetings of the Council of Governors.

**16.4** Meetings of the Council of Governors shall be open to shadow governors and members of the public. Members of the public may be excluded from a meeting for special reasons.

**16.5** For the purposes of obtaining information about the trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the trust's or directors' performance), the Council of Governors may require one or more of the directors to attend a meeting.

### **17. Council of Governors – standing orders**

The standing orders for the practice and procedure of the Council of Governors are attached at Annex 7.

### **18. Council of Governors – referral to the Panel**

**18.1** In this paragraph, the Panel means a panel of persons appointed by (Monitor) NHS England to which a governor of an NHS foundation trust may refer a question as to whether the trust has failed or is failing -

**18.1.1** to act in accordance with its constitution, or

**18.1.2** to act in accordance with provision made by or under Chapter 5 of the 2006 Act.

**18.2** A governor may refer a question to the Panel only if more than half of the members of the Council of Governors voting approve the referral.

## **19. Council of Governors - conflicts of interest of governors**

If a governor (or shadow governor) has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the governor shall disclose that interest to the members of the Council of Governors as soon as he becomes aware of it. The Standing Orders for the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

## **20. Council of Governors – travel expenses**

The trust may pay travelling and other expenses to members of the Council of Governors at rates determined by the trust.

## **21. Council of Governors – further provisions**

Further provisions with respect to the Council of Governors are set out in Annex 5.

## **22. Board of Directors – composition**

- 22.1** The trust is to have a Board of Directors, which shall comprise both executive and non-executive directors.
- 22.2** The Board of Directors is to comprise:
  - 22.2.1** a non-executive Chairman
    - 22.2.1.1** at least four, but not more than six other non-executive directors; and
    - 22.2.2** at least four, but not more than six executive directors provided that, at all times, at least half the Board of Directors, excluding the Chairman, should comprise non-executive directors.
- 22.3** One of the executive directors shall be the Chief Executive.
- 22.4** The Chief Executive shall be the Accounting Officer.
- 22.5** One of the executive directors shall be the Chief Finance Officer.
- 22.6** One of the executive directors is to be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984).
- 22.7** One of the executive directors is to be a registered nurse or a registered midwife.

### **23. Board of Directors – general duty**

The general duty of the Board of Directors and of each director individually, is to act with a view to promoting the success of the trust so as to maximise the benefits for the members of the trust as a whole and for the public.

### **24. Board of Directors – qualification for appointment as a non-executive director**

A person may be appointed as a non-executive director only if –

**24.1** he is a member of a Public Constituency, or

**24.2** he is not disqualified by virtue of paragraph 28 below.

### **25. Board of Directors – appointment and removal of chairman and other non-executive directors**

**25.1** The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the chairman of the trust and the other non-executive directors.

**25.2** Removal of the chairman or another non-executive director shall require the approval of three-quarters of the members of the Council of Governors.

**25.3** Further details as to the appointment and removal of the Chair and other Non-Executive directors is set out in Annex 6.

### **26. Board of Directors – appointment of deputy chairman**

The Council of Governors at a general meeting of the Council of Governors shall appoint one of the non-executive directors as a deputy chairman.

### **27. Board of Directors - appointment and removal of the Chief Executive and other executive directors**

**27.1** The non-executive directors shall appoint or remove the Chief Executive.

**27.2** The appointment of the Chief Executive shall require the approval of the Council of Governors.

**27.3** A committee consisting of the Chairman, the Chief Executive and the other non-executive directors shall appoint or remove the other executive directors.



## **28. Board of Directors – disqualification**

The following may not become or continue as a member of the Board of Directors:

- 28.1** a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged.
- 28.2** a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986).
- 28.3** a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it.
- 28.4** a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him.
- 28.5** Further provisions as to disqualification of Directors are included in Annex 6.

## **29. Board of Directors – meetings**

- 29.1** Meetings of the Board of Directors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.
- 29.2** Before holding a meeting, the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors must send a copy of the minutes of the meeting to the Council of Governors.

## **30. Board of Directors – standing orders**

The standing orders for the practice and procedure of the Board of Directors are attached at Annex 8.

## **31. Board of Directors - conflicts of interest of directors**

- 31.1** The duties that a director of the trust has by virtue of being a director include in particular –
  - 31.1.1** A duty to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the trust.
  - 31.1.2** A duty not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.

- 31.2** The duty referred to in sub-paragraph 33.1.1 is not infringed if –
- 31.2.1** The situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or
  - 31.2.2** The matter has been authorised in accordance with the constitution.
- 31.3** The duty referred to in sub-paragraph 31.1.2 is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.
- 31.4** In sub-paragraph 31.1.2, “third party” means a person other than –
- 31.4.1** The trust, or
  - 31.4.2** A person acting on its behalf.
- 31.5** If a director of the trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the trust, the director must declare the nature and extent of that interest to the other directors.
- 31.6** If a declaration under this paragraph proves to be, or becomes, inaccurate or incomplete, a further declaration must be made.
- 31.7** Any declaration required by this paragraph must be made before the trust enters into the transaction or arrangement.
- 31.8** This paragraph does not require a declaration of an interest of which the director is not aware or where the director is not aware of the transaction or arrangement in question.
- 31.9** A director need not declare an interest –
- 31.9.1** If it cannot reasonably be regarded as likely to give rise to a conflict of interest;
  - 31.9.2** If, or to the extent that, the directors are already aware of it;
  - 31.9.3** If, or to the extent that, it concerns terms of the director’s appointment that have been or are to be considered –
    - 31.9.3.1** By a meeting of the Board of Directors, or
    - 31.9.3.2** By a committee of the directors appointed for the purpose under the constitution.
- 31.10** A matter shall have been authorised for the purposes of paragraph 31.2.2 according to the provisions made in section 7 of the Standing Orders for the Practice and Procedure of the Board of Directors, attached at Annex 8.

## **32. Board of Directors – remuneration and terms of office**

- 32.1** The Council of Governors at a general meeting of the Council of Governors shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chairman and the other non-executive directors.

This will be informed by the recommendations made by the Nominations and Remuneration Committee, a sub-group of the Council of Governors which will lead the process for Non-Executive Director appointments and agreement of terms and conditions.

- 32.2** The trust shall establish a committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other executive directors.

### **33. Registers**

The trust shall have:

- 33.1** a register of members showing, in respect of each member, the constituency to which he belongs and, where there are classes within it, the class to which he belongs;
- 33.2** a register of members of the Council of Governors;
- 33.3** a register of interests of governors;
- 33.4** a register of directors; and
- 33.5** a register of interests of the directors.

### **34. Registers – inspection and copies**

- 34.1** The trust shall make the registers specified in paragraph 33 above available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations.
- 34.2** The trust shall not make any part of its registers available for inspection by members of the public which shows details of any member of the trust, if the member so requests.
- 34.3** So far as the registers are required to be made available:
- 34.3.1** they are to be available for inspection free of charge at all reasonable times; and
  - 34.3.2** a person who requests a copy of or extract from the registers is to be provided with a copy or extract.
- 34.4** If the person requesting a copy or extract is not a member of the trust, the trust may impose a reasonable charge for doing so.

### **35. Documents available for public inspection**

- 35.1** The trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:

- 35.1.1** a copy of the current constitution,
- 35.1.2** a copy of the latest annual accounts and of any report of the auditor on them, and
- 35.1.3** a copy of the latest annual report.

**35.2** The trust shall also make the following documents relating to a special administration of the trust available for inspection by members of the public free of charge at all reasonable times:

- 35.2.1** a copy of any order made under section 65D (appointment of trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L(trusts coming out of administration) or 65LA (trusts to be dissolved) of the 2006 Act.
- 35.2.2** a copy of any report laid under section 65D (appointment of trust special administrator) of the 2006 Act.
- 35.2.3** a copy of any information published under section 65D (appointment of trust special administrator) of the 2006 Act.
- 35.2.4** a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act.
- 35.2.5** a copy of any statement provided under section 65F(administrator's draft report) of the 2006 Act.
- 35.2.6** a copy of any notice published under section 65F(administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA(Monitor's decision), 65KB (Secretary of State's response to Monitor's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act.
- 35.2.7** a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act.
- 35.2.8** a copy of any final report published under section 65I (administrator's final report),
- 35.2.9** a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act.
- 35.2.10** a copy of any information published under section 65M (replacement of trust special administrator) of the 2006 Act.

**35.3** Any person who requests a copy of or extract from any of the above documents is to be provided with a copy.

**35.4** If the person requesting a copy or extract is not a member of the trust, the trust may impose a reasonable charge for doing so.

## **36. Auditor**

- 36.1** The trust shall have an auditor.
- 36.2** The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.

## **37. Audit committee**

The trust shall establish a committee of non-executive directors as an audit committee to perform such monitoring, reviewing and other functions as are appropriate.

## **38. Accounts**

- 38.1** The trust must keep proper accounts and proper records in relation to the accounts.
- 38.2** (Monitor) NHS England may with the approval of the Secretary of State give directions to the trust as to the content and form of its accounts.
- 38.3** The accounts are to be audited by the trust's auditor.
- 38.4** The trust shall prepare in respect of each financial year annual accounts in such form as (Monitor) NHS England may with the approval of the Secretary of State direct.
- 38.5** The functions of the trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

## **39. Annual report, forward plans and non-NHS work**

- 39.1** The trust shall prepare an Annual Report and send it to (Monitor) NHS England.
- 39.2** The trust shall give information as to its forward planning in respect of each financial year to (Monitor) NHS England.
- 39.3** The document containing the information with respect to forward planning (referred to above) shall be prepared by the directors.
- 39.4** In preparing the document, the directors shall have regard to the views of the Council of Governors.
- 39.5** Each forward plan must include information about –
  - 39.5.1** the activities other than the provision of goods and services for the purposes of the health service in England that the

trust proposes to carry on, and  
**39.5.2** the income it expects to receive from doing so.

**39.6** Where a forward plan contains a proposal that the trust carry on an activity of a kind mentioned in sub-paragraph 39.5.1 the Council of Governors must –

**39.6.1** determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfillment by the trust of its principal purpose or the performance of its other functions, and

**39.6.2** notify the directors of the trust of its determination.

**39.7** A trust which proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England may implement the proposal only if more than half of the members of the council of governors of the trust voting approve its implementation.

#### **40. Presentation of the annual accounts and reports to the governors and members**

**40.1** The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:

**40.1.1** the annual accounts

**40.1.2** any report of the auditor on them

**40.1.3** the annual report.

**40.2** The documents shall also be presented to the members of the trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance.

**40.3** The trust may combine a meeting of the Council of Governors convened for the purposes of sub-paragraph 40.1 with the Annual Members' Meeting.

#### **41. Instruments**

**41.1** The trust shall have a seal.

**41.2** The seal shall not be affixed except under the authority of the Board of Directors.

## **42. Amendment of the constitution**

- 42.1** The trust may make amendments of its constitution only if –
- 42.1.1** More than half of the members of the Council of Governors of the trust voting approve the amendments, and
  - 42.1.2** More than half of the members of the Board of Directors of the trust voting approve the amendments.
- 42.2** Amendments made under paragraph 42.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.
- 42.3** Where an amendment is made to the constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the trust) –
- 42.3.1** At least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment, and
  - 42.3.2** The trust must give the members an opportunity to vote on whether they approve the amendment.

If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the trust must take such steps as are necessary as a result.

- 42.4** Amendments by the trust of its constitution are to be notified to (Monitor) NHS England. For the avoidance of doubt, (Monitor's) NHS England functions do not include a power or duty to determine whether or not the constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

## **43. Mergers etc. and significant transactions**

- 43.1** The trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the council of governors.
- 43.2** The constitution does not contain any descriptions of the term 'significant transaction' for the purposes of section 51A of the 2006 Act (Significant Transactions).

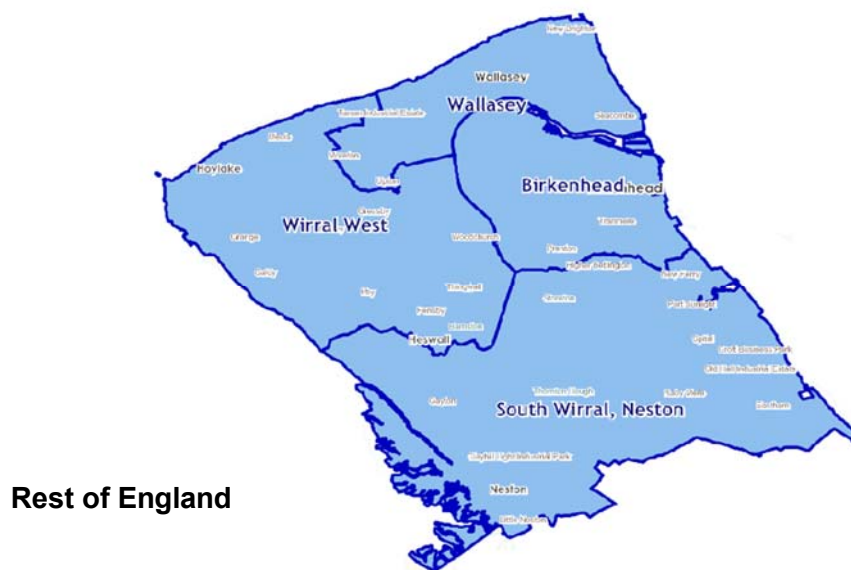
## ANNEX 1 – THE PUBLIC CONSTITUENCIES

(Paragraph 7)

### Minimum numbers of patients in each Public Constituency area

The Public Constituencies of Wirral Community Health & Care NHS Foundation Trust are as shown below:

| Name                    | Minimum number of members |
|-------------------------|---------------------------|
| Birkenhead              | 50                        |
| Wallasey                | 50                        |
| Wirral West             | 50                        |
| Wirral South and Neston | 50                        |
| Rest of England         | 50                        |





## **ANNEX 2 – THE STAFF CONSTITUENCY**

(Paragraph 8)

### **Minimum numbers of staff within the Staff Constituency**

All staff will be members of a single Staff Constituency. The minimum number of members of the Staff Constituency is 50.

### **ANNEX 3 – COMPOSITION OF COUNCIL OF GOVERNORS**

(Paragraph 12)

1. The trust constituencies will have governors elected in accordance with the table below

| Public constituency     | Number of governors |
|-------------------------|---------------------|
| Birkenhead              | 2                   |
| Wallasey                | 2                   |
| Wirral West             | 2                   |
| Wirral South and Neston | 2                   |
| Rest of England         | 3                   |

|                    |   |
|--------------------|---|
| Staff constituency | 3 |
|--------------------|---|

2. The trust has appointed governors who represent their appointing organizations. The organisations represented are those with whom we have close working relationships, and who understand the role and importance of community health and care in the local economy.
3. The Secretary (Director of Corporate Affairs) or another person appointed to perform the duties of the Company Secretary including a deputy Company Secretary, having consulted with the individual partner organisations, is to adopt a process for agreeing the appointment of governor(s) to represent those organisations.

## **ANNEX 4 –THE MODEL ELECTION RULES (2014)**

(Paragraph 13)

### **PART 1: INTERPRETATION**

1. Interpretation

### **PART 2: TIMETABLE FOR ELECTION**

2. Timetable
3. Computation of time

### **PART 3: RETURNING OFFICER**

4. Returning officer
5. Staff
6. Expenditure
7. Duty of co-operation

### **PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS**

8. Notice of election
9. Nomination of candidates
10. Candidate's particulars
11. Declaration of interests
12. Declaration of eligibility
13. Signature of candidate
14. Decisions as to validity of nomination forms
15. Publication of statement of nominated candidates
16. Inspection of statement of nominated candidates and nomination forms
17. Withdrawal of candidates
18. Method of election

### **PART 5: CONTESTED ELECTIONS**

19. Poll to be taken by ballot
20. The ballot paper
21. The declaration of identity (public and patient constituencies)

*Action to be taken before the poll*

22. List of eligible voters
23. Notice of poll
24. Issue of voting information by returning officer
25. Ballot paper envelope and covering envelope
26. E-voting systems

### *The poll*

27. Eligibility to vote
28. Voting by persons who require assistance
29. Spoilt ballot papers and spoilt text message votes
30. Lost voting information
31. Issue of replacement voting information
32. ID declaration form for replacement ballot papers (public and patient constituencies)
33. Procedure for remote voting by internet
34. Procedure for remote voting by telephone
35. Procedure for remote voting by text message

### *Procedure for receipt of envelopes, internet votes, telephone vote and text message votes*

36. Receipt of voting documents
37. Validity of votes
38. Declaration of identity but no ballot (public and patient constituency)
39. De-duplication of votes
40. Sealing of packets

### **PART 6: COUNTING THE VOTES**

- STV41. Interpretation of Part 6
42. Arrangements for counting of the votes
43. The count
- STV44. Rejected ballot papers and rejected text voting records
- FPP44. Rejected ballot papers and rejected text voting records
- STV45. First stage
- STV46. The quota
- STV47. Transfer of votes
- STV48. Supplementary provisions on transfer
- STV49. Exclusion of candidates
- STV50. Filling of last vacancies
- STV51. Order of election of candidates
- FPP51. Equality of votes

### **PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS**

- FPP52. Declaration of result for contested elections
- STV52. Declaration of result for contested elections
53. Declaration of result for uncontested elections

### **PART 8: DISPOSAL OF DOCUMENTS**

54. Sealing up of documents relating to the poll
55. Delivery of documents
56. Forwarding of documents received after close of the poll
57. Retention and public inspection of documents
58. Application for inspection of certain documents relating to election

## **PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION**

FPP59. Countermand or abandonment of poll on death of candidate

STV59. Countermand or abandonment of poll on death of candidate

## **PART 10: ELECTION EXPENSES AND PUBLICITY**

### *Expenses*

60. Election expenses

61. Expenses and payments by candidates

62. Expenses incurred by other persons

### *Publicity*

63. Publicity about election by the corporation

64. Information about candidates for inclusion with voting information

65. Meaning of "for the purposes of an election"

## **PART 11: QUESTIONING ELECTIONS AND IRREGULARITIES**

66. Application to question an election

## **PART 12: MISCELLANEOUS**

67. Secrecy

68. Prohibition of disclosure of vote

69. Disqualification

70. Delay in postal service through industrial action or unforeseen event

## 1. Interpretation

1.1 In these rules, unless the context otherwise requires: “2006 Act” means the National Health Service Act 2006;

“*corporation*” means the public benefit corporation subject to this constitution;

“*council of governors*” means the council of governors of the corporation;

“*declaration of identity*” has the meaning set out in rule 21.1;

“*election*” means an election by a constituency, or by a class within a constituency, to fill a vacancy among one or more posts on the council of governors;

“*e-voting*” means voting using either the internet, telephone or text message;

“*e-voting information*” has the meaning set out in rule 24.2;

“*ID declaration form*” has the meaning set out in Rule 21.1; “internet voting record” has the meaning set out in rule 26.4(d);

“*internet voting system*” means such computer hardware and software, data other equipment and services as may be provided by the returning officer for the purpose of enabling voters to cast their votes using the internet;

“*lead governor*” means the governor nominated by the corporation to fulfil the role described in Appendix B to The NHS Foundation Trust Code of Governance (Monitor, December 2013) or any later version of such code.

“*list of eligible voters*” means the list referred to in rule 22.1, containing the information in rule 22.2;

“*method of polling*” means a method of casting a vote in a poll, which may be by post, internet, text message or telephone;

“*Monitor*” means the corporate body known as Monitor as provided by section 61 of the 2012 Act;

“*numerical voting code*” has the meaning set out in rule 64.2(b)

“*polling website*” has the meaning set out in rule 26.1;

“*postal voting information*” has the meaning set out in rule 24.1;

“*telephone short code*” means a short telephone number used for the purposes of submitting a vote by text message;

“*telephone voting facility*” has the meaning set out in rule 26.2;

*“telephone voting record”* has the meaning set out in rule 26.5 (d);

*“text message voting facility”* has the meaning set out in rule 26.3;

*“text voting record”* has the meaning set out in rule 26.6 (d);

*“the telephone voting system”* means such telephone voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by telephone;

*“the text message voting system”* means such text messaging voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by text message;

*“voter ID number”* means a unique, randomly generated numeric identifier allocated to each voter by the Returning Officer for the purpose of e-voting,

*“voting information”* means postal voting information and/or e-voting information

- 1.2 Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.

## PART 2: TIMETABLE FOR ELECTIONS

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### 2. Timetable

2.1 The proceedings at an election shall be conducted in accordance with the following timetable:

| <b>Proceeding</b>  | <b>Time</b>  |
|--|--|
| Publication of notice of election  | Not later than the fortieth day before the day of the close of the poll.       |
| Final day for delivery of nomination forms to returning officer              | Not later than the twenty eighth day before the day of the close of the poll.  |
| Publication of statement of nominated candidates                             | Not later than the twenty seventh day before the day of the close of the poll. |
| Final day for delivery of notices of withdrawals by candidates from election | Not later than twenty fifth day before the day of the close of the poll.       |
| Notice of the poll   | Not later than the fifteenth day before the day of the close of the poll.      |
| Close of the poll  | By 5.00pm on the final day of the election.                                    |

### 3. Computation of time

3.1 In computing any period of time for the purposes of the timetable:

- (a) a Saturday or Sunday;
- (b) Christmas day, Good Friday, or a bank holiday, or
- (c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

3.2 In this rule, “bank holiday” means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.



**4. Returning Officer**

- 4.1 Subject to rule 69, the returning officer for an election is to be appointed by the corporation.
- 4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

**5. Staff**

- 5.1 Subject to rule 69, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.

**6. Expenditure**

- 6.1 The corporation is to pay the returning officer:
  - (a) any expenses incurred by that officer in the exercise of his or her functions under these rules,
  - (b) such remuneration and other expenses as the corporation may determine.

**7. Duty of co-operation**

- 7.1 The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

## **PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS**

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### **8. Notice of election**

8.1 The returning officer is to publish a notice of the election stating:

- (a) the constituency, or class within a constituency, for which the election is being held,
- (b) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
- (c) the details of any nomination committee that has been established by the corporation,
- (d) the address and times at which nomination forms may be obtained;
- (e) the address for return of nomination forms (including, where the return of nomination forms in an electronic format will be permitted, the e-mail address for such return) and the date and time by which they must be received by the returning officer,
- (f) the date and time by which any notice of withdrawal must be received by the returning officer
- (g) the contact details of the returning officer
- (h) the date and time of the close of the poll in the event of a contest.

### **9. Nomination of candidates**

9.1 Subject to rule 9.2, each candidate must nominate themselves on a single nomination form.

9.2 The returning officer:

- (a) is to supply any member of the corporation with a nomination form, and
- (b) is to prepare a nomination form for signature at the request of any member of the corporation,  
  
but it is not necessary for a nomination to be on a form supplied by the returning officer and a nomination can, subject to rule 13, be in an electronic format.

### **10. Candidate's particulars**

10.1 The nomination form must state the candidate's:

- (a) full name,
- (b) contact address in full (which should be a postal address although an e-mail address may also be provided for the purposes of electronic

communication), and

- (c) constituency, or class within a constituency, of which the candidate is a member.

## **11. Declaration of interests**

11.1 The nomination form must state:

- (a) any financial interest that the candidate has in the corporation, and
- (b) whether the candidate is a member of a political party, and if so, which party, and if the candidate has no such interests, the paper must include a statement to that effect.

## **12. Declaration of eligibility**

12.1 The nomination form must include a declaration made by the candidate:

- (a) that he or she is not prevented from being a member of the council of governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the constitution; and,
- (b) for a member of the public or patient constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

## **13. Signature of candidate**

13.1 The nomination form must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:

- (a) they wish to stand as a candidate,
- (b) their declaration of interests as required under rule 11, is true and correct, and
- (c) their declaration of eligibility, as required under rule 12, is true and correct.

13.2 Where the return of nomination forms in an electronic format is permitted, the returning officer shall specify the particular signature formalities (if any) that will need to be complied with by the candidate.

## **14. Decisions as to the validity of nomination**

14.1 Where a nomination form is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer:

- (a) decides that the candidate is not eligible to stand,
- (b) decides that the nomination form is invalid,
- (c) receives satisfactory proof that the candidate has died, or
- (d) receives a written request by the candidate of their withdrawal from candidacy.

14.2 The returning officer is entitled to decide that a nomination form is invalid only on one of the following grounds:

- (a) that the paper is not received on or before the final time and date for return of nomination forms, as specified in the notice of the election,
- (b) that the paper does not contain the candidate's particulars, as required by rule 10;
- (c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,
- (d) that the paper does not include a declaration of eligibility as required by rule 12, or
- (e) that the paper is not signed and dated by the candidate, if required by rule 13.

14.3 The returning officer is to examine each nomination form as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.

14.4 Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination form, stating the reasons for their decision.

14.5 The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination form. If an e-mail address has been given in the candidate's nomination form (in addition to the candidate's postal address), the returning officer may send notice of the decision to that address.

## **15. Publication of statement of candidates**

15.1 The returning officer is to prepare and publish a statement showing the candidates who are standing for election.

15.2 The statement must show:

- (a) the name, contact address (which shall be the candidate's postal address), and constituency or class within a constituency of each candidate standing, and
- (b) the declared interests of each candidate standing,

as given in their nomination form.

15.3 The statement must list the candidates standing for election in alphabetical order by surname.

15.4 The returning officer must send a copy of the statement of candidates and copies of the nomination forms to the corporation as soon as is practicable after publishing the statement.

## **16. Inspection of statement of nominated candidates and nomination forms**

16.1 The corporation is to make the statement of the candidates and the nomination forms supplied by the returning officer under rule 15.4 available for inspection by members of the corporation free of charge at all reasonable times.

16.2 If a member of the corporation requests a copy or extract of the statement of candidates or their nomination forms, the corporation is to provide that member with the copy or extract free of charge.

## **17. Withdrawal of candidates**

17.1 A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

## **18. Method of election**

18.1 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the council of governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.

18.2 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the council of governors, those candidates are to be declared elected in accordance with Part 7 of these rules.

18.3 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be council of governors, then:

(a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and

(b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

**19. Poll to be taken by ballot**

- 19.1 The votes at the poll must be given by secret ballot.
- 19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.
- 19.3 The corporation may decide that voters within a constituency or class within a constituency, may, subject to rule 19.4, cast their votes at the poll using such different methods of polling in any combination as the corporation may determine.
- 19.4 The corporation may decide that voters within a constituency or class within a constituency for whom an e-mail address is included in the list of eligible voters may only cast their votes at the poll using an e-voting method of polling.
- 19.5 Before the corporation decides, in accordance with rule 19.3 that one or more e-voting methods of polling will be made available for the purposes of the poll, the corporation must satisfy itself that:
- (a) if internet voting is to be a method of polling, the internet voting system to be used for the purpose of the election is:
    - (i) configured in accordance with these rules; and
    - (ii) will create an accurate internet voting record in respect of any voter who casts his or her vote using the internet voting system;
  - (b) if telephone voting to be a method of polling, the telephone voting system to be used for the purpose of the election is:
    - (i) configured in accordance with these rules; and
    - (ii) will create an accurate telephone voting record in respect of any voter who casts his or her vote using the telephone voting system;
  - (c) if text message voting is to be a method of polling, the text message voting system to be used for the purpose of the election is:
    - (i) configured in accordance with these rules; and
    - (ii) will create an accurate text voting record in respect of any voter who casts his or her vote using the text message voting system.

**20. The ballot paper**

- 20.1 The ballot of each voter (other than a voter who casts his or her ballot by an e-voting method of polling) is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

- 20.2 Every ballot paper must specify:
- (a) the name of the corporation,
  - (b) the constituency, or class within a constituency, for which the election is being held,
  - (c) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
  - (d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
  - (e) instructions on how to vote by all available methods of polling, including the relevant voter's voter ID number if one or more e-voting methods of polling are available,
  - (f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and
  - (g) the contact details of the returning officer.
- 20.3 Each ballot paper must have a unique identifier.
- 20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.

## **21. The declaration of identity (public and patient constituencies)**

- 21.1 The corporation shall require each voter who participates in an election for a public or patient constituency to make a declaration confirming:
- (a) that the voter is the person:
    - (i) to whom the ballot paper was addressed, and/or
    - (ii) to whom the voter ID number contained within the e-voting information was allocated,
  - (b) that he or she has not marked or returned any other voting information in the election, and
  - (c) the particulars of his or her qualification to vote as a member of the constituency or class within the constituency for which the election is being held,
- ("declaration of identity")

and the corporation shall make such arrangements as it considers appropriate to facilitate the making and the return of a declaration of identity by each voter, whether by the completion of a paper form ("ID declaration form") or the use of an electronic method.

- 21.2 The voter must be required to return his or her declaration of identity with his or her ballot.
- 21.3 The voting information shall caution the voter that if the declaration of identity is not duly returned or is returned without having been made correctly, any vote cast by the voter may be declared invalid.

*Action to be taken before the poll*

**22. List of eligible voters**

- 22.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 27 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.
- 22.2 The list is to include, for each member:
- (a) a postal address; and,
  - (b) the member's e-mail address, if this has been provided to which his or her voting information may, subject to rule 22.3, be sent.
- 22.3 The corporation may decide that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list.

**23. Notice of poll**

- 23.1 The returning officer is to publish a notice of the poll stating:
- (a) the name of the corporation,
  - (b) the constituency, or class within a constituency, for which the election is being held,
  - (c) the number of members of the council of governors to be elected from that constituency, or class with that constituency,
  - (d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
  - (e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,
  - (f) the methods of polling by which votes may be cast at the election by voters in a constituency or class within a constituency, as determined by the corporation in accordance with rule 19.3,



- (g) the address for return of the ballot papers,
- (h) the uniform resource locator (url) where, if internet voting is a method of polling, the polling website is located;
- (i) the telephone number where, if telephone voting is a method of polling, the telephone voting facility is located,
- (j) the telephone number or telephone short code where, if text message voting is a method of polling, the text message voting facility is located,
- (k) the date and time of the close of the poll,
- (l) the address and final dates for applications for replacement voting information, and
- (m) the contact details of the returning officer.

## **24. Issue of voting information by returning officer**

24.1 Subject to rule 24.3, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by post to each member of the corporation named in the list of eligible voters:

- (a) a ballot paper and ballot paper envelope,
- (b) the ID declaration form (if required),
- (c) information about each candidate standing for election, pursuant to rule 61 of these rules, and
- (d) a covering envelope;

("postal voting information").

24.2 Subject to rules 24.3 and 24.4, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by e-mail and/ or by post to each member of the corporation named in the list of eligible voters whom the corporation determines in accordance with rule 19.3 and/ or rule 19.4 may cast his or her vote by an e-voting method of polling:

- (a) instructions on how to vote and how to make a declaration of identity (if required),
- (b) the voter's voter ID number,
- (c) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate, (d) contact details of the returning officer,

("e-voting information").

24.3 The corporation may determine that any member of the corporation shall:

- (a) only be sent postal voting information; or
- (b) only be sent e-voting information; or
- (c) be sent both postal voting information and e-voting information;

for the purposes of the poll.

24.4 If the corporation determines, in accordance with rule 22.3, that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list, then the returning officer shall only send that information by e-mail.

24.5 The voting information is to be sent to the postal address and/ or e-mail address for each member, as specified in the list of eligible voters.

## **25. Ballot paper envelope and covering envelope**

25.1 The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.

25.2 The covering envelope is to have:

- (a) the address for return of the ballot paper printed on it, and
- (b) pre-paid postage for return to that address.

25.3 There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer –

- (a) the completed ID declaration form if required, and
- (b) the ballot paper envelope, with the ballot paper sealed inside it.

## **26. E-voting systems**

26.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").

26.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as "the telephone voting facility").

26.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the

purpose of voting by text message (in these rules referred to as “the text message voting facility”).

26.4 The returning officer shall ensure that the polling website and internet voting system provided will:

- (a) require a voter to:
  - (i) enter his or her voter ID number; and
  - (ii) where the election is for a public or patient constituency, make a declaration of identity;in order to be able to cast his or her vote;
- (b) specify:
  - (i) the name of the corporation,
  - (ii) the constituency, or class within a constituency, for which the election is being held,
  - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
  - (iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
  - (v) instructions on how to vote and how to make a declaration of identity,
  - (vi) the date and time of the close of the poll, and
  - (vii) the contact details of the returning officer;
- (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;
- (d) create a record ("internet voting record") that is stored in the internet voting system in respect of each vote cast by a voter using the internet that comprises of-
  - (i) the voter's voter ID number;
  - (ii) the voter's declaration of identity (where required);
  - (iii) the candidate or candidates for whom the voter has voted; and
  - (iv) the date and time of the voter's vote,
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this; and
- (f) prevent any voter from voting after the close of poll.

26.5 The returning officer shall ensure that the telephone voting facility and telephone voting system provided will:

- (a) require a voter to
  - (i) enter his or her voter ID number in order to be able to cast his or her vote; and
  - (ii) where the election is for a public or patient constituency, make a declaration of identity;
- (b) specify:
  - (i) the name of the corporation,
  - (ii) the constituency, or class within a constituency, for which the election is being held,
  - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
  - (iv) instructions on how to vote and how to make a declaration of identity,
  - (v) the date and time of the close of the poll, and
  - (vi) the contact details of the returning officer;
- (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;
- (d) create a record ("telephone voting record") that is stored in the telephone voting system in respect of each vote cast by a voter using the telephone that comprises of:
  - (i) the voter's voter ID number;
  - (ii) the voter's declaration of identity (where required);
  - (iii) the candidate or candidates for whom the voter has voted; and
  - (iv) the date and time of the voter's vote
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;
- (f) prevent any voter from voting after the close of poll.

26.6 The returning officer shall ensure that the text message voting facility and text messaging voting system provided will:

- (a) require a voter to:
  - (i) provide his or her voter ID number; and
  - (ii) where the election is for a public or patient constituency, make a declaration of identity;in order to be able to cast his or her vote;
- (b) prevent a voter from voting for more candidates than he or she is entitled to at the election;
- (d) create a record ("text voting record") that is stored in the text messaging

voting system in respect of each vote cast by a voter by text message that comprises of:

- (i) the voter's voter ID number;
  - (ii) the voter's declaration of identity (where required);
  - (ii) the candidate or candidates for whom the voter has voted; and
  - (iii) the date and time of the voter's vote
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;
- (f) prevent any voter from voting after the close of poll.

### *The poll*

## **27. Eligibility to vote**

- 27.1 An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

## **28. Voting by persons who require assistance**

- 28.1 The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.
- 28.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter to vote.

## **29. Spoilt ballot papers and spoilt text message votes**

- 29.1 If a voter has dealt with his or her ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to as a "spoilt ballot paper"), that voter may apply to the returning officer for a replacement ballot paper.
- 29.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if he or she can obtain it.
- 29.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless he or she:
- (a) is satisfied as to the voter's identity; and
  - (b) has ensured that the completed ID declaration form, if required, has not been returned.
- 29.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list ("the list of spoilt ballot papers"):

- (a) the name of the voter, and
  - (b) the details of the unique identifier of the spoiled ballot paper (if that officer was able to obtain it), and
  - (c) the details of the unique identifier of the replacement ballot paper.
- 29.5 If a voter has dealt with his or her text message vote in such a manner that it cannot be accepted as a vote (referred to as a “spoilt text message vote”), that voter may apply to the returning officer for a replacement voter ID number.
- 29.6 On receiving an application, the returning officer is to obtain the details of the voter ID number on the spoiled text message vote, if he or she can obtain it.
- 29.7 The returning officer may not issue a replacement voter ID number in respect of a spoiled text message vote unless he or she is satisfied as to the voter’s identity.
- 29.8 After issuing a replacement voter ID number in respect of a spoiled text message vote, the returning officer shall enter in a list (“the list of spoiled text message votes”):
- (a) the name of the voter, and
  - (b) the details of the voter ID number on the spoiled text message vote (if that officer was able to obtain it), and
  - (c) the details of the replacement voter ID number issued to the voter.

### **30. Lost voting information**

- 30.1 Where a voter has not received his or her voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for replacement voting information.
- 30.2 The returning officer may not issue replacement voting information in respect of lost voting information unless he or she:
- (a) is satisfied as to the voter’s identity,
  - (b) has no reason to doubt that the voter did not receive the original voting information,
  - (c) has ensured that no declaration of identity, if required, has been returned.
- 30.3 After issuing replacement voting information in respect of lost voting information, the returning officer shall enter in a list (“the list of lost ballot documents”):
- (a) the name of the voter
  - (b) the details of the unique identifier of the replacement ballot paper, if applicable, and

- (c) the voter ID number of the voter.

### **31. Issue of replacement voting information**

- 31.1 If a person applies for replacement voting information under rule 29 or 30 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 29.3 or 30.2, he or she is also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.
- 31.2 After issuing replacement voting information under this rule, the returning officer shall enter in a list ("the list of tendered voting information"):
  - (a) the name of the voter,
  - (b) the unique identifier of any replacement ballot paper issued under this rule;
  - (c) the voter ID number of the voter.

### **32. ID declaration form for replacement ballot papers (public and patient constituencies)**

- 32.1 In respect of an election for a public or patient constituency an ID declaration form must be issued with each replacement ballot paper requiring the voter to make a declaration of identity.

*Polling by internet, telephone or text*

### **33. Procedure for remote voting by internet**

- 33.1 To cast his or her vote using the internet, a voter will need to gain access to the polling website by keying in the url of the polling website provided in the voting information.
- 33.2 When prompted to do so, the voter will need to enter his or her voter ID number.
- 33.3 If the internet voting system authenticates the voter ID number, the system will give the voter access to the polling website for the election in which the voter is eligible to vote.
- 33.4 To cast his or her vote, the voter will need to key in a mark on the screen opposite the particulars of the candidate or candidates for whom he or she wishes to cast his or her vote.
- 33.5 The voter will not be able to access the internet voting system for an election once his or her vote at that election has been cast.

#### **34. Voting procedure for remote voting by telephone**

- 34.1 To cast his or her vote by telephone, the voter will need to gain access to the telephone voting facility by calling the designated telephone number provided in the voter information using a telephone with a touch-tone keypad.
- 34.2 When prompted to do so, the voter will need to enter his or her voter ID number using the keypad.
- 34.3 If the telephone voting facility authenticates the voter ID number, the voter will be prompted to vote in the election.
- 34.4 When prompted to do so the voter may then cast his or her vote by keying in the numerical voting code of the candidate or candidates, for whom he or she wishes to vote.
- 34.5 The voter will not be able to access the telephone voting facility for an election once his or her vote at that election has been cast.

#### **35. Voting procedure for remote voting by text message**

- 35.1 To cast his or her vote by text message the voter will need to gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided in the voter information.
- 35.2 The text message sent by the voter must contain his or her voter ID number and the numerical voting code for the candidate or candidates, for whom he or she wishes to vote.
- 35.3 The text message sent by the voter will need to be structured in accordance with the instructions on how to vote contained in the voter information, otherwise the vote will not be cast.

*Procedure for receipt of envelopes, internet votes, telephone votes and text message votes*

#### **36. Receipt of voting documents**

- 36.1 Where the returning officer receives:
  - (a) a covering envelope, or
  - (b) any other envelope containing an ID declaration form if required, a ballot paper envelope, or a ballot paper,  
before the close of the poll, that officer is to open it as soon as is practicable; and rules 37 and 38 are to apply.
- 36.2 The returning officer may open any covering envelope or any ballot paper envelope for the purposes of rules 37 and 38, but must make arrangements to ensure that no person obtains or communicates information as to:



- (a) the candidate for whom a voter has voted, or
- (b) the unique identifier on a ballot paper.

36.3 The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.

### **37. Validity of votes**

37.1 A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with an ID declaration form if required that has been correctly completed, signed and dated.

37.2 Where the returning officer is satisfied that rule 37.1 has been fulfilled, he or she is to:

- (a) put the ID declaration form if required in a separate packet, and
- (b) put the ballot paper aside for counting after the close of the poll.

37.3 Where the returning officer is not satisfied that rule 37.1 has been fulfilled, he or she is to:

- (a) mark the ballot paper “disqualified”,
- (b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,
- (c) record the unique identifier on the ballot paper in a list of disqualified documents (the “list of disqualified documents”); and
- (d) place the document or documents in a separate packet.

37.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet voting record, telephone voting record or text voting record (as applicable) has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly made.

37.5 Where the returning officer is satisfied that rule 37.4 has been fulfilled, he or she is to put the internet voting record, telephone voting record or text voting record (as applicable) aside for counting after the close of the poll.

37.6 Where the returning officer is not satisfied that rule 37.4 has been fulfilled, he or she is to:

- (a) mark the internet voting record, telephone voting record or text voting record (as applicable) “disqualified”,
- (b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified

documents; and

- (c) place the document or documents in a separate packet.

### **38. Declaration of identity but no ballot paper (public and patient constituency)<sup>1</sup>**

38.1 Where the returning officer receives an ID declaration form if required but no ballot paper, the returning officer is to:

- (a) mark the ID declaration form “disqualified”,
- (b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper, and
- (c) place the ID declaration form in a separate packet.

### **39. De-duplication of votes**

39.1 Where different methods of polling are being used in an election, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in the election.

39.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in the election he or she shall:

- (a) only accept as duly returned the first vote received that was cast using the relevant voter ID number; and
- (b) mark as “disqualified” all other votes that were cast using the relevant voter ID number

39.3 Where a ballot paper is disqualified under this rule the returning officer shall:

- (a) mark the ballot paper “disqualified”,
- (b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,
- (c) record the unique identifier and the voter ID number on the ballot paper in the list of disqualified documents;
- (d) place the document or documents in a separate packet; and
- (e) disregard the ballot paper when counting the votes in accordance with these rules.

39.4 Where an internet voting record, telephone voting record or text voting record is disqualified under this rule the returning officer shall:

- (a) mark the internet voting record, telephone voting record or text voting

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<sup>1</sup> It should not be possible, technically, to make a declaration of identity electronically without also submitting a vote.

record (as applicable) “disqualified”.

- (b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents;
- (c) place the internet voting record, telephone voting record or text voting record (as applicable) in a separate packet, and
- (d) disregard the internet voting record, telephone voting record or text voting record (as applicable) when counting the votes in accordance with these rules.

#### **40. Sealing of packets**

40.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 37 and 38, the returning officer is to seal the packets containing:

- (a) the disqualified documents, together with the list of disqualified documents inside it,
- (b) the ID declaration forms, if required,
- (c) the list of spoiled ballot papers and the list of spoiled text message votes,
- (d) the list of lost ballot documents,
- (e) the list of eligible voters, and
- (f) the list of tendered voting information

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

**STV41. Interpretation of Part 6**

STV41.1 In Part 6 of these rules:

*“ballot document”* means a ballot paper, internet voting record, telephone voting record or text voting record.

*“continuing candidate”* means any candidate not deemed to be elected, and not excluded,

*“count”* means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

*“deemed to be elected”* means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

*“mark”* means a figure, an identifiable written word, or a mark such as “X”,

*“non-transferable vote”* means a ballot document:

(a) on which no second or subsequent preference is recorded for a continuing candidate,

or

(b) which is excluded by the returning officer under rule STV49,

*“preference”* as used in the following contexts has the meaning assigned below:

(a) *“first preference”* means the figure “1” or any mark or word which clearly indicates a first (or only) preference,

(b) *“next available preference”* means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and

(c) in this context, a *“second preference”* is shown by the figure “2” or any mark or word which clearly indicates a second preference, and a third preference by the figure “3” or any mark or word which clearly indicates a third preference, and so on,

*“quota”* means the number calculated in accordance with rule STV46,

*“surplus”* means the number of votes by which the total number of votes for any

candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the surplus means the transfer (at a transfer value) of all transferable ballot documents from the candidate who has the surplus,

“*stage of the count*” means:

- (a) the determination of the first preference vote of each candidate,
- (b) the transfer of a surplus of a candidate deemed to be elected, or
- (c) the exclusion of one or more candidates at any given time,

“*transferable vote*” means a ballot document on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

“*transferred vote*” means a vote derived from a ballot document on which a second or subsequent preference is recorded for the candidate to whom that ballot document has been transferred, and

“*transfer value*” means the value of a transferred vote calculated in accordance with rules STV47.4 or STV47.7.

## **42. Arrangements for counting of the votes**

- 42.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.
- 42.2 The returning officer may make arrangements for any votes to be counted using vote counting software where:
  - (a) the board of directors and the council of governors of the corporation have approved:
    - (i) the use of such software for the purpose of counting votes in the relevant election, and
    - (ii) a policy governing the use of such software, and
  - (b) the corporation and the returning officer are satisfied that the use of such software will produce an accurate result.

## **43. The count**

- 43.1 The returning officer is to:
  - (a) count and record the number of:
    - (iii) ballot papers that have been returned; and
    - (iv) the number of internet voting records, telephone voting records and/or text voting records that have been created, and
  - (b) count the votes according to the provisions in this Part of the rules and/or

the provisions of any policy approved pursuant to rule 42.2(ii) where vote counting software is being used.

- 43.2 The returning officer, while counting and recording the number of ballot papers, internet voting records, telephone voting records and/or text voting records and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballot paper or the voter ID number on an internet voting record, telephone voting record or text voting record.
- 43.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

**STV44. Rejected ballot papers and rejected text voting records**

STV44.1 Any ballot paper:

- (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
- (b) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,
- (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.2 The returning officer is to endorse the word "rejected" on any ballot paper which under this rule is not to be counted.

STV44.3 Any text voting record:

- (a) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,
- (b) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (c) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the text voting record shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.4 The returning officer is to endorse the word "rejected" on any text voting record

which under this rule is not to be counted.

STV44.5 The returning officer is to draw up a statement showing the number of ballot papers rejected by him or her under each of the subparagraphs (a) to (d) of rule STV44.1 and the number of text voting records rejected by him or her under each of the subparagraphs (a) to (c) of rule STV44.3.

**FPP44. Rejected ballot papers and rejected text voting records**

FPP44.1 Any ballot paper:

- (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
- (b) on which votes are given for more candidates than the voter is entitled to vote,
- (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (d) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.2 and FPP44.3, be rejected and not counted.

FPP44.2 Where the voter is entitled to vote for more than one candidate, a ballot paper is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP44.3 A ballot paper on which a vote is marked:

- (a) elsewhere than in the proper place,
- (b) otherwise than by means of a clear mark,
- (c) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the paper is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.4 The returning officer is to:

- (a) endorse the word “rejected” on any ballot paper which under this rule is not to be counted, and
- (b) in the case of a ballot paper on which any vote is counted under rules FPP44.2 and FPP 44.3, endorse the words “rejected in part” on the ballot paper and indicate which vote or votes have been counted.

FPP44.5 The returning officer is to draw up a statement showing the number of rejected ballot papers under the following headings:

- (a) does not bear proper features that have been incorporated into the ballot paper,

- (b) voting for more candidates than the voter is entitled to,
  - (c) writing or mark by which voter could be identified, and
  - (d) unmarked or rejected because of uncertainty,
- and, where applicable, each heading must record the number of ballot papers rejected in part.

FPP44.6 Any text voting record:

- (a) on which votes are given for more candidates than the voter is entitled to vote,
- (b) on which anything is written or marked by which the voter can be identified except the voter ID number, or
- (c) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.7 and FPP44.8, be rejected and not counted.

FPP44.7 Where the voter is entitled to vote for more than one candidate, a text voting record is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP44.8 A text voting record on which a vote is marked:

- (a) otherwise than by means of a clear mark,
- (b) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the text voting record is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.9 The returning officer is to:

- (a) endorse the word "rejected" on any text voting record which under this rule is not to be counted, and
- (b) in the case of a text voting record on which any vote is counted under rules FPP44.7 and FPP 44.8, endorse the words "rejected in part" on the text voting record and indicate which vote or votes have been counted.

FPP44.10 The returning officer is to draw up a statement showing the number of rejected text voting records under the following headings:

- (a) voting for more candidates than the voter is entitled to,
- (b) writing or mark by which voter could be identified, and
- (c) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of text voting records rejected in part.



**STV45. First stage**

STV45.1 The returning officer is to sort the ballot documents into parcels according to the candidates for whom the first preference votes are given.

STV45.2 The returning officer is to then count the number of first preference votes given on ballot documents for each candidate, and is to record those numbers.

STV45.3 The returning officer is to also ascertain and record the number of valid ballot documents.

**STV46. The quota**

STV46.1 The returning officer is to divide the number of valid ballot documents by a number exceeding by one the number of members to be elected.

STV46.2 The result, increased by one, of the division under rule STV46.1 (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as “the quota”).

STV46.3 At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in rules STV47.1 to STV47.3 has been complied with.

**STV47. Transfer of votes**

STV47.1 Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot documents on which first preference votes are given for that candidate into sub- parcels so that they are grouped:

(a) according to next available preference given on those ballot documents for any continuing candidate, or

(b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV47.2 The returning officer is to count the number of ballot documents in each parcel referred to in rule STV47.1.

STV47.3 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.1(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.4 The vote on each ballot document transferred under rule STV47.3 shall be at a value (“the transfer value”) which:

- (a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and
- (b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot documents on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).

STV47.5 Where at the end of any stage of the count involving the transfer of ballot documents, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot documents in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped:

- (a) according to the next available preference given on those ballot documents for any continuing candidate, or
- (b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV47.6 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.5(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.7 The vote on each ballot document transferred under rule STV47.6 shall be at:

- (a) a transfer value calculated as set out in rule STV47.4(b), or
- (b) at the value at which that vote was received by the candidate from whom it is now being transferred,

whichever is the less.

STV47.8 Each transfer of a surplus constitutes a stage in the count.

STV47.9 Subject to rule STV47.10, the returning officer shall proceed to transfer transferable ballot documents until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.

STV47.10 Transferable ballot documents shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been transferred, are:

- (a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or
- (b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such

candidates.

STV47.11 This rule does not apply at an election where there is only one vacancy.

STV48. Supplementary provisions on transfer

STV48.1 If, at any stage of the count, two or more candidates have surpluses, the transferable ballot documents of the candidate with the highest surplus shall be transferred first, and if:

- (a) The surpluses determined in respect of two or more candidates are equal, the transferable ballot documents of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and
- (b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable ballot documents of the candidate on whom the lot falls shall be transferred first.

STV48.2 The returning officer shall, on each transfer of transferable ballot documents under rule STV47:

- (a) record the total value of the votes transferred to each candidate,
- (b) add that value to the previous total of votes recorded for each candidate and record the new total,
- (c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and
- (d) compare:
  - (i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with
  - (ii) the recorded total of valid first preference votes.

STV48.3 All ballot documents transferred under rule STV47 or STV49 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that ballot document or, as the case may be, all the ballot documents in that sub-parcel.

STV48.4 Where a ballot document is so marked that it is unclear to the returning officer at any stage of the count under rule STV47 or STV49 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot document as a non-transferable vote; and votes on a ballot document shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

**STV49. Exclusion of candidates**

STV49.1 If:

- (a) all transferable ballot documents which under the provisions of rule STV47 (including that rule as applied by rule STV49.11) and this rule are required to be transferred, have been transferred, and
- (b) subject to rule STV50, one or more vacancies remain to be filled,

the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where rule STV49.12 applies, the candidates with the then lowest votes).

STV9.2 The returning officer shall sort all the ballot documents on which first preference votes are given for the candidate or candidates excluded under rule STV49.1 into two sub-parcels so that they are grouped as:

- (a) ballot documents on which a next available preference is given, and
- (b) ballot documents on which no such preference is given (thereby including ballot documents on which preferences are given only for candidates who are deemed to be elected or are excluded).

STV49.3 The returning officer shall, in accordance with this rule and rule STV48, transfer each sub-parcel of ballot documents referred to in rule STV49.2 to the candidate for whom the next available preference is given on those ballot documents.

STV49.4 The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.

STV49.5 If, subject to rule STV50, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballot documents, if any, which had been transferred to any candidate excluded under rule STV49.1 into sub-parcels according to their transfer value.

STV49.6 The returning officer shall transfer those ballot documents in the sub-parcel of transferable ballot documents with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those ballot documents (thereby passing over candidates who are deemed to be elected or are excluded).

STV49.7 The vote on each transferable ballot document transferred under rule STV49.6 shall be at the value at which that vote was received by the candidate excluded under rule STV49.1.

STV9.8 Any ballot documents on which no next available preferences have been expressed shall be set aside as non-transferable votes.

STV49.9 After the returning officer has completed the transfer of the ballot documents in

the sub-parcel of ballot documents with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballot documents with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under rule STV49.1.

- STV49.10 The returning officer shall after each stage of the count completed under this rule:
- (a) record:
    - (i) the total value of votes, or
    - (ii) the total transfer value of votes transferred to each candidate,
  - (b) add that total to the previous total of votes recorded for each candidate and record the new total,
  - (c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and
  - (d) compare:
    - (i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with
    - (ii) the recorded total of valid first preference votes.
- STV49.11 If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with rules STV47.5 to STV47.10 and rule STV48.
- STV49.12 Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.
- STV49.13 If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest:
- (a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and
  - (b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

**STV50. Filling of last vacancies**

- STV50.1 Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.

STV50.2 Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.

STV50.3 Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

**STV51. Order of election of candidates**

STV51.1 The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule STV47.10.

STV51.2 A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained the quota.

STV51.3 Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.

STV51.4 Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

**FPP51. Equality of votes**

FPP51.1 Where, after the counting of votes is completed, an equality of votes is found to exist between any candidates and the addition of a vote would entitle any of those candidates to be declared elected, the returning officer is to decide between those candidates by a lot, and proceed as if the candidate on whom the lot falls had received an additional vote.

## PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS

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### **FPP52. Declaration of result for contested elections**

- FPP52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:
- (a) declare the candidate or candidates whom more votes have been given than for the other candidates, up to the number of vacancies to be filled on the council of governors from the constituency, or class within a constituency, for which the election is being held to be elected,
  - (b) give notice of the name of each candidate who he or she has declared elected:
    - (i) where the election is held under a proposed constitution pursuant to powers conferred on Wirral Community Health & Care NHS Foundation Trust by section 33(4) of the 2006 Act, to the chairman of the NHS Trust, or
    - (ii) in any other case, to the chairman of the corporation; and
  - (c) give public notice of the name of each candidate whom he or she has declared elected.
- FPP52.2 The returning officer is to make:
- (a) the total number of votes given for each candidate (whether elected or not), and
  - (b) the number of rejected ballot papers under each of the headings in rule FPP44.5,
  - (c) the number of rejected text voting records under each of the headings in rule FPP44.10,
- available on request.

### **STV52. Declaration of result for contested elections**

- STV52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:
- (a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,
  - (b) give notice of the name of each candidate who he or she has declared elected –
    - (i) where the election is held under a proposed constitution pursuant to powers conferred on the Wirral Community Health & Care NHS Foundation Trust by section 33(4) of the 2006 Act, to the chairman

of the NHS Trust, or

(ii) in any other case, to the chairman of the corporation, and

(c) give public notice of the name of each candidate who he or she has declared elected.

STV52.2 The returning officer is to make:

- (a) the number of first preference votes for each candidate whether elected or not,
- (b) any transfer of votes,
- (c) the total number of votes for each candidate at each stage of the count at which such transfer took place,
- (d) the order in which the successful candidates were elected, and
- (e) the number of rejected ballot papers under each of the headings in rule STV44.1,
- (f) the number of rejected text voting records under each of the headings in rule STV44.3,

available on request.

### **53. Declaration of result for uncontested elections**

53.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:

- (a) declare the candidate or candidates remaining validly nominated to be elected,
- (b) give notice of the name of each candidate who he or she has declared elected to the chairman of the corporation, and
- (c) give public notice of the name of each candidate who he or she has declared elected.



**54. Sealing up of documents relating to the poll**

54.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:

- (a) the counted ballot papers, internet voting records, telephone voting records and text voting records,
- (b) the ballot papers and text voting records endorsed with “rejected in part”,
- (c) the rejected ballot papers and text voting records, and
- (d) the statement of rejected ballot papers and the statement of rejected text voting records,

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

54.2 The returning officer must not open the sealed packets of:

- (a) the disqualified documents, with the list of disqualified documents inside it,
- (b) the list of spoiled ballot papers and the list of spoiled text message votes,
- (c) the list of lost ballot documents, and
- (d) the list of eligible voters,

or access the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage.

54.3 The returning officer must endorse on each packet a description of:

- (a) its contents,
- (b) the date of the publication of notice of the election,
- (c) the name of the corporation to which the election relates, and
- (d) the constituency, or class within a constituency, to which the election relates.

**55. Delivery of documents**

55.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 56, the returning officer is to forward them to the chair of the

corporation.

**56. Forwarding of documents received after close of the poll**

56.1 Where:

- (a) any voting documents are received by the returning officer after the close of the poll, or
- (b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or
- (c) any applications for replacement voting information are made too late to enable new voting information to be issued,

the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the chairman of the corporation.

**57. Retention and public inspection of documents**

57.1 The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the board of directors of the corporation, cause them to be destroyed.

57.2 With the exception of the documents listed in rule 58.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

57.3 A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

**58. Application for inspection of certain documents relating to an election**

58.1 The corporation may not allow:

- (a) the inspection of, or the opening of any sealed packet containing –
  - (i) any rejected ballot papers, including ballot papers rejected in part,
  - (ii) any rejected text voting records, including text voting records rejected in part,
  - (iii) any disqualified documents, or the list of disqualified documents,
  - (iv) any counted ballot papers, internet voting records, telephone voting records or text voting records, or
  - (v) the list of eligible voters, or
- (b) access to or the inspection of the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the

purpose of storage,

by any person without the consent of the board of directors of the corporation.

58.2 A person may apply to the board of directors of the corporation to inspect any of the documents listed in rule 58.1, and the board of directors of the corporation may only consent to such inspection if it is satisfied that it is necessary for the purpose of questioning an election pursuant to Part 11.

58.3 The board of directors of the corporation's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

(a) persons,

(b) time,

(c) place and mode of inspection,

(d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

58.4 On an application to inspect any of the documents listed in rule 58.1 the board of directors of the corporation must:

(a) in giving its consent, and

(b) in making the documents available for inspection

ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

(i) that his or her vote was given, and

(ii) that (Monitor) NHS England has declared that the vote was invalid.

## PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

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### **FPP59. Countermand or abandonment of poll on death of candidate**

FPP59.1 If at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

- (a) countermand notice of the poll, or, if voting information has been issued, direct that the poll be abandoned within that constituency or class, and
- (b) order a new election, on a date to be appointed by him or her in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.

FPP59.2 Where a new election is ordered under rule FPP59.1, no fresh nomination is necessary for any candidate who was validly nominated for the election where the poll was countermanded or abandoned but further candidates shall be invited for that constituency or class.

FPP59.3 Where a poll is abandoned under rule FPP59.1(a), rules FPP59.4 to FPP59.7 are to apply.

FPP59.4 The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 38 and 39, and is to make up separate sealed packets in accordance with rule 40.

FPP59.5 The returning officer is to:

- (a) count and record the number of ballot papers, internet voting records, telephone voting records and text voting records that have been received,
- (b) seal up the ballot papers, internet voting records, telephone voting records and text voting records into packets, along with the records of the number of ballot papers, internet voting records, telephone voting records and text voting records and

ensure that complete electronic copies of the internet voting records telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

FPP59.6 The returning officer is to endorse on each packet a description of:

- (a) its contents,
- (b) the date of the publication of notice of the election,
- (c) the name of the corporation to which the election relates, and

- (d) the constituency, or class within a constituency, to which the election relates.

FPP59.7 Once the documents relating to the poll have been sealed up and endorsed pursuant to rules FPP59.4 to FPP59.6, the returning officer is to deliver them to the chairman of the corporation, and rules 57 and 58 are to apply.

**STV59. Countermand or abandonment of poll on death of candidate**

STV59.1 If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

- (a) publish a notice stating that the candidate has died, and
- (b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –
  - (i) ballot documents which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and
  - (ii) ballot documents which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

STV59.2 The ballot documents which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot documents pursuant to rule 54.1(a).

## PART 10: ELECTION EXPENSES AND PUBLICITY

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### *Election expenses*

#### **60. Election expenses**

60.1 Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application made to (Monitor) NHS England under Part 11 of these rules.

#### **61. Expenses and payments by candidates**

61.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:

- (a) personal expenses,
- (b) travelling expenses, and expenses incurred while living away from home, and
- (c) expenses for stationery, postage, telephone, internet (or any similar means of communication) and other petty expenses, to a limit of £100.

#### **62. Election expenses incurred by other persons**

62.1 No person may:

- (a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or
- (b) give a candidate or his or her family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

62.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 63 and 64.

### *Publicity*

#### **63. Publicity about election by the corporation**

63.1 The corporation may:

- (a) compile and distribute such information about the candidates, and
- (b) organise and hold such meetings to enable the candidates to speak and respond to questions,

as it considers necessary.

63.2 Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 64, must be:

- (a) objective, balanced and fair,
- (b) equivalent in size and content for all candidates,
- (c) compiled and distributed in consultation with all of the candidates standing for election, and
- (d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.

63.3 Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

#### **64. Information about candidates for inclusion with voting information**

64.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.

64.2 The information must consist of:

- (a) a statement submitted by the candidate of no more than 250 words,
- (b) if voting by telephone or text message is a method of polling for the election, the numerical voting code allocated by the returning officer to each candidate, for the purpose of recording votes using the telephone voting facility or the text message voting facility (“numerical voting code”), and
- (c) a photograph of the candidate.

#### **65. Meaning of “for the purposes of an election”**

65.1 In this Part, the phrase “for the purposes of an election” means with a view to, or otherwise in connection with, promoting or procuring a candidate’s election, including the prejudicing of another candidate’s electoral prospects; and the phrase “for the purposes of a candidate’s election” is to be construed accordingly.

65.2 The provision by any individual of his or her own services voluntarily, on his or her own time, and free of charge is not to be considered an expense for the purposes of this Part.

## PART 11: QUESTIONING ELECTIONS AND THE CONSEQUENCE OF IRREGULARITIES

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### 66. Application to question an election

- 66.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to (Monitor) NHS England for the purpose of seeking a referral to the independent election arbitration panel ( IEAP).
- 66.2 An application may only be made once the outcome of the election has been declared by the returning officer.
- 66.3 An application may only be made to (Monitor) NHS England by:
- (a) a person who voted at the election or who claimed to have had the right to vote, or
  - (b) a candidate, or a person claiming to have had a right to be elected at the election.
- 66.4 The application must:
- (a) describe the alleged breach of the rules or electoral irregularity, and
  - (b) be in such a form as the independent panel may require.
- 66.5 The application must be presented in writing within 21 days of the declaration of the result of the election. (Monitor) NHS England will refer the application to the independent election arbitration panel appointed by (Monitor) NHS England.
- 66.6 If the independent election arbitration panel requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.
- 66.7 (Monitor) NHS England shall delegate the determination of an application to a person or panel of persons to be nominated for the purpose.
- 66.8 The determination by the IEAP shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency) including all the candidates for the election to which the application relates.
- 66.9 The IEAP may prescribe rules of procedure for the determination of an application including costs.



**67. Secrecy**

67.1 The following persons:

- (a) the returning officer,
- (b) the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:

- (i) the name of any member of the corporation who has or has not been given voting information or who has or has not voted,
- (ii) the unique identifier on any ballot paper,
- (iii) the voter ID number allocated to any voter,
- (iv) the candidate(s) for whom any member has voted.

67.2 No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter ID number allocated to a voter.

67.3 The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

**68. Prohibition of disclosure of vote**

68.1 No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

**69. Disqualification**

69.1 A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:

- (a) a member of the corporation,
- (b) an employee of the corporation,
- (c) a director of the corporation, or
- (d) employed by or on behalf of a person who has been nominated for election.

**70. Delay in postal service through industrial action or unforeseen event**

70.1 If industrial action, or some other unforeseen event, results in a delay in:

- (a) the delivery of the documents in rule 24, or
- (b) the return of the ballot papers,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll by such period as he or she considers appropriate.

## **ANNEX 5 – ADDITIONAL PROVISIONS – COUNCIL OF GOVERNORS**

(Paragraph 15)

### **1. Eligibility to be a Governor**

A person may not become a governor of the trust, and if already holding such office will immediately cease to do so, if:

- 1.1 they are a Director of the trust, an executive director or chair of a health service body or a director of a local authority (save for in the case of an appointed governor to whom such criteria do not apply)
- 1.2 they are the spouse, partner, parent or child of a member of the Board of Directors of the trust
- 1.3 they are a member of a local authority's scrutiny committee covering health matters
- 1.4 being a member of one of the public constituencies, they refuse to sign a declaration, in the form specified by the Secretary (Director of Corporate Affairs), of particulars of their qualification to vote as a member of the trust, and that they are not prevented from being a member of the Council of Governors
- 1.5 they are subject to a sex offender order
- 1.6 they are a person to whom a moratorium period under a debt relief order applies (under part 7A of the Insolvency Act 1986)
- 1.7 they have within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body
- 1.8 they are a person whose tenure of office as the Chairman or as a member or director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for nondisclosure of a pecuniary interest
- 1.9 they are a member of the Staff Constituency and they are subject to a final written warning in connection with any position of employment held by them.
- 1.10 they refuse to undergo a Disclosure & Barring Service Check (DBS) check
- 1.11 the results of a Disclosure & Barring Service Check (DBS) check, in the opinion of the Chairman, renders them unsuitable to become or continue as a governor of the trust.
- 1.12 They have had their name removed from any list prepared under chapter 6 of the 2006 Act or the equivalent lists maintained in Wales or has otherwise been suspended or disqualified from any healthcare profession, and has not subsequently had their name included in such a

list or had their suspension lifted or qualification re-instated (as applicable);

- 1.13 They are incapable by reason of mental disorder, illness or injury of managing and administering their property and affairs;
- 1.14 They are a person who is a medical practitioner and who has been removed from the register of medical practitioners held by the General Medical Council, in accordance with the Medical Act 1983, or has been suspended from that register, and not subsequently had their name returned to the register;
- 1.15 They are not a fit and proper person for the purposes of Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and/or Condition G4 of the Trust's Licence;
- 1.16 They are included in any barred list established under the Safeguarding Vulnerable Adults Act 2006 or any equivalent list.
- 1.17 They have previously been removed as a Governor pursuant to the procedure set out in this Annex (5) or as the Governor of another NHS Foundation Trust.

## **2. Appointed Governors**

- 2.1 The Trust Board Secretary, in consultation with the respective appointing organisation is to adopt a process for agreeing the appointment of each of the Appointed Governors.

## **3. Lead Governor**

- 3.1 The Council of Governors shall appoint one of the Governors to be Lead Governor of the Council of Governors, in accordance with the role description within the Code of Governance for NHS Provider Trusts. The Lead Governor may be a public governor, and appointed governors or a staff governor.
- 3.2 The term of office of the Lead Governor shall be two years. A governor may be re-appointed as the Lead Governor by the Council of Governors at the end of that term, Only in exceptional circumstances would a Lead Governor serve for more than two terms.

#### **4. Termination of office and removal of governors**

- 4.1 A person holding office as a governor shall immediately cease to do so if:
- 4.1.1 they resign by notice in writing to the Secretary (Director of Corporate Affairs)
  - 4.1.2 they fail to attend three consecutive meetings, unless the other governors are satisfied that:
    - (a) the absences were due to reasonable causes; and
    - (b) they will be able to start attending meetings of the Council of Governors again within such a period as the other governors consider reasonable
  - 4.1.3 in the case of an elected governor, they cease to be a member of the constituency or class of the constituency by which they were elected
  - 4.1.4 in the case of an appointed Governor, the appointing organisation terminates the appointment
  - 4.1.5 they have refused without reasonable cause to undertake any training which the Council of Governors requires all governors to undertake
  - 4.1.6 within one calendar month they have failed to sign and deliver to the Secretary (Director of Corporate Affairs) a statement in the form required by the Secretary (Director of Corporate Affairs) confirming acceptance of the Code of Conduct for Governors
  - 4.1.7 they are removed from the Council of Governors under paragraph 2.2.
- 4.2 The trust will implement a clear policy and fair process, agreed and adopted by the Council of Governors, for the removal of a Governor from the Council of Governors by a resolution approved by not less than three-quarters of the remaining governors present and voting on the grounds that:
- 4.2.1 they have committed a serious breach of the code of conduct,
  - 4.2.2 they have acted in a manner detrimental to the interests of the trust, or
  - 4.2.3 they have brought the trust into disrepute
  - 4.2.4 the Council of Governors consider that it is not in the best interests of the trust for them to continue as a governor.

- 4.3 Where a person has been elected or appointed to be a Governor and they become disqualified for appointment under the provisions of this constitution, they shall notify the Secretary in writing of such disqualification as soon as practicable;
- 4.4 If it comes to the notice of the Secretary at the time of their appointment or election as the case may be, or later, that the Governor is so disqualified, they shall immediately declare that the person in question is disqualified and notify them in writing to that effect;
- 4.5 Upon receipt of any such notification, that person's tenure of office, if any, shall be terminated and they shall cease to act as a Governor;
- 4.6 Where a person has been declared disqualified by the Secretary under the provisions of this Annex, they may appeal the Secretary's decision to the Chair, whose decision on the matter will be final. The appeal must be submitted in writing within a 6-month period from the disqualification.

## **5. Appeal against removal**

- 5.1 Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor agreeable to both parties will be requested to consider the evidence and determine whether the proposed removal is reasonable or otherwise.
- 5.2 The independent assessor will be sought from a panel of Chairpersons and Company Secretaries in the Northwest. The independent assessors decision will be final.

## **6. Vacancies amongst governors**

- 6.1 Where a vacancy arises on the Council of Governors for any reason other than expiry of term of office the following provisions apply:
- 6.2 Where the vacancy arises amongst the appointed governors, the Secretary (Director of Corporate Affairs) shall request that the appointing organisation appoints a replacement to hold office for the remainder of the term of office (such replacement to be appointed in accordance with the process which has been previously agreed with the Secretary (Director of Corporate Affairs)).
- 6.3 Where the vacancy arises amongst the elected governors, the Council of Governors shall be at liberty to:
  - 6.3.1 if the most recent election for that seat was within the last six months, invite the next highest polling candidate for that seat at that election, who is willing to take office, to fill the seat for the remainder of that term of office and, if that candidate should decline to take office, the Council of Governors is at liberty to approach each of the remaining next highest polling candidates in descending order, until the seat is filled in accordance with this paragraph; or
  - 6.3.2 if the remainder of the term of office is less than six months, leave the seat vacant until the next planned election; or

6.3.3 call an election within three months to fill the seat for the remainder of the term of office.

## **7. Election of governors**

7.1 The initial elected governors of the trust will hold terms of either two or three years based on the numbers of votes received at the first election as follows:

7.1.1 The governor elected with the lowest number of votes in respect of each public constituency area specified in Annex 1 (a total of 4 governors) will serve a term of two years.

7.1.2 The governor elected with the lowest number of votes in respect of the Staff Constituency will serve a term of two years.

7.1.3 All other governors will serve a term of three years.

7.2 At the initial election, if in any Public or Staff Constituency there is the same number of prospective governors as there are vacant seats, drawing of lots shall be used to determine which governor serves a term of two years. The drawing of lots shall be supervised by the Returning Officer.

## **ANNEX 6 - ADDITIONAL PROVISIONS – BOARD OF DIRECTORS**

(Paragraphs 24 and 25)

### **Appointment and Removal of Chair and other Non-Executive Directors**

1. Non-Executive Directors are to be appointed by the Council of Governors using the following procedure.
  - 1.1 The Council of Governors will ensure the composition of the Non-Executive Directors is aligned to the NHS Foundation Trust Provider Licence.
  - 1.2 The Fit and Proper Persons requirements for Governors and Directors are set out in the NHS Foundation Trust Provider Licence, and these will be incorporated into the Trust's process. A person may not become or continue as a Governor of the Licensee if that person is:
    - a. a person who has been made bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;
    - b. a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);
    - c. a person who has made a composition or arrangement with, or granted a trust deed for, that person's creditors and has not been discharged in respect of it;
    - d. a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on that person.

The Trust must not appoint or have in place a person as a Director of the Licensee who is not fit and proper. For the purposes of this paragraph, a person is not fit and proper if that person is:

an individual who does not satisfy all the requirements as set out in paragraph (3) and referenced in paragraph (4) of regulation 5 (fit and proper persons: directors) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (S.I. 2014/2936).

- 1.3 The Council of Governors Remuneration & Nomination Committee will oversee the process to appoint Non-Executive Directors. The Remuneration & Nominations Committee will make a formal recommendation to the Council of Governors.
- 1.4 The Remuneration & Nominations Committee will agree an appropriate process for the appointment of Non-Executive Directors.
- 1.5 The Remuneration & Nomination Committee will comprise the Chair of the Foundation Trust (or, when a Chair is being appointed, the Deputy Chair unless they are standing for appointment, in which case another Non- Executive Director) and Governors in line with Terms of Reference. The Remuneration & Nomination Committee will agree an



independent assessor to the appointments process where appropriate. The Chief Executive and other Directors will be invited to attend meetings of the Remuneration & Nomination Committee as required and the Committee shall take into account the Chief Executive's views.

2. The removal of the Chair or another Non-Executive Director shall be in accordance with the following procedures.
  - 2.1 Any proposal for removal must be proposed by a Governor and seconded by not less than three quarters of the Council of Governors.
  - 2.2 Written reasons for the proposal shall be provided to the Non-Executive Director in question, who shall be given the opportunity to respond to such reasons.
  - 2.3 In making any decision to remove a Non-Executive Director, the Council of Governors shall take into account the annual appraisal carried out by the Chair.
  - 2.4 If any proposal to remove a Non-Executive Director is not approved at a meeting of the Council of Governors, no further proposal can be put forward to remove such Non-Executive Director based upon the same reasons within twelve (12) months of that meeting.

#### **Further provisions as to disqualification of Directors**

3. Paragraph 4 of this Annex applies in addition to the grounds set out at paragraph 28 of the constitution.
4. A person may not become or continue as a Director of the Foundation Trust if:
  - 4.1 he is an employee or appointed official of Local Healthwatch;
  - 4.2 he is the spouse, Partner, parent or child of a member of the Board of Directors of the Foundation Trust;
  - 4.3 he is a member of a local authority's Scrutiny Committee covering health matters;
  - 4.4 he is the subject of a disqualification order made under the Company Directors Disqualification Act 1986;
  - 4.5 he is a person whose tenure of office as a Chair or as a member or Director of an NHS body has  
been terminated on the grounds that his appointment is not in the interests of the health service, for non- attendance at meetings or for non-disclosure of a pecuniary interest;
  - 4.6 he has within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with an NHS body;
  - 4.7 in the case of a Non-Executive Director, or a Director, he has refused without reasonable cause to fulfill any training requirement established by the Board of Directors; or
  - 4.8 he fails to disclose any direct or indirect pecuniary or non-pecuniary interest required to be disclosed under this constitution and is required to permanently vacate his office by a majority of the remaining Directors and (in the case of a Non-Executive Director) by three quarters of the Council of Governors.

## **Expenses**

5. The Foundation Trust may reimburse executive Directors travelling and other costs and expenses incurred in carrying out their duties at such rates as the remuneration committee of Non-Executive Directors decides. These are to be disclosed in the annual report.

## **ANNEX 7 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS**

(Paragraph 17)

### **1. Interpretation**

- 1.1. Any expression to which a meaning is given in the National Health Service Act 2006 has the same meaning in this interpretation and in addition:

Accounting Officer is the Chief Executive of the trust.

Board means the Board of Directors, formally constituted in accordance with this Constitution and consisting of the Chairman, and non-executive directors, appointed by the Council of Governors, and the executive directors, appointed by the Chair and the non-executive directors and (except for his own appointment) by the Chief Executive.

Budget means a resource, expressed in financial terms, approved by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the trust;

The Chair is the person appointed by the Council of Governors to lead the Board and to ensure that it successfully discharges its overall responsibility for the trust as a whole. The Chair shall be deemed to include the non-executive director appointed by the Council of Governors to take on the Chair's duties if the Chair is absent from the meeting or is otherwise unavailable.

Committee of the Board means a committee appointed by the Board with specific terms of reference, chair, and membership approved by the Board.

Group of the Council means a group appointed by the Council of Governors with specific terms of reference, chair, and membership approved by the Council of Governors.

Council means the Council of Governors, formally constituted in accordance with this Constitution, meeting in public and presided over by the Chairman.

Director means a person appointed to the Board in terms of paragraphs 25, 26, 28 and 29 of this Constitution.

Governor means a person elected or appointed to the Council in terms of paragraphs 12 and 13 of this Constitution.

Member means a person registered as a member of a constituency in terms of paragraphs 5 - 9 of this Constitution.

Motion means a formal proposition to be discussed and voted on during the course of a meeting.

Officer means an employee of the trust.

Trust means the Wirral Community Health & Care NHS Foundation Trust.

Working Day means any day other than a Saturday, Sunday or public holiday in the United Kingdom.

Save as permitted by law, the Chairman of the trust shall be the final authority on the interpretation of Standing Orders (on which he/she shall be advised by the Chief Executive and Chief Finance Officer).

## **2. General Information**

2.1. The purpose of the Council Standing Orders is to ensure that the highest standards of corporate governance and conduct are applied to all Council meetings and associated deliberations. The Council shall at all times seek to comply with the NHS Foundation Trust Code of Governance, which is founded on "The Combined Code" and the trust's Code of Conduct for Governors.

2.2. All business shall be conducted in the name of the trust.

2.3. The Board shall appoint Trustees to administer, separately, charitable funds received by the trust and for which they are accountable to the Charity Commission.

2.4. A Governor who has acted honestly and in good faith will not have to meet out of his or her own personal resources any personal civil liability which is incurred in the execution or purported execution of his or her function as a Governor save where the Governor has acted recklessly. On behalf of the Council and as part of the trust's overall insurance arrangements the Board shall put in place appropriate insurance provision to cover such indemnity.

## **3. Composition of the Council of Governors**

3.1. The composition of the Council shall be in accordance with Annex 3 of this Constitution.

3.2. Appointment and Removal of the Chair and Deputy Chair of the trust - The Chair or Deputy Chair of the trust will preside over meetings of the Council, such persons being appointed and removed by the Governors in accordance with the provisions of paragraphs 25 and 26 of the Constitution.

3.3. Duties of Deputy Chair - Where the Chair of the trust has died or has otherwise ceased to hold office or where he is unable to perform his duties as Chair owing to illness, absence from England and Wales or any other cause, references to the Chair shall, so long as there is no Chair able to perform his duties, be taken to include references to the Deputy Chair.

#### **4. Meetings of the Council of Governors**

##### **4.1. Meetings in Public**

- 4.1.1. Meetings of the Council must be open to the public subject to the provisions of paragraph 4.1.2 below.
- 4.1.2. The Council may resolve to exclude members of the public from any meeting or part of a meeting on the grounds that:
  - 4.1.2.1. publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted; or
  - 4.1.2.2. there are special reasons stated in the resolution and arising from the nature of the business of the proceedings.
- 4.1.3. The Chair may exclude any member of the public from the meeting of the Council if he is interfering with or preventing the reasonable conduct of the meeting.
- 4.1.4. Meetings of the Council shall be held a minimum of four times each year, at such times and places that the Council may determine.
- 4.1.5. No record of meetings of the Council shall be made in any manner whatsoever, other than in writing, to make any oral report of proceedings as they take place, without the prior agreement of the Council.
- 4.1.6. The Council may request the Chief Executive, and other appropriate directors, to attend any meeting of the Council to enable governors to raise questions about the trust affairs.

**4.2. Calling Meetings** - Notwithstanding, paragraph 4.1.4 above, the Chair may, in exceptional circumstances, call a meeting of the Council at any time. If the Chair refuses to call a meeting after a requisition for that purpose, signed by half of the governors, or if, without so refusing, the Chair does not call a meeting within fourteen days after requisition to do so, then the governors may forthwith call a meeting provided they have been requisitioned to do so by at least half of the governors.

##### **4.3. Notice of Meetings**

- 4.3.1. Before each meeting of the Council, a notice of the meeting, specifying the business proposed to be transacted at it, and signed by the Chair, or by an Officer of the trust authorised by the Chair to sign on his behalf, shall be sent via email to every governor, so as to be available to him at least three clear Working Days before the meeting. Lack of service of the notice on any governor shall not affect the validity of a meeting subject to paragraph 4.3.3.
- 4.3.2. Notwithstanding the above requirement for notice, the Chair may waive notice on written receipt of the agreement of at least 50% of governors.

4.3.3. In the case of a meeting called by the governors in default of the Chair, the notice shall be signed by those governors calling the meeting and no business shall be transacted at the meeting other than that specified in the notice. Failure to serve such a notice on more than three quarters of governors will invalidate the meeting. A notice will be presumed to have been served at the time at which the notice would be delivered in the ordinary course of the post.

#### **4.4. Setting the Agenda**

4.4.1. The Council may determine that certain matters shall appear on every agenda for a meeting of the Council and shall be addressed prior to any other business being conducted.

4.4.2. A governor desiring a matter to be included on an agenda shall make his request in writing to the Chair at least ten clear days before the meeting. The request should state whether the matter is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than ten clear days before a meeting may be included on the agenda at the discretion of the Chair.

**4.5. Chair of Meeting** - At any meeting of the Council, the Chair, if present, shall preside. If the Chair is absent from the meeting, the Deputy Chair shall preside. Otherwise, such non-executive director as the governors shall choose shall preside. If the person presiding at any such meeting has a conflict of interest in relation to the business being discussed, he/she shall not chair that part of the meeting and another chair shall be appointed for that/those item(s) in accordance with this paragraph.

#### **4.6. Notices of Motions**

4.6.1. A governor desiring to move or amend a motion shall send a written notice thereof at least ten clear days before the meeting to the Chairman, who shall insert it in the Agenda for the meeting. This paragraph shall not prevent any motion being moved during the meeting, without notice, on any business mentioned on the agenda subject to paragraph 4.3 of these Standing Orders.

4.6.2. A motion or amendment, once moved and seconded, may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chairman.

4.6.2.1. Notice of motion to amend or rescind any resolution (or the general substance of any resolution), which has been passed within the preceding six calendar months, shall bear the signature of the governors who give it and also the signature of four other governors. When any such motion has been disposed of by the Council it shall not be competent for any governor, other than the Chair, to propose a motion to the same effect within six months; however the Chair may do so if he considers it appropriate.

- 4.6.3. The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.
- 4.6.4. When a motion is under discussion or immediately prior to discussion it shall be open to a governor to move:
  - 4.6.4.1. An amendment to the motion.
  - 4.6.4.2. The adjournment of the discussion or the meeting.
  - 4.6.4.3. The appointment of an ad hoc committee to deal with a specific item of business.
  - 4.6.4.4. That the meeting proceeds to the next business.
  - 4.6.4.5. That the motion be now put.

Such a motion, if seconded, shall be disposed of before the motion which was originally under discussion or about to be discussed.

No amendment to the motion shall be admitted if, in the opinion of the Chairman of the meeting, the amendment negates the substance of the motion.

In the case of motions under 4.6.5.4 and 4.6.5.5, to ensure objectivity, such motions may only be put by a governor who has not previously taken part in the debate.

**4.7. Chair's Ruling** - Statements of governors made at meetings of the Council shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be observed at the meeting.

#### **4.8. Voting**

- 4.8.1. Except where otherwise provided within the constitution, decisions at meetings shall be determined by a majority of the votes of the governors present and voting. In the case of any equality of votes, the person presiding shall have a second or casting vote.
- 4.8.2. All decisions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the governors present so request.
- 4.8.3. If at least one-third of the governors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each governor present voted or abstained.
- 4.8.4. If a governor so requests, his vote shall be recorded by name upon any vote (other than by paper ballot).
- 4.8.5. In no circumstances may an absent governor vote by proxy although the Council may agree that its governors may participate in its meetings by telephone, video or video media link. Subject to participation in a meeting in this manner (which shall be deemed to constitute presence in person at the meeting) absence is defined as being absent at the time of the vote.

#### **4.9. Suspension of Standing Orders**

- 4.9.1. Except where this would contravene any statutory provision, any one or more of these Standing Orders may be suspended at any meeting, provided that at least two-thirds of members of the Council are present and that a majority of those present vote in favour of suspension.
- 4.9.2. A decision to suspend the Standing Orders shall be recorded in the minutes of the meeting.
- 4.9.3. A separate record of matters discussed during the suspension of
- 4.9.4. the Standing Orders shall be made and shall be available to the directors.
- 4.9.5. No formal business may be transacted while the Standing Orders are suspended.
- 4.9.6. The trust's Audit Committee shall review every decision to suspend the Standing Orders.

#### **4.10 Variation and Amendment of Standing Orders** – Without prejudice to the terms of this Constitution, these Standing Orders shall be amended only if:

- 4.10.1 notice of motion has been given;
- 4.10.2 no fewer than half the total of the governors vote in favour of amendment;
- 4.10.3 at least two-thirds of the governors are present; and
- 4.10.4 the variation proposed does not contravene a statutory provision.

#### **4.11 Record of Attendance** - The names of the governors present, any apologies received and the person presiding at the meeting shall be recorded in the minutes.

#### **4.12 Minutes**

- 4.12.2 The minutes of the proceedings of the meeting shall be drawn up and maintained as a public record. They will be submitted for agreement at the next meeting where they will be signed by the person presiding at it.
- 4.12.3 No discussion shall take place upon the minutes except upon their accuracy or where the Chairman considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.
- 4.12.4 Minutes shall be circulated in accordance with the governors' wishes.



## 4.13 Quorum

- 4.12.5 No business shall be transacted at a meeting of the Council unless at least one third of the governors are present including at least one of the appointed governors.
- 4.12.6 If a governor has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest he shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

## 5 Arrangements for the Exercise of Functions by Delegation

- 5.1 **Emergency Powers** - The powers which the Council has retained to itself within these Standing Orders may in emergency be exercised by the Chair after having consulted at least five elected governors. The exercise of such powers by the Chairman shall be reported to the next formal meeting of the Council for ratification.
- 5.2 **Delegation to Groups** - The Council may agree from time to time to the delegation of its duties to groups, which it has formally constituted. To ensure clarity of purpose, the terms of reference and membership of these groups, or sub-groups, and their specific powers shall be laid out in accordance with trust policy and approved by the Council.
- 5.3 **Delegation to a governor** – The Council may delegate duties to an individual governor but only under a clear remit approved by the Council.
- 5.4 **Governance Manual** – The trust shall produce a Governance Manual which shall provide details of the matters that the Council has delegated to groups of the Council (including the terms of reference and membership of each Committee of the Council). The Governance Manual shall also include the Code of Conduct for Governors, details of the matters that the Board has, for the time being, reserved for itself and/or delegated to Committees of the Board and/or delegated to the Chief Executive and Executive Directors of the trust and the trust's Standing Financial Instructions. The Governance Manual shall be reviewed at least every two years and, if necessary, amended. Any provisions relating to the terms of reference and membership of a Committee of the Council may be amended only with the agreement of the Council.

## **6 Committees of the Council**

- 6.1** The Council may appoint **Committees** of the Council consisting of governors and/or persons who are not governors.
- 6.2** These Standing Orders, as far as they are applicable, shall apply also, with appropriate alteration, to meetings of any Committees or sub-committees so established by the Council.
- 6.3** Each such **Committee** shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Council) as the Council shall decide. Such terms of reference shall have effect as if incorporated into these Standing Orders.
- 6.4** The Council shall approve the membership to all committees that it has formally constituted and shall determine the Chairman of each committee.

## **7 Confidentiality**

- 7.1** Except as required by law and/or any obligations that an individual has or may have to raise concerns about patient safety and care with regulatory or other appropriate statutory bodies pursuant to any applicable professional and/or ethical obligations, a governor or a non-governor in attendance at a committee shall not disclose a matter dealt with by, or brought before, the group without its permission or until the group shall have reported to the Council or shall otherwise have concluded on that matter.
- 7.2** Except as required by law and/or any obligations that an individual has or may have to raise concerns about patient safety and care with regulatory or other appropriate statutory bodies pursuant to any applicable professional and/or ethical obligations, a governor or a non-governor in attendance at a committee shall not disclose any matter dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the Council or committee resolves that it is confidential.

## **8 Declaration of Interests and Register of Interests**

### **8.1 Declaration of Interests**

- 8.1.1** Governors are required to comply with the trust's standards of business conduct and to declare interests in accordance with the Constitution and any other interests that are relevant and material to the Council. All governors should declare such interests on appointment and on any subsequent occasion that a conflict arises.
- 8.1.2** Interests regarded as "relevant and material" are:
  - 8.1.2.1** Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies);
  - 8.1.2.2** Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with

the NHS;

**8.1.2.3** Employment with any private company, business or consultancy;

**8.1.2.4** Significant share holdings (more than 5%) in organisations likely or possibly seeking to do business with the NHS;

**8.1.2.5** A position of authority in a charity or voluntary organisation in the field of health and social care; or

**8.1.2.6** Any connection with a voluntary or other organisation contracting for NHS services.

**8.1.3** If a governor has any doubt about the relevance of an interest, he should discuss it with the Chairman who shall advise him whether or not to disclose the interest.

**8.1.4** At the time Governors' interests are declared, they should be recorded in the Council minutes and entered on a Register of Interests of Governors to be maintained by the Secretary (Director of Corporate Affairs). Any changes in interests should be declared at the next Council meeting following the change occurring.

**8.1.5** Governors' directorships of companies likely or possibly seeking to do business with the NHS should be published in the trust's annual report.

**8.1.6** During the course of a Council meeting, if a conflict of interest is established, the Governor concerned shall, unless two thirds of those governors present agree otherwise, withdraw from the meeting and play no part in the relevant discussion or decision.

**8.1.7** There is no requirement for the interests of governors' spouses or partners to be declared except where a governor is cohabiting with his spouse or partner, whereby any interest of a spouse or partner in a contract shall be declared.

## **8.2 Register of Interests**

**8.2.1** The Registrar will ensure that a Register of Interests is established to record formally declarations of interests of governors.

**8.2.2** Details of the Register will be kept up to date and reviewed monthly.

**8.2.3** The Register will be available to the public and the Trust Secretary (Director of Corporate Affairs) will take reasonable steps to bring the existence of the Register to the attention of the local population and to publicise arrangements for viewing it.

## **9 Compliance - Other Matters**

**9.1** Governors of the trust shall comply with Standing Financial Instructions prepared by the Chief Finance Officer and approved by the Board for the guidance of all staff employed by the trust.

**9.2** Governors must behave in accordance with the trust's Code of Conduct as amended from time to time and the seven Nolan principles of behaviour in Public Life:

- 9.2.1** selflessness;
- 9.2.2** integrity;
- 9.2.3** objectivity;
- 9.2.4** accountability;
- 9.2.5** openness;
- 9.2.6** honesty; and
- 9.2.7** leadership.

## **10 Resolution of Disputes with the Board**

### **10.1** The Council has three main roles:

- 10.1.1** Advisory - It communicates to the Board the wishes of Members and the wider community.
- 10.1.2** Guardianship - It ensures that the trust is operating in accordance with its Statement of Purpose and is compliant with its Provider Licence. In this regard it acts in a Trustee role for the welfare of the organisation.
- 10.1.3** Strategic - It advises on a longer term direction to help the Board effectively determine its policies.

### **10.2** The Board has overall responsibility for running the affairs of trust. Its role is to:

- 10.2.1** Take advice from the Council;
- 10.2.2** Set a strategic direction;
- 10.2.3** Set organisational and operational targets;
- 10.2.4** Minimise risk;
- 10.2.5** Assess achievement against the above objectives;
- 10.2.6** Ensure that action is taken to eliminate or minimise, as appropriate, adverse deviations from objectives; and
- 10.2.7** Ensure that the highest standards of Corporate Governance are applied throughout the organisation.

### **10.3** Should a dispute arise between the Council and the Board then the dispute resolution procedure set out below recognises the different roles of the Council and the Board as described above.

- 10.3.1** The Chair (or Deputy Chair if the dispute involves the Chair) shall first endeavour through discussion with governors and Directors or, to achieve the earliest possible conclusion, appropriate representatives of them, to resolve the matter to the reasonable satisfaction of both parties.
- 10.3.2** Failing resolution under 10.3.1 above then the Board or the Council, as appropriate, shall at its next formal meeting approve the precise wording of a Disputes Statement setting out clearly and concisely the issue or issues giving rise to the dispute.
- 10.3.3** The Chair shall ensure that the Disputes Statement, without amendment or abbreviation in any way, shall be an Agenda Item and Agenda Paper at the next formal meeting of the Board or Council as

appropriate. That meeting shall agree the precise wording of a Response to Disputes Statement.

- 10.3.4** The Chair or Deputy Chair (if the dispute involves the Chair) shall immediately or as soon as is practical, communicate the outcome to the other party and deliver the written Response to Disputes Statement. If the matter remains unresolved or only partially resolved then the procedure outlined in 10.3.1 above shall be repeated.
  - 10.3.5** If, in the opinion of the Chair or Deputy Chair (if the dispute involves the Chairman), and following the further discussions prescribed in 10.3.4, there is no further prospect of a full resolution or, if at any stage in the whole process, in the opinion of the Chair or Deputy Chair, as the case may be, there is no prospect of a resolution (partial or otherwise) then he shall advise the Council and the Board accordingly.
  - 10.3.6** On the satisfactory completion of this disputes process the Board shall implement agreed changes.
  - 10.3.7** On the unsatisfactory completion of this disputes process the view of the Board shall prevail.
- 10.4** Nothing in this procedure shall prevent the Council, if it so desires, from informing (Monitor) NHS England that, in the Council's opinion, the Board has not responded constructively to concerns of the Council that the trust is not meeting the terms of its Provider Licence.

## **11 Council Performance**

The Chairman shall, at least annually, lead a performance assessment process for the Council to enable the Council to review its roles, structure, composition and procedures taking into account emerging best practice.

- 12** The validity of any act of the Council is not affected by any vacancy among the governors or by any defect in the appointment of any governor.

## **13 Standing Orders to be given to governors**

It is the duty of the Secretary (Director of Corporate Affairs) to the trust to ensure that existing Governors and all new appointees are notified of their responsibilities within these Standing Orders. New governors shall be informed in writing and shall receive copies where appropriate of these Standing Orders.

**Annex 8 STANDING ORDERS FOR THE PRACTICE AND PROCEDURE  
OF THE BOARD OF DIRECTORS  
(paragraph 30)**

**1. INTRODUCTION**

**1.1 Statutory Framework**

Wirral Community Health & Social Care NHS Foundation Trust (the Trust) is a public benefit corporation which came into existence on 1 May 2016 following approval by the Independent Regulator (Monitor) pursuant to the Health and Social Care (Community Health and Standards) Act 2006 (the 2006 Act). The Trust's licence number is 130162.

The Head Office of the Trust is at St Catherine's Health Centre, Derby Road, Birkenhead, Wirral, CH42 0LQ.

NHS Foundation Trusts are governed by Acts of Parliament, mainly the National Health Service Act 1977 (NHS Act 1977), the National Health Service and Community Care Act 1990 (NHS & CC Act 1990) as amended by the Health Authorities Act 1995, the Health Act 1999 and the Health and Social Care Act 2001 and 2003 and the 2006 Act. The functions of the Trust are conferred by this legislation.

As a public benefit corporation, the Trust has specific powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable.

The Trust will also be bound by such other statutes and legal provisions which govern the conduct of its affairs.

**1.2 NHS Framework**

The NHS Regulatory Framework requires the Trust to adopt Standing Orders for the regulation of its proceedings and business. The Trust must also adopt Standing Financial Instructions (SFIs) as an integral part of Standing Orders setting out the responsibilities of individuals.

The Board of Directors will ensure that it follows the NHS Foundation Trust Code of Governance.

The Code of Accountability requires that, inter alia, Boards draw up a schedule of decisions reserved to the Board and ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives (a scheme of delegation). The code also requires the establishment of audit and remuneration committees with formally agreed terms of reference. The Codes of Conduct makes various requirements concerning possible conflicts of interest of Board members.

The Code of Practice on Openness in the NHS sets out the requirements for public access to information on the NHS.

All NHS bodies are required by law to take account of the NHS Constitution (updated in August 2023) in their decisions. The NHS Constitution aims to safeguard the enduring principles and values of the NHS by setting out clear expectations about behaviors of both staff and patients. It is intended to empower the public, patients and staff by setting out legal rights. The Constitution also sets out clear expectations about the behaviors of both staff and patients.

### 1.3 Delegation of Powers

The Trust has powers to delegate and make arrangements for delegation. The Standing Orders set out the detail of these arrangements.

Under the Standing Order relating to the Arrangements for the Exercise of Functions (SO6) the Trust is given powers to "make arrangements for the exercise, on behalf of the Trust of any of their functions by a committee, sub-committee or joint committee appointed by virtue of Standing Order 4 or by an officer of the Trust, in each case subject to such restrictions and conditions as the Board of Directors thinks fit.

Delegated Powers are covered in a separate document entitled - '*Schedule of Matters reserved to the Board and Scheme of Delegation*' and have effect as if incorporated into the Standing Orders and Standing Financial Instructions.

### 1.4 Integrated Governance

Integrated Governance is a co-coordinating principle. It does not seek to replace or supersede clinical, financial or any other governance domain; rather it highlights their vital importance and their inter-dependence and interconnectivity.

It is;

- Underpinned by intelligent information and public/patient engagement
- Is intended to move organisations towards good governance
- Moves governance out of individual silos into a coherent and complementary set of challenges
- Requires boards to focus on strategic objectives, but also to know when and how to drill down to critical areas of delivery
- Requires the development of robust assurance and reporting of delegated clinical and operational decision-making in line with well-developed controls

(The Integrated Governance Handbook, March 2011)

NHS England published guidance on good governance and collaboration (October 2022) issued under the NHS provider license, sets clear expectations of collaboration by NHS trusts and foundation trusts and the governance characteristics that trusts must have in place to support this.

## 2. Interpretation

2.1 Save as permitted by law, the Chair of the Foundation Trust shall be the final authority on the interpretation of Standing Orders (on which s/he shall be advised by the Chief Executive and Chief Finance Officer).

2.2 Any expression to which a meaning is given in the National Health Services Act 2006 shall have the same meaning in this interpretation and in addition:

- "Accounting Officer" shall be the Officer responsible and accountable for funds entrusted to the Foundation Trust. He shall be responsible for ensuring the proper stewardship of public funds and assets. For this Foundation Trust it shall be the Chief Executive.
- "Board" shall mean the Chair of the Foundation Trust and non-executive Directors, appointed by the Council of Governors, and the executive Directors appointed by the Remuneration and Terms of Service Committee of the Board.
- "Budget" shall mean a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Foundation Trust.

- "Chair" is the person appointed by the Council of Governors in accordance with paragraph 25 of the Constitution. The expression — 'the Chair' shall be deemed to include the Deputy Chair or otherwise a non-executive Director appointed by the Board to preside for the time being over its meetings.
- "Chief Executive" shall mean the chief officer of the Foundation Trust.
- "Committee" shall mean a committee appointed by the Board. "Committee members" shall be persons formally appointed by the Board of Directors to sit on or to chair specific committees.
- "Company Secretary" shall mean the person appointed by the Board of Directors to ensure the Foundation Trust complies with relevant legislation and to establish procedures for the sound governance of the Foundation Trust.
- "Director" shall mean a person appointed to the Board of Directors in accordance with the Foundation Trust's Constitution and includes the Chair.
- "Foundation Trust" means the Wirral Community Health and Care NHS Foundation Trust.
- "Motion" means a formal proposition to be discussed and voted on during the course of a meeting.
- "Nominated Officer" means an Officer charged with the responsibility for discharging specific tasks within Standing Orders.
- "Officer" means an employee of the Foundation Trust.

### 3. General Information

- 3.1 The purpose of the Board Standing Orders is to ensure that the highest standards of corporate governance are achieved in the Board and throughout the organisation.
- 3.2.1 The Directors shall appoint Foundation Trustees to administer separately charitable funds received by the Foundation Trust and for which they are accountable to the Charity Commission.
- 3.2.2 A Director who has acted honestly and in good faith will not have to meet out of his or her own personal resources any personal civil liability which is incurred in the execution or purported execution of his or her functions as a Director save where the Director has acted recklessly. Any costs arising in this way will be met by the Foundation Trust. The Foundation Trust may purchase and maintain insurance against this liability for the benefit of members of the Board.

## 4 THE TRUST

- 4.1 All business shall be conducted in the name of the Foundation Trust.
- 4.2 All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.
- 4.3 The Board of Directors has resolved that certain powers and decisions may only be exercised by the Board of Directors in formal session. These powers and decisions are set out in [Reservation of Powers to the Board Directors and Scheme of Delegation] and have effect as if incorporated into the Standing Orders.



- 4.4 **Composition of the Board of Directors** - In accordance with the Constitution (paragraph 22) the composition of the Board of Directors shall comprise both Executive and Non-Executive Directors;
- a) A non-executive Chairman
  - b) At least four, but not more than six other non-executive directors
  - c) At least four, but not more than six executive directors provided that at all times at least half the Board of Directors, excluding the Chairman should comprise Non-Executive Directors.
  - d) One of the executive directors shall be the Chief Executive and the Chief Executive shall be the Accounting Officer
  - e) One of the executive directors shall be the Chief Finance Officer
  - f) One of the executive directors is to be a registered medical practitioner or a registered dentist
  - g) One of the executive directors is to be a registered nurse or a registered midwife.
- 4.5 **Appointment and removal of Chairman and Non-Executive Directors** - The Chair and Non- Executive Directors are appointed by the Council of Governors. Otherwise the appointment, removal and tenure of office of the Chair and Non-Executive Directors are set out in the Constitution (paragraph 24 & 25) and subsequent amendments.
- 4.6 **Appointment and removal of the Chief Executive and other Executive Directors** - The Chief Executive and Executive Directors are appointed by the Non- Executive Directors. Otherwise the appointment and removal of the Chief Executive and Executive Directors are set out in the Constitution (paragraph 27) and subsequent amendments.
- 4.7 **Terms of Office of the Chair and Directors** - The regulations setting out the period of tenure of office of the Chair and Directors and for the termination or suspension of office of the Chair and Directors are contained in the Constitution (paragraphs 25-28)
- 4.8 **Appointment and Powers of Deputy Chairman** - The Council of Governors shall appoint one of the non-executive directors as deputy chairman, as set out in para 26 of the Constitution.
- a) Any Non-Executive Director so appointed may at any time resign from the office of Deputy Chairman in writing to the Chair and the Council of Governors.
  - b) Where the Chair of the Trust ceases to hold office, or where they have been unable to perform their duties as Chair owing to illness or any other cause, the Deputy Chairman shall act as Chairman until a new Chairman is appointed or the existing Chairman resumes their duties, as the case may be; and references to the Chairman in these Standing Orders shall, so long as there is no Chairman able to perform those duties, be taken to include references to the Deputy Chairman.
- 4.9 **Joint Directors** - Where more than one person is appointed jointly to a post mentioned in the Constitution, those persons shall count for the purpose of Standing Order 4.4 as one person.
- a) Where the office of a member of the Board is shared jointly by more than one person:

- Either or both of those persons may attend or take part in meetings of the Board;
- If both are present at a meeting they should cast one vote if they agree;
- In the case of disagreements no vote should be cast;
- The presence of either or both of those persons should count as the presence of one person for the purposes of Standing Order 3.16 quorum.

4.10 **Role of Directors** - The Board of Directors shall function as a corporate decision-making body, Executive and Non-Executive Directors will be full and equal members. Their role as members of the Board of Directors will be to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

#### 4.11 **Executive Directors**

Executive Directors shall exercise their authority within the terms of these Standing Orders and Standing Financial Instructions and the Scheme of Delegation.

#### 4.12 **Chief Executive**

The Chief Executive shall be responsible for the overall performance of the executive functions of the Trust. They are the Accounting Officer for the Trust and shall be responsible for ensuring the discharge of obligations under Financial Directions and in line with the requirements of the Accounting Officer Memorandum for NHS Foundation Trust Chief Executives.

#### 4.13 **Chief Finance Officer**

The Chief Finance Officer shall be responsible for the provision of financial advice to the Trust and to its members and for the supervision of financial control and accounting systems. They shall be responsible along with the Chief Executive for ensuring the discharge of obligations under relevant Financial Directions.

#### 4.14 **Non-Executive Directors**

Non-Executive Directors shall not be granted nor shall they seek to exercise any individual executive powers on behalf of the Foundation Trust. They may however, exercise collective authority when acting as members of or when chairing a committee of the Trust which has delegated powers.

#### 4.15 **Chair**

- a) The Chair shall be responsible for the operation of the Board of Directors and chair all Board meetings when present. The Chair has certain delegated executive powers. The Chair must comply with the terms of appointment as confirmed by the Council of Governors and with these Standing Orders.
- b) The Chair shall liaise with the Council of Governors over the appointment and re-appointment of Non-Executive Directors and once appointed shall take responsibility either directly or indirectly for their induction, their portfolios of interests and assignments, and their performance which shall be reported to the Council of Governors annually as per the Foundation Trust Code of Governance.

- c) The Chair shall work in close harmony with the Chief Executive and shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

## **5 MEETINGS OF THE BOARD OF DIRECTORS**

### **5.1 Calling Meetings**

- a) Ordinary meetings of the Board of Directors shall be held at regular intervals at such times and places as the Board may determine.
- b) The Chair of the Trust may call a meeting of the Board of Directors at any time.
- c) One-third or more members of the Board of Directors may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting.
- d) Meetings of the Board must be open to the public, unless the Board in its absolute discretion decides otherwise in relation to all or part of such meetings for reasons of commercial confidentiality or on other proper grounds.
- e) The Chair may exclude any member of the public from the meeting of the Board if he considers that he is interfering with or preventing proper conduct of the meeting.
- f) Meetings of the Board shall be held at least three times in each financial year at such times and places that the Board may determine.
- g) The Board shall arrange for an annual public meeting to be held within 9 months of the end of each financial year. The registers and documents set out in paragraphs 33 and 35 of this constitution shall be available for inspection at the meeting subject to the provisions of paragraph 34.2 of the constitution.

### **5.2 Notice of Meetings**

- a) Before each meeting of the Board of Directors a notice specifying the time and place and business proposed to be transacted shall be delivered to every member of the Board (via e-mail) in accordance with the Terms of Reference.
- b) Failure to receive the notice by any Director shall not affect the validity of a meeting. Notice of the meeting shall also be published on the trust's website.
- c) In the case of a meeting called by Directors in default of the Chair calling the meeting, the notice shall be signed by those members and no business shall be transacted at the meeting other than that specified in the notice.
- d) Notwithstanding the above requirement for notice, the Company Secretary or the Chair may waive notice in the case of emergencies or in the case of the need to conduct urgent business or on written receipt of the agreement of at least one-third of Directors (Executive and Non-Executive Directors taken together) at least one Non-Executive Director and one Executive Director.
- e) Agendas will be sent to Directors three working days before the meeting (plus a weekend) and supporting papers shall accompany the agenda but will certainly be dispatched no later than three clear days

before the meeting, save in emergency.

### **5.3 Calling a virtual meeting**

- a) In order to facilitate the Board of Directors undertaking the business required of it, there may on occasion be a need for this to be conducted outside of its scheduled meetings in circumstances where it would not be practical to convene a meeting 'in person'.
- b) In such circumstances the Board of Directors is authorised by its Terms of Reference to conduct business via a process of 'e-governance'. The rules to be observed when conducting business in this manner are as follows;
  - The business to be conducted must be set out in formal papers accompanied by the usual cover sheets which clearly set out the nature of the business to be conducted and the proposal which members are being asked to consider.
  - The papers will be forwarded by the Director of Corporate Affairs (or nominated deputy) via e-mail to all members of the Board of Directors who, subject to their availability, are expected to respond by e-mail to the same distribution list with their views within three working days of receipt of the papers.
  - For the conclusion of the Board to be valid, responses must be received from a quorum (at least one third of the whole number of voting directors) of Board membership and in instances where the approval of the Board of Directors is sought; all such responses should support the proposal.
  - In the event that there is not a unanimous agreement of all responding Members, the proposal shall be considered not to be approved.
  - The Director of Corporate Affairs (or nominated deputy) will summarise the conclusions reached for the agreement of the Chair and this summary will be presented to the next scheduled meeting of the Board following which it will be appended to the minutes of that meeting.

### **5.4 Setting the Agenda**

- a) The Board of Directors may determine that certain matters shall appear on every agenda for a meeting and shall be addressed prior to any other business being conducted.
- b) A Director desiring a matter to be included on an agenda shall make their request in writing to the Chair at least 10 clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of the Chair.
- c) Before each meeting of the Board of Directors a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the trust's website at least three clear days before the meeting.

**5.5 Petitions** - Where a petition has been received by the Trust, the Chair of the Board of Directors shall include the petition as an item for the agenda of the next meeting.

#### **5.6 Chair of the Meeting**

- a) At any meeting of the Board of Directors, the Chairman, if present, shall preside. If the Chair is absent from the meeting, the Deputy Chair (if the Board has appointed one), if present, shall preside.
- b) If the Chair is absent temporarily on the grounds of a declared conflict of interest the Vice-Chair, if present, shall preside. If the Chair and Deputy Chair are absent, or are disqualified from participating, such Non-Executive Directors present shall choose who shall preside.

**5.7 Notices of Motion** - A Director of the Board desiring to move or amend a motion shall send a written notice thereof at least two clear days before the meeting to the Chair or Director of Corporate Affairs, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice on any business mentioned on the agenda.

**5.8 Withdrawal of Motion or Amendments** - A motion or an amendment to a motion once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

**5.9 Motion to Rescind a Resolution** - Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding 6 calendar months shall bear the signature of the Director who gives it and also the signature of 4 other Directors. When any such motion has been disposed of by the Board of Directors, it shall not be competent for any Director other than the Chair to propose a motion to the same effect within 6 months; however the Chair may do so if he/she considers it appropriate.

**5.10 Motions** - The mover of a motion shall have a right of reply at the close of any discussion on the motion of any amendment thereto.

When a motion is under discussion or immediately prior to discussion it shall be open to a Director to move:

- an amendment to the motion;
- the adjournment of the discussion, or the meeting;
- that the meeting proceed to the next business (\*);
- that the question should be now put (\*);
- the appointment of an 'ad hoc' committee to deal with a specific item of business;
- that a member/director be not further heard;
- a motion under Section I (2) or Section I (8) of the Public Bodies (Admissions to Meetings) Act 1960 resolving to exclude the public, including the press (see Standing Order 3.20).

In the case of sub-paragraphs denoted by (\*) above to ensure objectivity, motions may only be put by a Director who has not previously taken part in the debate and who is eligible to vote.

If a motion to proceed to the next business or that the question be now put, is carried, the Chairman should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.

#### 5.11 Procedure at and during a meeting

a) Who may propose

A motion may be proposed by the Chair of the meeting or any member present. It must also be seconded by another member.

b) Contents of motions

The Chair may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

- the reception of a report;
- consideration of any item of business before the Trust Board;
- the accuracy of minutes;
- that the Board proceed to next business;
- that the Board adjourn;
- that the question be now put.

c) Amendments to motions

A motion for amendment shall not be discussed unless it has been proposed and seconded. Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Board. If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

d) Rights of reply to motions

- Amendments

The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, which shall have the right of reply at the close of debate on the amendment but may not otherwise speak on it.

- Substantive/original motion

The member who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.

**5.12 Emergency motions** - Subject to the agreement of the Chair, and subject also to the provision of Standing Order 3.10 '*Motions: Procedure at and during a meeting*', a member of the Board may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Board of Directors at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision to include the item shall be final.

**5.13 Chair's ruling** - the decision of the Chairman of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

**5.14 Voting** - every question put to a vote at a meeting shall be determined by a

majority of the votes of members present and voting on the question. In the case of an equal vote, the Chair shall have a second, and casting vote.

**Voting directors include:**

- Chairman
  - 4 Non-Executive Directors
  - Chief executive
  - Chief Finance Officer
  - Medical Director
  - Chief Nurse
- 
- a) All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Directors present so request.
  - b) If at least one-third of the Directors present so request, the voting (other than by paper ballot) on any question may be recorded so as to show how each Director present voted or abstained.
  - c) If a Director so requests, his/her vote shall be recorded by name.
  - d) In no circumstances may an absent Director vote by proxy. Absence is defined as being absent at the time of the vote.
  - e) A officer who has been appointed formally by the Board of Directors to act up for an Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy, shall be entitled to exercise the voting rights of the Executive Director. An officer attending the Board of Directors to represent an Executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Director. An officer's status when attending a meeting shall be recorded in the minutes.

**5.15 Attendance at Meetings**

5.15.1 The Board of Directors may in exceptional circumstances agree that its members can participate in its meetings by telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.

5.15.2 Directors who are unable to attend a meeting should advise the Company Secretary in advance of the meeting so that their apologies may be submitted.

**5.16 Minutes**

- a) The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the Chair presiding at it.
- b) No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.
- c) Minutes shall be circulated in accordance with Directors' wishes. Where providing a record of a public meeting the minutes shall be made available to the public as required by Code of Practice on Openness in the NHS. The minutes shall be made available to the public except for minutes relating to business conducted when members of the public are excluded under the terms of standing order 4.1 of these Standing Orders

### 5.17 Quorum

- a) No business shall be transacted at a meeting of the Board of Directors unless at least one-third of the whole number of the Chair and voting Directors appointed (including at least one Non-Executive and one Executive Director) is present.
- b) An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.
- c) If the Chair or Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO8) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.
- d) Attendance by telephone link, agreed in advance with the Chair of the meeting, by any member of the Board of Directors will count towards quorum and such attendance will be recorded as being present.

5.18 **Record of Attendance** - The names of the Chairman and Directors present at the meeting shall be recorded in the minutes.

### 5.19 Suspension of Standing Orders

- a) Except where this would contravene any provision of the constitution or any direction made by the Independent Regulator of NHS Foundation Trusts any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Board of Directors are present including one Executive Director Member of the Trust and one Non-Executive Director and that at least two-thirds of those present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Trust Board's minutes.
- b) A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chair and Board of Directors.
- c) No formal business may be transacted while Standing Orders are suspended.
- d) The Audit Committee shall review every decision to suspend Standing Orders within a timeframe agreed by the Trust Chair.

5.20 **Variation and amendment of Standing Orders** - These standing orders shall be amended only if;

- Upon a notice of motion under Standing Order 3.9
- Upon a recommendation of the Chair or Chief Executive included on the agenda for the meeting;
- That two-thirds of the Board members are present at the meeting where the variation or amendment is being discussed, and that at least half of the Trust's Non-Executive Directors vote in favour of the amendment;
- Providing that any variation or amendment does not contravene a statutory provision or direction made by the Independent Regulator of NHS Foundation Trusts.



## 5.21 Admission of the public and press

In accordance with paragraph 29.1 of the constitution meetings of the Board of Directors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.

- a) The Board of Directors shall decide the arrangement and terms and conditions it feels appropriate to offer in extending an invitation to observers to attend and address any of the Board of Directors' meeting and may change, alter or vary these terms and conditions as it deems fit.
- b) Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings.

Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the Trust thereof. Such permission shall be granted only upon resolution of the Trust.

- c) Observers at Trust meetings The Trust will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Trust Board's meetings and may change, alter or vary these terms and conditions as it deems fit.

## 6 APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

### 6.1 Appointment of Committees

- 6.1.1 Subject to **consultation and** such directions as may be given by NHS England, the Board of Directors may **appoint committees of the Board of Directors, consisting wholly of Directors of the Trust.**
- 6.1.2 **Committee appointed under SO6.1 may, subject to such directions as may be given by NHS England or the Board of Directors appoint sub-committees consisting of Directors of the Trust.**
- 6.1.3 **committee established pursuant to paragraph 6.2 above may meet in common with a committee of Directors of another NHS Foundation Trust. The Board of Directors shall determine the membership and terms of reference of committees and sub-committees and shall, receive and consider reports of such committees.**
- 6.1.4 **The Standing Orders of the Board, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees or sub-committees established by the Board of Directors.**
- 6.1.5 **Each such committee or sub-committee, shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board of Directors), as the Board of Directors shall decide. Such terms of reference shall have effect as if incorporated into the Standing Orders.**
- 6.1.6 **Committees may not delegate their executive powers to a sub-committee unless expressly authorised by the Board of Directors.**
- 6.1.7 **The Board of Directors shall approve the appointments to each of the committees which it has formally constituted. Where the Board of Directors determines that persons, who are neither Directors nor officers, shall be appointed to a committee, the terms of such appointment shall be determined by the Board of Directors.**

**6.1.8 The Trust is required to establish the following committees of Non-Executive Directors in accordance with the 2006 Act.**

- Remuneration
- Audit

**6.2 Joint Committees**

- a) Joint committees may be appointed by the Board of Directors by joining together with one or more other health service bodies consisting of, wholly or partly of the Chair and the Board of Directors or other health service bodies, or wholly of persons who are not members of the Board of Directors or other health service bodies in question.
- b) Any committee or joint committee appointed under this Standing Order may, subject to such directions as may be given by the Independent Regulator of Foundation Trusts or the Board of Directors or other health bodies in question, appoint sub-committees consisting wholly or partly of members of the committees or joint committee (whether or not they are Directors of the Board or health bodies in question) or wholly of persons who are not Directors of the Board or health bodies in question or the committee of the Trust or health bodies in question.

**6.3 Applicability of Standing Orders and Standing Financial Instructions to Committees**

The Standing Orders and Standing Financial Instructions of the Board of Directors, as far as they are applicable, shall as appropriate apply to meetings and any committees established by the Board of Directors. In which case the term “Chair” is to be read as a reference to the Chair of other committee as the context permits, and the term “member” is to be read as a reference to a member of other committee also as the context permits. There is no requirement to hold meetings of committees established by the Trust in public.

**6.4 Delegation of powers by Committees to Sub-Committees**

Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Board of Directors.

**6.5 Approval of Appointments to Committees**

The Board of Directors shall approve the appointments to each of the committees which it has formally constituted. Where the Board of Directors determines, and regulations permit, that persons, who are neither members nor officers, shall be appointed to a committee the terms of such appointment shall be within the powers of the Board of Directors as defined by the Independent Regulator of Foundation Trusts. The Board of Directors shall define the powers of such appointees and shall agree allowances, including reimbursement for loss of earnings, and/or expenses in accordance where appropriate with national guidance.

**6.6 Committees established by the Board of Directors**

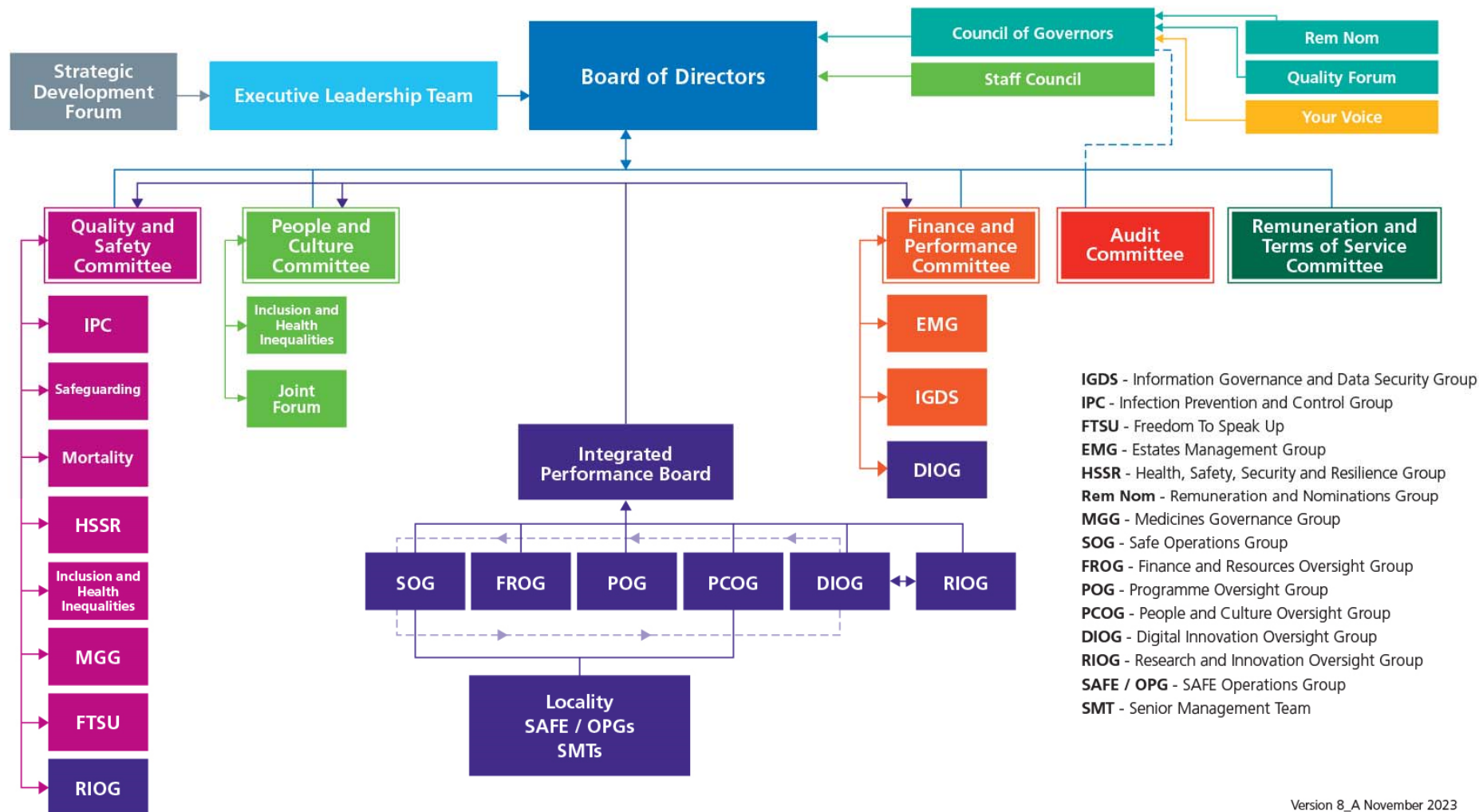
The committees established by the Board of Directors are;

- Audit Committee
- Remuneration and Terms of Service Committee
- Quality and Safety Committee

- Finance and Performance Committee
- People and Culture Committee
- Other Committees

**The Board of Directors may establish other committees, sub committees and joint committees, including ad hoc committees, sub committees and joint committees at its discretion without requirement to amend these standing orders.**

# Governance Structure



## **7 CONFIDENTIALITY**

- 7.1 A Director or appointee of a committee, sub-committee or joint committee shall not disclose a matter dealt with by, or brought before, the relevant committee without its permission until the committee shall have reported to the Board of Directors or shall otherwise have concluded on that matter.
- 7.2 A Director or an appointee of a committee, sub-committee or joint committee shall not disclose any matter reported to the Board of Directors or otherwise dealt with by the relevant committee, notwithstanding that the matter has been reported or action has been concluded, if the Board of Directors or committee shall resolve that it is confidential.

## **8 ARRANGEMENTS FOR THE EXERCISE OF TRUST FUNCTIONS BY DELEGATION**

### **8.1 Delegation of Functions to Committee, Officers or other bodies**

- a) Subject to the Constitution and Terms of Authorisation and such directions as may be given by the Independent Regulator of NHS Foundation Trusts, the Board of Directors may make arrangements for the exercise, on behalf of the Board of Directors, of any of its functions by a committee, sub-committee appointed by virtue of SO4, or by an officer of the Trust, or by another body as defined in SO6.1b) below, in each case subject to such restrictions and conditions as the Trust thinks fit.

In accordance with The Trust's (Membership, Procedure and Administration Arrangements) Regulations 2003 the functions of the Trust may also be carried out in the following ways:

- by another Trust;
  - jointly with any one or more of the following: NHS Trusts, NHS Foundation Trusts, special health authorities;
  - by arrangement with the appropriate Trust, by a joint committee or joint sub-committee of the Trust and one or more other health service bodies;
  - in relation to arrangements made under S63(1) of the Health Services and Public Health Act 1968, jointly with one or more Special Health Authorities, NHS Trusts or local health board.
- b) Where a function is delegated by these Regulations to another Trust, then that Trust or health service body exercises the function in its own right; the receiving Trust has responsibility to ensure that the proper delegation of the function is in place. In other situations, i.e. delegation to committees, sub committees or officers, the Trust delegating the function retains full responsibility.

## **8.2 Emergency Powers and urgent decisions**

The powers which the Board of Directors has reserved to itself within these Standing Orders may in emergency or for an urgent decision be exercised by the Chief Executive and the Chairman after having consulted at least two Non-Executive Directors. The exercise of such powers by the Chief Executive and Chairman shall be reported to the next formal meeting of the Board of Directors for formal ratification.

## **8.3 Delegation to Committees**

- a) The Board of Directors shall agree from time to time to the delegation of executive powers to be exercised by committees, or sub-committees, or joint-committees, which it has formally constituted in accordance with directions issued by the Independent Regulator of NHS Foundation Trusts. The constitution and terms of reference of these committees, or sub-committees, or joint committees, and their specific executive powers shall be approved by the Board of Directors in respect of its sub-committees.
- b) When the Board of Directors is not meeting as the Trust in public session it shall operate as a committee and may only exercise such powers as may have been delegated to it by the Trust in public session.

## **8.4 Delegation to Officers**

- a) Those functions of the Trust which have not been retained as reserved by the Board of Directors or delegated to a committee or sub-committee or joint-committee shall be exercised on behalf of the Trust by the Chief Executive. The Chief Executive shall determine which functions they will perform personally and shall nominate Executive Directors to undertake the remaining functions for which they will still retain accountability to the Board of Directors.
- b) The Chief Executive shall prepare a Scheme of Delegation identifying their proposals which shall be considered and approved by the Board of Directors, subject to any amendment agreed during the discussion. The Chief Executive may periodically propose amendment to the Scheme of Delegation which shall be considered and approved by the Board of Directors as indicated above.
- c) Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board of Directors of the Chief Finance Officer/Deputy Chief Executive or other Executive Directors to provide information and advise the Board of Directors in accordance with the Constitution, Terms of Authorisation, any statutory requirements or provisions required by the Independent Regulator of NHS Foundation Trusts. Outside these statutory requirements the roles of the Chief Finance Officer/Deputy Chief Executive shall be accountable to the Chief Executive for operational matters.

## **8.5 Schedule of Matters Reserved to the Trust and Scheme of Delegation of powers**

The arrangements made by the Board of Directors as set out in the *Schedule of Matters reserved to the Board and Scheme of Delegation* shall have effect as if incorporated in these Standing Orders.

## **8.6 Duty to report non-compliance with Standing Orders and Standing Financial Instructions**

If for any reason these Standing Orders or the Standing Financial Instructions are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Audit Committee and the Board of Directors for action or ratification. All members of the Board of Directors and Audit Committee and staff have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

## **9 OVERLAP WITH OTHER TRUST POLICY STATEMENTS / PROCEDURES, REGULATIONS AND THE STANDING FINANCIAL INSTRUCTIONS**

### **9.1 Policy statements: general principles**

The Board of Directors will from time to time agree and approve Policy statements/procedures which will apply to all or specific groups of staff employed by the Trust. The decisions to approve such policies and procedures will be recorded in an appropriate Trust Board minute and will be deemed where appropriate to be an integral part of the Trust's Standing Orders and Standing Financial Instructions.

### **9.2 Specific Policy statements**

- a) Notwithstanding the application of SO No. 7.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following Policy statements:
  - Managing Conflicts of Interest (GP7)
  - Standards of Business Conduct for NHS staff.
  - Code of Conduct for NHS Managers (see Appendices).
  - ABPI Code of Professional Conduct relating to hospitality/gifts from pharmaceutical/external industry.
  - Disciplinary Policy (HRP01) and the (Grievance and resolution Policy HRP02) adopted by the Trust both of which shall have effect as if incorporated in these Standing Orders.
  - Anti-Fraud, Bribery & Corruption Policy FP03

### **9.3 Standing Financial Instructions**

The Standing Financial Instructions (SFIs) adopted by the Board of Directors in accordance with the Financial Regulations shall have effect as if incorporated in these Standing Orders.

### **9.4 Specific guidance**

Notwithstanding the application of SO7.1 above, these Standing Orders and the approved Standing Financial Instructions must be read in conjunction with the following guidance and any other issued by the Independent Regulator for NHS Foundation Trusts:

- a) Human Rights Act 1998 came into force in October 2000

- b) General Data Protection Regulation (GDPR) 2018 c) Freedom of Information Act 2000
- d) Equality Act 2010
- e) The National Health Service Trusts (Membership and Procedure) Regulations 1990 (updated in April 2014)
- f) Fit and Proper Persons Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5
- g) The Bribery Act 2010 h) The Fraud Act 2006

## 10 DECLARATION OF INTEREST AND REGISTER OF INTERESTS

### 10.1 Declaration of Interests

#### a) Definition

A conflict of interest is defined as “a set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act, in the context of delivering, commissioning or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold”. (NHS England, June 2017)

A conflict of interest may be ‘actual’ where there is a material conflict between one or more interests or ‘potential’ where there is the possibility of a material conflict between one or more interests in the future.

#### b) Requirements for Declaring Interests and applicability to members of the Board of Directors

##### Board of Directors

The FT constitution and FT Code of Governance requires Directors to declare interests which are relevant and material to the Board of Directors. All existing Directors should declare such interests annually and any Directors appointed subsequently should do so, on appointment.

#### c) Interests which are relevant and material

Interests fall into the following categories;

- **Financial Interests**

Where an individual may get direct financial benefit from the consequences of a decision they are involved in making

E.g. A director or senior employee in another organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding, a shareholder, partner or owner of an organisation

- **Non-financial professional interests**

Where an individual may obtain non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career



E.g. A clinician with a special interest, an advisor for the CQC or NICE

- **Non-financial personal interests**

Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career

E.g. A member of a voluntary sector board or has a position of authority within a voluntary sector organisation

- **Indirect interests**

Where an individual has a close association with another individual who has a financial interest, a non-financial interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making

E.g. close family members and relatives, close friends and associates, business partners. Any member of the Board of Directors who comes to know that the Trust has entered into or proposes to enter into a contract in which they or any person connected with them (as defined in SO8.3 below and elsewhere) has any pecuniary interest, direct or indirect, the Director shall declare their interest by giving notice in writing of such fact to the Trust as soon as practicable.

d) **Advice on Interests**

If Directors have any doubt about the relevance of an interest, this should be discussed with the Chair of the Trust, or with the Director of Corporate Affairs.

International Accounting Standard 24 (issued by the International Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

e) **Recording of Interests in Trust Board minutes**

At the time Directors' interests are declared, they should be recorded in the Trust Board minutes.

Any changes in interests should be declared at the next Board of Directors meeting following the change occurring and recorded in the minutes of that meeting.

f) **Publication of declared interests in Annual Report**

Board members' interests should be published in the Trust's annual report. The information should be kept up to date for inclusion in succeeding annual reports.

g) **Conflicts of interest which arise during the course of a meeting**

During the course of a Board of Directors meeting, if a conflict of interest is established, the member concerned should withdraw from the meeting and play no part in the relevant discussion or decision. (See overlap with SO 8.3b)

## **10.2 Register of Interests**

- a) The Chief Executive will ensure that a Register of Interests is established to record formally declarations of interests of the Board of Directors and decision making staff (as defined in policy GP7 Managing Conflicts of Interest). In particular the Register will include details of all relevant and material interests (as defined in SO 8.1c).
- b) These details will be kept up to date on a continuous basis as and when new declarations are made. The register will then be presented to the next Board of Directors meeting or, where no changes have occurred, on an annual basis. In addition to the requirement for the register to be presented to the Board of Directors whenever there are changes, the Audit Committee is able to request a copy of the register at any time.
- c) The Register will be available to the public and the Chief Executive will take reasonable steps to bring the existence of the register to the attention of local residents and to publicise arrangements for viewing it.

## **10.3 Exclusion of Chairman and Directors in proceedings on account of pecuniary interest**

### **a) Interpretation of 'Pecuniary' interest**

For the sake of clarity in interpreting this Standing Order:

- "spouse" shall include any person who lives with another person in the same household (and any pecuniary interest of one spouse shall, if known to the other spouse, be deemed to be an interest of that other spouse);
- "contract" shall include any proposed contract or other course of dealing
- subject to the exceptions set out in this Standing Order, a person shall be treated as having an indirect pecuniary interest in a contract if;
- they, or a nominee of theirs, is a member of a company or other body (not being a public body), with which the contract is made, or proposed to be made or which has a direct pecuniary interest in the same, or
- they are a partner, associate or employee of any person with whom the contract is made or proposed to be made or who has a direct pecuniary interest in the same.
- a person shall not be regarded as having a pecuniary interest in any contract if;
- neither they or any person connected with them has any beneficial interest in the securities of a company of which they or

such person appears as a member, or

- any interest that they or any person connected with them may have in the contract is so remote or insignificant that it cannot reasonably be regarded as likely to influence a Director in relation to consideration of or discussion of or in voting on, any question with respect to that contract, or
- those securities of any company in which they (or any person connected with them) has a beneficial interest do not exceed £5,000 in nominal value or one per cent of the total issued share capital of the company or of the relevant class of such capital, whichever is the less. Provided however, that where this applies, the person shall nevertheless be obliged to disclose/declare their interest in accordance with SO 8.1b).

**b) Exclusion in proceedings of the Board of Directors**

Subject to the following provisions of this Standing Order, if the Chairman or a member of the Board of Directors has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Board of Directors at which the contract or other matter is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.

The Independent Regulator for NHS Foundation Trusts may, subject to such conditions as they may think fit to impose, remove any disability imposed by this Standing Order in any case in which it appears to them in the interests of the National Health Service that the disability should be removed. (See SO 8.3c) on the 'waiver' which has been approved by the Independent Regulator for NHS Foundation Trusts.

The Board of Directors may exclude the Chair or a Director of the Board from a meeting of the Board of Directors while any contract, proposed contract or other matter in which they have a pecuniary interest is under consideration.

Any remuneration, compensation or allowance payable to the Chairman or a Director by virtue of the National Health Service Act 2012 (pay and allowances) shall not be treated as a pecuniary interest for the purpose of this Standing Order.

This Standing Order applies to a committee or sub-committee and to a joint committee or sub-committee as it applies to the Trust and applies to a member of any such committee or sub-committee (whether or not he is also a Director of the Trust) as it applies to a Director of the Trust.

**c) Waiver of Standing Orders made by the Independent Regulator for NHS Foundation Trusts**

Under regulation 11(2) of the NHS (Membership and Procedure Regulations SI 1999/2024 ("the Regulations"), there is a power for the Independent Regulator for NHS Foundation Trusts to issue waivers if it

appears to the Independent Regulator for NHS Foundation Trusts in the interests of the health service that the disability in regulation 11 (which prevents a chairman or a member from taking part in the consideration or discussion of, or voting on any question with respect to, a matter in which he has a pecuniary interest) is removed. A waiver has been agreed in line with 8.3e below.

**d) Definition of ‘Chairman’ for the purpose of interpreting this waiver**

For the purposes of paragraph 8.3e below, the ‘relevant chairman’ is, at a meeting of the Board of Directors, the Chair of that Trust.

**e) Application of waiver**

A waiver will apply in relation to the disability to participate in the proceedings of the Trust on account of a pecuniary interest.

It will apply to:

- A Director of the Trust, who is a healthcare professional, within the meaning of regulation 5(5) of the Regulations, and who is providing or performing, or assisting in the provision or performance, of:
  - services under the National Health Service Act 2006; or
  - services in connection with a pilot scheme under the National Health Service Act 2006; for the benefit of persons for whom the Trust is responsible.
- Where the pecuniary interest of the member in the matter which is the subject of consideration at a meeting at which he is present:
  - arises by reason only of the member’s role as such a professional providing or performing, or assisting in the provision or performance of, those services to those persons;
  - has been declared by the relevant chairman as an interest which cannot reasonably be regarded as an interest more substantial than that of the majority of other persons who:
    - are members of the same profession as the member in question;
    - are providing or performing, or assisting in the provision or performance of, such of those services as he provides or performs, or assists in the provision or performance of, for the benefit of persons for whom the Trust is responsible.

**f) Conditions which apply to the waiver and the removal of having a pecuniary interest**

The removal is subject to the following conditions:

- the member must disclose the interest as soon as practicable after the commencement of the meeting and this must be recorded in the minutes;

- the relevant chairman must consult the Chief Executive before making a declaration in relation to the member in question pursuant to paragraph 8.3 d) above, except where that member is the Chief Executive;
- in the case of a meeting of the Board of Directors:
  - the Director may take part in the consideration or discussion of the matter which must be subjected to a vote and the outcome recorded; but
  - may not vote on any question with respect to it.

**g) Standards of Business Conduct**

All Trust staff and the Board of Directors must comply with;

- Disciplinary Policy (HRP01)
- the Anti-Fraud, Bribery and Corruption Policy FP03
- the Managing Conflicts of Interest Policy (GP07)
- National guidance contained in 'Standards of Business Conduct for NHS staff', the Code of Conduct for NHS Managers and the ABPI Code of Professional Conduct relating to hospitality/gifts from pharmaceutical/external industry.

**h) Interest of Officers in Contracts**

Any officer or employee of the Trust who comes to know that the Trust has entered into or proposes to enter into a contract in which they or any person connected with them has any pecuniary interest, direct or indirect, the Officer shall declare their interest by giving notice in writing of such fact to the Chief Executive or Director of Corporate Affairs as soon as practicable.

An Officer should also declare to the Chief Executive any other employment or business or other relationship of theirs, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust.

The Trust will require interests, employment or relationships so declared to be entered in a register of interests of staff.

**i) Canvassing of and Recommendations by Directors in Relation to Appointments**

Canvassing of Directors or of any Committee of the Trust directly or indirectly for any appointment under the Trust shall disqualify the candidate for such appointment. The contents of this paragraph of the Standing Order shall be included in application forms or otherwise brought to the attention of candidates.

Directors of the Trust shall not solicit for any person any appointment under the Trust or recommend any person for such appointment; but this paragraph of this Standing Order shall not preclude a member from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

Informal discussions outside appointments panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.

**j) Relatives of Directors or Officers**

Candidates for any staff appointment under the Trust shall, when making an application, disclose in writing to the Trust whether they are related to any member or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render them liable to instant dismissal.

The Chairman and every Director and officer of the Trust shall disclose to the Board of Directors any relationship between themselves and a candidate of whose candidature that Director or officer is aware. It shall be the duty of the Chief Executive to report to the Board of Directors any such disclosure made.

On appointment, Directors (and prior to acceptance of an appointment in the case of Executive Directors) should disclose to the Trust whether they are related to any other member or holder of any office under the Trust.

Where the relationship to a Director of the Trust is disclosed, the Standing Order headed 'Exclusion of Chairman and Directors in proceedings on account of pecuniary interest' shall apply.

**10.4 Fit and Proper Persons Test (FPPT)**

The Health and Social Care Act 2008 (Regulated Activities), Regulations 2014, sets out requirements for Directors of NHS providers to meet a fit and proper persons test. A person is not fit and proper if that person is:

an individual who does not satisfy all the requirements as set out in paragraph (3) and referenced in paragraph (4) of regulation 5 (fit and proper persons: directors) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (S.I. 2014/2936).

**11 CUSTODY OF SEAL, SEALING OF DOCUMENTS AND SIGNATURE OF DOCUMENTS**

**11.1 Custody of Seal**

The common seal of the Trust shall be kept by the Director of Corporate Affairs on behalf of the Chief Executive in a secure place.

**11.2 Sealing of Documents**

- a) Where it is necessary that a document shall be sealed, the seal shall be affixed in the presence of two Executive Directors duly authorised by the Chief Executive, and not also from the originating department, and shall be attested by them.
- b) Before any building, engineering, property or capital document is sealed, it must be approved and signed by the Chief Finance Officer/Deputy Chief Executive (or an officer nominated by them) and authorised and counter- signed by the Chief Executive (or an officer nominated by them who shall not be within the originating Directorate).

**11.3 Register of Sealing**

- a) The Chief Executive shall keep a register in which they or the Director of Corporate Affairs shall enter a record of the sealing of every document.
- b) Entries in the register are to be consecutively numbered and signed by the officers who have approved and authorised the document and those who attested the seal.
- c) A report of all sealings shall be made to the next meeting of the Board of Directors. The report shall contain details of the seal number, a description of the document and the date of sealing.

#### **11.4 Use of Seal - General guide**

The following are examples of uses for the seal:

- a) All contracts for the purchase/lease of land and/or building All contracts for capital works exceeding £100,000

All lease agreements where the annual lease charge exceeds £10,000 per annum and the period of the lease exceeds beyond five years

Any other lease agreement where the total payable under the lease exceeds £100,000

Any contract or agreement with organisations other than NHS or other government bodies including local authorities where the annual costs exceed or are expected to exceed £100,000.

#### **11.5 Signature of documents**

- a) Where the signature of any document will be a necessary step in legal proceedings on behalf of the Trust, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive or any Executive Director.
- b) In land transactions, the signing of certain supporting documents will be delegated to Directors and set out clearly in the Scheme of Delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

### **12 STANDARDS OF BUSINESS CONDUCT**

All staff should comply with the Foundation Trust constitution, the Standards of Business Conduct and Disciplinary Policy (HRP01) and national guidance contained in NHS England 'Standards of Business Conduct Policy' published in 2017.

## **13 MISCELLANEOUS**

### **Joint Finance Arrangements**

The Board may confirm contracts to purchase from a voluntary organisation or a local authority using its powers under the NHS Act 2006. The Board may confirm contracts to transfer money from the NHS to the voluntary sector or the health-related functions of local authorities where such a transfer is to fund services to improve the health of the local population more effectively than equivalent expenditure on NHS services, using its powers under the NHS Act 2006.



## **ANNEX 9 – FURTHER PROVISIONS**

(Paragraph 10)

### **1. Eligibility of members**

- 1.1 Membership of the trust will be open to any person who lives in an area specified in Annex 1 as an area for the Public Constituency and is 13 years of age or older.
- 1.2 Providing members meet these eligibility criteria the only exclusions to membership of Wirral Community Health & Care NHS Foundation Trust are when someone has:
  - 1.2.1 Previously been expelled as a member from the trust
  - 1.2.2 Been involved in a serious incident of violence at the trust's premises or against one of the trust's employees or volunteers
  - 1.2.3 Previously been dismissed from employment by the trust
  - 1.2.4 Been placed on a register of the Sexual Offences Act 2003 or the Children and Young Person's Acts and the conviction has not been spent
  - 1.2.5 Previously been identified as a vexatious complainant, at any NHS Trust.
- 1.3 If, after a member has joined the trust, it is found that one of the exclusions above (1.2.1 – 1.2.5) applies then their membership will cease without further action being required under paragraph 3, below.

### **2. Termination of Membership**

A member shall cease to be a member if:

- 2.1 they resign by notice to the Secretary
- 2.2 they die
- 2.3 they are expelled from membership under this constitution
- 2.4 they cease to be entitled under this constitution to be a member of any of the public constituencies or of the Staff Constituency
- 2.5 if it appears to the Secretary that they no longer wish to be a member of the trust, and after enquiries made in accordance with a process approved by the Council of Governors, they fail to demonstrate that they wish to continue to be a member of the trust.

### **3. Expulsion of members**

A member may be expelled by a resolution approved by not less than two thirds of the Governors present and voting at a General Meeting. The following procedure is to be adopted:

- 3.1 Any member may complain to the Secretary that another member has acted in a way detrimental to the interests of the trust.
- 3.2 If a complaint is made, the Council of Governors may itself consider the complaint having taken such steps as it considers appropriate to ensure that each member's point of view is heard and may either:
  - 3.2.1 dismiss the complaint and take no further action;
  - 3.2.2 for a period not exceeding twelve months suspend the rights of the member complained of to attend members meetings and vote under this constitution; or
  - 3.2.3 arrange for a resolution to expel the member complained of to be considered at the next General Meeting of the Council of Governors.
- 3.3 If a resolution to expel a member is to be considered at a General Meeting of the Council of Governors, details of the complaint must be sent to the member complained of not less than one calendar month before the meeting with an invitation to answer the complaint and attend the meeting.
- 3.4 At the meeting the Council of Governors will consider evidence in support of the complaint and such evidence as the member complained of may wish to place before them.
- 3.5 If the member complained of fails to attend the meeting without due cause the meeting may proceed in their absence.
- 3.6 A person expelled from membership will cease to be a member upon the declaration by the Chairman of the meeting that the resolution to expel them is carried.
- 3.7 No person who has been expelled from membership is to be re-admitted except by a resolution carried by the votes of two-thirds of the Council of Governors present and voting at a General Meeting.

## **ANNEX 10 – ANNUAL MEMBERS MEETING**

(Paragraph 11)

### Annual Members' Meeting

- 1.1 The trust is to hold a members meeting (called the annual members meeting) within nine months of the end of each financial year.
- 1.2 All members meetings other than annual meetings are called special members meetings.
- 1.3 Members meetings are open to all members of the trust, Governors and Directors, representatives of the financial auditor, and to members of the public. The Council of Governors may, with the prior agreement of the Chairman, invite representatives of the media and any experts or advisors whose attendance they consider to be in the best interests of the trust to attend a members meeting.
- 1.4 All members meetings are to be convened by the Secretary by order of the Council of Governors.
- 1.5 The Council of Governors may decide where a members meeting is to be held.
- 1.6 At the annual members meeting:
  - 1.6.1 the Board of Directors shall present to the members:
    - 1.6.1.1 the annual accounts;
    - 1.6.1.2 any report of the financial auditor;
    - 1.6.1.3 forward planning information for the next financial year;
  - 1.6.2 the Council of Governors shall present to the members:
    - 1.6.2.1 a report on steps taken to secure that (taken as a whole) the actual membership of its public constituencies and of the classes of the Staff Constituency is representative of those eligible for such membership;
    - 1.6.2.2 the progress of the membership strategy;
    - 1.6.2.3 any proposed changes to the policy for the composition of the Council of Governors and of

the non-executive Directors;

1.6.3 the results of the election and appointment of Governors and the appointment of non-executive Directors will be announced.

1.7 Notice of a members meeting is to be given:

1.7.1 by notice to all members;

1.7.2 by notice prominently displayed at the head office and at all of the trust's places of business; and

1.7.3 by notice on the trust's website at least 14 clear days before the date of the meeting. The notice must:

1.7.4 be given to the Council of Governors and the Board of Directors, and to the financial auditor;

1.7.5 state whether the meeting is an annual or special members meeting;

1.7.6 give the time, date and place of the meeting; and

1.7.7 indicate the business to be dealt with at the meeting.

1.8 Before a members meeting can do business there must be a quorum present. Except where this constitution says otherwise a quorum is one member present from each of the trust's constituencies.

1.9 If no quorum is present within half an hour of the time fixed for the start of the meeting, the meeting shall stand adjourned to the same day in the next week at the same time and place or to such time and place as the Council of Governors determine. If a quorum is not present within half an hour of the time fixed for the start of the adjourned meeting, the number of members present during the meeting is to be a quorum.

1.10 It is the responsibility of the Council of Governors, the Chairman of the meeting and the Secretary to ensure that at any members meeting:

1.10.1 the issues to be decided are clearly explained;

1.10.2 sufficient information is provided to members to enable rational discussion to take place.

1.11 The Chairman of the trust, or in their absence the Vice-chairman of the Board of Directors, or in their absence one of the other non-executive Directors shall act as chairman at all members meetings of the trust.

- 1.12 A resolution put to the vote at a members meeting shall be decided upon by a poll.
- 1.13 Every member present and every member who has voted by post or using electronic communications is to have one vote. In the case of an equality of votes the Chairman of the meeting is to have a second or casting vote.
- 1.14 The trust may make arrangements for members to vote by post, or by using electronic communications.
- 1.15 The result of any vote will be declared by the Chairman and entered in the minute book. The minute book will be conclusive evidence of the result of the vote.

## Communications & Marketing Report for Quarter 2 & 3 - 2024-25

|  |   |  |  |
|--|---|--|--|
| <b>Meeting Title</b>   | Board of Directors                                  |  |  |
| <b>Date</b>  | 19/02/2025  | <b>Agenda Item</b>                         | 13   |
| <b>Lead Director</b>   | Alison Hughes, Director of Corporate Affairs        |  |  |
| <b>Author(s)</b>   | Fiona Fleming, Head of Communications and Marketing |  |  |
| <b>Action required</b> (please select the appropriate box)   |   |  |  |
| <b>To Approve</b> <input type="checkbox"/>   |   | <b>To Discuss</b> <input type="checkbox"/> | <b>To Assure</b> <input checked="" type="checkbox"/> |
| <b>Purpose</b>   |   |  |  |
| The purpose of this paper is to provide the Board of Directors with assurance on the implementation of communications, marketing and engagement priorities aligned to the Trust's 5-year strategy and enabling strategies.   |   |  |  |
| <b>Executive Summary</b>   |   |  |  |
| <p>Quarters 2 and 3 (July - December 2024) presented a diverse range of campaigns demonstrating how the team supports business critical objectives aligned to organisational strategy delivery. This is alongside operational support and responding to the changing needs of staff, patients, service users and stakeholders. The team continue to explore new ways of engaging with the workforce, our communities and raise the profile of the Trust.</p> <p>Overall reporting is aligned to the Trust's strategic objectives (slide 6):</p> <p><b>Populations</b> - Support our populations to thrive by optimising wellbeing and independence.<br/> <b>People</b> - Support our people to create a place where they are proud and excited to work.<br/> <b>Place</b> - Deliver sustainable health and care services within our communities enabling the creation of healthy places.</p> <p>The report also provides details during the reporting period on:</p> <ul style="list-style-type: none"> <li>- Internal Communications</li> <li>- External Communications</li> <li>- System Support</li> <li>- Brand Management</li> <li>- Crisis Management</li> </ul> |   |  |  |

This report includes greater emphasis on impact and the direct support for operational services and their objectives.

Project summaries are structured under three headings of Objectives, What we did and Impact and measures, providing oversight on each project’s purpose and outcome.

Throughout 2024-25 further development and improvements will be made to ensure that clear objectives and measures are agreed with services. A focus on evaluation and campaign performance remains a priority.

**Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:**

The report represents a positive mitigation to BAF risks ID01, ID02, ID07, ID10. There are no risks identified in this report. The risk in failing to have effective communication and engagement across the workforce and with the local population is mitigated by the numerous campaigns and priorities delivered. Greater partnership working through the Cheshire and Merseyside ICB Communications network ensures a focus on system priorities.

**Quality/inclusion considerations:**

Quality & Equality Impact Assessment completed and attached No.

All communications, marketing and engagement activity aims to positively impact on Trust staff and those who access our services.

**Financial/resource implications:**

There are no financial/resources implications for consideration within the report

**The Trust Vision –** To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:

- Populations – We will support our populations to thrive by optimising wellbeing and independence
- People – We will support our people to create a place they are proud and excited to work
- Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places

Please select the top three Trust Strategic Objectives and underpinning goals that this report relates to, from the drop-down boxes below.

|   |  |   |
|---|--|---|
| People - Improve the wellbeing of our employees | People - Better employee experience to attract and retain talent | People - Grow, develop and realise employee potential |
|---|--|---|

**The Trust Social Value Intentions**

Does this report align with the Trust social value intentions? Yes.

If Yes, please select all of the social value themes that apply:

Community engagement and support

Purchasing and investing locally for social benefit

Representative workforce and access to quality work

Increasing wellbeing and health equity

Reducing environmental impact

**Board of Directors is asked to consider the following action**

To be assured that the communications, marketing and engagement activity evidenced in this report for Q 2 & 3 - 2024-25 meets the aims of the Trust .

**Report history** (Please include details of the last meeting that received this paper, including the title of the meeting, the date, and a summary of the outcome). This provides the audit trail through the governance structure.

| Submitted to                               | Date | Brief summary of outcome |
|--|------|--------------------------|
| Quarterly report to the Board of Directors |      |                          |





**Compassion** | **Open** | **Trust**



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

# Communications & Marketing Board Report Quarter 2 and 3

**Date: 19 February 2024**

**Name:** Alison Hughes, Director of Corporate Affairs

## Reporting for 2024 - 2025

- The report aligns activity to the Trust's 5-year strategy and supporting strategies (Quality, People, Digital and Inclusion)
- Communications and marketing reporting is structured to evidence how activity supports the Trust's strategic objectives and goals:
  - Populations** - Support our populations to thrive by optimising wellbeing and independence.
  - People** - Support our people to create a place where they are proud and excited to work.
  - Place** - Deliver sustainable health and care services within our communities enabling the creation of healthy places
- We have introduced communications 'We will' statements under the organisational objectives that guide our activity
- Reporting includes emphasis on impact and measures and how the team directly support operational services and their objectives
- The report provides details on - internal and external communications, brand management, system support and crisis management

# Overview of Quarter 2 and 3 (July - December 2024)

## Business as usual

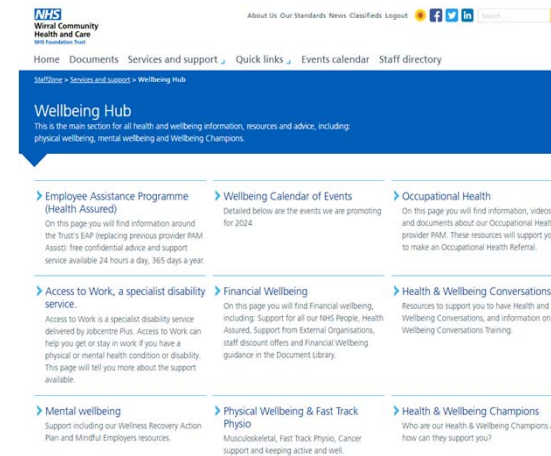
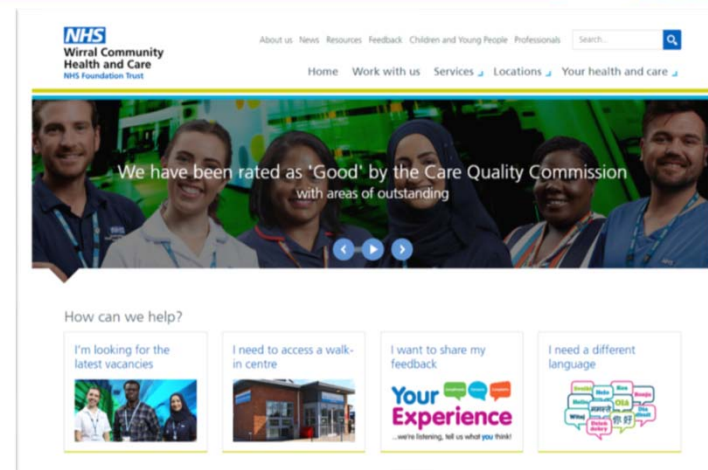
- 50 Editions of The Update plus six Special Editions: Digital, Information Governance, FTSU, Team WCHC Awards, Allied Health Professional Week, Staff Survey
- 360 Shout Outs published
- 10 CEO and Executive messages to all staff
- 162 screensavers
- 3,211 email requests - average of 23.8 jobs per day (including design requests) through the comms mailbox



# Digital Summary Q2 & Q3 combined

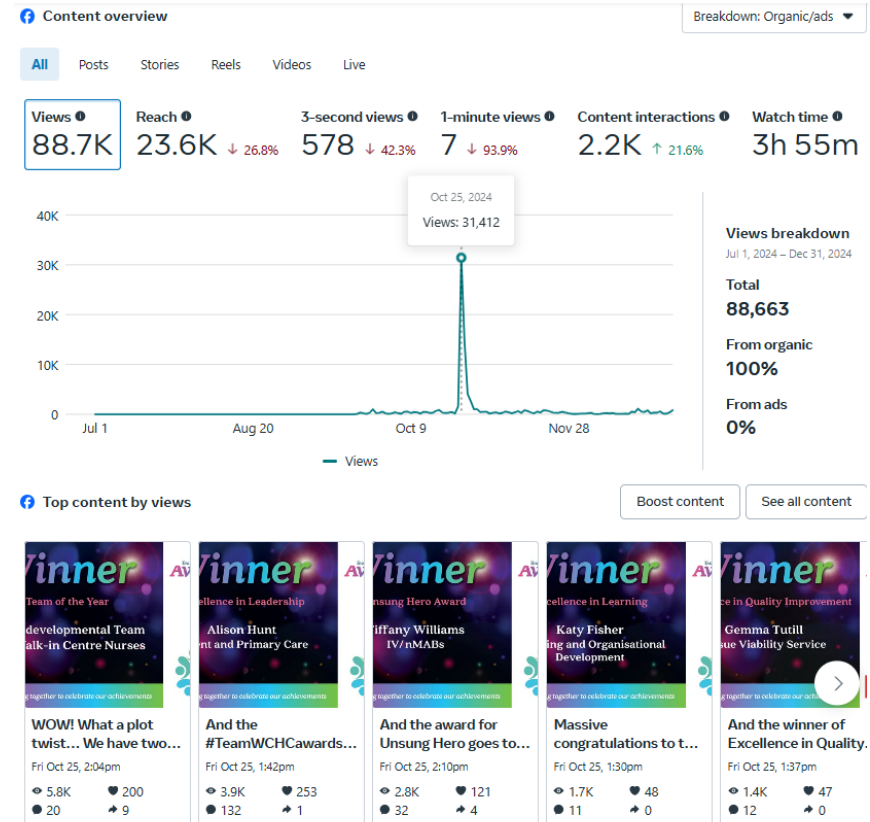
Figures remain stable with no variances to report by exception

- **Public website** – 317,365 page views
  - Vacancies – 24,895
  - Our services – 19,392
  - Walk-in centres, UTC and minor injuries - 19,175
- **StaffZone** – 284,520 page views
  - Documents – 13,157 page views
  - Services and Support – 5,771 page views
  - Staff Directory – 5,062 page views
  - Wellbeing Hub – 3,864 page views
    - Health Assured – 1,027



# Social Media Summary

- X account @wchc\_nhs - total followers = 4,380 (decrease of 32 followers)
- X impressions = not available. (X analytics are now behind a paywall)
- Facebook account @nhsbuzz - total followers = 2k+ (no change)
- Facebook impressions = 88.7k
- LinkedIn - total followers = 2.5k (increase of 46)  
LinkedIn impressions = 3.4k



## Strategic aim - Populations

**We will support our populations to thrive by optimising wellbeing and independence.**

Safe care and support every time • People and communities guiding care • Groundbreaking innovation and research

**We will deliver communications and marketing activity that ensures public, and patients have access to information that enables them to access the right care in the right place and at the right time. We will engage with patients and the public to support improvements to service delivery, raising awareness of the specialist and innovative practice within community services.**

- During Q2 and Q3 the team continued their support for clinical services including; the mobilisation and launch of the Risk and Resilience Service, Long Covid Service promotion, School Age immunisations, Sexual Health Wirral clinic walk-through video and Christmas campaigns, Diabetes Smart, Instagram roll out across 0-19/25 services.
- The following slides provide more detail and analysis of a selection of projects.

## Let's Talk - Wirral's NHS Risk and Resilience Service

- **Objective(s)** - Monday 2 September was the official launch of Wirral's NHS Risk and Resilience Service for young people - Let's Talk. Commissioned by Wirral Council, the service aims to help children and young people develop knowledge, skills, and confidence to make informed decisions about their health and wellbeing.
- **What we did** - A fully integrated internal and external communications plan was developed to support the launch and service delivery. This included a series of engagement sessions with young people to co-create a name for the service. This insight enabled the creation of the Let's Talk brand. Development of StaffZone and websites content, social media platform and assets, internal communications to support staff affected and to raise awareness of the service eg Get Together, screensavers, update articles. Stakeholder engagement included raising awareness with partners, primary care, schools etc.
- **Impact and measures** - In its first month the service had over **200 page views** to the service information. Key face to face deliverables: **facilitation of 21 group sessions for the Drug Awareness Programmes and 16 sessions, including 1-1s, for the Understanding Anger Programme, relationship building with schools, attendance at local engagement events eg SENDLO event with young people and their parents / carers.** The team is working with commissioners to align the communications plan to service KPIs.  
Feedback from pupils: *"I now have an increased awareness of the dangers and risks of the drugs discussed today."*  
*"I now have an increased awareness of the dangers and risks." "I am now more likely NOT to start smoking or vaping."*

# Let's Talk - Wirral's NHS Risk and Resilience Service

## Spotlight on feature - Primary Care bulletin

### Clinical and Service Updates



Service Spotlight... Let's Talk

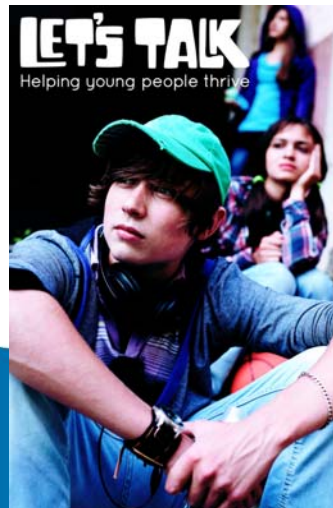
**Service Name** – Let's Talk, Wirral's NHS risk and resilience service for young people.

**Overview of Service** – The aim of the service is to help children and young people develop knowledge, skills, and confidence to make informed decisions about their health and wellbeing.

Let's Talk is structured around:

- Relationships and sex education
- Drugs and alcohol
- Understanding anger
- Healthy weight
- Making informed choices
- Awareness of risk-taking behaviours

The team delivers the service in schools, educational settings and youth organisations and works closely with partners (Zillo, SENDO, Family Toolbox and Branch - emotional and wellbeing service launching Autumn 2024) to ensure young people access the right support at the right time.



ALL COMMUNITY  
Let's Talk... Wirral's new support service for young people

September 2, 2024 (Wirral) news  
Monday 2 September marks the official launch of Wirral's NHS Risk and Resilience Service for young people called Let's Talk.  
Run by Wirral Community Health and Care NHS Foundation Trust, Let's Talk aims to help children and young people develop knowledge, skills, and confidence to make informed decisions about their health and wellbeing.

Launch of new support service for Wirral young people



The media release was featured in the Wirral Globe and Birkenhead News.



**Develop knowledge, skills and confidence to make positive decisions about your health and wellbeing**

**Let's talk about...**

- Relationships and sexual health
- Drug and alcohol misuse
- Feelings - sadness, frustrations, anger, anxieties, worries
- Staying healthy
- Making positive choices
- Risk-taking behaviours

**Have a chat with our friendly team. We are here to help you!**

For more information scan the QR code.



## Clinic walk-through videos for Sexual Health Wirral

- **Objective(s)** - In response to service user feedback we worked with the team at Sexual Health Wirral to develop two clinic walk through videos to promote the service offer and clinic locations and to enhance the service user experience (particularly young people) when accessing sexual health services, including ourPlace. The videos also provide service users with reassurance about accessing our confidential services.
- **What we did** - Working closely with the service we developed a story board to map out the patient journey, identifying the important touch points when accessing the service. A member of the Sexual Health Wirral nursing team volunteered to be the face of the video, providing a friendly and reassuring welcome. Two videos were produced - one for ourPlace (young people) and the Gemini Centre (adult patients and service users).
- **Impact and measures** - The videos are accessible via YouTube and is sent via a link with appointment bookings. It is also available on the Sexual Health Wirral website (**page views to date: 2,446**) and Facebook page. Partner organisations including Zillo and The Hive have also shared the videos across their networks and embedded into their websites.



*Spotlight feature on  
the Zillo website*

Thinking Thursday, spotlight on services

Thinking Thursday, spotlight  
on services

## Clinic walk-through videos for Sexual Health Wirral



Rose from Sexual Health Wirral featured in the videos.  
The videos was designed and scripted by the communications team.

The videos have been **viewed 1,501 times** since published in late August 2024.



## 0-19+ Service Wirral and Cheshire East - school age flu campaign

- **Objective(s)** - Each year the school age immunisations team across Wirral and Cheshire East deliver the nasal flu vaccine to school age children. One of the objective of this year’s campaign was to encourage as many parents / carers as possible to complete their child’s vaccine consent form online. Further objectives included distilling myths about the nasal flu vaccine and supporting stakeholders to champion the campaign.
- **What we did** - The communications team designed a suite of materials including QR code posters, social media graphics and messages, screen content for GP/walk-in centre waiting rooms, email signatures and stakeholder communications. The team developed all campaign content including a comprehensive stakeholder bulletin to ensure partners had the relevant vaccine information at their fingertips to cascade further via school newsletters and intranets.
- **Impact and measures** - To date **54,588 children across Wirral and Cheshire East** have received their nasal flu vaccine. Total eligible children - 101,103

| Online consent        | Verbal consent       | Paper consent |
|-----------------------|----------------------|---------------|
| 98.9%                 | 0.8% - Wirral        | 0.3% - Wirral |
| 99.8% - Cheshire East | 0.2% - Cheshire East |               |

# 0-19+ Service Wirral and Cheshire East - school age flu campaign

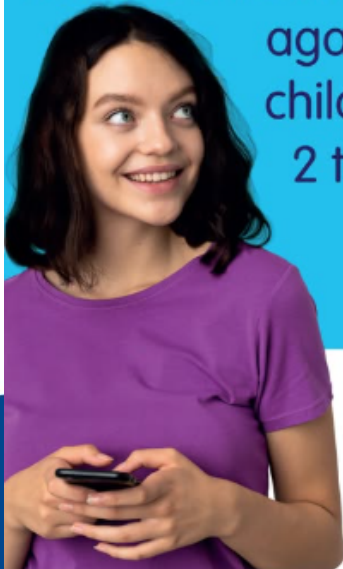
0-19+ Health Visiting Hub - Wirral  
September 11, 2024

The children's nasal spray flu vaccine is safe and effective. It is offered every year to children to help protect them against flu.

Flu is caused by the influenza virus. It can be a very unpleasant illness for children. It can also lead to serious problems, such as bronchitis and pneumonia.

Children can catch and spread flu easily. Vaccinating them also protects others who are vulnerable to flu, such as babies and older people... See more

The children's flu vaccine offers the best protection against flu for children aged 2 to 17 years ...and it's painless.



**School age vaccination programme**  
Children's flu vaccine  
In this issue

NHS  
Wirral Community Health and Care  
NHS Foundation Trust

1. Launch of children's flu vaccine campaign 2024
2. About the children's flu vaccine
3. How the children's flu vaccine is given
4. Consent process for parents and carers
5. Catch up clinics in the community
6. Newsletter content for parent / carer bulletins
7. Social media posts to share

1. Launch of children's flu vaccine campaign 2024

## Nasal flu vaccine for 2 to 16 year olds (year 11)



Email the team:  
[wcnt.immunisation@nhs.net](mailto:wcnt.immunisation@nhs.net)



To consent, please scan the QR code.



NHS  
Wirral Community Health and Care  
NHS Foundation Trust

## Nasal flu vaccine for 2 to 16 year olds (year 11)

Speak to the team on 0151 514 2510



SCAN ME

To consent, please scan the QR code.

[wchc.nhs.uk](https://www.wchc.nhs.uk) | [@MyHealthWirral](https://www.facebook.com/MyHealthWirral) | [@wchc\\_nhs](https://twitter.com/wchc_nhs)

These services are provided by Wirral Community Health and Care NHS Foundation Trust

## 0-19+ Service Instagram roll out - December 2024

### — Objective(s) - 0-19+ Service St Helens

- To reach and engage with a targeted demographic using a familiar digital platform.
- To increase awareness of the service offer (eg health visiting, school nursing, mental wellbeing support) and increase in attendance at Healthy Child clinics.
- To generate greater awareness and use of ChatHealth.
- To share public health messages and promote the 0-19+ Service to other agencies and services across the borough.

### - Family Nurse Partnership (FNP) Wirral

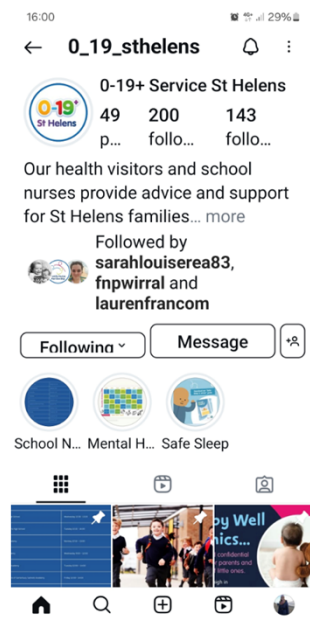
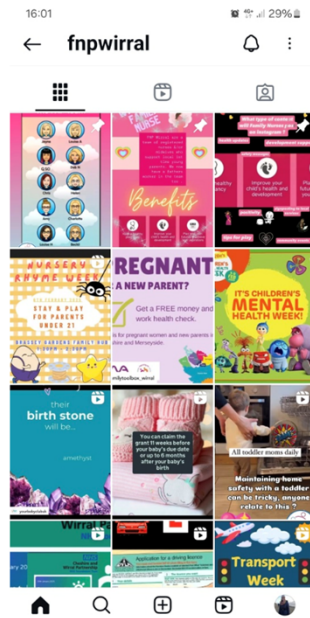
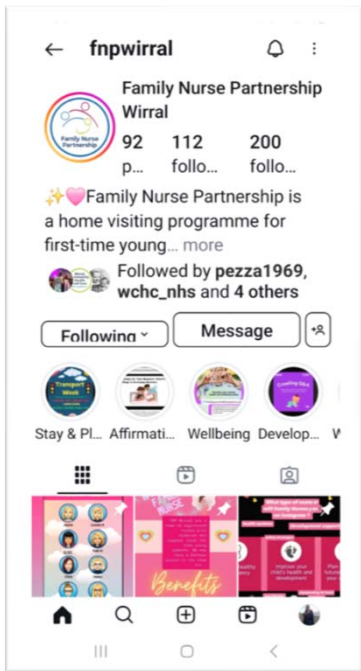
- To deliver safe and evidenced based health, development and parenting information to FNP clients who are young parents or parents to be.
- To support healthy parenting choices and safety decision making to ensure clients can provide the best start for their children.

— **What we did** - Colleagues completed a local piece of insight research with families and young people to determine the most appropriate digital platform for their target audience. Instagram was identified as the preferred platform to access service information and updates. The communications team supported project leads to develop a quarterly content plan and a suite of campaign materials (local and national).

— **Impact and measures** - 0-19+ Service St Helens Instagram page - **49 posts / 199 followers**. The team has created localised video content about the service offer and to date the team four videos have been produced with a **total likes of 130 and shared via 10 partner platforms**.

— FNP (Wirral) Instagram page - **91 posts and 112 followers**.

# 0-19+ Service Instagram roll out



Audience engagement...

*“Awesome service.”*

*“Building relationships with our schools is such an important part of the school nursing role. Vic is an amazing example of how being visible & accessible in school improves the care we provide our young people & families.”*

*“Very reassuring and informative, putting new mums at ease and reducing anxiety.”*

*As a parent, this is really reassuring to see.”*

## Strategic aim - People

**People – We will support our people to create a place where they are proud and excited to work.**

Improve the wellbeing of our employees • Better employee experience to attract and retain talent • Grow, develop and realise employee potential

**We will deliver high quality internal communications activity and campaigns that ensure staff understand the vision for the organisation and have access to the information they need to carry out their roles. Communications will also support their wellbeing, celebrate achievements, help colleagues understand what is expected of them and ensure that they are able to engage and feedback.**

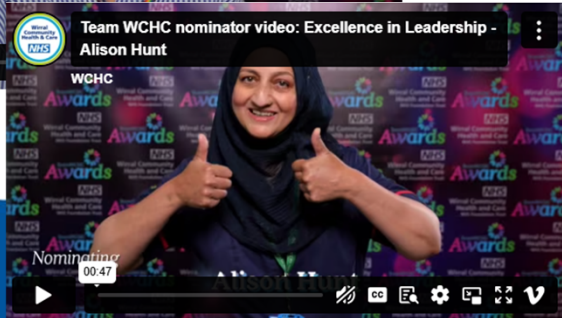
- During Q2 and Q3 the team delivered a packed schedule of campaigns targeted at staff including: Team WCHC Staff Awards, IT and Digital campaigns including Imprivata and Cyber security, NHS Staff Survey, Appraisals, July People Pulse, Leadership events, Staff Flu and Covid vaccinations, FTSU month, Southport incident, District Nurse project, Discretionary spend, Ubook room booking, Fraud awareness, Festive events and engagement.
- The following slides provide more detail and analysis of a selection of projects.

## Team WCHC Awards: phase 2 planning and delivery

- **Objective(s)** - This flagship event forms part of the **Trust's Recognition Scheme** and is our way of recognising the hard work and dedication of our people who go the extra mile for our communities and colleagues. Phase 1 – nominations, judging and agreement on the shortlist. Phase 2 - content creation for the event – scripting, videos, photography, artwork, sponsorship, presentations, invites, event planning and delivery of the event.
- **What we did** - Based on staff feedback we continued with our annual tradition of scripting and filming short videos with the shortlisted nominators to be played on the night summarising their nomination. Sourcing of photography of all the 30+ shortlisted individuals and teams. Selection of staff comperes (e.g. last year's winners) to make the event more inclusive and reduce costs. Continuation of securing sponsorship for the event along with in-kind contributions. Production of Big Book of Nominations celebrating the 120 entries received.
- **Impact and measures** - StaffZone analytics showed total of **3,239 visits to the Awards section** during Q2. About the awards 773, The Shortlist 759, About the nominees 562, Your invitation 228, Together we make a great team 181. Invites sent out to over 550 staff. High demand for places with around 350 acceptances. Event feedback showed **100 %** said they enjoyed the event and **100%** liked the venue. The introduction of staff comperes was hugely successful. 29% said they would pay a small contribution for future awards, 28% said they would not. Other qualitative feedback will inform future events.



# Team WCHC Awards planning



Dear Alex

Thank you for your support as a sponsor at the Team WCHC Awards 2023. We are delighted to invite you to the awards dinner and presentation on Friday 6 October at Chester Racecourse. You have two places reserved at the event.

Please RSVP by completing the table below and send back to [wchc.awards@nhs.net](mailto:wchc.awards@nhs.net)

## Team WCHC Awards!

Everything you need to know about Team WCHC Awards, including Team WCHC Awards categories and criteria, nomination support and judging information. Get involved in the Team WCHC Awards 2024!

- ▶ **Together...we make a great team 2024**  
Read the big book of nominations!
- ▶ **About the awards**  
Find out about the plans for this year's awards and the opportunities to recognise and celebrate the excellent work of our amazing staff.
- ▶ **Team WCHC Awards nomination form**  
Complete the Team WCHC staff awards nomination form
- ▶ **Categories and criteria**  
Here you'll find all the award categories and their criteria. Make sure you read the criteria/examples before writing your nomination. Good luck!
- ▶ **The award nominees**  
Here you can view all the 2024 award nominees and be inspired by our brilliant book of nominations "Together...we make a great team".
- ▶ **Nomination support**  
Are you struggling to write your nomination? Read our top tips to help you put together a winning submission.
- ▶ **Judging panel**  
Find out more about how the nominations are judged and how you can get involved along with our public members, governors, engagement groups, volunteers and partners.
- ▶ **The awards shortlist**  
Find out who was shortlisted for the Team WCHC Awards 2024!
- ▶ **The award winners**  
On this page you will find the Team WCHC Staff Awards winners for 2023!
- ▶ **Team WCHC Awards video**  
Watch some of the highlights from this wonderful event.
- ▶ **The nomination videos**  
Watch the nomination videos from Team WCHC Awards 2023



## A night of celebration...



**Excellence in Care**, Hannah Short, 0-19+ Service Wirral - **Excellence in Learning**, Katy Fisher, Learning and Organisational Development - **Excellence in Quality Improvement**, Gemma Tutill, Tissue Viability Service - **Excellence in Leadership**, Alison Hunt, Urgent and Primary Care - **Excellence in Inclusion**, David Williamson-Draper, 0-19+ Service Wirral – **Excellence in Partnership Working**, Amie Cavanagh-Williams, Urgent and Primary Care – **Team of the Year**, Neurodevelopmental Team and Walk-in Centre Nurses – **Unsung Hero Award**, Tiffany Williams, Community Nursing - **Chair and Chief Executive Award**, Digital ICT Team – **People’s Choice Award**, Community Cardiology

## NHS Staff Survey 2024

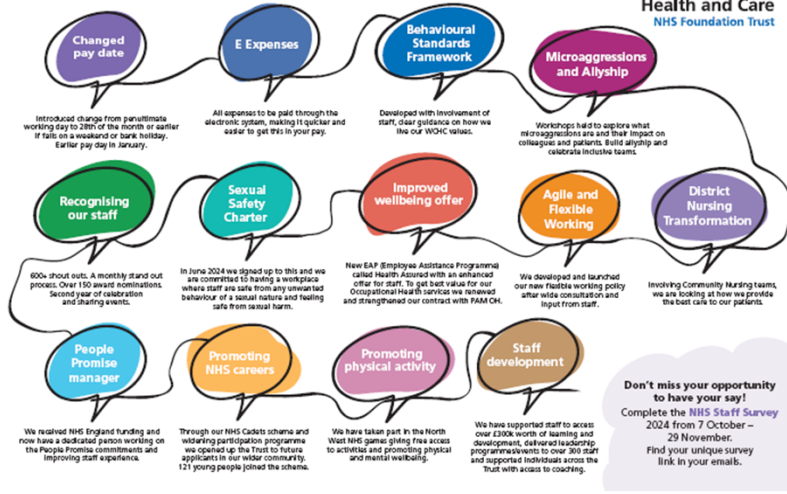
- **Objective(s)** - The Trust target was to match the completion rate of 60% from 2023, which had been a significant improvement the previous year (47%). Using learning from the 2023 campaign, a key objective was to increase awareness and understanding of the actions that had been put in place in response to staff feedback. It was also recognised some staff still believed that the survey was not anonymous.
- **What we did** - In partnership with HR colleagues and the People Promise manager we developed an integrated communications plan to help achieve the Trust's objectives. As in 2023, an increased and sustained level of communications and engagement activity took place throughout October and November including: weekly screensavers with updated messages aligned to People Promise, regular Update articles with latest figures, Update special edition, Manager's Briefing, social media and digital engagement, development and distribution of the Roadmap, leveraging opportunities at staff events to engage and an incentive was also offered. Messages focused on - You said - Together we did, completion, and anonymity.
- **Impact and measures** - Staff Survey results data - embargoed till March 2025

# NHS Staff Survey

Together... we make the difference!

Through your feedback from the NHS Staff Survey, we continue to make changes and improvements across Trust WCHC. Here are some of the highlights from 2023-24.

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



Don't miss your opportunity to have your say!  
Complete the NHS Staff Survey  
2024 from 7 October – 29 November.  
Find your unique survey link in your email.

**We are compassionate and inclusive**

- We have 5 staff networks open to all staff, where we talk, share and promote ideas
- We encourage staff to think about microaggressions and being an ally to others
- Our Behavioural Standards Framework supports staff to have conversations about how we live our values

Our patients tell us we are delivering excellent patient care

- Our FFT score consistently achieves over 92% recommending our services
- We value each other with over 600 Shout Outs and 150 Staff award nominations

**We are always learning**

**People Promise**  
This is a promise we all must make to each other - to work together to improve the experience of working in the NHS for everyone.

**We have supported staff in accessing:**

- Over £300k worth of development in 2023-24
- Coaching to enable career and personal development
- A quality appraisal ensuring over 95% have had one in 2024

**THE UPDATE Staff Survey Special Edition**

Together... we make the difference!

October 2024

This special edition is about the annual NHS Staff Survey and we want to showcase what's been done in response to all the feedback received from everyone who completed last year's survey.

After sharing the results of last year's Staff Survey we developed a Trust wide action plan and asked each department to develop their own local plans based on their survey responses.

There were four key areas from our Staff Survey results where you told us you wanted to see improvements:

- Compassionate culture
- Feeling safe and healthy
- Motivation
- Work pressures

**Compassionate Culture**

**This is what we're doing together**

We continue to be above the national average in relation to compassionate leadership, and we are committed to sustaining this as it influences staff experience and levels of engagement.

We took steps to embed compassionate leadership culture at all levels and monitor progress. Since April 2024 we have asked four additional questions in the quarterly pulse survey to monitor responses and track progress relating to compassionate leadership.

1. Behavioural Standards Framework – how we live our values

I've completed the NHS Staff Survey...  
Complete yours today!

Together... we make the difference!

## Message from...

Laura Burns  
People Promise Manager

Wirral Community Health and Care  
NHS Foundation Trust



## People Promise

Dear Colleagues,

As you are aware, the staff survey has now launched! A special edition of The Update was sent out last week with some amazing stories and updates of what we have achieved as a Trust over the past 12 months, not forgetting a special mention in relation to our amazing CQC rating!

As an experienced clinical member of staff, but now working within HR, I can wholeheartedly say, the staff survey is the best way to have staff voices heard and to be unignorant! The CQC read the staff survey feedback last year and the voices of the staff are acknowledged.

Support your staff between now and the end date of protected time to complete. I know, after speaking to a colleague for some staff. I have taken this concern back to action on staff zone explaining how confidentiality is maintained.

How does the staff survey provide access to staff email and would break GDPR regulations if Picker informed about individual responses. Why don't you have a team meeting? You could show your team the video about the staff survey.

Our People Promise Roadmap for 2024 which highlights the new pay and nurse development project which is underway! It also includes how we have continued since 2023 and how we continue to be committed to our values.

## Support for staff following the Southport incident

- In response to the attack that took place in Southport and the subsequent riots that took place across the county, a communications response was developed
- Led by the Interim Chief Executive, Mark Greatrex, a communications statement was shared with staff acknowledging the incident, showing compassion for those affected, providing support and reassurance to staff, and clearly stating the Trust's position on racism and discrimination.
- In partnership with the BAME network a number of actions were agreed including:
  - Further communications to staff to provide reassurance and signposting
  - 'We will not tolerate' posters for clinics
  - Statement on the public website - Racism and discrimination – our commitment to patients, service users and staff

**We will not  
tolerate...**

**Racism**

**Discrimination**

**Abuse of any kind**

**We can withdraw care and involve  
the police if needed.**

We are committed to ensuring our patients, service users  
and our staff feel safe.

## Strategic aim - Place

**We will deliver sustainable health and care services within our communities enabling the creation of healthy places.**

Improve the health of our populations and actively contribute to tackle health inequalities • Increase our social value offer as an Anchor Institution • Make most efficient use of resources to ensure value for money

**We will protect the reputation of the Trust and ensure that our communications are responsive and accessible. That staff, the public and stakeholders are engaged and informed about our contribution within Cheshire and Merseyside.**

**We will collaborate with partners to share resources, maximise our reach and amplify our shared messages.**

- During Q2 and Q3, key projects included - NHS Cadets Programme 2024, Gov.uk web accessibility audit and actions, Governor elections, Safeguarding Adult's week, End of Year Report for 0-25 Service Knowsley, Membership Engagement, Annual Members' Meeting, Executive Media Training.
- The following slides provide more detail and analysis of a selection of projects.

## GOV.UK Web Accessibility Audit

- **Objective(s)** - All public sector organisations must meet Web Content Accessibility Guidelines (WCAG 2.2 AA standards). In October 2024 we were randomly selected to be audited by the Government Digital Service (GDS). We created an action plan to fix all accessibility issues identified in the GDS report within the 12-week deadline. Websites that are deemed not to meet the standards are reported to the Equality and Human Rights Commission (EHRC) for further action.
- **What we did** - All web development accessibility issues were resolved by Mixd (website developers) within our allocated support hours. The team has begun work to resolve PDF accessibility issues, converting over 100+ of 412 documents in the Resource Library to page content, initially prioritising all patient information leaflets. We met with the Trust's third-party supplier to explore accessibility issues on the feedback form. The Accessibility Statement on the website was amended to reflect the accessibility improvements made and give assurance to public and stakeholders around how accessible our website is and our ongoing improvements.
- **Impact and measures** - The Government Digital Service has determined that our website is compliant, and no further action will be taken by the EHRC. Since resolving accessibility issues outlined in the report, the Trust's ranking in the UK NHS Silktide index has jumped up 4 positions into the top 10 of all NHS Trusts (from 12<sup>th</sup> in October 2024 to 8<sup>th</sup> in January 2025). Silktide analyses all (over 200) NHS websites, ranking them based on their web accessibility score. The Trust scores 97 out of 100 for web accessibility.
- **Next steps** - A full web accessibility audit will be completed by Mixd in July 2025. Over the next two quarters the team will be carrying out an audit of all 1,321 documents (PDF and Word Documents). We will continue to address any accessibility issues that arise.

# Web Accessibility - UK NHS Silktide ranking

Accessibility ranking: October 2024

| Rank | Change | Organisation  | Score | Change | Level A | Level AA |
|------|--------|---|-------|--------|---------|----------|
| 1st  | ▲ 1    | NHS Cornwall and the Isles of Scilly ICB                  | 99    | -      | 99.7%   | 99.7%    |
| 2nd  | ▼ -1   | Royal Cornwall Hospitals NHS Trust                        | 99    | ▼ -0.8 | 99.7%   | 98.9%    |
| 3rd  | -      | NHS   | 98    | -      | 99.6%   | 99.3%    |
| 4th  | ▲ 178  | Rotherham Doncaster and South Humber NHS Foundation Trust | 98    | ▲ 28.6 | 98.7%   | 98.7%    |
| 5th  | ▼ -1   | Cambridge University Hospitals NHS Foundation Trust       | 98    | -      | 98.7%   | 98.6%    |
| 6th  | ▼ -1   | NHS Shetland  | 97    | ▲ 0.1  | 99.1%   | 98.1%    |
| 7th  | -      | Tavistock and Portman NHS Foundation Trust                | 97    | ▲ 1.1  | 97.6%   | 97.6%    |
| 8th  | ▼ -2   | NHS Mid and South Essex ICB                               | 96    | ▼ -0.1 | 98.6%   | 96.2%    |
| 9th  | ▲ 1    | NHS South West London ICB                                 | 96    | ▲ 0.1  | 97.5%   | 95.5%    |
| 10th | ▼ -1   | Cornwall Partnership NHS Foundation Trust                 | 96    | ▼ -0.1 | 97.6%   | 94.8%    |
| 11th | ▼ -3   | NHS Sussex ICB  | 96    | ▼ -0.2 | 98%     | 94.7%    |
| 12th | ▼ -1   | Wirral Community NHS Foundation Trust                     | 95    | -      | 96.5%   | 95.5%    |

Accessibility ranking: January 2025

| Rank | Change | Organisation  | Score | Change | Level A | Level AA |
|------|--------|---|-------|--------|---------|----------|
| 1st  | -      | Royal Cornwall Hospitals NHS Trust                        | 99    | -      | 100%    | 100%     |
| 2nd  | -      | NHS Cornwall and the Isles of Scilly ICB                  | 99    | -      | 99.7%   | 99.7%    |
| 3rd  | -      | Cambridge University Hospitals NHS Foundation Trust       | 99    | -      | 100%    | 99.7%    |
| 4th  | -      | NHS   | 98    | -      | 99.6%   | 99.4%    |
| 5th  | -      | Rotherham Doncaster and South Humber NHS Foundation Trust | 98    | -      | 98.7%   | 98.7%    |
| 6th  | ▲ 1    | NHS Shetland  | 98    | -      | 99.4%   | 98.2%    |
| 7th  | ▼ -1   | London North West University Healthcare NHS Trust         | 97    | ▼ -0.3 | 98.7%   | 97.9%    |
| 8th  | ▲ 7    | Wirral Community NHS Foundation Trust                     | 97    | ▲ 1.8  | 98.9%   | 97.8%    |
| 9th  | ▲ 5    | Cornwall Partnership NHS Foundation Trust                 | 97    | ▲ 1.4  | 98.8%   | 96.7%    |
| 10th | ▼ -2   | NHS Service Manual  | 97    | -      | 97.8%   | 97.5%    |



## Governor Elections

- **Objective(s)** - To recruit nine Trust governors across Wirral and Rest of England (inclusive of two staff seats) to join Council of Governors at WCHC. To raise awareness that the elections were taking place and secure nominations from Trust members and staff. Promote the benefits of becoming a Governor and what the role involves. To encourage voting by members and staff on the nominees.
- **What we did** - A rigorous internal and external communications plan was developed targeting staff, members and key stakeholders. The plan included – direct mail to members via Civica and staff via The Update highlighting the benefits and importance of the Governor role. Social media signposting to further info, positive quotes from current Governors, screensavers, StaffZone/website content. Digital and hard copy flyers shared with Chester University, Wirral Met, Healthwatch, NHS Cadets, Bridge Forum. Media release featuring Lynn Collins, Lead Governor sharing why she loved being a Governor and to get involved. The membership team held 3 engagement events.
- **Impact and measures** - All nine vacant seats were filled as a result of the campaign. There were 13 nominees and approx. **300 votes** were cast. Engagement events attracted between **30-40 people**. Emails sent to members consistently achieved over **35% open rate**. E.g. **2688 deliveries, 983 opens, 39 clicks on links**.

# Governor Elections



Local resident Lynn Collins tells us why she loves being an NHS Public Governor for in Wirral

Category: General News  
Posted: 08/10/2024

*“To walk in as a governor, into the boardroom, hear about everything that’s going on, and have your say from the patients’ point of view is incredibly rewarding.”*

Become a public governor and help influence the future of our services.



Help make a difference and become a public governor at our Trust.



Compassion Open Trust

Wirral Community Health and Care  
NHS Foundation Trust

## Could **you** be one of our Trust Governors?

We have seats in Birkenhead, Wallasey, West Wirral, South Wirral and Neston and Rest of England.

No formal qualifications are required to become a Trust Governor, just an enthusiasm and willingness to ask questions, be open to ideas and a desire to make a difference by getting involved in your local community health and care NHS Trust.

You will gain invaluable skills that can help with future employment, and by becoming a governor you can build your CV and enhance your listening, decision making and influencing skills.

**Prospective candidates should:**

- Be aged 16 and above and be a member our Trust. If you are not a member, you can join for free at [www.wchc.nhs.uk](http://www.wchc.nhs.uk) and search 'membership'.
- Be willing to represent the views of people in your community.
- Drive forward service improvements to ensure the Trust continues to deliver the highest standard of care.
- Contribute to the future plans of the Trust with fresh ideas and a passion for the NHS.

To find out more, or to apply scan the QR code or visit: [www.wchc.nhs.uk](http://www.wchc.nhs.uk)

[www.wchc.nhs.uk](http://www.wchc.nhs.uk) | [@nhsbuzz](https://www.facebook.com/nhsbuzz) | [@wchc\\_nhs](https://twitter.com/wchc_nhs)

Wirral Community Health and Care  
NHS Foundation Trust

## Governor Elections 2024

Would you like to be a Governor at our Trust?

Final few days to put yourself forward as a Governor for Wirral Community Health and Care NHS Foundation Trust.

Dear Member,

There are just two more days to nominate yourself to be NHS Governor for our Trust and influence NHS services in your local area. You will have received information either via email or by post from our third party Civica and we hope you have been considering this position and the value it would bring.

Our WCHC Council of Governors consists of up to 20 people, many of whom are elected by our public Trust members (you) who help set the strategic direction of the Trust.

We have nine Governor positions available in the following constituencies:

- 2 seats in Birkenhead
- 2 seats in Wallasey
- 1 seat in Wirral West
- 1 seat in Wirral South and Neston
- 1 seat for Rest of England
- 2 staff seats

Why should I apply?

Our Governors represent our members and the public to help shape the future of our Trust, improving the experience our patients, service users and their families receive.

Lead Governor Lynn Collins shares her story why being a governor is so important, the benefits to her, the Trust and the wider community - [read Lynn's story here](#).

The benefits to you

The role of governor is voluntary, but brings value and opportunity to give patients, carers and service users a voice to help inform our provision, planning and ambitions. You will also gain invaluable skills that can help with future employment and enhance your CV.

As a governor you will work with us and help steer and influence the health services we provide to people living across Wirral, Cheshire East, St Helens and Knowsley.

Almost anyone who is 16 or over and lives in one of our five public constituencies (Birkenhead, Wallasey, Wirral South and Neston, Wirral West and Rest of England) can stand for election as a Governor. The other members in that constituency will vote for the people they want to represent them.

How to Apply

- Complete the [online nomination form](#)
- Request a postal nomination form via: Telephone: 0208 889 9203
- Email: [nominationenquiries@cesvotes.com](mailto:nominationenquiries@cesvotes.com)

Find out more about being a Governor on our [website](#)

Deadline for completed nomination forms: Wednesday 23 October 2024 at 5.00pm.

If you have any questions please email [wctcommunications@nhs.net](mailto:wctcommunications@nhs.net)

Thank you for our ongoing support and interest in your community NHS Trust.

The Membership Team

## NHS Cadets

- **Objective(s)** - To enable our NHS Cadets to come together to celebrate their remarkable achievements and completion of the NHS Cadets Programme 2023/2024.
- **What we did** - A celebration even was organised for the young people from Wirral, St Helens and Knowsley to come together to celebrate their achievements and share experiences of the NHS Cadets Programme. This was accompanied by local PR, a social media take-over, including a series of graphics highlighting what had been achieved by the young people and the Trust.
- **Impact and measures** - Throughout their journey our Cadets have excelled in so many ways - they have engaged in sessions on transferable skills such as communication and teamwork, participated in workshops on mental wellbeing and first aid awareness and gained insight into clinical services such as Community Cardiology and Physiotherapy.
- The NHS Programme has given local young people, aged 16-18, a flavour of what it is like to volunteer and work in the NHS, as well as giving them the confidence and tools they need to develop and prepare for life.
- **121 young people** were supported throughout the programme, accessing **6,292 hours** of programme activity.

# NHS Cadets Programme



**NHS Cadets**

Look how amazing we are...

**In 12 months we have...**

In partnership: Wirral Community Health and Care NHS Foundation Trust, Cheshire and Mersey NHS and St John Ambulance.

Supported 121 young people.

**121**

59 contacts made including NHS partners, universities and external organisations.

**59**

Completed 6,292 hours across five locations.

**6,292**

32 guest speakers from clinical and non-clinical professions.

**32**

Delivered 52 sessions by our youth providers between January and July.

**52**

66 hours committed from staff across NHS Trusts.

**66**

## Safeguarding Adults Week

- **Objective(s)** - the annual campaign is a fundamental piece of work for the Trust's Safeguarding Team. Key objectives included, the relaunch of the Trust wide Safeguarding Matters newsletter, profile raising of team members, promotion of information sharing events with guest speakers, awareness raising about the safeguarding champions course 2025, cascade of safeguarding messages and collation of testimonials from safeguarding champion colleagues.
- **What we did** - working closely with the Safeguarding Team, a suite of vibrant and engaging materials / assets were created to encourage colleagues to get involved in the annual campaign. Messages were cascaded on the build-up to the week to encourage staff to subscribe to the online events. Testimonials were also collated at the Safeguarding Champions Celebratory event to encourage colleagues to sign up to the new cohort.
- **Impact and measures** - Number of staff enrolled onto January's Safeguarding Champions Course - increase in colleagues showing interest in the programme with **21 people signing up**. Existing and new champions from Trust wide services, include Urgent Care, Community Nursing, Dietetics, Bladder and Bowel, Tissue Viability, Clinical Informatics, Cardiac Rehabilitation, Let's Talk, Dental, Podiatry, 0-19+, CICC and Physiotherapy.
- Number of visits to StaffZone during Safeguarding Adults Week - **103 views** / attendance at online engagement events - **44 colleagues** attended the online events

# Safeguarding Adults Week

**Become a...  
Safeguarding  
Champion!**



The programme consists of 9 two hour sessions - every two weeks.

Next cycle starts:  
Tuesday 28 January 2025.

Interested?  
Email: [WCNT.SafeguardingAdults@nhs.net](mailto:WCNT.SafeguardingAdults@nhs.net)

For more information visit [StaffZone](#).

Extend your professional portfolio

Support your colleagues, patients and service users



Wirral Community Health and Care  
NHS Foundation Trust



## Safeguarding MATTERS

Trust wide news and updates.

*In this issue*

### Shoutouts!

1. Mental Capacity Act (MCA) Best Interests
2. Safeguarding Adults Team
3. Domestic Abuse has no age limit
4. Contacting the Safeguarding Adults Team
5. Date for your diary - Let's Talk About Safeguarding Event
6. Level 3 Safeguarding Adults Training - upcoming dates
7. Safeguarding Adults Week 2024 - engagement events and drop-in sessions
8. Become a Safeguarding Champion
9. Safeguarding section on StaffZone

1. Mental Capacity Act (MCA) Best interests



## Become a Safeguarding Adults Champion



## Awareness days/weeks in Q2 and Q3

- We are asked nationally, regionally and at service level to support a large number of awareness days throughout the year. In quarters 2 and 3 we supported the following campaigns.
  - Information Governance
  - Alcohol Awareness Week
  - Quality Improvement Week 2024
  - NHS Games
  - Know your numbers week
  - World Patient Safety Day
  - Staff flu campaign – Save the date
  - Cyber month
  - FTSU month
  - World Menopause day
  - Black history month
  - Infection Prevention week
  - Allied Health Professional Week
  - Safeguarding Adults week
  - World Antimicrobial Awareness week
  - Stop the pressure day
  - Carer's Rights day

The level of communications and marketing activity varies according to Trust priorities and service objectives. We support via - The Update, social media, StaffZone, website, Get Together and screensavers.

## Priorities for Quarter 4 - January - March 2025

|   |   |   |
|---|---|---|
| Internal communications review                      | District Nurse Project                                      | Wirral Review communications plan                     |
| Long Covid service decommission                     | Stakeholder Communications - Knowsley and St Helens 0-19/25 | SEND Inspection - Wirral                              |
| Let's Talk Digital Hub                              | Wound Care videos   | Bladder and Bowel Service – change of products        |
| Contact Hub digital solution                        | HIV Testing Week  | Cervical Screening                                    |
| January People Pulse                                | Information Governance – Data Protection focus              | Let's Talk - co-creation of weight management toolkit |
| Membership campaign across out of Wirral localities | Children's Dietetics social media platform                  | Veganuary   |



| Equality Delivery System   |  |   |    |
|--|--|---|----|
| <b>Meeting Title</b>   | Board of Directors   |   |    |
| <b>Date</b>  | 19/02/2025   | <b>Agenda Item</b>                        | 14 |
| <b>Lead Director</b>   | Debs Smith, Chief People Officer   |   |    |
| <b>Author(s)</b>   | Neil Perris, Head of Equity, Diversity and Inclusion, and Emma Ashley, Head of HR (E&W), |   |    |
| <b>Action required</b> (please select the appropriate box)   |  |   |    |
| <b>To Approve</b> <input checked="" type="checkbox"/>  | <b>To Discuss</b> <input type="checkbox"/>   | <b>To Assure</b> <input type="checkbox"/> |    |
| <b>Purpose</b>   |  |   |    |
| <p>This report provides the Board with an overview of the process for completing the national contractual requirements of the Equality Delivery System (EDS) for 2024, including actions that have been completed and the identification of future actions along with moderated ratings for current levels of attainment. This is provided for approval as recommended by the People and Culture Committee.</p>  |  |   |    |
| <b>Executive Summary</b>   |  |   |    |
| <p>The Equality Delivery System is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice. The National Reporting template has been used for completion.</p> <p>Three areas of the EDS</p> <ul style="list-style-type: none"> <li>Domain 1 services</li> <li>Domain 2 workforce</li> <li>Domain 3 inclusive leadership</li> </ul> <p>Implementation of the EDS is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance with EDS guidance documents. The documents can be found at:</p> |  |   |    |

[www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds](http://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds)

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted and published on the trust's website. The process is through self-assessment and then moderation by stakeholders.

Progress made on last year's identified actions include;

- Increased engagement with key stakeholders from marginalised groups (Sexual Health working with Wirral Council on the All-Age Disability Strategy)
- To improve the awareness for patients and carers accessing our services (0-19 Neurodevelopment team with Wirral Multicultural Organisation)
- Revised Quality and Equality Impact Assessment process

## 2024 EDS

WCHC have worked jointly with WUTH for all three domains.

Domain 1 – Services: Two services submitted evidence for review at a jointly held stakeholder event which included Wirral Healthwatch, external voluntary sector groups and internal staff from both organisations on the 14.01.25. The two services listed below were

- Community Dental Service
- Endoscopy (WUTH)

Domain 2 – Workforce Wellbeing: Evidence was reviewed at an event on the 13.01.25 with representatives from staff networks, wellbeing champions, JUSS and the Head of People Experience from WUTH.

For Domain 3 – Inclusive Leadership: Evidence was reviewed at the same event on the 13.01.25.



| Domain                                    | Sub Category   | Rating     | Score |
|---|--|------------|-------|
| <b>1-Services</b>                         | 1A: Patients (service users) have required levels of access to the service   | Achieving  | 10    |
|   | 1B: Individual patients (service users) health needs are met   | Excelling  |       |
|   | 1C: When patients (service users) use the service, they are free from harm   | Excelling  |       |
|   | 1D: Patients (service users) report positive experiences of the service  | Achieving  |       |
| <b>2- Workforce Health and Wellbeing</b>  | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions   | Achieving  | 8     |
|   | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source  | Achieving  |       |
|   | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source   | Excelling  |       |
|   | 2D: Staff recommend the organisation as a place to work and receive treatment  | Developing |       |
| <b>3-Inclusive Leadership</b>             | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | Achieving  | 6     |
|   | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed  | Achieving  |       |
|   | 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients  | Achieving  |       |
| <b>Overall Score and attainment level</b> |  | Achieving  | 24    |

Actions for all of the domains and outcomes are in a separate action plan and to meet national requirements this must be approved by the Trust Board and published by the end of February 2025.

**Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:**

ID02 - Failure to deliver services inclusively with people and communities guiding care, supporting learning and influencing change. ID07 - Our people do not feel looked after, their employee experience is poor, and their health and wellbeing is not prioritised. ID08 - Our People Inclusion intentions are not delivered; people are not able to thrive as employees of our Trust and the workforce is not representative of our population.

**Quality/inclusion considerations:**

Quality & Equality Impact Assessment completed and attached No.

It is not applicable as the EDS report uses a national template which has been assessed at NHS England level regarding EQIA considerations

**Financial/resource implications:**

None identified

**The Trust Vision** – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:

- Populations – We will support our populations to thrive by optimising wellbeing and independence
- People – We will support our people to create a place they are proud and excited to work
- Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places

Please select the top three Trust Strategic Objectives and underpinning goals that this report relates to, from the drop-down boxes below.

|   |  |  |
|---|--|--|
| People - Improve the wellbeing of our employees | People - Better employee experience to attract and retain talent | Place - Improve the health of our population and actively contribute to tackle health inequalities |
|---|--|--|

**The Trust Social Value Intentions**

Does this report align with the Trust social value intentions? Yes.

If Yes, please select all of the social value themes that apply:

**Community engagement and support**

**Purchasing and investing locally for social benefit**

**Representative workforce and access to quality work**

**Increasing wellbeing and health equity**

**Reducing environmental impact**

**Board of Directors is asked to consider the following action**

The Board of Directors is asked to approve the report for publication



**Report history** (Please include details of the last meeting that received this paper, including the title of the meeting, the date, and a summary of the outcome). This provides the audit trail through the governance structure.

| Submitted to                       | Date     | Brief summary of outcome   |
|------------------------------------|----------|--|
| People and Culture Committee       | 12/02/25 | Recommendation for approval to Board   |
| People and Culture Oversight Group | 15/01/25 | Summary of the process undertaken and scores provided to group for assurance |



Classification: Official

Publication approval reference: PAR1262



# NHS Equality Delivery System 2022 EDS Reporting Template

Version 1, 15 August 2022

# Contents

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# Equality Delivery System for the NHS

## *The EDS Reporting Template*

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: [www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/](http://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/)

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via [england.eandhi@nhs.net](mailto:england.eandhi@nhs.net) and published on the organisation's website.



## NHS Equality Delivery System (EDS)

|                                       |  |  |  |  |
|---------------------------------------|--|--|--|--|
| <b>Name of Organisation</b>           | <b>Wirral Community Health and Care NHS Foundation Trust</b> | <b>Organisation Board Sponsor/Lead</b>                               |  |  |
|                                       |  | Debs Smith, Joint Chief People Officer<br>Paula Simpson, Chief Nurse |  |  |
| <b>Name of Integrated Care System</b> | Cheshire & Merseyside ICB                                    |  |  |  |

|                               |  |   |  |                            |
|-------------------------------|--|---|--|----------------------------|
| <b>EDS Lead</b>               | Neil Perris, Head of EDI (Domain1)<br>Emma Ashley, Head of HR (Domain 2 & 3) | <b>At what level has this been completed?</b>   |  |                            |
|                               |  |   |  | <b>*List organisations</b> |
| <b>EDS engagement date(s)</b> | 13.01.25 – Domain 2&3,<br>14.01.25 – Domain 1                                | <b>Individual organisation</b>                  |  |                            |
|                               |  | <b>Partnership* (two or more organisations)</b> | Wirral Community Health & Care NHS Foundation Trust<br>Wirral University Teaching Hospital NHS Trust |                            |
|                               |  | <b>Integrated Care System-wide*</b>             |  |                            |

|                       |          |                                 |               |
|-----------------------|----------|---------------------------------|---------------|
| <b>Date completed</b> | 31.01.25 | <b>Month and year published</b> | February 2025 |
|                       |          |                                 |               |

|                        |  |                      |  |
|------------------------|--|----------------------|--|
| <b>Date authorised</b> |  | <b>Revision date</b> |  |
|                        |  |                      |  |

| Completed actions from previous year        |  |  |   |                |
|---|--|--|---|----------------|
| Domain                                      | Outcome  | Objective  | Action  | Status         |
| Domain 1: Commissioned or provided services | 1A: Patients (service users) have required levels of access to the service | Improve engagement with key stakeholder organisations representing underserved or vulnerable groups or individuals to ensure and inclusion needs are addressed | Adult LD SLT to work with Inclusion team to further develop the Accessibility & Inclusion Template to include options for 'no comprehension'.   | Completed      |
|   |  |  | Sexual Health Wirral to make contact with Wirral Evolutions to improve awareness and explore further work to develop the service offer  | Completed      |
|   |  |  | 0-19 team to work with WMO to identify any barriers to accessing services   | Completed      |
|   | 1B: Individual patients (service users) health needs are met               | Ensure there are effective mechanisms in place to understand and meet patients/carers individual needs   | Adult LD SLT to work with others including patients and carers and other stakeholders (incl. Wirral Evolutions & Healthwatch) to develop a more accessible feedback form that would better meet the needs of their patients and their carers. | Open – ongoing |

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|  | 1C: When patients (service users) use the service, they are free from harm | Intentionally blank            | Intentionally blank– no further actions identified   |                                    |
|  | 1D: Patients (service users) report positive experiences of the service    | Increasing feedback mechanisms | increase the amount of patient experience feedback received by Adult LD SLT service by 30% by the end of quarter 4 | Not Achieved<br>24/25 -<br>Ongoing |

| Domain                                       | Outcome  | Objective   | Action  | Status    |
|--|--|---|---|-----------|
| Domain 2:<br>Workforce health and well-being | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions                             | Improve awareness and access to support for named health conditions                           | Continued to promote wellbeing initiatives for these health conditions in calendar of events  | Completed |
|  | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source  | Increase the presence of the staff voice in the development of the policy                     | Respect and Civility policy developed, and new Behavioural Standards launched in consultation with staff network groups                                 | Completed |
|  | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Increasing feedback opportunities for bullying and harassment and learning lessons mechanisms | Promoted FTSU for raising concerns and trust wide meeting on lessons learned for ER cases every 6 months.<br>Feedback mechanism for ER cases introduced | Completed |

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|  | 2D: Staff recommend the organisation as a place to work and receive treatment | To increase completion of survey | More staff completed the NSS in 2023 than previous years | Completed |
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| Domain                            | Outcome  | Objective  | Action  | Status            |
|-----------------------------------|--|--|---|-------------------|
| Domain 3:<br>Inclusive leadership | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | Ensure Staff Network exec sponsors are benefiting from hearing the lived experience of members across each of our staff networks | Rotation of the sponsors for 2024                   | Completed         |
|                                   | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed  | To demonstrate how we measure impact of our decision making on equality and health inequalities                                  | Develop a mechanism to publish EQIAs                | Under development |
|                                   |  | Improving staff capability around EQIA   | Awareness sessions delivered to demystify processes | Completed         |
|                                   | 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients  | Intentionally blank  | Intentionally blank – no further actions identified |                   |

## EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

|   |   |
|---|---|
| <b>Undeveloped activity</b> – organisations score out of 0 for each outcome | Those who score <b>under 8</b> , adding all outcome scores in all domains, are rated <b>Undeveloped</b>         |
| <b>Developing activity</b> – organisations score out of 1 for each outcome  | Those who score <b>between 8 and 21</b> , adding all outcome scores in all domains, are rated <b>Developing</b> |
| <b>Achieving activity</b> – organisations score out of 2 for each outcome   | Those who score <b>between 22 and 32</b> , adding all outcome scores in all domains, are rated <b>Achieving</b> |
| <b>Excelling activity</b> – organisations score out of 3 for each outcome   | Those who score <b>33</b> , adding all outcome scores in all domains, are rated <b>Excelling</b>                |

## Domain 1: Commissioned or provided services

| Domain  | Outcome  | Evidence   | Rating  | Owner (Dept/Lead)  |
|---|--|--|---|--|
| <b>Domain 1: Commissioned or provided services (Rating is the MODE of all submitted votes for each outcome)</b> | 1A: Patients (service users) have required levels of access to the service | <ul style="list-style-type: none"> <li>• Reasonable adjustments for Patients</li> <li>• Referral Criteria - Special Care Dentistry</li> <li>• Specialised Dental Services Webpage</li> <li>• Patients with additional needs contacted prior to appointment to fill out reasonable adjustments form.</li> <li>• Domiciliary Risk Assessments</li> <li>• Wheelchair Tipper/Hoist available</li> <li>• Message that was sent to all General Dental Practitioners via the Local Dental Committee informing that we could accept patients who exceed the weight limit of their dental chair but only as part of our Personal Dental Service at Leasowe.</li> <li>• Age and Gender report 2023-2024.</li> <li>• Choose and book letter which is sent to all appropriate patients following referral</li> <li>• Service Leaflets transcribed into a different language</li> <li>• Treatment leaflets in an easy read format.</li> </ul> | Excelling<br>5 votes<br>Achieving<br>7 votes<br>Developing<br>3 votes<br><br><b>Achieving</b> | Community Dental –<br><b>Helen Adam</b><br>(Specialist in Special Care Dentistry<br>Clinical Director) |



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|  |   | <ul style="list-style-type: none"> <li>• Walk through videos</li> </ul> <p>Panel feedback included:</p> <p>“Evidence provided shows good consideration of the needs of the different patient community groups and a range of measures taken to ensure access to the service”.</p> <p>“Great work across patients and carers with additional needs - always room to improve. less evidence presented around other protected characteristics”.</p> <p>“Cleary demonstrated protected characteristics and health inequalities are being tailored and the literature offered is really useful and demonstrates barriers are mitigated when accessing services”.</p> <p>“Waiting area can be busy with other patient”.</p> |  |  |
|  | <p>1B: Individual patients (service users) health needs are met</p> | <p>In addition to the evidence above (1a) evidence included:</p> <ul style="list-style-type: none"> <li>• Reasonable adjustments being identified, recorded and implemented.</li> <li>• SOP’s and Policies in place for supporting hose with additional needs.</li> </ul>   |  |  |

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|  |  | <ul style="list-style-type: none"> <li>• Specialist equipment in place and being used appropriately to support those with complex needs and disabilities.</li> <li>• Evidence of compliance with Accessible information standard including evidence of the use of alternate formats e.g. Easy Read documents.</li> </ul> <p>Panel feedback included:</p> <p>“The amount of work undertaken and implemented demonstrates excelling activity”.</p> <p>“Strong evidence around personalisation of care across traditional boundaries and disciplines”</p> <p>“Great collaborate working to try meet all health needs not only dental, looking at the patient from a holistic approach. Individualised care identified”</p> <p>“Lots of examples of meeting the needs of those with additional needs. Go over and above to accommodate their client group.”</p> <p>“Liked the example about staff photos to help support patients feel at ease”</p> | <p>Excelling<br/>14 votes<br/>Achieving<br/>3 votes<br/>Developing<br/>1 votes</p> <p><b>Excelling</b></p> | <p>Community Dental –<br/><b>Helen Adam</b><br/>(Specialist in Special<br/>Care Dentistry<br/>Clinical Director)</p> |
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|  | <p>1C: When patients (service users) use the service, they are free from harm</p> | <p>Evidence provided included:</p> <ul style="list-style-type: none"> <li>• 3 award nominations detailing reasonable adjustments that are put in place for our patients.</li> <li>• COSHH risk assessment for every item of material we use.</li> <li>• For any new equipment or services, we implement that may be different to what has been used\done before, an alert is issued which all staff must read and sign that they have understood the directive.</li> <li>• Each clinic completes a Quality Checklist each month.</li> <li>• Risk Assessment / Hoist / Wheelchair Tipper</li> <li>• Each month, our Datix report is shared via email to all staff along with actions\points for learning</li> </ul> <p>Panel Feedback included:</p> <p>“Improvement culture in place”</p> <p>“Excellent evidence put forward and the conversations added to this, further strengthening what was put forward”</p> <p>“Strong evidence of learning from incidents, patient feedback and engagement, risks and</p> | <p>Excelling<br/>6 votes<br/>Achieving<br/>5 votes<br/>Developing<br/>1 votes</p> <p><b>Excelling</b></p> | <p>Community Dental –<br/><b>Helen Adam</b><br/>(Specialist in Special<br/>Care Dentistry<br/>Clinical Director)</p> |
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|  |  | <p>risk management and good general governance. Strong culture of improvement”</p> <p>“Positive feedback from patients, friends and family”</p> <p>“Didn’t feel there was enough evidence for this section”</p>   |   |  |
|  | <p>1D: Patients (service users) report positive experiences of the service</p> | <p>Evidence provided included:</p> <ul style="list-style-type: none"> <li>• Local Survey Response Report</li> <li>• Experience ratings provided by patients.</li> <li>• FFT 98% positive (compared to trust wide figure of 92%)</li> </ul> <p>Panel Feedback included:</p> <p>“Consider easy read, or more appropriate method of collecting data for patients with additional needs”</p> <p>“It has been agreed that feedback numbers are low and from carer rather than patient but plans are in place now to improve this- volunteer work / smiley face friends and family cards”</p> <p>“Examples given relating to learning from feedback and changes the services have made”</p> | <p>Achieving<br/>8 votes<br/>Developing<br/>3 votes</p> <p><b>Achieving</b></p> | <p>Community Dental –<br/><b>Helen Adam</b><br/>(Specialist in Special<br/>Care Dentistry<br/>Clinical Director)</p> |

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|   |  | <p>“Recognition that there is scope to get feedback from more people”</p> <p>“Strong evidence - room to improve collection of feedback and patient demographics/protected characteristics”</p> <p>“Some concerns as to if feedback is from patient or others who accompany service uses. Further analysis into other protected characteristics”</p> <p>“Didn’t feel like the team were confident in the feedback provided “</p> |           |  |
| <b>Domain 1: Commissioned or provided services overall rating</b> |  |   | <b>10</b> |  |

# Domain 2: Workforce health and well-being

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
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| <p style="text-align: center;"><b>Domain 2:<br/>Workforce health and well-being</b></p> | <p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p> | <p>Reasonable adjustment procedure for staff with disabilities/long term conditions and Supporting Mental Wellbeing policy. Also introduced Menopause policy, Staff Network and awareness sessions. Introduced new SOPs including Pregnancy and Baby Loss Procedure, and Suicide Prevention Procedure</p> <p>Continue to deliver wellbeing conversation training for all staff based on NHS England's health and wellbeing framework which enables self-reflection and supporting others as individuals. This has also been incorporated into our team development Organisational Development tools offer and delivered to smaller team cohorts.</p> <p>Revised and updated hub on Staffzone with access to mental and financial wellbeing support including an enhanced offer of staff benefits via VivUp.</p> <p>Achieved status of Charter for Employers who are Positive About Mental Health via Mindful Employer re-accreditation.</p> <p>Employee Assistance programme in place and recently re - tendered with an enhanced service Have a standing item on the Trust update twice a week relating to wellbeing promotions/opportunities/initiatives. Promoted</p> | <p>2<br/>Achieving</p> | <p>Emma Ashley<br/>Head of HR<br/>(Engagement and Wellbeing)</p> |
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|  |  | <p>physical activity through NHS games. Colleagues participated in a range of events including the family orienteering, golf, and running.</p> <p>Signposts to national support including promotion of Access to Work, Debt advice, Mindful Employers and support also available through FTSU up guardians/champions, HR, JUSS (staff side), professional nurse advocates, practice education facilitators</p> <p>Being part of the C&amp;M Prevention Pledge covers some of the health conditions listed and added commitment 13 Mental health, presented at summit in Warrington in November 2024.</p> <p>Veganuary promotion during January demonstrates commitment to supporting inclusive working for staff beyond protected characteristics</p> <p>Feedback – stakeholders agreed with rating.</p> |  |  |
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|  | <p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p> | <p>For 2023 staff survey results (WRES) BME staff are more likely to state that they feel they have been harassed, bullied or abused by patients, relatives or the public and/or other staff. The percentage of BME staff reporting this has improved from the previous year from 32.29% to 27.66% (lower the better)</p> <p>BME staff stated they are more likely than white staff to have experienced discrimination from a manager/team leader or other colleagues, although the percentage has reduced slightly from the previous year and mirrors the national results.</p> <p>For 2023 staff survey results (WDES) Disabled staff continue to be more likely to state that they feel they have been harassed by service users, public, team leaders and colleagues than non-disabled staff. However, since the previous year the percentage of staff stating this has happened has decreased from 24.3% to 18.89%.</p> <p>With regards to staff experiencing harassment, bullying or abuse from managers, although this continues to be higher than that reported by non-disabled staff, it is only slightly higher than the previous year: 8.28% compared to 8.13%. This remains below the national average.</p> | <p>2<br/>Achieving</p> | <p>Emma Ashley<br/>Head of HR<br/>(Engagement and Wellbeing)</p> |
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|  |  | <p>Any concern received alleging verbal or physical abuse will be considered seriously under Trust Bullying and Harassment policy or Disciplinary policy which have been fully equality impact assessed and any cases raised are analysed by protected characteristics.</p> <p>Data on Bullying and harassment formal cases are reported to People and Culture Oversight Group and JUSS monthly.</p> <p>Clear Trust values developed and Behavioural Standards Framework in place.</p> <p>Local Security Management Specialist in place, ensuring that colleagues are safe and can perform their roles without fear of being subject to violence and aggression. We will not tolerate poster campaign involving BAME staff network</p> <p>Zero tolerance in place when issues of abuse from patients/ visitors towards staff –up to date policy in place for the Management of Violence and Aggression and review of Withholding Treatment</p> <p>Any FTSU cases relating to bullying and harassment are shared for advice with a senior HR practitioner so that the appropriate process is followed and support offered.</p> |  |  |
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|  |  | <p>Just and Learning culture in place for managing any staff incidents fairly. Also, implemented Patient Safety Incident Response Framework (PSIRF) as an independent review and system-based approach to learn from patient safety incidents and ensure a proportionate response to improve patient safety.</p> <p>Leadership for All festival in 2024 for all staff irrespective of roles - we all influence others and have an impact in the way we 'lead ourselves', within our teams and with our service users and patients. Behavioural Standards Framework session with leaders.</p> <p>Microaggression and allyship awareness part of leadership for all festival in Nov 2024.</p> <p>Encouraged FTSU champions with protected characteristics.</p> <p>Improved supervision rate recording for staff.</p> <p>Feedback from stakeholders – agreement with the rating.</p> |  |  |
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|  | <p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p> | <p>Recognise a number of Trade Unions and have active staff side available for staff.</p> <p>FTSU guardian is embedded and regular promotes FTSU process/champions.</p> <p>Staff networks active and meet regularly through MS teams to increase access (all are staff led) – exec sponsors assigned and attend 50% of network meetings throughout the year.</p> <p>FTSU Champions in all of the Staff Networks and regular attendance from the FTSU Guardian.</p> <p>Equality impact assessments are integrated into our policy development process (including policy review or policy creation) with support from Inclusion lead if needed.</p> <p>Support is available for staff from FTSU, HR, Unions, OH or EAP – support is also extended to witnesses of investigations/incidents.</p> <p>Bullying and Harassment policy and Policy for the Management of Violence and Aggression direct to support available.</p> <p>Development of Respect and Civility Policy with staff networks.</p> | <p>3<br/>Excelling</p> | <p>Emma Ashley<br/>Head of HR<br/>(Engagement and Wellbeing)</p> |
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|  |  | <p>Opportunity to feedback through NHS staff survey and quarterly People Pulse.</p> <p>Supporting Mental Wellbeing policy WRAP plans and stress risk assessment.</p> <p>Staff networks embedded - Black, Asian, Minority Ethnic (BAME) Network, Ability Network, Pride Network (formally LGBTQ+), Working Carers Staff Network, Menopause (all are staff led).</p> <p>Active FTSU guardian and champions.</p> <p>Enhanced support – extra ordinary meetings with network demonstrating board support for staff after summer 2024 race riots.</p> <p>Feedback – stakeholders recommended rating to be at excelling level.</p> |  |  |
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|  | <p>2D: Staff recommend the organisation as a place to work and receive treatment</p> | <p>This question is asked in the staff survey and in the quarterly pulse survey<br/> From Staff Survey 2023: 77.74% recommend treatment (2022 was 56.06%)<br/> People Pulse July 2024: 74.4% recommend treatment.</p> <p>From staff survey 2023: 63.87% recommend place to work (2022 was 71.64%)<br/> People Pulse July 2024: 59.2% recommend place to work.</p> <p>WRES and WDES completed annually to compare experiences of BME and disabled staff against others.</p> <p>Increased completion rate of exit questionnaires utilising ESR system – any concerns escalated for review.</p> <p>New reporting allows for comparison by some protected characteristics.</p> <p>Feedback – stakeholders agreed with this rating.</p> | <p>1<br/>Developing</p> | <p>Emma Ashley<br/>Head of HR<br/>(Engagement and Wellbeing)</p> |
| <p><b>Domain 2: Workforce health and well-being overall rating</b></p> |  |  | <p>8</p>                |  |

# Domain 3: Inclusive leadership

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
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| <p style="text-align: center;"><b>Domain 3:<br/>Inclusive leadership</b></p> | <p>3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities</p> | <p>CNO lead for health inequalities and non-exec on national reference groups.</p> <p>Health Inequalities and Inclusion on the Terms of Reference for Quality &amp; Safety committee and People &amp; Culture Committee.</p> <p>Health inequalities key topic included as part of Leadership Festival in November 2024.</p> <p>Trust has a strategic equality and health inequality objective, both set out in the Inclusion and Health Inequalities Strategy.</p> <p>All PID and POG processes have QEIA build into the process.</p> <p>Patient stories shared with Board regularly, often arising from patient services contacts, Similarly, lessons learned are shared across the Trust and at Board and actions, including where needed allocation of additional resources, agreed.</p> <p>Close monitoring and oversight of implementation of Health Inequalities Waiting list project at Service Director, Exec and Board level.</p> | <p>2<br/>Achieving</p> | <p>Debs Smith<br/>Chief People Officer</p> |
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|  |  | <p>Exec sponsors for each staff network and has changed each year with the Chief People Officer lead for all exec sponsors. All networks meet every 4 – 6 weeks on average and execs attend on average 50% of meetings.</p> <ul style="list-style-type: none"> <li>• Wirral Pride attendance</li> <li>• World Menopause Day 2024 events including cuppa and chat session with exec sponsor.</li> </ul> <p>Engagement and feedback from staff networks inform Board commitment and action on areas such as diversity in recruitment panels, support for international staff, reasonable adjustment pathways.</p> <p>Celebrating Black History Month, LGBT+ History Month, Disability History Month featured a neurodiversity vlog by a member of the ability staff network</p> <p>Annual attendance by Board at Staff Network Celebration event contributing to celebrating successes, key outputs and refreshed annual plans for each network.</p> |  |  |
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|  |  | <p>Social Value and Prevention pledge commitments made with supporting action plans reviewed at PCOG.</p> <p>NHS Staff Survey team level results and action plans mandated, including EDI theme and progress is monitored through people governance structure to Board.</p> <p>Commitment to NW Anti-Racist Framework in 2024/5 and statement approved.</p> <p>Training sessions provided to board by external company on inclusive leadership (BRAP).</p> <p>Feedback – stakeholders agreed with this rating.</p> |  |  |
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|  | <p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p> | <p>Governance structure in place and EDI embedded in:</p> <ul style="list-style-type: none"> <li>• People and Culture Committee</li> <li>• Quality and Safety Committee</li> <li>• Board and People Committee have inclusion within business cycles, reviewed on annual basis to reflect national reporting changes</li> <li>• Exception reporting from People Committee and Quality &amp; Safety Committee escalates anything outside of the business cycle</li> <li>• POG reviews inclusion impacts as part of panel business for every document presented. All P&amp;E schemes also go through panel for sign off before progression.</li> <li>• Inclusion is a strategic objective for Trust embedded as part of Board and Committee papers oversight alongside BAF which was individual section for inclusion</li> </ul> <p>EQIA review as part of policy consultation for HR, corporate, and clinical policy. SOPs also screened for impact. Embedded within policy process and governance.</p> <p>Inclusion and Health Inequalities embedded within strategies.</p> | <p>2<br/>Achieving</p> | <p>Debs Smith<br/>Chief People Officer</p> |
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|  |  | <p>Menopause supportive identifying of symptoms available for staff.</p> <p>Occupational health support to identify risk and mitigation including reasonable adjustments for staff.</p> <p>Workplace risk assessment embedded and led by H&amp;S lead.</p> <p>Staff network engagement used to develop action plans for WDES and WRES, signed off by Board via People Committee.</p> <p>BAME Staff network engagement as part of NW Anti-racism framework action plan.</p> <p>Menopause and carers support groups support development of awareness actions</p> <p>PRIDE Staff Network work with Head of Equity, Diversity and Inclusion to lead on Rainbow action plans and accreditation.</p> <p>Workforce data used to inform all workforce plans for recruitment and retention, including where appropriate inclusion drivers and unequal impacts.</p> |  |  |
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|  |  | <p>Stress risk assessments for team and individual available.</p> <p>Risk assessment for pregnancy and maternity, and breastfeeding embedded within pregnancy, maternity, and adoption policy.</p> <p>Anti-Racism Framework commitment signed.</p> <p>EQIA and panel including alignment to inclusion risk.</p> <p>Community engagement in place including Inclusion &amp; Partnership Forum and engagement of stakeholders in Sharing &amp; Celebration events.</p> <p>Anchor institute work in place aligning with inclusion lead for workforce alignment and general oversight.</p> <p>Oliver McGowan training and roll out – 97.4% e learning compliance (Dec 2024).</p> <p>Veteran Aware and Silver DERS accreditation achieved.</p> |  |  |
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|  |  | Feedback – stakeholders agreed with this rating. |  |  |
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|  | <p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p> | <p>All of the below have action plans embedded within governance:</p> <ul style="list-style-type: none"> <li>• Trust is Disability Confident Employer accredited through external validation</li> <li>• Trust is a Defence Employer Recognition scheme silver level holder</li> <li>• Trust holds Veteran Aware accreditation.</li> <li>• Trust holds Rainbow badge</li> <li>• Trust is an Age Positive Employer</li> <li>• Trust commitment to application to Employers for Carers accreditation scheme</li> <li>• Sexual safety charter signatory</li> <li>• PSIRF</li> <li>• Mindful Employer</li> <li>• Menopause Pledge</li> </ul> <p>WRES data shows that Board and senior leaders are not representative of the trust, as the board is 100% white.</p> <p>Associate NED development role appointed – specific positive action from applicants from marginalised groups.</p> <p>WDES data shows that Board is representative of the workforce and community.</p> | <p>2<br/>Achieving</p> | <p>Debs Smith<br/>Chief People Officer</p> |
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|  |  | <p>Under-representation is identified in the WRES action plans.</p> <p>Board is 55% female to 45% male, at non-executive level there are more male than female NEDS. The Trust is 89% female overall.</p> <p>Joint CEO role with WUTH and continues to be female CEO.</p> <p>Data for LGBT+ is low, and for gender identity national ESR is quite restrictive so the Trust will support gender changes for staff but are restricted in options by the national record.</p> <p>Reports are updated annually and discussed at the People and Culture Committee this is then presented at Board.</p> <p>Improvements have been made however the indicators do vary and are not consistent.</p> <p>Staff network and working group – Board senior leadership sponsorship.</p> <p>Menopause Policy embedded.</p> |  |  |
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|  |  | <p>Health and wellbeing conversations and adjustment passport includes menopause. Menopause and reasonable adjustments included in the revised Managing Attendance Policy.</p> <p>New procedures developed during 2024 including</p> <ul style="list-style-type: none"> <li>• Support for pregnancy loss and miscarriage</li> <li>• Suicide Prevention</li> </ul> <p>Menopause buddy system and champions in Trust.</p> <p>Working carers passport in place to identify additional support for staff.</p> <p>“We will not tolerate” anti-abuse posters launched across trust with input from BAME staff network and following actions to support staff post summer 2024 race riots.</p> <p>Feedback – stakeholders agreed with this rating.</p> |   |  |
| <b>Domain 3: Inclusive leadership overall rating</b>         |  |   | 6 |  |
| <b>Third-party involvement in Domain 3 rating and review</b> |  |   |   |  |

**Trade Union Rep(s):**

Unison, Diane McGonnell

Unison, Ann Bayley

**Independent Evaluator(s)/Peer Reviewer(s):**

Sharon Landrum, Head of People Experience, Wirral University Teaching Hospitals NHS Foundation Trust

EDS Organisation Rating (overall rating): 24 Achieving

Organisation name(s): Wirral Community Health and Care NHS Foundation Trust

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

| EDS Action Plan   |                    |
|---|--------------------|
| EDS Lead  | Year(s) active     |
| Neil Perris – Head of Equity Diversity & Inclusion<br>Emma Ashley – Head of HR (Wellbeing & Engagement) | 2024               |
| EDS Sponsor   | Authorisation date |
| Paula Simpson – Chief Nurse<br>Debs Smith – Chief People Officer  |                    |

| Domain                                      | Outcome  | Objective   | Action   | Completion date |
|---|--|---|--|-----------------|
| Domain 1: Commissioned or provided services | 1A: Patients (service users) have required levels of access to the service | Whilst evidence is strong around access to the service for people with disabilities or impairments, evidence across other protected characteristics or other inclusion groups is a little weaker. | Ensure there is a mechanism to review service access against all protected characteristics at least bi-annually. | Sept 2025       |
|   | 1B: Individual patients (service users) health needs are met               |   |  |                 |
|   | 1C: When patients (service users) use the service, they are free from harm |   |  |                 |

|  |   |   |  |           |
|--|---|---|--|-----------|
|  | 1D: Patients (service users) report positive experiences of the service | Increase amount of patient feedback using alternative methods and formats.                            | Work with EDI and Patient Engagement team to develop feedback for patients with complex needs and their carers.            | June 2025 |
|  |   | Ensure that feedback mechanisms capture whether the feedback is directly from the patient or a carer. | Review current and future feedback mechanism to ensure we can distinguish feedback from patients and feedback from carers. | June 2025 |

| Domain   | Outcome  | Objective   | Action   | Completion date |
|--|--|---|--|-----------------|
| <b>Domain 2:<br/>Workforce health and well-being</b> | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions                             | Collating data and use this to support staff to self-manage long term conditions .                          | Demonstrate effectiveness of health and wellbeing interventions relating to these conditions | Sept 25         |
|  | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source  | Decline in numbers of staff raising concerns<br>Improved scores relating to bullying and harassment in NSS. | Improving staff experience and learning from feedback  | July 25         |
|  | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Left blank  | Left blank   |                 |
|  | 2D: Staff recommend the organisation as a place to work and receive treatment  | Left blank  | Left blank   |                 |

| Domain                            | Outcome  | Objective  | Action                                | Completion date |
|-----------------------------------|--|--|---------------------------------------|-----------------|
| Domain 3:<br>Inclusive leadership | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | Staff exec sponsors  | Rotation of the sponsors for 2025     | April 25        |
|                                   | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed  | To demonstrate how we measure impact of our decision making on equality and health inequalities. | Develop a mechanism to publish EQIAs. | June 25         |
|                                   | 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients  | Left blank   | Left blank                            |                 |

Patient Equality Team  
NHS England and NHS Improvement  
[england.eandhi@nhs.net](mailto:england.eandhi@nhs.net)

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### Staff Voice Forum Decision & Action Log

Action logs from previous meeting have been archived.

The decision and action log from the meeting held on 15 July was archived with the exception of the following:

|                                      |   |
|--------------------------------------|---|
| <b>Staff Voice Forum</b>             |   |
| <b>Date: Monday 19 November 2024</b> |   |
| <b>Time: 13:00-15:00pm</b>           |   |
| <b>Venue/Platform: MS Teams</b>      |   |
| <b>Attendance:</b>                   | Debs Smith (Chair), Pete Thomas, Laura Kennedy (minute taker), Carla Burns, Emma Ashley, Lauren Francom, Dave Miles, John Haycocks, Simone Williams, Danielle Cairnes, Ann Marie Johns, Alison Hughes |
| <b>Apologies:</b>                    | Dave Murphy, Tony Bennett, Fiona Davies, Bradley Palin, Anita Aspinall, Alison Jones and Eddie Roche  |
| <b>Guest Speaker:</b>                | Emma Ashley, Head of HR – Engagement and Wellbeing  |

| No. | Item                                   | Outcome/Decision  | Action | Lead | Date | Status             |
|-----|--|---|--------|------|------|--------------------|
| 1   | Introductions / Apologies for absence. | Apologies noted above.<br><br>DS introduced herself as the new Chief People Officer.  |        |      |      | <b>No actions.</b> |
|     | Actions from previous meetings.        | The action status was updated, and decisions were approved.   |        |      |      | <b>No actions.</b> |
| 2   | Discretionary Spend Process            | PT had received a concern from a staff member that there had been a blockage in accessing essential training since discretionary spend had been introduced.<br><br>DM noted that there was an exclusions list |        |      |      | <b>No actions</b>  |

| No. | Item   | Outcome/Decision   | Action   | Lead                  | Date         | Status         |
|-----|--|--|--|-----------------------|--------------|----------------|
|     |  | <p>for exceptions such as Access to Work. DM also noted that any Continuing Professional Development (CPD) applications were also in the exclusion list as this was funded externally. DM confirmed that using the credit card for spend was a last resort and all spend should go through the PO route. DS noted that discretionary spend was discussed regularly at ELT and the Directors had oversight of when discretionary spend had been applied for.</p>  |  |                       |              |                |
| 3   | All Staff Christmas Event – Funded by Staff Buying Tickets | <p>PT noted that some staff felt it would be good to have an all staff Christmas event which would be funded by staff buying tickets. PT confirmed that the event would be planned for 2025.</p> <p>The group suggested that the event could be amalgamated with the Staff Awards.</p> <p>AH was supportive of the plan however noted that the event would take a lot of planning which would need to be done by Staff Voice Forum with the support of other teams. CB agreed with AH's points and noted that a check in with a wider staff group would need to take place to ensure other staff groups would be supportive of the plan. JH noted that Christmas was a busy time of year so suggested a summer ball might be a good option.</p> <p>The group were in full support of the idea so PT and AH were going to meet to</p> | Discuss possible options for an all staff event and bring suggestions back to the next meeting | P. Thomas / A. Hughes | January 2025 | <b>Ongoing</b> |

| No. | Item                                    | Outcome/Decision   | Action   | Lead       | Date          | Status   |
|-----|---|--|--|------------|---------------|----------|
|     |   | discuss possible options and bring and an update back to the group.  |  |            |               |          |
| 4.  | Christmas Festive Wish Department Video | PT suggested that a video with teams wishing other teams a Merry Christmas would be a good idea. AH was in support of the idea of doing a Christmas lights switch on video which was done in the pandemic. AH confirmed that comms would create some guidance on how staff could present the videos. DM noted that Whiston had done a team a day advent calendar; DS thought that would be a great idea for next year.   | Pull together guidance on recording the messages and promote in the bulletin | L. Francom | December 2024 | Complete |
| 5.  | Wirral Review                           | <p>PT noted that a staff member had concerns that they were only advised of changes to Director posts changing once they had been approved and interim arrangements were in place.</p> <p>DS confirmed that the outcomes of the leadership review. Had been shared in messages from the Chief Executive. DS confirmed that there would be a joint Chief Executive and Chair. The Chief Executive and the Chair would be reviewing the governance structures. DS had been keeping Staff Side involved. DS was happy to have a conversation with the staff member would raised a concern. DS confirmed that corporate services would be reviewed to create a joint workforce across both trusts (there were no confirmed timescales for the process). DS agreed to leave this on the agenda and update Staff Voice Forum as and when required.</p> | Keep Wirral Review on the Staff Voice Forum agenda as a standing item.       | L. Kennedy | January 2025  | Complete |

| No. | Item             | Outcome/Decision  | Action | Lead | Date | Status     |
|-----|------------------|---|--------|------|------|------------|
| 6.  | People Update    | DS stated that she was pleased to join the Trust and looked forward to working with everyone. She had already taken some ideas back from the community to the Acute Trust. DS felt it was important to take time to understand how this Trust worked.   |        |      |      | No actions |
| 7.  | Staff Engagement | <p>CB gave the following update on staff engagement:</p> <ul style="list-style-type: none"> <li>The Staff Survey was live and the Trust was aiming to achieve a 62% compliance rate. The current compliance rate was 43%. CB reminded the group that the survey only took five minutes to complete and was confidential.</li> <li>PT asked how negative feedback was dealt with. CB confirmed that they benchmark and reviewed all themes to address issues in specific teams. CB confirmed that the Executives were doing service visits to teams to discuss the financial situation and the Wirral Review. The Directors were collating feedback from the service visits to cross reference any themes.</li> </ul> <p><b>Micro exercises</b> – EA noted a pilot was taking place with three other trusts including an ambulance trust and a mental health Trust. The pilot was backed by research and involved staff doing micro exercises which could be mental, physical or fun on a regular basis. The exercises</p> |        |      |      | No actions |

| No.  | Item                | Outcome/Decision  | Action | Lead | Date | Status            |
|--|---------------------|---|--------|------|------|-------------------|
|  |                     | had reduced stress and increased wellbeing in the research stages of the project. EA would be looking for ambassadors to promote this across the Trust in the coming weeks.   |        |      |      |                   |
| 8.   | Operations Update   | Nothing to report by exception.   |        |      |      | <b>No actions</b> |
| 9.   | Quality Update      | Nothing to report by exception.   |        |      |      | <b>No actions</b> |
| 10.  | Key Messages        | EA confirmed that there were a number of different awareness weeks taking place such as working Carers week and Disability History Month. The Staff Network Celebration Event was taking place on Wednesday 11 December 2024. |        |      |      | <b>No actions</b> |
| 11   | Future Agenda Items | There were no new items identified.   |        |      |      | <b>No actions</b> |
| 12.  | Any Other Business  | <b>Leadership Event</b><br>AH mentioned that the Leadership for All Event was taking place on Tuesday 26 December 2024.   |        |      |      |                   |
| <b>Date and Time of the Next Meeting:</b> Tuesday 21 January 2025 from 1-3pm on MS Teams |                     |   |        |      |      |                   |

## Council of Governors Meeting

DRAFT Decision and action log from the formal meeting held on 13 November 2024

| Agenda Item                             | Ref.        | Decision   | Action | Lead | Due Date | Status |
|---|-------------|--|--------|------|----------|--------|
| <b>In Attendance</b>                    |             | Chris Bentley (CB) Non-Executive Director<br>Jenna Brassington Public Governor<br>Eve Collins (EC) Appointed Governor, University of Chester<br>Lynn Collins (LC) Lead Governor, Wirral West<br>Meredydd David (MD) Non-Executive Director<br>Lauren Francom Staff Governor<br>Cathy Gallagher (CG) Senior Assistant (minute-taker)<br>Mark Greatrex (MG) Chief Finance Officer<br>Sir David Henshaw (DH) Chair<br>Janelle Holmes (JH) Chief Executive Officer<br>Alison Hughes (AH) Director of Corporate Affairs<br>Bev Jordan (BJ) Non-Executive Director (Chair)<br>Gary Kelly-Hartley Public Governor<br>Gerald Meehan (GM) Non-Executive Director<br>Ronnie Morris (RM) Public Governor - Wirral West<br>Frieda Rimmer (FR) Public Governor - Wirral South<br>Emma Robinson (ER) Associate Non-Executive Director<br>Kevin Sharkey (KS) Public Governor - Wirral South<br>Paula Simpson (PS) Chief Nurse |        |      |          |        |
| <b>1.</b>                               |             | Governor pre-meet  |        |      |          |        |
| <b>2.<br/>Apologies for<br/>Absence</b> | COG24/25-27 | The CoG received apologies from:<br>Gerald Meehan, Non-Executive Director<br>Ronnie Morris, Public Governor<br>Karen Prior, Appointed Governor   |        |      |          |        |

| Agenda Item  | Ref.                              | Decision  | Action                    | Lead | Due Date | Status |
|--|-----------------------------------|---|---------------------------|------|----------|--------|
| <p align="center"><b>3.</b><br/><b>Minutes and matters arising - 11 September and briefing on 2 October 2024</b></p> | <p align="center">COG24/25-28</p> | <p>The minutes from the meeting on 11 September 2024 were agreed as a true and accurate record.</p> <p>The minutes from the CoG briefing on 2 October 2024 were also agreed as a true and accurate record.</p>  | <p><b>No actions.</b></p> |      |          |        |
| <p align="center"><b>4.</b><br/><b>Welcome &amp; Introductions - Joint Chair and Joint CEO</b></p>                   | <p align="center">COG24/25-29</p> | <p>BJ welcomed Sir David Henshaw new Joint Chair of Wirral Community Health Care Trust (WCHC) and Wirral University Teaching Hospital (WUTH) and Janelle Holmes, the new Joint Chief Executive Officer for WCHC and WUTH.</p> <p>Sir David Henshaw had been Chair of WUTH since 2019 and was formerly Chair of Alder Hey Children's NHS Foundation Trust from 2011 to 2019.</p> <p>Janelle Holmes had been Chief Executive of WUTH since 2018 and had worked in the NHS since qualifying as a Registered General Nurse in 1991.</p> <p>Both Sir David and Janelle expressed their thanks to the CoG for a warm welcome and their hopes for positive future working.</p> |                           |      |          |        |
| <p align="center"><b>5.</b><br/><b>Briefing: Wirral System Review</b></p>  | <p align="center">COG24/25-30</p> | <p>TB presented a briefing on the Wirral System Review and the following points were noted:</p> <ul style="list-style-type: none"> <li>• Wirral System Review - Phase 2 report recommendations included the following key objectives: <ul style="list-style-type: none"> <li>- Develop a strategy for greater collaboration and integration across acute, community and primary care services in Wirral.</li> <li>- Cheshire &amp; Merseyside ICB indicated need for integration between WUTH and WCHC to deliver £5m of efficiencies as</li> </ul> </li> </ul>   |                           |      |          |        |

| Agenda Item | Ref. | Decision  | Action | Lead | Due Date | Status |
|-------------|------|---|--------|------|----------|--------|
|             |      | <p>well as identifying opportunities across the urgent care pathway.</p> <ul style="list-style-type: none"> <li>• Phase 1 report made a number of key integration and improvement recommendations across high priority service areas that would benefit from further collaboration which included: <ul style="list-style-type: none"> <li>- Unscheduled care</li> <li>- Neuro-diverse pathways</li> <li>- Ophthalmology</li> <li>- CVD</li> <li>- MSK</li> <li>- Corporate functions</li> <li>- Other services with significant unwarranted variation</li> <li>- Neighbourhood Health and Care</li> </ul> </li> <li>• The Phase 2 report focused on: <ul style="list-style-type: none"> <li>- Describing a set of options for collaboration and integration between WCHC and WUTH.</li> <li>- The appointment of a Joint Chair and Joint CEO for both Trusts to support future joint decision-making and integration.</li> <li>- Finalising an implementation roadmap for both WCHC and WUTH.</li> </ul> </li> </ul> <p>The review had also included an assessment of the different models for collaboration and integration between WCHC and WUTH which had been discussed at recent workshops involving members of both Executive Teams and key stakeholders from the system.</p> <p>An Integrated Management Board would be established to deliver the change programme required and the IMB would have an agreed scheme for decision making and delegation from the two statutory Boards.</p> |        |      |          |        |



| Agenda Item | Ref. | Decision   | Action   | Lead      | Due Date        | Status                  |
|-------------|------|--|--|-----------|-----------------|-------------------------|
|             |      | <p>FR asked when the collaboration between services would start and who would complete it.</p> <p>JH advised that the services to be considered initially were aligned to the recommendations of the Wirral Review, with Urgent Care services also being a priority area. JH noted that an agreed methodology for service reviews was being developed between both Trusts.</p> <p>DH added that any service review would be about supporting teams to work together to provide better services for patients and service users.</p> <p>JB welcomed the opportunity to share colleagues' views and get involved in the MSK service review.</p> <p>EC also referred to social care as the absent player as there was less integration over recent years.</p> <p>JH also highlighted the lack of cohesion with primary care and building a new forum, through the Wirral Provider Collaborative to bring partners together.</p> <p>DH highlighted the difficulties patients face to get a GP appointment and the unprecedented number of patients attending the Emergency department.</p> <p>LC asked for presentation slides to be shared with governors.</p> <p>AH also offered to share a link to the NHS Providers <i>Collaboration Guide to Lawful, Well Governed Collaboratives</i>.</p> | <p>Share Wirral System Review presentation slides.</p> | <p>CG</p> | <p>15/01/25</p> | <p><b>Complete.</b></p> |

| Agenda Item  | Ref.               | Decision  | Action                    | Lead | Due Date | Status |
|--|--------------------|---|---------------------------|------|----------|--------|
|  |                    | <p>JB asked for the Trust to retain its identity, value and culture as a community service and suggested myth busting to bring teams together may help.</p> <p>TB highlighted all partners want the best for the people we serve.</p> <p>AH advised that at a recent Trust Senior Leadership forum Tracy Orr, Service Director had shared a case study about both trusts working together in the Frailty Ward and the benefits of collaborative working.</p> <p>JH added collaborative working was about sharing ideas, best practice and enhancing services.</p> <p>All governors present noted the points raised with no further comments or questions.</p>   |                           |      |          |        |
| <p><b>6.<br/>CoG elections<br/>2024 - update</b></p> | <p>COG24/25-31</p> | <p>AH provided an update on the Governor Elections 2024 and the following points were noted:</p> <ul style="list-style-type: none"> <li>• Voting packs were despatched to public and staff members on 12 November 2024.</li> <li>• Voting was taking place in 3 constituencies – South Wirral &amp; Neston, Wirral West and Staff. The uncontested seats included 2 seats in Birkenhead, 2 seats in Wallasey and 1 seat in Rest of England constituency. The returning officer had declared those seats as elected.</li> <li>• The election closes at 5pm on Monday 2 December 2024.</li> <li>• Declaration of results would be announced on Tuesday 3 December 2024.</li> <li>• An introduction meet and greet with WCHC and WUTH governors was on Tuesday 26</li> </ul> | <p><b>No actions.</b></p> |      |          |        |

| Agenda Item  | Ref.               | Decision  | Action | Lead                      | Due Date | Status |
|--|--------------------|---|--------|---------------------------|----------|--------|
|  |                    | <p>November at 10.00am, Community Centre, St Catherine's Health Centre.</p> <ul style="list-style-type: none"> <li>• A welcome meeting was arranged for newly appointed and current governors were invited to meet the Trust Board after Public Board of Directors meeting on Wednesday 11 December 2024 at 2.00pm – 2.30pm, Community Centre, St Catherine's Health Centre.</li> <li>• An induction meeting was arranged for newly appointed governors on Wednesday 15 January 2024 1.30pm – 4.00pm.</li> </ul>  |        |                           |          |        |
| <p><b>7. Briefing from Non-Executive Directors from committees</b></p> | <p>COG24/25-32</p> | <p><b>Briefings from Non-Executive Directors</b></p> <p><b>Quality and Safety Committee</b></p> <p>CB presented key highlights from the Quality &amp; Safety Committee on 6 November 2024.</p> <p>The committee received assurance that Safe Staffing was not having an impact on patient care.</p> <p>The Patient feedback report had seen a raise in harm in July 2024 but had reduced again.</p> <p>The Patient Safety Incident Framework (PSRIF) Assurance report included priority areas that had been derived locally.</p> <p>Alison Jones, FTSU Guardian presented the FTSU Mid-Year Assurance report and committee received feedback from the transformation programme.</p> <p>The Infection Prevention and Control Assurance report included 2 risks - Urgent Care centre and soft Facilities Management services.</p> |        | <p><b>No actions.</b></p> |          |        |

| Agenda Item | Ref. | Decision   | Action | Lead | Due Date | Status |
|-------------|------|--|--------|------|----------|--------|
|             |      | <p>The committee received an update on the Wirral Place Delivery Assurance Framework (PDAF).</p> <p>LC and KS had attended CICC wards in 2023 and 2024 to complete a Place assessment.</p> <p>LC highlighted the positive feedback that was received from patients during the recent assessment and reported that the standards on the wards were very good.</p> <p>LC and KS were both keen to complete a Place assessment again next year.</p> <p>FR asked if there were any plans to improve discharge from wards.</p> <p>CB advised that the Trust and WUTH were working collaboratively to make improvements.</p> <p><b>Audit Committee</b></p> <p>MD presented key highlights from the Audit Committee on 9 October 2024.</p> <ul style="list-style-type: none"> <li>• The Organisational Risk Report was received providing an overall position trust-wide and assurance on the risk escalation framework processes.</li> <li>• The Trust-wide policy schedule included 102 policies and of these 101 were approved and published. Over the next six months 17 policies were due to expire.</li> <li>• The findings from the annual committee self-assessment of effectiveness were presented with identified areas for further development. Overall it was noted that the committee was functioning well and meeting its Terms of Reference as set by the Board of Directors.</li> </ul> |        |      |          |        |

| Agenda Item | Ref. | Decision  | Action | Lead | Due Date | Status |
|-------------|------|---|--------|------|----------|--------|
|             |      | <ul style="list-style-type: none"> <li>• Positive assurance was received from MIAA in relation to progress of the internal audit plan 2024-25.</li> <li>• There were no new tender waiver applications received.</li> <li>• The committee received all regular updates from internal auditors and in relation to risk management across the Trust. There were no items for escalation to the Board of Directors.</li> </ul> <p><b>Finance &amp; Performance Committee</b></p> <p>BJ presented key highlights from the Finance &amp; Performance Committee on 2 October 2024 noting that key updates related to the financial position, operational and performance metrics.</p> <ul style="list-style-type: none"> <li>• Month 5 position reported that the financial plan was on track.</li> <li>• The £5m saving target was shared between the Trust and WUTH.</li> <li>• The committee was assured by the Safe staffing mandated control panel to ensure safe staffing levels were achieved.</li> <li>• KPI's remained strong currently at 75 green out of a total of 91, red KPI's related to waiting lists. Speech &amp; Language Therapy had received additional funding to help reduce waiting times.</li> <li>• Bed occupancy length of stay in the Community Intermediate Care Centre (CICC) and Urgent Treatment increased slightly to 22 days. Referrals to HomeFirst services achieved 170 discharges per month.</li> <li>• Strategy updated include the Green Plan to sought alternative resources.</li> </ul> |        |      |          |        |

| Agenda Item   | Ref.                              | Decision  | Action                                   | Lead | Due Date | Status |
|---|-----------------------------------|---|--|------|----------|--------|
| <p align="center"><b>8.</b><br/><b>Briefing from Governor Quality Forum Chair</b></p> | <p align="center">COG24/25-33</p> | <p><b>Briefing from Governor Quality Forum Chair</b><br/>An update would be available at the next CoG meeting in 2025.</p>  |  |      |          |        |
| <p align="center"><b>9.</b><br/><b>Any Other Business</b></p>                         | <p align="center">COG24/25-34</p> | <p><b>Any Other Business</b><br/><br/>KS asked if the Trust was holding the annual carol service this year.<br/><br/>LF confirmed the carol service at St Catherine's Health Centre would be held on Wednesday 4 December 2024. Refreshment would be provided by Age UK and mince pies supplied by Tesco. An Invite to the carol service would be sent out today.</p> | <p align="center"><b>No actions.</b></p> |      |          |        |

Meeting finished at 12.10pm.