



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

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

Wednesday 23 April 2025

2:00pm

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

Wednesday 23 April 2025, 2.00pm – 4.00pm

AGENDA

No	Item (10 minutes)	Action	Reference
1.	Journey of Care Chief Nurse	To assure	WCT25/26-01 (v)
PRELIMINARY BUSINESS (5 minutes)			
2.	Apologies for Absence	To note	WCT25/26-02 (v)
3.	Declaration of Interests (Any action to be taken as a result)	To assure	WCT25/26-03 (v)
4.	Minutes of the previous meeting • 19 February 2025	To approve	WCT25/26-04 (d)
5.	Matters Arising: • 19 February 2025	To assure	WCT25/26-05 (d)
STATUTORY BUSINESS (10 minutes)			
6.	Chair's Report	To assure	WCT25/26-06 (v)
7.	Lead Governor's Report	To assure	WCT25/26-07 (d)
8.	Chief Executive's Report	To assure	WCT25/26-08 (d)
COMMITTEE ASSURANCE REPORTS (20 minutes)			
9.	<ul style="list-style-type: none"> Quality & Safety Committee - 12 March 2025 Professor Chris Bentley Finance & Performance Committee - 9 April 2025 Steve Igoe People & Culture Committee - 9 April 2025 Meredydd David Briefing from Informal Board - 19 March 2025 Director of Corporate Affairs Staff Voice Forum - 25 March 2025 Director of Corporate Affairs 	To assure	WCT25/26-09 (v/d)
PERFORMANCE (15 minutes)			
10.	Integrated Performance Report (with live presentation from Trust dashboard) Chief Executive	To assure	WCT25/26-10 (p/d)
RISKS (10 minutes)			
11.	Board Assurance Framework (BAF) 2024-25 - year-end position Director of Corporate Affairs	To approve	WCT25/26-11 (d)

STRATEGY & PLANNING (5 MINUTES)			
12.	Organisational Strategy 2022-27 - Year 3 Progress Report Chief Strategy Officer	To assure	WCT25/26-12 (d)
QUALITY GOVERNANCE (5 minutes)			
13.	Mortality Report - Learning from Deaths Q3 2024-25 Interim Medical Director	To approve	WCT25/26-13 (d)
GROUP MINUTES (For noting):			
14.	Staff Voice Forum: • 21 January 2025	To assure	WCT25/26-14 (d)
15.	Council of Governors • 21 March 2025 (Joint CoG meeting with WCHC and WUTH)	To assure	WCT25/26-15 (v)
CLOSING BUSINESS: (5 minutes)			
16.	Any Other Business		WCT25/26-16 (v)
17.	Items for Risk Register		WCT25/26-17 (v)
18.	Invitation for Public Comments: Any questions on the items on the agenda should be raised with the Director of Corporate Affairs in advance to be addressed here.		WCT25/26-18 (v)
19.	Summary of actions and decisions		WCT25/26-19 (v)
20.	Meeting Review		WCT25/26-20 (v)
Date and Time of Next Meeting: The next Public Board of Directors meeting will take place on Wednesday 18 June 2025, Community Centre, St Catherine's Health Centre.			

(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 19 FEBRAURY 2025 at 2.00PM

Members:

Mr Tony Bennett	Chief Strategy Officer	(TB)
Prof Chris Bentley	Non-Executive Director	(CB)
Mrs Jo Chwalko	Interim Deputy Chief Executive / Director of Integration and Delivery	(JC)
Mr Meredydd David	Non-Executive Director	(MD)
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 Dave Miles	Interim Chief Finance Officer	(DM)
Mr Dave Murphy	Chief Digital Information Officer	(DMu)
Mr Bradley Palin	Interim Chief Operating Officer	(BP)
Dr Eddie Roche	Interim Medical Director	(ER)
Mrs Paula Simpson	Chief Nurse	(PS)

In Attendance;

Ms Lynn Collins	Lead Governor (WCHC)	(LC)
Mrs Cathy Gallagher	Senior Assistant (minute taker)	(CG)
Ms Rach Markey	Public Governor - Birkenhead	(RM)
Ms Emma Robinson	Associate Non-Executive Director	(ERo)

Reference	Minute
1. WCT24/25-134	<p>Journey of Care</p> <p>PS introduced two family members to the Board, who were present to share their experience of care for their mother and her end-of-life journey. PS thanked both for attending and sharing their story honestly and courageously.</p> <p>PS confirmed that she would be sharing the story with members of the Board, the content and detail of which had been discussed and agreed with the family.</p> <p>PS described elements of excellent care but also highlighted aspects of care delivered to the patient which were poor and uncoordinated, and which had left the family distressed.</p> <p>PS advised members of the Board that improvements along the journey had been identified and that learning from the concerns expressed would inform the Trust's end of life improvement plan for 2025/26. A meeting was to be arranged with the family and representatives from all NHS organisations involved to address and learn from aspects of the whole journey. The outcome of this meeting would also be shared with the Board.</p>

	<p>On behalf of the Board of Directors, SDH personally thanked the family for attending the meeting and sharing their mother's journey of care so openly.</p> <p>On behalf of the Board of Directors, SDH personally thanked the family for attending the meeting and sharing their mother's journey of care so openly.</p>
<p>2. WCT24/25-135</p>	<p>Apologies for Absence</p> <p>Janelle Holmes, Chief Executive Eddie Roche, Interim Medical Director</p>
<p>3. WCT24/25-136</p>	<p>Declaration of Interests</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>4. WCT24/25-137</p>	<p>Minutes of the previous meeting - 11 December 2024</p> <p>Minute WCT24/25-120 - AH noted the declaration of interest (DOI) for Debs Smith, Chief People Officer had been received and added to the online DOI Register as a nil return.</p> <p>Following the above amendment being made, the Board of Directors approved the minutes of the meeting held on 11 December 2024, as a true and accurate record.</p>
<p>5. WCT24/25-138</p>	<p>Matters Arising - 11 December 2024</p> <p>The Board of Directors reviewed the status and noted any outstanding items. <i>(See separate actions/matters arising tracker.)</i></p>
<p>6. WCT24/25-139</p>	<p>Chair's Report</p> <p>SDH presented a verbal Chair's Report noting the following points.</p> <ul style="list-style-type: none"> - Congratulations to Professor Chris Bentley on his reappointment as Non-Executive Director. - Thanks, and best wishes to Beverley Jordan, Non-Executive Director who would be leaving the Trust at the end of March 2025. SDH recognised the contribution and commitment Beverley had given to the Trust during her 6+ years tenure as a NED. - A Joint Non-Executive Director role was being developed between WCHC and WUTH recognising vacancies on both Trust Boards. - Thanks to Professor Chris Bentley for an insightful and engaging presentation on health inequalities and population health at the recent Board seminar session with WCHC and WUTH board members. - A successful induction session for new governors had been held and an informal session had taken place between both Councils of Governors of WCHC and WUTH which had been very engaging and interesting. - Congratulations to Lynn Collins who had been reappointed as Lead Governor of the Council of Governors following her re-election in December 2024. - SDH had enjoyed attending Service Visits at the Trust over recent weeks including the Right Care Hub and Urgent Community Response Team where greater partnership work was already happening with colleagues at WUTH. <p>The Board of Directors received the report with no further questions or comments.</p>
<p>7. WCT24/25-140</p>	<p>Lead Governor's Report</p> <p>LC presented the report as included in the pack, summarising recent work of the Council of Governors.</p> <p>LC thanked Beverley Jordan for her help and support over the years as a Non-Executive Director and wished her well for the future.</p>

	The Board of Directors received the report with no further questions or comments.
8. WCT24/25-141	<p>Chief Executive's Report</p> <p>JC presented the report which highlighted key issues of local, regional and national importance. The following key points were highlighted;</p> <p>The implementation of the 100-day plan from the Wirral Review was progressing well including the development of a Partnership Agreement between WCHC and WUTH which was on track to be executed by both Boards at the end of March 2025.</p> <p>The report from the recent CQC inspection of Adult Social Care had been published with a rating of 'Requires Improvement'. The Trust would be working closely with the Local Authority in support of the improvement plan.</p> <p>A Special Educational Needs and Disability (SEND) inspection had just concluded across the Wirral health, care and education system. JC thanked Paula Simpson, Chief Nurse for providing Executive oversight and leadership for both WCHC and WUTH.</p> <p>JC referred to the Operational Planning guidance 2025-26 national priorities to improve patient outcomes which included moving the system from hospital to community services and allow local ways of working.</p> <p>The members of the Board noted the update provided and there were no further questions or comments.</p>
9. WCT24/25-142	<p>Reports from the committees of the Board</p> <p>Quality & Safety Committee - 15 January 2025</p> <p>CB provided a verbal report highlighting the following key areas:</p> <ul style="list-style-type: none"> • A review had been undertaken of the Shanley Review and of the 11 recommendations, 7 were identified to apply to WCHC. No gaps in compliance had been escalated. • A comprehensive update had been received in relation to pressure ulcer prevalence and an increasing trend in the prevalence of pressure ulcers across our communities, both referred-in and community trust acquired. • A business case had been developed and submitted to the ICB to address issues in relation to the waiting times for pre-diagnostic element of the Neurodevelopmental pathway. • The Quality Strategy Delivery Plan 2024-25 was on track for delivery with two exceptions that had extensions to 31 March 2025. Clinical supervision levels had increased to over 95%. • A Memorandum of Understanding (MOU) had been signed by Wirral Metropolitan College for the Innovation Hub. • The 'What Matters to You' campaign had been launched with key services across the Trust. • The Quality and Patient Experience report included the new Integrated Performance dashboard which identified any emerging themes and a dedicated patient experience dashboard that included complaints and Friends and Family Test (FFT) data. • There were 74 organisational risks reviewed across clinical and corporate services. There were no high-level risks reported to the committee as per the Risk Policy. • The mid-year Patient Safety Incident Response Framework (PSIR) report included positive feedback from MIAA and ten priority areas had been listed in the report • The mid-year Complaints and Concerns Report included patient contacts equated to 487,890, 20 complaints had been received.

- The new Infection Prevention & Control Assurance (IPC) Framework included 4 greens and 6 ambers all of which were on track.
- The Safeguarding Assurance Report provided detailed compliance position with safeguarding standards monitored via the Safeguarding Assurance Framework.

Finance & Performance Committee - 5 February 2025

BJ provided a verbal report highlighting the following key areas:

- The committee received two items for approval:
 - The ecision & Action log provided assurance on the continued good progress on action completion and was approved by committee with nothing to report to Board by exception.
 - There were no proposed changes in relation to the Board Assurance Framework current strategic risks and their ratings. The focus of discussion was on the strategic, financial and operational risks for 2025-2026 which would be determined at a separate informal meeting of the Board in the next month.
- The Deputy Chief Finance Officer provided a summary of discussions from recent finance meetings at Regional, ICB, and Place level. The main focus of each was the challenges remaining to achieve the 2024-25 Financial Plan.
- Updates were received from the Deputy Chief Financial Officer and the Interim Deputy Chief Operating Officer on matters escalated from the Finance and Resources Oversight Group and the Safe Operations Group respectively to the January Integrated Performance Board.
- Since the last committee some historical challenges relating to theatre capacity for paediatric exodontia had been overcome to support recovery of the dental waiting list position. This was noted as a positive outcome from greater integrated working with colleagues at WUTH.
- Formal notification was received from the ICB to decommission the Wirral Long Covid service. The committee was assured that the operational teams had worked quickly to develop the demobilisation plan that prioritised patient safety and staff wellbeing. The service was on track to demobilised by 31 March 2025.
- The committee reviewed financial and operational performance in TIG, together with delivery of the Cost Improvement Programme at month 9 and was assured by the updates, especially by the continued strong performance against core KPIs and particularly operational and system metrics. Assurance was provided regarding services with red and amber KPIs with a particular focus on Urgent Care and Cardiology.
- Matters raised by exception included the challenging CIP improvement programme (CIP) in relation to the non-recurrent delivery of efficiency savings. The committee noted the associated high-level operational risk recorded on the Trust's risk register.
- Active planning was underway for 2025-26 CIP delivery in collaboration with WUTH colleagues with the expectation of a shared approach to defining, developing and reporting on CIP through a shared governance process.
- An update was received from the Deputy Chief Financial Officer on the 2025-26 Financial Planning process which also included the Capital Plan. At the time of the meeting, and in the absence of the National Planning Guidance, which had been delayed, the Trust had submitted a deficit plan for 25-26 based on prescribed assumptions from the ICB.
- The committee had requested sight of the supporting cashflow forecast given the demands from capital expenditure and the potential impact from non-recurrent savings in 25-26.
- There were two high-level risks escalated to committee the first relating to the delivery of recurrent CIP. The second related to the pre-diagnostic element of the neurodiverse pathway where a lack of available funding had threatened delivery. A business case was presented to the ICB in December 2024 and to the SEND Partnership board in January 2025.

- The committee received two reports from Mersey Internal Audit Agency which included the first part of the Year-End preparations was the Key Transactional Processing Review and an assessment of the effectiveness of the governance control framework being exercised by management over the SystemOne electronic patient record (EPR) system and data flows.
- Assurance was received on 13 policies under Finance & Performance Committee oversight and were all in date approved and published.

Audit Committee - 5 February 2025

MD provided a verbal report highlighting the following key areas:

- The Audit & Fraud Tracker Tool had been updated which had a robust process in place and was considered 'gold standard' by the auditors.
- The committee was assured by the Patient Safety Response Framework (PSIR) review which provided a Substantial level of assurance.
- Risk Management Core controls review highlighted a good system of internal control in place.
- The High-Level Risk Report provided assurance that all organisational risks were effectively managed in line with Trust policy and that processes and systems were in place to identify, manage and monitor risks. There were three high-level risks being tracked through committee. Two of the high-level risks were reviewed at the Finance & Performance Committee.
- The Annual Cycle of Business 2025-26 review was approved with two minor amendments.
- The Deputy Chief Finance Officer provided an update on the preparation of the 2024-25 Financial Statements. The report deadline for the first draft of the 2024-25 Annual Accounts was Friday 25 April 2025 and the deadline for Audited Accounts was 30 June 2025.
- The draft Internal Audit report 2025-26 was discussed and had one minor change.
- The Anti-Fraud Progress Report provided assurance of the work completed and the Trust's approach to countering fraud.

People & Culture Committee - 5 February 2025

MD provided a verbal report highlighting the following key areas and noting that he was interim Chair of the committee whilst NED recruitment was concluded:

- The Year 3 People Strategy Delivery Plan had been updated following the Wirral Review integration plan WUTH.
- The People Change Management Wirral Review was discussed including the 100-day plan.
- The Workforce Report was presented, and committee was assured by the update against each of the key People metrics.
- The Staff Engagement focussed on the Staff Survey results which indicated engagement scores were similar to previous years.
- The High-Level Risk Report provided assurance that all organisational risks were effectively managed in line with Trust policy and that processes and systems were in place to identify, manage and monitor risks. There were no high-level risks reported to the committee as per the Risk Policy.
- The Equality Delivery System (EDS) update was received, and committee was assured by the update.
- Safe Staffing update provided detailed analysis of the data including triangulation of the information reported.
- Internal Audit Reviews were in progress, and committee was assured by the update.

	<p>Staff Voice Forum - 21 January 2025</p> <p>DS gave a verbal update from the Staff Voice Forum on 21 January 2025, noting a number of Estates related issues were raised by staff. Jo Chwalko, Director of Integration and Delivery provided an update on the Wirral Review.</p>
<p>10.</p> <p>WCT24/25-143</p>	<p>Integrated Performance Report</p> <p>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).</p> <p>Operational Performance</p> <p>BP highlighted the following position for operational performance:</p> <ul style="list-style-type: none"> • There were a total 91 KPIs; 72 green KPIs, 7 amber and 12 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 95.6%. • Bed occupancy in the Community Intermediate Care Centre (CICC) was at 95.3%. The median length of stay was currently 17 days (v's target under 21 days). • Referrals to the HomeFirst service were at 174 (v's target of 170). • Urgent Community Response 2-hour and 2-day performance continued to exceed the 70% target at 89.5% which demonstrated the huge demand for community services. • The UCAT 15-minute response was at 65.6% and UCAT 30-minute response was at 92.1%. • The CAS 20-minute response times trend was 67.8% and 2-hour 59.5% in month which continued to improve, and NHS 111 Service was at 46.3%. • RTT were 100% compliant. • Patients waiting with a wait under 18 weeks was at 100%. • Patients waiting with a wait under 6 weeks was at 100%. • Paediatric Speech & Language Therapy waiting lists had significantly reduced following short term additional funding to recruit additional therapists. <p>SDH requested an assessment of UCR service potential and impact with a report to the committees and Board. (See action tracker)</p> <p>Workforce Performance</p> <p>DS highlighted the following position for workforce performance:</p> <ul style="list-style-type: none"> • Staff turnover was at 8.9% below the target of 10%. • Mandatory training compliance had increased to 95.2% which was above the 90% target. • Sickness absence was at 7.1% mainly long-term sickness absence. The main reason was stress, anxiety and depression. All long-term sickness absences over nine months had been reviewed and appropriate support was in place. January 2025 sickness absence had slightly reduced at 6.5%. • Agency usage was at 0.5% below the cap of 3.2%. • Contracted FTE vacancies in month was at 4.6%. <p>Quality Performance</p> <p>PS highlighted the following position for quality performance:</p> <ul style="list-style-type: none"> • QUAL 02 - Number of incidents reported remained in normal variation. • QUAL 03 - Patient Safety Incidents - the SPC chart indicated a shift following in the Learn from Patient Safety Event System (LFPSE) which remained under scrutiny at CRMG, IPB and the Quality & Safety Committee.

	<ul style="list-style-type: none"> • QUAL 08 - Total number of complaints received 2 in December and YTD position at 30. YTD number of concerns was 93. • QUAL 15 and QUAL 16 - continued to observe health care infections. All 19 CDiff cases were reviewed with learning identified in relation to patient safety systems. • QUAL 17 – there were no falls resulting in moderate or above harm in CICC since July 2024. • QUAL 18 - The YTD position of all incidents reported with moderate and above harm level was at 4.6%. • QUAL 22 - The YTD Friends and Family Test responses was at 93.1% from 23,000 responses. • QUAL 25 - In month 92.7% reported to be no and low harm patient safety incidents. <p>Financial Performance</p> <p>DM highlighted the following position for financial performance:</p> <ul style="list-style-type: none"> • Budget performance was on plan with a surplus of £1.69m for M9. • Income was ahead of plan at £1.5m. Additional funding included contracts and training funds from NHS England. • Pay budget was over plan at £1.5m. • Agency spend was at 0.48% which equated to £31,000 expenditure. YTD was at £581,000 equated to under 1% of the Trust's pay bill. • Non-pay was broadly on plan but there were some Estates and clinical supplies pressures. • Capital expenditure YTD was at £1.4m ahead of plan. • Cost Improvement Plan (CIP) YTD delivered £4.6m efficiency against a plan of £4.3m. • Better Payment Practice Code performance by volume was 92.2% and value at 95% against a target of 95%. <p>SDH congratulated DM on his appointment as Deputy Director of Finance for Mersey Care NHS Foundation Trust.</p> <p>The Board of Directors received the report noting the performance reported across all performance domains.</p>
<p>11. WCT24/25-144</p>	<p>Board Assurance Framework (BAF) strategic risks 2024-25</p> <p>AH presented the updated position in relation to strategic risks managed through the BAF following detailed review by the committees during January and February 2025.</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 2024-25 has an impact on future monitoring and regulation and on Place performance</i> with a current risk rating of RR16. The Finance & 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 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) - <i>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.</i></p> <p>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</p>

	<p>develop and train managers had been clarified and would continue therefore limiting the overall impact.</p> <p>AH noted at the request of the People & Culture Committee no changes would be made to Risk ID07 risk rating but would be kept under review.</p> <p>The Annual Assurance Framework Review had been completed by MIAA in January 2025 and had met the NHS requirements.</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 MIAA Assurance Framework Report 2024/25.</p>
<p>12.</p> <p>WCT24/25-145</p>	<p>Foundation Trust Constitution - review</p> <p>AH presented the updated Foundation Trust (FT) Constitution for Board approval noting that it had been presented and supported at a formal meeting of the Council of Governors.</p> <p>AH noted that the key updates related to the exercising of joint functions which would support the execution of the Partnership Agreement between WCHC and WUTH. AH highlighted section 4 of the updated FT Constitution.</p> <p>The Board of Directors received and approved the revised Foundation Trust Constitution.</p>
<p>13.</p> <p>WCT24/25-146</p>	<p>Communications & Marketing Report for Q2 and Q3 2024-2025</p> <p>AH presented the Communications and Marketing report for Q2 and Q3 2024-25 highlighting activity both externally facing activity and internal campaigns.</p> <p>AH highlighted a recent audit by the Government Digital Service (GDS) of the Trust's public website. An action plan had been put in place in October 2024, to address identified accessibility issues within the 12-week deadline. Since addressing them, as outlined in the report, the Trust's ranking in the UK NHS Silktime index had jumped up 4 positions into the top 10 of all NHS Trusts (from 12th position in October 2024 to 8th position in January 2025).</p> <p>The Board of Directors welcomed the report with no further questions or comments.</p>
<p>14.</p> <p>WCT24/25-147</p>	<p>Equality Delivery System</p> <p>DS presented the Equality Delivery System (EDS) which provided the Board with an overview of the process for completing the national contractual requirements of the Equality Delivery System (EDS) for 2024, including actions completed and the identification of future actions along with moderated ratings for current levels of attainment.</p> <p>DS noted that the report had been presented to the People & Culture Committee (PCC) where it had been endorsed for Board presentation.</p> <p>The Board of Directors approved the Equality Delivery System (EDS) and the actions identified noting continued tracking via the PCC.</p>
<p>15.</p> <p>WCT24/25-148</p>	<p>Staff Voice Forum</p> <p>The minutes from the meeting of Staff Voice Forum on 18 November 2024 were received and noted.</p>
<p>16.</p> <p>WCT24/25-149</p>	<p>Council of Governors</p> <p>The minutes of the Council of Governors meeting on 13 November 2024 were received and noted.</p>

17. WCT24/25-150	Any Other Business None.		
18. WCT24/25-151	Items for Risk Register There were no new risks identified for the risk register.		
19. WCT24/25-152	Invitation for Public Comments: Jim Cadwallader, Public member advised that he was working with his local church to arrange a service of celebration for International Nurses Day in May 2025.		
20. WCT24/25-153	Summary of actions and decisions AH provided a summary of actions and decisions taken during the Board of Directors meeting.		
21. WCT24/25-154	Meeting Review SDH reflected on the positive examples from integration being seen through various reports. There were no further comments on the review of the meeting.		
Date and Time of Next Meeting: The next formal Trust Board meeting will take place on Wednesday 23 April 2025 at 2.00pm, Community Centre, St Catherine’s Health Centre.			
Board - Chair Approval			
Name:		Date:	
Signature:			

Meeting finished at 3.40pm.

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
Board Assurance Framework	WCT24/25-067	Provide an overview of the governance supporting the PDAF at Wirral Place through informal board session	A.Hughes	November 2024	On-going. This will be included in an informal board session in March 2025 as the new strategic risks for the BAF 2025-26 are considered.

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
Committee Assurance Reports	WCT24/24-117	The approach to CIP 25-26 to be shared and discussed at a future board / informal board meeting.	T.Bennett	February 2025 March 2025	Complete. The CIP programme including governance arrangements was shared at informal board in March 2025 and FPC in April 2025.

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

Actions from meeting held on **19 February 2025**

Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
Journey of Care	WCT24-25-134	Schedule a follow up with the family members to provide members of the board with an update on the work complete to address the concerns and learnings identified.	P.Simpson	June 2025	This action is in progress to coordinate availability with all parties.
Integrated Performance Report	WCT24-25-143	Complete an assessment of UCR service potential and impact	B.Palin	April 2025	<p>The UCR assessment of service potential and impact has been incorporated into the Urgent and emergency Care integration work between WUTH & WCHC.</p> <p>Achievements to date include</p> <ul style="list-style-type: none"> • UCR team now re located - on site in ED • Developing operational and



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Topic Title	Minute Reference	Action Points	Lead	Due Date	Status
					quality performance metrics <ul style="list-style-type: none">• Development of system impact metrics• Service review of outcomes, to inform new ways of integrated working

Lead Governor Report

Joint NED recruitment

Following Gerald Meehan ending his term of office in January 2025, and due to a NED vacancy on the WUTH board, both Councils of Governors supported a proposal to recruit a Joint Non-Executive Director to serve on both Wirral Community Health & Care NHS FT and Wirral University Teaching Hospital NHS FT Boards of Directors.

Following a joint meeting of governor Remuneration/Nomination Committees the recruitment campaign was launched in mid-March 2025 with a closing date for applications in late March 2025.

We are delighted with the response we have had to our first Joint NED recruitment campaign and together with governor colleagues from WUTH and Sir David, we look forward to the final interview process in early May 2025.

This is an important appointment for both Trusts and the collaborative approach taken to the process has been very encouraging. I am very grateful to governor colleagues for their continued support and input, and to the Directors of Corporate Affairs at WCHC and WUTH for leading the process.

We look forward to welcoming our first Joint NED to Wirral in due course.

Senior Independent Director - Mr Meredydd David

I am delighted to confirm that the Council of Governors were consulted and fully supportive of the appointment of Meredydd as the Trust's Senior Independent Director, on an interim basis and whilst the NED recruitment continues.

Meredydd is a well respected and trusted member of the Board and recognised as such by the governors.

I would like to thank Meredydd for taking on this role on an interim basis.

(Interim) Non-Executive Director - Steve Igoe

On behalf of the Council of Governors, I would like to welcome Steve Igoe to the Trust who has been appointed on an interim basis for 6 months whilst NED recruitment continues and following Beverley Jordan leaving the Trust.

Steve is also a NED at WUTH and brings a wealth of experience.

Steve will Chair the Trust's Finance & Performance Committee, and as governors we look forward to working with him during this interim period.

WCHC and WUTH Councils of Governor Development

Together with governor colleagues from WUTH, we were pleased to have the opportunity to come together with representatives from both Trusts and Sir David in March 2025, to receive updates on the programme of integration between the organisations.



Wirral Community Health and Care

NHS Foundation Trust

It was an extremely informative and engaging session with updates provided on the Wirral Review 100-day plan, the governance arrangements established between both Trusts to support joint decision making, the development of a Joint Strategy and the programme of work to consider future organisational form.

All governors appreciated the opportunity to ask questions, and the information shared by Sir David and Trust representatives was honest and transparent.

The governors recognise the complex programme of work in progress and the opportunities between both Trusts and look forward to supporting the process.

Your Voice

The members of the Your Voice group came together on 26 March 2025 with a varied and engaging agenda. The members of the group were interested in the programme of integration between the Trust and WUTH and it was agreed that further information would be shared at the next meeting and an invitation to attend has also been extended to Sir David.

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 29th May 2025 at 10.30am.

Lynn Collins
Lead Governor (public governor, Wirral West)

6 April 2025

Chief Executive's Report - April 2025

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

Local news and developments

WCHC and WUTH Integration - implementing the recommendations from the Wirral Review

2. We continue to work in partnership with WUTH to deliver the recommendations from the Wirral Review. The 100-day plan developed to implement the initial recommendations from the Review has been concluded and transitioned into a 2-year plan detailing further steps towards greater partnership working and integration.
3. The 2-year plan focuses on a number of workstreams both in clinical and corporate functions, building on the work completed in the 100-day plan.
4. In March 2025, the Boards of Directors of WCHC and WUTH came together to sign a Partnership Agreement. This agreement enables us to make joint decisions about our future direction of travel, the development of a joint strategy and the opportunities for greater collaboration to improve clinical pathways and patient outcomes.
5. The Integration Management Board, a Joint Committee between both Trusts will be established as a result of the Partnership Agreement with the first meeting taking place at the end of April 2025. The IMB will formally report to both statutory Boards of WCHC and WUTH, whilst operating with delegated authority to maximise the opportunities and benefits of integration including the development of a Joint Strategy and shared vision.
6. Both Trust Boards have agreed an intent to become a single organisation and are actively working together, alongside Cheshire and Merseyside ICB and NHS England, on the options available to us, the process required and the associated timelines.
7. We are confident that we will be stronger and better together for people in our care and we are already seeing benefits where services are working together in a more collaborative and efficient way. We are making excellent progress across a number of clinical services, in particular with work happening in urgent care, virtual frailty ward and the community response teams. Our MSK services are also soon to be co-located in the community bringing benefits to our patients, our staff and the wider health economy.
8. Whilst both Trusts remain two statutory bodies, we have developed a joint brand for our integration programme bringing us together as we progress towards becoming a single organisation and the positive outcomes that will bring for those in our care.



NHS national staff survey results 2024

9. The results from the annual NHS Staff Survey 2024 were published in March 2025.
10. The Trust had a 51% response rate, with 927 staff completing the survey and whilst this was a lower response rate than last year it is still a significant number of staff sharing their feedback.
11. The overall figures have remained relatively stable, but in some areas, we have seen a decline in our results. In a year where the Trust is experiencing change, it is expected that this might happen, and it is more important than ever that we understand the impact these changes are having on staff.
12. The People & Culture Committee have also reviewed the results, and they will be shared with the Board in June 2025.

2025-26 priorities and operational planning guidance

13. Following confirmation in February 2025 of the publication of the planning guidance for 2025-26 I am pleased to confirm that the Trust has completed all of the required submissions including financial, workforce and operational plans to the ICB and NHSE.
14. The plans are challenging and the financial efficiencies to be achieved are significant whilst ensuring we maintain the quality of care delivered by the Trust. The benefits of working more closely with WUTH are also realising opportunities to align our efficiency programmes and the enthusiasm and determination to transform services is encouraging in both Trusts
15. We will continue to ensure the committees of the Board, and the Board of Directors are briefed on achievement of plans and the associated risks and mitigations.

Integrated Performance

16. The YTD performance across operational, quality, workforce and finance will be presented later on the agenda at item 10. This position will reflect the performance reviewed and scrutinised at each of the committees of the Board during March and April 2025.
17. In line with the publication of the NHSE Insightful Board guidance we are developing a new Integrated Performance Report (IPR), which will be presented to the Board in the coming months.

Your Experience - the importance of feedback

18. In February 2025 the Trust received 2,350 responses to our patient experience survey with 94.1% of people recommending our services as a Good or Very Good place to receive care.
19. So far this year, we have received 28,442 responses with 93.2% 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.
20. Our patient feedback rates and responses reflect a Trust that is providing great services that are delivered with expertise and compassion. I would like to recognise the continued hard work and dedication of all staff.

Patient-Led Assessments of the Care Environment (PLACE) Assessment Outcome 2024

21. The 2024 Patient-Led Assessments of the Care Environment (PLACE) results have been released, with Team WCHC scoring 98.22% across the 8 assessed metrics (see below) and third in the country;
- Cleanliness
 - Food
 - Organisation food
 - Ward food
 - Privacy, dignity and wellbeing
 - Condition appearance and maintenance
 - Dementia
 - Disability
22. The assessment, undertaken by patient assessors, took place at Community Intermediate Care Centre (CICC) in October 2024 and included the three wards, Bluebell, Aster and Iris.
23. Feedback from the assessors was overwhelmingly positive. They reported that the wards had a positive environment and felt this would have a beneficial impact on many patients' wellbeing, particularly those who had recent experience in either an acute hospital or other care setting.
24. Thanks to all those who supported this assessment and to all staff across the Trust who work hard to achieve these standards every day. Further information can be accessed on the NHS England website via the following link - [Patient-Led Assessments of the Care Environment \(PLACE\), 2024 - England - NHS England Digital](#)

Long COVID service demobilisation

25. The Cheshire & Merseyside ICB has decommissioned all long COVID services across the region and I would like to extend my thanks to colleagues across the Trust who delivered this service over recent years, providing valuable support to so many during and following COVID-19.

Board member appraisal guidance

26. NHS England has published new guidance outlining expectations and recommendations in the completion of board member appraisals. It has been developed in service of board effectiveness and to ensure a consistent and standard approach to appraisal, recognising that there will be requirement to adapt depending on the type of organisation and between Executive and Non-Executive Directors.
27. The framework incorporates the 6 domains of the leadership competency framework into a single approach for all Executive and Non-Executive roles and aligns with the Fit and Proper Persons Test Framework.
28. The framework is available on the NHS England website - [NHS England » Board member appraisal guidance](#) and we will be implementing as required including aligning with WUTH processes given the joint posts at Board level.

Director of Public Health, Wirral, Annual Report 2024-25 - 'From Darkness to Light: From Harm to Hope - Journeys of addiction'.

29. The Director of Public Health has published their annual report for 2024-25 which can be

accessed via the following link - [Wirral Public Health Annual Report 2024/25 - Addictions](#)

30. This year's report continues and strengthens the focus on reducing the harmful effects of addiction, including substance use (smoking, drugs, and alcohol) and gambling. The report sets out a range of opportunities to address these critical issues and will build on the great work already in place, enabling the best use of resources.
31. The report provides an in-depth look at the key health challenges facing the local communities. It highlights the importance of addressing addiction as a unified issue, recognising that many individuals struggle with multiple forms of addiction simultaneously. By sharing data, insights, and the deeply moving stories of residents, the report aims to shed light on the historic and current landscape of addiction in Wirral.

Wirral Place Based Partnership Board

32. The PBPB met on 27 March and discussed a number of Place issues as follows.
33. PBPB received the regular Quality and Performance Report which gave an overview of the Place aggregate position against key metrics. Members acknowledged some metrics had deteriorated and others were being maintained.
34. PBPB also received an update on the Cheshire and Merseyside Dental Improvement Plan and the progress against each of the pathways. Members discussed the significant challenges to patients accessing NHS Dental Services, both locally and nationally. The NHS Dental Contract, at the current time, is not fit for purpose and reforms to the contract have been limited.
35. PBPB considered the updates to the Wirral Place Governance Manual, noting this would return in July 2025 with inclusion of the Wirral Provider Collaborative Terms of Reference.
36. PBPB received the Place Finance Report and noted the Wirral system had an actual reported deficit of £39.4m compared with a planned year-to-date deficit of £20.5m, which represents an adverse variance of £18.7m. An improvement on month 9 reporting of £1.6m.

NHS Cheshire & Merseyside New Chief Executive

37. Cathy Elliot has been appointed as the Chief Executive of Cheshire & Merseyside ICB to replace Graham Urwin who departs later this year.
38. Cathy is currently the Chair of NHS West Yorkshire Integrated Care Board and Deputy Chair of West Yorkshire Health and Care Partnership and will bring a wealth of varied skills and experience to Cheshire and Merseyside, honed from Executive-level appointments undertaken across a number of systems and sectors.

Thanks to Dave Miles - interim Chief Finance Officer

39. I would like to record my thanks and extend best wishes to Dave Miles who will leave the Trust at the end of April 2025 to take up a new position with MerseyCare NHSFT.
40. Dave has been the Deputy Chief Finance Officer at the Trust since 2019 and during that time he has also supported the Trust and the Board of Directors as the interim Chief Finance Officer.
41. I would like to thank Dave for his dedication and in particular the support he has provided to the Executive Team as Interim CFO and on behalf of the Executive Team, I wish him all the very best for the future.

National news and developments

NHS England and laying the foundations for reform

42. On 13 March the government announced that NHS England, the administrative body which manages health services, will be abolished and the NHS will come back under the direct control of the Department of Health and Social Care.
43. Around 9,000 administrative roles are being cut at NHS England and the Department of Health and Social Care as part of the changes, amounting to roughly half of all roles at the two organisations.
44. NHS Confederation has published a useful briefing setting out the key points - [Abolishing NHS England: what you need to know | NHS Confederation](#)
45. Following the departure of Amanda Pritchard from NHS England, Sir James Mackie, the new Chief Executive of NHS England (NHSE), has written to NHS organisations outlining proposals to reform the NHS.
46. In his letter he described moving to a different way of working together citing the publication of the 10-year Health Plan and the outcome of the Spending Review as key ingredients to shift towards a medium-term approach to planning.
47. The publication of the NHS Performance Assessment Framework 2025-26 is an important milestone as it is a crucial part of the oversight system which will be tested during Q1 to ensure it reflects and responds to the current operational context for the NHS.
48. The Performance Assessment Framework can be accessed via the following link - [NHS England » The NHS Performance Assessment Framework for 2025/26](#)

Reports of interest published

49. The following are some reports recently published and of interest to members of the Board, staff and public.
 - **Road to recovery: the government's 2025 mandate to NHS England** sets out the objectives it should seek to achieve which include, cut waiting times, improve primary care access, improve urgent and emergency care, the operating model and drive efficiency and productivity - [Road to recovery: the government's 2025 mandate to NHS England](#)
 - Department of Health and Social Care - **Better Care Fund policy framework 2025-26** - this policy framework is intended for use by those responsible for delivering the BCF at a local level - [Better Care Fund policy framework 2025 to 2026 - GOV.UK](#)
 - **NHS England Neighbourhood health guidelines 2025-26** - sets out guidelines to progress neighbourhood health in advance of the publication of the 10 Year Health Plan - [NHS England » Neighbourhood health guidelines 2025/26](#). The NHS Confederation has also provided a helpful briefing and analysis of these guidelines - [Neighbourhood health guidelines 2025/26: what you need to know | NHS Confederation](#)
 - **NHS England 2024 national staff survey results** - the results for all organisations have been published - [2024 National NHS Staff Survey Results - GOV.UK](#) and the NHS Survey Coordination Centre has published a briefing on the 2024 national results - [NHS Staff Survey 2024 National results briefing](#)

Communications and Engagement

Executive Service Visits

50. Over recent weeks, members of the Executive Team have continued to enjoy a number of service visits with another 12 services and teams, both clinical and non-clinical, being visited as part of this programme.
51. 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.
52. 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.

Get Together - Team WCHC Briefing



53. 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 March 2025, it was great to see over 165 staff on-line with lots of positive interaction and engagement.
54. We provided updates on performance in areas such as quality, workforce, finance and operations, an overview of the Trust's NHS Staff Survey results, a summary of the Trust's new strategic approach to the Cost Improvement Programme for 2025-25 and an update on the integration between WCHC and WUTH.
55. We also launched to staff the visual branding which both trusts will use to share messages and updates on the progress to integration and the benefits and opportunities being realised.
56. We really enjoy hearing from services and staff across the Trust providing a 'Spotlight on Services' and my thanks to Craig Redmore from the Business Operations Team who gave an interesting presentation on the transformation of the Centralised Booking Service (CBS) which has provided the service with a coherent direction and structure and clear responsibilities including patient call handing, referral management, appointment support and patient communications.



57. I was pleased to be able to announce our monthly Stand Out winners for February and March at our recent Get Togethers.
58. Our monthly Stand Out winner for February 2025 was **the Community Night Nursing Team**.

59. In nominating the team, student nurse, Faye Melville said:

"I have been with the night team for an 8-week placement as a student nurse. Every staff member has made me feel so welcomed and are all so kind. The whole team has contributed massively to my nursing journey and has made this placement so enjoyable. I have learnt so much and cannot thank this team enough. A special mention to James for being an amazing assessor, Phil for keeping on top of my PARE, Sarah Benthem, Clare Dixon and Carol Salmon as those are the few nurses I have been with the most and feel they deserve a lot of recognition for the fabulous care they deliver to their patients and how they have helped me improve and boost my confidence. This team is one of the best I have worked with, they are all so lovely and kind! I have felt that all the nurses have took me under their wing and I felt I was able to really develop clinically in my nursing. I would love to work with this team again, it has been such a pleasure!"

Alison Hughes, Director of Corporate Affairs, presented the team with their certificate last week.

60. Our monthly Stand Out winners for March were **Gaynor Taylor, Sally Barlow, Angela Howard, and Kelly Hughes** who were nominated by Angela Rothwell for their outstanding care when Angela suffered a serious fall at St Catherine's Health Centre. They provided expert first aid, ensured her safety and maintained her dignity and their swift response, dedication, and compassion made a real difference.

61. Angela said, *"I am eternally grateful for the care and attention they provided to me during a very scary and uncertain time. They made me feel reassured and as safe as I could possibly feel. I appreciate from the bottom of my heart everything they did for me in my time of need."*

I will be presenting Gaynor, Sally, Angela and Kelly with their certificates in the next few weeks.

Congratulations!

62. Congratulations to WCHC Volunteer Eileen Slattery and her therapy dog Spartacus who recently won a BBC One Show 'One Big Thank You' award for the remarkable work they do, through their charity Therapy Dogs UK, to support our service users, patients and staff across the Trust.

63. Eileen and Spartacus's presentation was featured on The One Show on Thursday 10 April.



Summary of Executive Leadership Team (ELT) business

64. 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.
65. During February and March 2025 in addition to regular performance SitReps the following key items were discussed;
- Regular updates on the District Nursing Transformation Project
 - Outcomes from the fortnightly Vacancy Control Panel
 - Updates on the Trust's response rate for the NHS Staff Survey
 - Upcoming contract opportunities and ongoing review of contracts already in place
 - Updates on submission of the annual plan and financial plan
 - Updates on the Wirral SEND (Special Educational Needs & Disabilities) inspection
 - Applications for the use of the Trust's Charitable Funds
 - The Trust's capital expenditure plan for 2025/26
 - Executive sponsorship of the Trust's Staff Networks
 - Updates on research and innovation in the Trust
66. The members of the Executive Team have also continued to meet regularly with Executives at WUTH through the Integration Management Team to support the delivery of the 100-day plan, and monthly joint Executive - Executive Team Meetings.

Conclusion

67. 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
15 April 2025

Meeting Name: Finance and Performance Committee
Date: 9th April 2025

Item No

Report Title	Finance and Performance Committee
Date of Meeting	9 th April 2025
Author	Steve Igoe - Committee Chair

Alert	<ul style="list-style-type: none"> The Committee wish to alert members of the Board of Directors that: <ul style="list-style-type: none"> The 0-19/25 contracts currently delivered are under review given contract terms and renewal dates. Meetings are planned with commissioners to review current operating model requirements, which could include changes associated with place-based delivery and contract rationalisation. It was noted that any rationalisation of contracts would also require cost reduction in order to achieve associated financial benefits. Risks to the achievement of the 25/26 plan are heavily geared to achievement of CIP reductions Use of non-recurrent CIP for achieving the 24/25 outcome whilst beneficial for that year are of their nature no longer available for 25/26
Advise	<ul style="list-style-type: none"> The Committee wish to advise members of the Board of Directors that: <ul style="list-style-type: none"> The capital programme for 24/25 was achieved. Detailed schemes to deliver the 25/26 outcome of £2.28m have been identified and include a contingency of £406k. CIP for 25/26 is at c:60% fully identified to cover the required 5%. Unidentified CIP is £0. Cash is at £10.4m and forecast to remain at this level at the end of the year provided the plan is delivered
Assure	<ul style="list-style-type: none"> The Committee wish to assure members of the Board of Directors that: <ul style="list-style-type: none"> At month 11 the trust is reporting a favourable variance of £22k against a planned outturn of £2.61m. This position includes the benefits of non-recurrent CIP and income. Performance continues to be strong. At month 11 the trust has 76 green KPI's, 7 amber KPI's and 8 red KPI's. Assurance was provided regarding services with red and amber KPI's, with a particular focus on paediatric speech and language and urgent care (GP out of hours service).
Review of Risks	<ul style="list-style-type: none"> 2 high level risks were escalated to the Committee: <ol style="list-style-type: none"> Risk regarding delivery of the pre diagnostic element of the ND pathway due to lack of available funding. The Board report indicated ICB funding might be available, however more recent information confirms that this is now unlikely so a local mitigation will need to be found. The risk of non-achievement of 24/25 CIP. This will now be replaced by a risk relating to the achievement of CIP for 25/26

	and the consequent impact should these not be achieved on the achievement of the financial plan.
Other comments from the Chair	<ul style="list-style-type: none"> • Discussion took place regarding the issue of inequalities and how this might be represented in the Trust's documents such as the BAF and Financial plan. It was agreed to look at the wording of these outside of the meeting. • The committee addressed an action from a recent extraordinary private board meeting (26 March 2025) related to the priority of schemes in the Capital Plan 2025-26 and works at Fender Way. The committee was assured by the update provided and the prioritisation exercise completed.

Integrated Performance Report - M11			
Meeting Title	Board of Directors		
Date	23/04/2025	Agenda Item	10
Lead Director	Janelle Holmes, Chief Executive		
Author(s)	Alison Hughes, Director of Corporate Affairs		
Action required (please select the appropriate box)			
To Approve <input type="checkbox"/>		To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>
Purpose			
<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 March 2025 and April 2025.</p>			
Executive Summary			
<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 26 March 2025 to review performance up to and including M11.</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>			
Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:			
<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
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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 M11, 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) 2024-25 - year-end position			
Meeting Title	Board of Directors		
Date	23/04/2025	Agenda Item	11
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Alison Hughes, Director of Corporate Affairs		
Action required (please select the appropriate box)			
To Approve <input checked="" type="checkbox"/>		To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>
Purpose			
<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 March and April 2025 and presents the year-end position for each strategic risk and a proposal for new strategic risks for 2025-26.</p>			
Executive Summary			
<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>Year-end position 2024-25</p> <p>At the year-end the BAF was tracking 8 strategic risks.</p> <p>There remains 1 high-level strategic risk 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> This risk has been at RR16 since April 2024 with a risk appetite of Cautious.</p> <p>One risk, ID06 - <i>Trust operational performance declines resulting in poorer outcomes and greater inequalities for our population</i> achieved its target risk rating of RR8 in-year.</p> <p>All other strategic risks recorded on the BAF are scored between RR8 and RR12.</p> <p>The summary table at appendix 1 confirms the proposal for the continued tracking of existing risks for the new financial year, as considered through each of the committees of the Board and an informal board session in March 2025.</p>			

New or emerging risks for 2025-26

Following review at the Finance & Performance Committee in April 2025, it is recommended that a new strategic risk associated with the achievement and potential consequences of the challenging financial plan 2025-26 is added to the BAF, as follows,

- **NEW risk** - *Inability to achieve the financial plan including CIP will impact on the Trust's financial sustainability and service delivery and the system financial plan*

It is also recommended that a new risk associated with service transformation in order to achieve efficiency gains and deliver the CIP plan is added to the BAF, as follows,

- **NEW risk** - *Failure to effectively embed service transformation and change will impact on the Trust's ability to deliver sustainable efficiency gains and the CIP plan for 2025-2*

At the Finance & Performance Committee, the importance of recognising potential impacts and consequences on health inequalities was also recognised and it was agreed to consider this further through regular reviews of each strategic risks at the committees.

It is recommended that strategic risk **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*, will be reviewed to reflect the Partnership Agreement established between both WCHC and WUTH. This risk will be reviewed with WUTH to ensure appropriate consistency and alignment.

Through each of the committees of the Board it has also been acknowledged that a cross-reference between WCHC strategic risks and WUTH strategic risks will be important during 2025-26 to include appropriate mitigations based on partnership working for key strategic risks.

For example, the highest scoring risk on the WUTH BAF relates to *Unscheduled Care - Failure to effectively manage unreasonable unscheduled care demand, adversely impacting on quality of care and patient experience (RR20 4 x 5)*.

There are key mitigations that the Trust can support in relation to this risk, and it is therefore proposed that until such a time that the two BAFs combine, the committees will receive updates associated with relevant WUTH strategic risks and where the Trust is offering and supporting mitigation.

It is anticipated that as the development of the Joint Strategy progresses, shared strategic risks and Board Assurance Frameworks between WCHC and WUTH will emerge.

Wirral Place Delivery Assurance Framework

The Wirral Place Based Partnership Board manages key system strategic risks through the Place Delivery Assurance Framework. The PDAF was last presented to the Place Based Partnership Board in March 2025, and can be accessed via the following link - [Agenda for Wirral Place Based Partnership Board on Thursday, 27th March 2025, 10.00 a.m. | Wirral Council](#)



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
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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 ☐

Increasing wellbeing and health equity ☐

Reducing environmental impact ☐



Board of Directors is asked to consider the following action

- To review and approve the year-end position reported for each of the strategic risks included in the BAF for 2024-25.
- To approve the recommendation for new risks for 2025-26.
- To note the updates provided on further emerging risks and the alignment where relevant with WUTH strategic risks during 2025-26.

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
Board of Directors	17/04/24	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. The Board of Directors also welcomed the Annual Assurance Framework Review from Mersey Internal Audit Agency (MIAA).
Informal Board	15/05/24	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 & 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 & 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 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



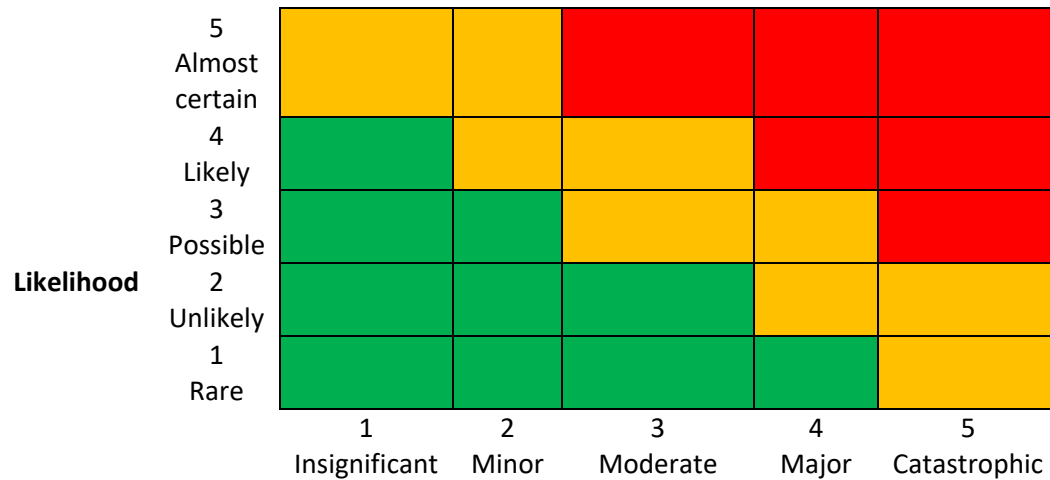
		introduction of new risk ID11 for tracking and oversight by the Board.
Board of Directors	16/10/24	The Board of Directors was assured of the oversight and management of strategic risks in the BAF through the sub-committees of the Board and noted the current risk ratings and ID04 as the highest scoring 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 & Performance Committee that ID06 had achieved its target risk rating and would be kept under review for the remainder of the financial year.</p>
Board of Directors	19/02/25	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 MIAA Assurance Framework Report 2024/25.



Strategic risk summary 2024-25 - Year-end position

Risk Description	Committee oversight	Link to 5-year strategy	Initial risk rating (LxC) (April 2024)	Current risk rating (LxC) (April 2025)	Target risk rating (LxC)	Risk Appetite	Position for 2025-26
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) ↔	2 x 4 (8)	Averse	Risk to be carried forward for continued monitoring
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) ↔	2 x 4 (8)	Averse	Risk to be carried forward for continued monitoring
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) ↔	2 x 4 (8)	Cautious	Risk to be archived with NEW risk reflecting 2025-26 position
Previous ID05 closed for 2024-25.							
TARGET RISK RATING ACHIEVED (remaining under review) 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) ↔	2 x 4 (8)	Cautious	Risk to be archived with risks associated with operational performance managed through the operational risk register
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 Better employee experience to attract and retain talent	2 x 4 (8)	2 x 4 (8) ↔	1 x 4 (4)	Moderate	Risk to be carried forward for continued monitoring with mitigations and outcomes aligned to organisational culture

Risk Description	Committee oversight	Link to 5-year strategy	Initial risk rating (LxC) (April 2024)	Current risk rating (LxC) (April 2025)	Target risk rating (LxC)	Risk Appetite	Position for 2025-26
							work between WCHC and WUTH, led by CPO.
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.	People & Culture Committee	Improve the wellbeing of our employees Better employee experience to attract and retain talent	3 x 4 (12)	3 x 4 (12) ↔	1 x 4 (4)	Moderate	Risk to be carried forward for continued monitoring
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. Better employee experience to attract and retain talent	2 x 4 (8)	2 x 4 (8) ↔	1 x 4 (4)	Open	Risk to be carried forward for continued monitoring
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) ↔	1 x 4 (4)	Moderate	Risk to be carried forward for continued monitoring



Consequence	
Averse	Prepared to accept only the very lowest levels of risk
Cautious	Willing to accept some low risks
Moderate	Tending always towards exposure to only modest levels of risk
Open	Prepared to consider all delivery options even when there are elevated levels of associated risk
Adventurous	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 - Joint AIS and Health Inequalities Waiting List Tool questionnaire now live in System one with all fields mandated
- 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.

ID01 Failure to deliver services safely and responsively to inclusively meet the needs of the population.			Quality & Safety Committee oversight
Link to 5-year strategy - Safe care and support every time			
Consequence; <ul style="list-style-type: none"> Poor experience of care resulting in deterioration and poor health and care outcomes Non-compliance with regulatory standards and conditions Widening of health inequalities 			
Current risk rating (LxC)	Risk appetite		Target risk rating (LxC)
3 x 4 (12)	Averse		2 x 4 (8)
Mitigations (i.e., processes in place, controls in place)	Gaps (Including an identified lead to address the gap and link to relevant action plan)	Outcomes/Outputs (i.e., proof points that the risk has been mitigated)	Trajectory to mitigate and achieve target risk rating
Actions to ensure safe care and support every time to prevent variation of standards across localities and teams. Headline measures in-month (M11) <ul style="list-style-type: none"> 0 never events - QUAL05 0 MRSA incidents - QUAL16 0 C.Diff incidents - QUAL15 0 falls (moderate & above harm) - QUAL17 93.1% FFT - QUAL22 0 complaints received - QUAL08 526 incidents reported - QUAL02 (3.8% moderate and above harm - QUAL18) 225 patient safety incidents (M9) - QUAL03 Indicators within the Quality Dashboard have been refreshed to reflect the Patient Safety Incident Response Framework and systems-learning 	<ul style="list-style-type: none"> Clinical and professional supervision compliance sustained at 90% - Team Leaders (<i>trust-wide trajectory on TIG and set trajectory for Q2, Q3 and Q4 aiming for above 90%</i>) Relaunch of supervision policy - Deputy Chief Nurse Supervision Training Strategy - Head of L&OD Tier 2 Oliver McGowan training to be rolled out to eligible staff - OMMT lead trainer - see revised quality goal and mitigation with Autism Together. 	<ul style="list-style-type: none"> CQC rating GOOD with Outstanding elements. FFT response rate and satisfaction rate Low number of complaints Publication of Quality Account 2023-24 published with key achievements and progress to deliver quality goals highlighted. Safe mobilisation of Lancashire 0-19 service. Mandatory training sustained compliance maintained at 90% Role essential training compliance achieved and maintained at 90% 	<ul style="list-style-type: none"> Lancashire 0-19 contract mobilisation - 1 October 2024. 60% of eligible staff trained in QI curriculum - March 2025 (<i>quality goal 7</i>) - <i>at risk due to operational pressures. There are 2 QSIR-F sessions for quality champions being held in Q4 and this is being widely promoted across all teams to increase uptake. The Trust have exceeded the target in relation to quality experts and QSIR-P delivery</i> Supervision Training Strategy approved - November 2023 -

<ul style="list-style-type: none"> - The following indicators have been added; <ul style="list-style-type: none"> - QUAL25: Number of reported no and low harm patient safety incidents - QUAL26: Number of After-Action Reviews (AAR) requested - QUAL27: Number of patient safety incident investigations (PSII) requested - QUAL28: Number of patient safety incident investigations (PSII) completed in 3 months - CQC actions (from 2023 inspection) completed and reported to QSC and PCC - Vacancy control measures implemented to respond to ICB FICC process provide oversight of quality & safety - assurance on process provided to the committee in September 2024 - SAFE mechanism for recording clinical and professional supervision captures method of delivery to include peer, group and 1:1 delivery - Quality of supervision audit completed, and feedback used to improve processes. - Clinical protocol for Clinical Supervision (CP95) - Safeguarding Supervision Policy (SG04) - Management Supervision procedure (HRP07) - Mandatory training compliance trust-wide achieved target - M12 94.2%, M2 94.1%, M4 94.9% M9 95.8% M11 94.8% (vs 90% target) 	<ul style="list-style-type: none"> - Further embed PSIRF principles through process and culture - Deputy Chief Nurse - PSIRF learning cafes roll-out Q4 - delayed to Q1 25-26 <ul style="list-style-type: none"> 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 Completion of the action plan related to incident reporting levels - Deputy Chief Nurse - An increase in Incident Reporting identified during January 2025 which is above the mean but within normal variation - Deputy Chief Nurse (to be closely monitored to support trend analysis) 	<ul style="list-style-type: none"> - Clinical and professional supervision sustained compliance at 90% (<i>quality goal 3</i>). - 20% 12% of staff to be trained in Tier 2 Oliver McGowan mandatory training (<i>quality goal 4</i>) - QI summary reports with measured impacts from 4 x QI programmes and with actions for improvement - Audits on the quality of supervision (end of Q2 and Q4) - 20 members of staff trained in QSIR-P (5-day course now concluded with positive evaluation) - 80 members of staff trained in QSIR-F (2 session for Quality Champions in Q4) - Quarterly patient safety champions meetings with attendance monitored to ensure continued appropriate staff engagement across services - PSIRF learning cafes 	<p>(Extension for action approved by QSC)</p> <ul style="list-style-type: none"> - 90% of clinical staff receiving supervision - 31 June 2024 (<i>quality goal 3 reset for 24/25</i>) - targeted approach to set trajectories for improvement if below 85%) - 20% 12% of eligible staff trained in Tier 2 Oliver McGowan mandatory training - 31 March 2025 (<i>quality goal 4</i>) 8 training sessions (20 staff per session) planned before 31/3/25 - <i>at risk due to operational pressures. 4 of 8 sessions have been delivered (8%) and a further 2 scheduled before 31 March 2025.</i> - 4 x QI programmes delivered - March 2025 with measured impact (<i>quality goal 1</i>) - PSIRF actions to further embed in the process and culture (<i>quality goal 2</i>) - March 2025 Q1, 2025-26
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<ul style="list-style-type: none"> - Role essential training compliance - M12 92.6%, M2 91.7% M9 92.1% M11 91.8% (vs 90% target) - 2024-25 clinical audit programme agreed. - Patient Safety Incident Response Plan (GP60) approved. - LFPSE (Learning from Patient Safety Events) launched. - Professional Nurse Advocate (PNA) programme in place - Waiting list stratification tool aligned to CORE20PLUS5 - Joint AIS and Health Inequalities Waiting List Tool questionnaire live in System one with all fields mandated - 20% baseline of staff trained in Quality Improvement curriculum. - Baseline completed to determine a clear denominator and criteria for eligible staff for the national patient safety curriculum. - Training compliance visible on TIG for L1 & L2 of the national patient safety curriculum. - Current compliance L1 & L2 - 95.1% L1 for board and senior management - 95.3%, L1 for other staff (agreed cohort) - 97.5%. - 4 x QI programmes identified - <i>wound care, medicines, falls, end of life care and deteriorating patient</i> - and stakeholder analysis completed for all. - QI training compliance tracked monthly through locality governance meetings. - District nursing development work underway, including engagement with 			
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<p>frontline rearms to take forward improvement ideas.</p> <ul style="list-style-type: none"> - 3 cohorts of staff trained in Tier 2 Oliver McGowan (n=48 staff). Further staff cohort planned for January 2025. <p>Actions to ensure safe mobilisation of new services.</p> <ul style="list-style-type: none"> - Business decision making process aligned to strategic objectives. - Establishment of mobilisation project at the commencement of new contracts - Mobilisation projects monitored at POG. - SRO and Project Lead identified. — Workstreams and relevant leads identified and work underway to mobilise Lancashire 0-19 contract for 1 October 2024. - Successful launch of Wirral Sexual Health Service from 1 April 2024 - Successful launch of Let's Talk, risk and resilience service from 1 September 2024 <p>Actions to ensure equitable outcomes across our population based on the Core20PLUS5 principles.</p> <ul style="list-style-type: none"> - Health Inequalities & Inclusion Strategy developed and approved. - Inclusion Annual Report 2023-24 presented to PCC and Board - Mechanism in place to ensure involvement of people always included within RCA's (agreed at CRMG) - Participation in C&M Prevention Pledge programme agreed with identified. 	<ul style="list-style-type: none"> — Satisfactory completion of mobilisation plan to support safe launch and delivery of Lancashire Healthy Child Programme from 1 October 2024 Executive Leadership Team/Board of Directors — 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. - Completion of all actions agreed following MIAA review to address variation in practice and incomplete data. 	<ul style="list-style-type: none"> — Safe mobilisation of Lancashire Healthy Child Programme contract from 1 October 2024 - Regular reporting to the Trust Board on health inequalities data through the Integrated Performance Report. - Availability and use of AIS data for all core services - Inclusion metrics - High % of patient feedback via FFT is maintained and feedback is representative of the 	<ul style="list-style-type: none"> — Launch of Sexual Health Wirral Service 1 April 2024 COMPLETE — Safe mobilisation of Lancashire Healthy Child Programme contract 1 October 2024 — Completion of all agreed actions to address MIAA recommendations September 2024 the Committee agreed to extend to the end of December 2024 the completion date for the health inequalities actions. - Summary report from 4 co-designed care pathways -
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<ul style="list-style-type: none"> - Chief Nurse = Prevention Pledge Executive Lead - Inclusion dashboard developed. - Partnership forum established. - 4 x care pathways to be co-designed with people and community partners identified (aimed at reducing health inequalities) - Bronze Status in the NHS Rainbow Pin Badge accreditation scheme - Silver award in the Armed Forces Covenant Employer Recognition Scheme - Veteran Aware accreditation achieved for the Trust. - EDS2 assessment criteria agreed and completed for 2022-23 - achieving across all areas including Domain 1 commissioned services (community cardiology and bladder and bowel) - 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. - MiAA report on health inequalities completed with 5 core recommendations agreed. - 4 x QI programmes identified - <i>wound care, medicines, falls and deteriorating patient</i> - and stakeholder analysis completed for all. - Locality governance reflects trust-wide governance across different geographies with any variation related to specific service specification (i.e., different 0-19 services) 	<ul style="list-style-type: none"> - 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. 	<p>community tested through equality data</p> <ul style="list-style-type: none"> - 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>) - Successful launch of 'what matters to you?' campaign (<i>quality goal 5</i>) 	<p>March 2025 (<i>quality goal 6</i>) – ON TRACK</p> <ul style="list-style-type: none"> - 'What matters to you?' question embedded into 1 service as part of routine care planning and personalised care - March 2025 (<i>quality goal 5</i>) - COMPLETE and embedded in 4 services
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<ul style="list-style-type: none">- <i>What matters to you?</i> campaign developed with other actions (e.g. campaign days, embedding question as part of routine care planning now in 4 services - cardio rehab, CICC, Long Covid and ICCT) <p>Actions to ensure safe demobilisation of services.</p> <ul style="list-style-type: none">- Demobilisation plan in progress for Lancashire 0-19+ contract.- Long-COVID services demobilisation in progress			
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ID02 Failure to deliver services inclusively with people and communities guiding care, supporting learning and influencing change			Quality & Safety Committee oversight
Link to 5-year strategy - Safe care and support every time			
Consequence; <ul style="list-style-type: none"> Inequity of access and experience and outcomes for all groups in our community Poor outcomes due to failure to listen to people accessing services Reputation impact leading to poor health and care outcomes 			
Current risk rating (LxC)	Risk appetite		Target risk rating (LxC)
3 x 4 (12)	Averse		2 x 4 (8)
Mitigations (i.e., processes in place, controls in place)	Gaps (Including an identified lead to address the gap and link to relevant action plan)	Outcomes/Outputs (i.e., proof points that the risk has been mitigated) NOTE: ensuring clear alignment of the outcome to the gap it addresses	Trajectory to mitigate and achieve target risk rating
Actions to ensure collaboration and co-design with community partners. <ul style="list-style-type: none"> EDI training compliance - 98.2% Quality Strategy ambition “People and communities guiding care”. Inclusion Principle 1 - Positive action for inclusive access 6000 public members sharing their experience and inspiring improvement. Level 1 Always Events accreditation focussing on what good looks like and replicating it every time. Complaint’s process putting people at the heart of learning. QIA and EIA SOP refreshed and approved Recruitment of Population Health Fellow role 	<ul style="list-style-type: none"> Completion of all actions agreed following MIAA review to address variation in practice and incomplete data. Poor compliance and completion of AIS template across all services – Deputy COO/Service Directors (inclusion principle 1) Lack of staff confidence in accessing and interpreting health inequalities data - Head of Inclusion 	<ul style="list-style-type: none"> Measures of equity of access demonstrated through patient/service user data and experience. Staff confident in delivering culturally sensitive care. All reasonable adjustments are made to facilitate most effective care delivery. 20% 12% of staff to be trained in Tier 2 Oliver McGowan mandatory training (quality goal 4) 60% of eligible staff trained in QI curriculum (quality goal 7) 	<ul style="list-style-type: none"> 20% 12% of eligible staff trained in Tier 2 Oliver McGowan mandatory training - 31 March 2025 (quality goal 4) 8 training sessions (20 staff per session) planned before 31/3/25 - <i>at risk due to operational pressures. 4 of 8 (8%) sessions have been delivered and a further 2 scheduled before 31 March 2025.</i> Achievement of 90% completion rate of AIS and inclusion template across all services - March 2025

<ul style="list-style-type: none"> - Quality Improvement sharing and celebration events. - Experience dashboard built on TIG. - Partner Safety Partners recruited. - Re-balancing of resources in community nursing to support caseload in PCNs underway. - 5 community partners recruited. - Lancashire mobilisation governance includes Service Delivery workstream. <p>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</p> <ul style="list-style-type: none"> - 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. - Quality Strategy - <i>quality goal 6</i> - 5 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> <p>Actions to ensure that all voices, including under-represented groups can be heard and encouraged to influence change.</p> <ul style="list-style-type: none"> - MiAA report on health inequalities completed with 5 core recommendations agreed. 	<ul style="list-style-type: none"> Established engagement with stakeholders and partners in Lancashire to understand communities Head of Inclusion / Service Lead - Further embed health inequalities waiting list tool evidencing outcomes and ensuring equitable access (<i>inclusion principle 1</i>) - Deputy Chief Operating Officer / Deputy Chief Nurse / Head of Inclusion - Tier 2 Oliver McGowan training to be rolled out to eligible staff - OMMT lead trainer - see revised quality goal (12%) and mitigation with Autism Together (<i>and link to ID01</i>). 	<ul style="list-style-type: none"> - Staff will report increased skill, knowledge and confidence in quality improvement methodology. - Completion of 4 co-designed care pathways aimed at reducing health inequalities with stakeholder engagement (<i>quality goal 6</i>) - Successful launch of 'what matters to you?' campaign (<i>quality goal 5</i>) - Further embed health inequalities waiting list tool - Regular reporting to the Trust Board on health inequalities data through the Integrated Performance Report. - Expected outcomes from 4 identified high priority clinical risk areas <ul style="list-style-type: none"> - Reduction in pressure ulcers (all categories) - Reduction in falls at CICC - Reduction in medication incidents - Improved quality of care for patients who are end of life 	<p>(<i>Inclusion principle 1</i>) - locality completion rates range from 47% - 80%; monitoring at SOG.</p> <ul style="list-style-type: none"> - Summary report from 4 co-designed care pathways - March 2025 (<i>quality goal 6</i>) – ON TRACK - Completion of all agreed actions to address MIAA recommendations - September 2024 December 2024 - 60% of eligible staff trained in QI curriculum - March 2025 (<i>quality goal 7</i>) - <i>at risk due to operational pressures. There are 2 QSIR-F sessions for quality champions being held in Q4 and this is being widely promoted across all teams to increase uptake. The Trust have exceeded the target in relation to quality experts and QSIR-P delivery</i>
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<ul style="list-style-type: none"> - 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. - Veteran Aware accreditation (Bronze and Silver) achieved for the Trust. - EDS 2022-23 published on public website with actions identified. - 94.6% of staff completed comprehensive learning disability and autism e-learning (Oliver McGowan Level 1) Autism Together to provide 8 sessions to support Oliver McGowan Tier 2 training. - 2 x QI programmes identified with specific focus on children and young people – Translation and Interpretation and Family Nurse Partnership - ‘What matters to you’ campaign and first ‘What matters to you’ day trust-wide scheduled for 25/9/24. ‘What matters to you’ dashboard available on TIG. - Services identified to embed ‘what matters to you’ question as part of care planning and personalised care. - Trust active involvement in system-wide preparation for re-inspection of SEND. - TIG dashboard updated to show new AIS compliance monitoring, targets and agreed trajectories 			
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Actions to ensure children and families living in poverty in all our places are engaged to improve outcomes and life chances.

- Established service user groups including Involve, Your Voice and Inclusion Forum with a commitment to co-design.
- Participation in Local Safeguarding Children Partnerships across all Boroughs where 0-19/25 services are delivered.
- Good partnerships with other agencies
- ~~— Lancashire mobilisation governance includes Service Delivery workstream.~~
- Locality governance reflects trust-wide governance across different geographies with any variation related to specific service specification (i.e., different 0-19 services)

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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

REVISED 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. RECOMMENDATION TO ARCHIVE THIS RISK AND NEW RISK FOR 2025-26 TO BE DEVELOPED AND TRACKED.			Finance & Performance Committee oversight
Link to 5-year strategy - Make most efficient use of resources to ensure value for money Link to PDAF - Poor financial performance in the Wirral health and care system leads to a negative impact and increased monitoring and regulation Organisational risk - 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.			
Consequence; <ul style="list-style-type: none"> Financial sustainability impact Negative reputational impact 			
Current risk rating (LxC)	Risk appetite		Target risk rating (LxC)
4 x 4 (16)	Cautious		2 x 4 (8)
Mitigations (i.e. processes in place, controls in place)	Gaps (Including an identified lead to address the gap and link to relevant action plan)	Outcomes/Outputs (i.e. proof points that the risk has been mitigated) NOTE: ensuring clear alignment of the outcome to the gap it addresses	Trajectory to mitigate and achieve target risk rating
<ul style="list-style-type: none"> Recommendations from Wirral system review agreed by Board of Directors Weekly Integration Management Team established chaired by Joint CEO Review of CIP approach (project management and governance) with WUTH underway to confirm approach for 2025-26 during Q4, 2024-25 Trust engagement in ICB financial support process. Contribution to system Financial Recovery Plan At M the unsupported position of the Trust is 906k deficit, 1,007k away from 	<ul style="list-style-type: none"> Robust CIP schemes to deliver unidentified target - Chief Strategy Officer M9 unidentified CIP - £183k - Chief Strategy Officer / Chief Finance Officer M9 recurrent schemes - 30.9% - Chief Strategy Officer (LINK TO NEW ORGANISATIONAL RISK) Delivery of identified transformation / developmental programmes of work (i.e., Community Nursing Development) 	<ul style="list-style-type: none"> Agreement of financial plan 2024-25. Delivery of financial plan 2024-25 Delivery of CIP target for 2024-25 Compliance with all necessary and relevant system expenditure controls (I&I) Completion of all actions identified as part of the FICC process Transformation approach and revised governance for CIP for 2025-26. 	<ul style="list-style-type: none"> Submission of FINAL financial plan for 2024-25 - May 2024 - COMPLETE Completion of I&I process action plan - March 2025 - COMPLETE CIP target delivered - March 2025 - COMPLETE Financial plan delivered or mitigated position with ICB - March 2025 - EXPECTED Conclusion of Wirral system review - Q3, 2024-25

<p>plan. Overall, reporting to achieve financial plan.</p> <ul style="list-style-type: none"> At M7 reporting a YTD surplus of £684k, 2k ahead of plan. At M9 reporting a YTD surplus of £1,691k, 4k ahead of plan. At M11 reporting a YTD surplus of £2,635k, 21k ahead of plan Year end forecast is in line with plan being £6,500k surplus. Risk and mitigations at M7 reported including potential financial impact Key pressures (income, pay and non-pay) at M11 reported to FPC Risks and mitigations at M11 reported including potential financial impact CIP delivery at M7 of £2,954k against plan of £3,026k CIP delivery at M9 of £4,652k against plan of £4,327k CIP delivery at M11 of £5.84m against target of £5.61m (104% delivery) (over performance driven by non-recurrent savings from vacancies) Regular CFO engagement with ICB CFO to negotiate and agree financial position for 2024-25 Board briefings on draft financial plan submissions and approval on each iteration of the financial planning process 	<p>Programme) - Chief Strategy Office (SRO) / ELT</p> <ul style="list-style-type: none"> CIP/Transformation programme approach to 2025-26 - Chief Strategy Officer / Chief Finance Officer - Programme structure and governance agreed. Further implementation and use of model health data in clinical and corporate services - Chief Strategy Officer / Interim Chief Finance Officer Recommendations from Wirral system review - Interim CEO Review of financial plan following Lancashire 0-25 contract - Interim Chief Financial Officer Risk rating review of ID3033 and ID3029 to be completed in M6 - Interim CFO / Chief Strategy Officer Availability of planning guidance for 2024-25 to determine impact on financial position for 2024-25 - Chief Finance Officer / FPC Confirmation of continued funding of system investments e.g. HomeFirst - Chief Finance Officer / Chief Operating Officer 		<ul style="list-style-type: none"> Confirm approach to CIP (project management and governance) for 2025-26 - Q4, 2024-25 - COMPLETE
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<ul style="list-style-type: none">• Capital plan 2024-25 developed via Capital Monitoring Group and discussed with IPB - at M7-M9 M11 forecasting to deliver against full allocation• ELT review of financial pressures for 2024-25• Financial governance arrangements in place and tested by MIAA through Key Financial Controls audit providing Substantial Assurance• Senior Leadership Forum (March 2024) focused on CIP target and opportunities / confidence level to deliver savings• Transformation /developmental programmes of work identified with Chief Strategy Officer as SRO• Model health data available and in use across clinical and corporate services• Membership and participation in Place Finance and Investment Group• System collaboration across NHS provider organisations• Relevant organisational risks (e.g., CIP, Capital, Financial Performance) tracked on Datix and through governance structures (as per Risk Policy)• Enhanced controls established for vacancy control and non-pay discretionary spend and communicated trust-wide with supporting SOP - improved position	<ul style="list-style-type: none">• Clarity on expenditure controls from the ICB Chief Finance Officer / Chief Executive		
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<p>reported in two months since established.</p> <ul style="list-style-type: none">• Action plan in place in response to PWC recommendations (I&I) with weekly oversight at ELT – action plan themes include;<ul style="list-style-type: none">• Financial plan• Financial accountability framework• Efficiency programme and templates• Grip and control			
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REVISED ID06 - Trust operational performance declines resulting in poorer outcomes and greater inequalities for our population. TARGET RISK RATING REACHED - RECOMMENDATION TO ARCHIVE RISK AT YEAR-END 2024-25			Finance & Performance Committee oversight
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; <ul style="list-style-type: none"> Poor service user access, experience and outcomes Poor contract performance - financial implications (Trust) Negative reputational impact 			
Current risk rating (LxC)		Risk appetite	Target risk rating (LxC)
2 x 4 (8)		Cautious	2 x 4 (8)
Mitigations (i.e. processes in place, controls in place)	Gaps (Including an identified lead to address the gap and link to relevant action plan)	Outcomes/Outputs (i.e. proof points that the risk has been mitigated) NOTE: ensuring clear alignment of the outcome to the gap it addresses	Trajectory to mitigate and achieve target risk rating
<ul style="list-style-type: none"> Recommendations from Wirral system review agreed by Board of Directors Weekly Integration Management Team established chaired by Joint CEO CQC report providing overall rating of 'Good' Strong operational performance reported M11 - 76 Green, 7 Amber, 8 Red M09 = 72 Green, 7 Amber, 12 Red M07 = 74 Green, 9 Amber, 8 Red M05 = 77 Green, 3 Amber, 12 Red M03 = 68 Green, 11 Amber, 10 Red 	<ul style="list-style-type: none"> Waiting lists performance to be within 52 weeks - Chief Operating Officer - REDUCING IN LINE WITH PLANNED TRAJECTORY AND WILL BE MANAGED VIA OPERATIONAL RISK IN 2025-26 Evidence and assurance on performance according to population need and demographics - Chief Operating Officer, Chief Nurse and EDI Lead - RESIDUAL GAP 	<ul style="list-style-type: none"> Improved position on red KPIs (M11 = 8 Red) Reduction in agency usage across the Trust (<i>M1 = 2.77% v M11 = 0.9%</i>) Sustained strong patient satisfaction and feedback (average 92% recommending Trust services) Stakeholder satisfaction and feedback through Place Based Partnership Board Positive impact on health inequalities demonstrated through 	<ul style="list-style-type: none"> Reduction in number of red KPIs – <i>see comparison to M01</i>. Full roll-out of waiting list stratification tool to all services - COMPLETE Staff survey results - March 2025 - COMPLETE Paediatric SLT waiting list improvement trajectory to achieve the target of all initial assessments completed by 18 weeks by mid-August 2025 (<i>outcome to be carried</i>



- 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 M11 18 of 19 services have an average wait of less than 18 weeks. ~~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 - M11 = 94.1% recommending

TO BE CONSIDERED AS PART OF INCLUSION STRATEGY

- Paediatric SLT average waiting times (average 29 weeks, longest wait 82 weeks) - Chief Operating Officer

service provision (waiting list data and patient experience)

- Waiting list performance achieved across all services

forward to new financial year)
- as at April 2025 average waiting time = 18 weeks

<p>services, M09 = 92.3% recommending services of 2,099 responses M07 = 92.8% recommending services of 2,720 responses M05 = 94% recommending services of 2,595 responses</p> <ul style="list-style-type: none"> • COO is SRO for Home First across the system - activity increasing and expansion trajectory on track • Sustained improvements in LoS at CICC • Downward trajectory in turnover rates, vacancy rates, temporary staffing levels and sickness absence rates across the Trust (i.e., resilience in workforce) • Waiting list stratification tool in services demonstrating positive impact • TIG waiting list dashboard with targets visible with RAG status against performance compared to previous quarter (methodology reported to IPB) • TIG functionality allowing drill down for full caseload and new patient waiting list (SLT) • Agency use below 3.2% ICB cap (M01 = 0.1%, M03 = 0.2%, M05 = 0.6%, M07 = 1.6%, M09 = 0.98%, M11 = 0.2%) 			
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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

ID07 Our people do not feel looked after, their employee experience is poor, and their health and wellbeing is not prioritised			People & Culture Committee oversight	
Link to 5-Year strategy - Improve the wellbeing of our employees Better employee experience to attract and retain talent				
Consequence; <ul style="list-style-type: none">Low staff morale - increase in sickness absence levels and reduced staff engagementPoor staff survey resultsPoor staff retentionReputation impact leading to poor health and care outcomesIncrease in staff turnover and recruitment challenges				
Current risk rating (LxC)		Risk appetite		Target risk rating (LxC)
2 x 4 (8)		Moderate		1 x 4 (4)
Mitigations (i.e., processes in place, controls in place)	Gaps (Including an identified lead to address the gap and link to relevant action plan)	Outcomes/Outputs (i.e., proof points that the risk has been mitigated) NOTE: ensuring clear alignment of the outcome to the gap it addresses		Trajectory to mitigate and achieve target risk rating
<ul style="list-style-type: none">People Promise Manager appointed and in post.NHS staff survey 2024 results publishedOverall, a decline in all 9 scores, only two decreases were statistically significantFull paper and action plan presented to the PCC in April 2025Best score for Community Trusts for <i>staff having an appraisal</i>NHS staff survey 2023 results published with improvements across all areas (significantly improve in 8 of the 9 scores compared to 2022)	<ul style="list-style-type: none">Launch new Flexible Working Policy - Head of HREmbed updated Managing Attendance Policy - Head of HRReview of LQF to identify any gaps in current behavioural statements and develop support materials - Head of L&ODAlignment to ICB cultural tool (in development) to provide targeted support to teams -	<ul style="list-style-type: none">CQC rated GOOD TrustStaff engagement score in the National Staff Survey (NSS) ≥ 7.30 v's 2024 results 7.02NSS uptake $\geq 62\%$ v's 2024 result 51%Q23c in NSS "I would recommend my organisation as a place to work" $\geq 65.0\%$ v's 2024 result 63.21%Q24a in NSS "I often think about leaving the organisation" (lower % is better) $\leq 27.0\%$ v's 2024 result 33.23%		<i>See outcome column for comparison of target v's actual NSS 2024 results</i> <ul style="list-style-type: none">Staff engagement score in the National Staff Survey (NSS) ≥ 7.30 - March 2025 (quarterly monitoring via NQPS)NSS uptake $\geq 62\%$ - March 20245 (quarterly monitoring via NQPS)Q23c in NSS "I would recommend my organisation as a place to work" $\geq 65.0\%$ - March 2025 (quarterly monitoring via NQPS)

<ul style="list-style-type: none"> NHS staff survey 2024 launching with trust-wide campaign October 2024, including roadmap of achievements over the last 12 months based on survey feedback. 2023 uptake for national staff survey = 60% (1,047 responses) Key overview - comparison to 2023 - 1 significantly better, 8 significantly worse, 91 no significant difference. M09 turnover rate 8.9% (M05 - 9.3%, M07 - 9.1%, M09 - 8.9% achieving target for People Delivery Plan Year 3 ($\leq 10\%$)) People Strategy published with clear alignment to the NHS People Promise and ambition 1 'Looking after our people'. 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. People Strategy Delivery Plan 2025-26 (Year 4) developed and presented to committee in April 2025 Wellbeing Champions in services across the Trust Enhanced monitoring and reporting on progress against Trust and locality level staff survey action plans (via PCOG) Improved monitoring of national quarterly pulse survey (NQPS)) via TIG 	<p>Head of L&OD - <i>paused pending review</i></p> <ul style="list-style-type: none"> Design, commission and implement a trust wide team development methodology - Head of L&OD - <i>paused pending review</i> Launch of behavioural standards framework - Head of L&OD Define allyship for all protected characteristics to support staff in being allies - Head of Equity & Inclusion Manager Essentials Programme for newly appointed managers - Head of L&OD Delivery of People Promise Project to support consistently lower turnover - Deputy Director of HR&OD, People Promise Manager Evolution of WCHC Leadership Forum framework - Head of L&OD Successfully onboard and integrated new staff from Lancashire 0-19 contract - Deputy Director of HR&OD Deliver aims of the Sexual Safety Charter in line with national guidance - Head of 	<ul style="list-style-type: none"> Improve staff retention $\leq 10\%$ over 12 months = M11 8.9% We work flexibly NHS People Promise score in NSS = 6.90 v's 2024 result 6.63% Positive position overall from appraisal audit and recommendations to PCOG. Positive FFT results at 'very good' or 'good' $\geq 92.6\%$ 'Morale' sub-score in NSS ≥ 6.30 v's 2024 result 5.84% 'Inclusion' sub-score of 'We are compassionate and inclusive' NHS People Promise score in NSS ≥ 7.40 v's 2024 result 7.30 'Compassionate culture' sub-score of 'We are compassionate and inclusive' ≥ 7.50 v's 2024 result 7.28 Targeted culture interventions 'We are safe and healthy' ≥ 6.40 v's 2024 result 5.98 Team WCHC values are visible in all people practices (recruitment, appraisal, supervision) and at all levels Wellbeing conversations achieved according to target in People Strategy Delivery Plan (n=100) Leadership Quality Framework embedded across the Trust 	<ul style="list-style-type: none"> Q24a in NSS "I often think about leaving the organisation" (lower % is better) $\leq 27.0\%$ - March 2025, 2024 Improve staff retention $\leq 10\%$ <u>over 12 months</u> by March 2025 - ACHIEVED We work flexibly NHS People Promise score in NSS - ≥ 6.90 - March 2025 'Morale' sub-score in NSS ≥ 6.30 - March 2025 'Inclusion' sub-score of 'We are compassionate and inclusive' NHS People Promise score in NSS ≥ 7.40 - March 2025 'Compassionate culture' sub-score of 'We are compassionate and inclusive' ≥ 7.50 - March 2025 Launch of behavioural standards framework - Q1, 2024-25 - COMPLETE. Embed the behavioural standards framework - Q4 March 2025 Lancashire contract mobilisation - 1 October 2024 Internal communications plan to support 100-day plan - December 2024 - COMPLETE
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<ul style="list-style-type: none"> • Team WCHC staff recognition scheme & Staff Awards successfully delivered. • Wellbeing conversation training for managers and uptake monitored at PCOG. • Wellbeing (including financial wellbeing) information on Staff Zone for all staff. • Wagestream available for all staff • Vivup staff benefits platform launched. • FFT results providing high satisfaction levels from service users (>90%) • Leadership Qualities Framework in place and supporting development of leadership skills (<i>LQF under review to identify any gaps in current behavioural statements</i>) • System Leadership Training for senior leaders • Staff Voice Forum • Agile working principles developed with JUSS and Staff Council • Managers briefings in place and issued to support with the dissemination of key messages (to be enhanced through staff engagement plan) • Senior Leadership Forum and Leadership Forum in place and established across (twice per year). • Annual Festival of Leadership. • Appraisal 2024 completion rate 94.8% • Highest performing community trust in the country for the quality of appraisals (NSS 2023) 	<p>HR - delayed completion to end of Q4</p> <ul style="list-style-type: none"> • Delivery of recruitment and retention plan (refreshed for 2024-25) including objectives relating to positive action for under-represented groups - Deputy Director of HR & OD • Design a structure for team-based working in front-line services - Chief Operating Officer • Internal communications plan to ensure clear staff messages on 100-day plan implementation - Director of Corporate Affairs • Work to be undertaken on organisational change as part of the Wirral Review - Chief People Officer • Mitigating the potential impact of the vacancy control processes on staff morale and employee experience - ELT • Civility and Respect Policy (replacing Bullying & Harassment Policy) - Deputy Director of HR & OD 	<p>including refreshed Leadership Forum.</p> <ul style="list-style-type: none"> • Behavioural standards framework (BSF) embedded across the Trust • Managers confident to support the wellbeing of their staff (PS1) fully and compassionately 	
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<ul style="list-style-type: none"> • Training packages in place via ESR to support managers to undertake effective appraisals. • Freedom To Speak Up Guardian connecting across the Trust. • Organisational-wide recruitment and retention (R&R) group reporting to PCOG • R&R group developed Exit Plan to ensure coherent approach. • R&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. • Reduction in vacancy rates (data on TIG) • Refresh and relaunch of MDT preceptorship programme. • Shadow board programme delivered for Deputies. • Legacy mentor in post • HR involvement in PSIRF project • Behavioural standards framework launched trust-wide. • Leadership events held in October / November 2024 including workshops on 'courageous conversations', 'team wellbeing and resilience' and 'behavioural standards framework'. • Community Nursing Development Programme structure in place and Viva Engage app launched (part of MS Teams) to 			
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<p>support staff engagement and support during the process</p> <ul style="list-style-type: none">• Community Nursing Development Programme reviewing spans of control, identified as the main enabler in supporting effective team working• Internal and external communications plans to support integration developed			
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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			People & Culture Committee oversight
Link to 5-Year strategy - Improve the wellbeing of our employees Better employee experience to attract and retain talent			
Consequence; <ul style="list-style-type: none">• Poor outcomes for the people working in the Trust• Reduced staff engagement• Failure to meet the requirements of the Equality Act 2010• Increase in staff turnover and recruitment challenges			
Current risk rating (LxC)	Risk appetite	Target risk rating (LxC)	
3 x 4 (12)	Moderate	1 x 4 (4)	
Measures remain under review and in development following committee discussions in August 2024.			
Mitigations (i.e., processes in place, controls in place)	Gaps (Including an identified lead to address the gap and link to relevant action plan)	Outcomes/Outputs (i.e., proof points that the risk has been mitigated) NOTE: ensuring clear alignment of the outcome to the gap it addresses	Trajectory to mitigate and achieve target risk rating
<ul style="list-style-type: none">• People Promise Manager appointed and in post.• NHS staff survey 2023 results published with improvements across all areas (significantly improve in 8 of the 9 scores compared to 2022)• 2023 uptake for national staff survey – 60% (1,047 responses)• Key overview - comparison to 2023 - 1 significantly better, 8 significantly worse, 91 no significant difference.	<ul style="list-style-type: none">• Achievement of WDES and WRES actions to improve the experience of disabled staff and BAME workforce – Deputy HRD/Head of HR/Head of Inclusion - 2023-24 position reported to committee with good progress reported.• Achievement of new action plans for WDES (5 actions) and WRES (6 actions) 2024-25 -	<ul style="list-style-type: none">• CQC rated GOOD Trust• Achievement of WRES and WDES action plans 2024-25• Staff engagement score in the National Staff Survey (NSS) ≥ 7.30 v’s 2024 results 7.02• NSS uptake ≥ 62% v’s 2024 result 51%• Q23c in NSS “I would recommend my organisation as a place to work” ≥ 65.0% v’s 2024 result 63.21%	<i>See outcome column for comparison of target v’s actual NSS 2024 results</i> <ul style="list-style-type: none">• Deliver all actions from the WDES action plan - June 2024 - all actions complete with 1 carried over re: promoting lived experiences to increase awareness of disabilities and encourage allyship - End December 2024• Deliver all actions from WDES action plan 2024-25 - End March 2025

<ul style="list-style-type: none"> • Inclusion and Health Inequalities Strategy published with a commitment to empowering and upskilling our people. • People Strategy published with clear alignment to the NHS People Promise and ambition 1 'Looking after our people'. • Staff network groups established for BAME, LGBTQ, Ability and Carers. New Menopause Network. • Executive sponsorship of all staff networks refreshed and agreed. • Key findings from WRES 2023-24 reported to PCC in August 2024; <ul style="list-style-type: none"> - The number of BME staff has increased from 4.1% to 4.4%. - The likelihood of being shortlisted has improved. - No BME staff entered formal disciplinary process (an improvement on the previous year) - BME respondents to the staff survey increased to 47 (from 32 in the previous year) • Priority actions for WRES 2024-25 agreed and included in action plan - <i>see gaps</i>. • Staff Voice Forum • Leadership Qualities Framework in place and supporting development of leadership skills • WRES and EDS completion with oversight at PCC 	<p>Head of HR/ Head of Equity & Inclusion</p> <ul style="list-style-type: none"> • Raise awareness of reasonable adjustments, sharing lived experiences, increasing declaration rates and membership of the Ability network Head of HR/Head of Equity & Inclusion included in WDES action plan 2024-25. • Define allyship for all protected characteristics to support staff in being allies Head of Equity & Inclusion • Allyship support between directors and disabled staff Head of HR/ Head of Inclusion • Involvement in widening participation initiatives and share lived experiences to encourage BAME applicants to the Trust - Head of HR/ Head of Equity & Inclusion/ Widening Participation Lead PSDP action paused pending review of collaborative working opportunities with WUTH • Increased diversity at senior roles in the trust and at Trust Board Chief People Officer 	<ul style="list-style-type: none"> • Q24a in NSS <i>"I often think about leaving the organisation"</i> (lower % is better) $\leq 27.0\%$ v's 2024 result 33.23% • Improve staff retention $\leq 10\%$ over 12 months = M11 8.9% • We work flexibly NHS People Promise score in NSS = 6.90 v's 2024 result 6.63% • Positive position overall from appraisal audit and recommendations to PCOG. • Positive FFT results at 'very good' or 'good' $\geq 92.6\%$ • 'Morale' sub-score in NSS ≥ 6.30 v's 2024 result 5.84% • 'Inclusion' sub-score of <i>'We are compassionate and inclusive'</i> NHS People Promise score in NSS ≥ 7.40 v's 2024 result 7.30 • 'Compassionate culture' sub-score of <i>'We are compassionate and inclusive'</i> ≥ 7.50 v's 2024 result 7.28 • Targeted culture interventions <i>'We are safe and healthy'</i> ≥ 6.40 v's 2024 result 5.98 • Improved staff experience for disabled staff (WDES) • Increased numbers of people joining the organisation from 	<ul style="list-style-type: none"> • Deliver all actions from the WRES action plan - June 2024 - all actions complete with 1 carried over re: cultural awareness training for recruiting managers - <i>to be carried over to 2025-26</i> • Deliver all actions from WRES action plan 2024-25 - End April 2025 • Increased diversity at senior roles in the trust - this is an action in Year 3 People Strategy Delivery Plan. • Associate NED role(s) to be recruited to - Q4,23-24 - COMPLETE. • Development of pre-employment programmes - September 2023 November 2023 March 2024 (as amended in delivery plan) - this is an action in Year 3 People Strategy Delivery Plan. • Implement the WCHC approach to Widening Participation (including work experience, pre-employment and engagement with FE and schools) - January 2025 (Risk ID3078 re: widening participation capacity) • Staff engagement score in the National Staff Survey (NSS) ≥ 7.30
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<ul style="list-style-type: none"> Trust adopting/adapting NorthWest BAME Assembly anti-racist statement (to Board of Directors in October 2024) Board development session on anti-racism commenced (in two parts) with BRAP BAME staff network chair involved in appointment process for Associate NED Gender pay gap report to PCC Wellbeing Champions in services across the Trust Inclusion Champions in services across the Trust Key findings from WDES 2023-24 reported to PCC in August 2024; <ul style="list-style-type: none"> Increase in the percentage of the workforce stating they have a disability which is now 7.26%, up from 6.2% last year. Respondents to the staff survey increased to 307 (from 251 in the previous year). No disabled staff entered formal capability processes. 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). Likelihood of being appointed has deteriorated. Staff experience is worse than the experience for non-disabled staff 	<ul style="list-style-type: none"> Further develop staff networks as active partners in decision making processes - Head of HR Targeted recruitment for entry level roles/ career pathways, in areas of high deprivation according to CORE20Plus5 - Head of L&OD Further data analysis of community demographics linked to widening participation workstreams (to support targeted recruitment for entry level roles) - Head of L&OD/ Widening Participation <i>PSDP action paused pending review of collaborative working opportunities with WUTH</i> Development of pre-employment programmes as part of Trust Widening Participation approach - Head of L&OD/ Widening Participation Lead Implement the WCHC approach to Widening Participation (<i>incorporating Work Experience, pre-employment programmes and an engagement programme with schools and FE providers</i>) <i>PSDP action paused pending</i> 	<p>currently underrepresented groups including those from Core20Plus5 communities</p> <ul style="list-style-type: none"> Development of multiple career pathways Launch of cultural awareness training for managers and staff - <i>to be carried over to 2025-26</i> Targets are set and monitored to ensure workforce is more representative of the local community at all levels Behavioural standards framework (BSF) embedded across the Trust 	<p>- March 2025 (quarterly monitoring via NQPS)</p> <ul style="list-style-type: none"> NSS uptake $\geq 62\%$ - March 2025 (quarterly monitoring via NQPS) Q23c in NSS "<i>I would recommend my organisation as a place to work</i>" $\geq 65.0\%$ - March 2025 (quarterly monitoring via NQPS) Q24a in NSS "<i>I often think about leaving the organisation</i>" (lower % is better) $\leq 27.0\%$ - March 2025 Improve staff retention $\leq 10\%$ over 12 months by March 2025 - We work flexibly NHS People Promise score in NSS - ≥ 6.90 - March 2025 - 'Morale' sub-score in NSS ≥ 6.30 - March 2025 'Inclusion' sub-score of 'We are compassionate and inclusive' NHS People Promise score in NSS ≥ 7.40 - March 2025 'Compassionate culture' sub-score of 'We are compassionate and inclusive' ≥ 7.50 - March 2025
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<p>(which mirrors the national data from 2023 survey).</p> <ul style="list-style-type: none"> Representatives of BAME staff network supporting the development of more inclusive recruitment practices. Organisational-wide recruitment and retention (R&R) group reporting to PCOG R&R group developed Exit Plan to ensure coherent approach R&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. NHS Rainbow Pin Badge scheme - achieved bronze status Armed Forces Covenant community inclusion initiatives - covenant signed, silver DERS achieved and VCHA accreditation achieved E-Learning sourced to support Armed Forces Community inclusion Recruitment and Retention Policy includes positive action in respect of increasing diversity at senior roles (8a and above). Legacy mentor in post Widening participation lead in post Chief executives, chairs and board members have specific and measurable EDI objectives to which they are individually and 	<p><i>review of collaborative working opportunities with WUTH</i></p> <ul style="list-style-type: none"> Delivery of recruitment and retention plan (refreshed for 2024-25) including objectives relating to positive action for under-represented groups – Deputy Director of HR & OD Successfully onboard and integrated new staff from Lancashire 0-19 contract – Deputy Director of HR&OD Introduce the cultural awareness training for recruiting managers - Head of HR / Head of Equity & Diversity Reduce NULL/Unknown ethnicity status on ESR - Head of HR BAME staff network members to support review of bullying and harassment policy - civility and respect approach - Head of HR BAME network to be included in the review of the Trust's disciplinary policy - Head of HR Maintaining equal opportunities in relation to career progression for BME workforce - Head of HR 		
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<p>collectively accountable (6 high impact actions for EDI)</p> <ul style="list-style-type: none"> • Behavioural standards framework launched trust-wide • EDS 2024 completed (jointly with WUTH) with Board approval in February 2025 • Overall attainment level = Achieving • Progress made on last year's identified EDS actions include; <ul style="list-style-type: none"> - <i>Increased engagement with key stakeholders from marginalised groups (Sexual Health working with Wirral Council on the All-Age Disability Strategy)</i> - <i>improved awareness for patients and carers accessing our services (0-19 Neurodevelopment team with Wirral Multicultural Organisation)</i> - <i>Revised Quality and Equality Impact Assessment process</i> 	<ul style="list-style-type: none"> • Analyse incidents in relation to incidents of racial harassment reported by staff - Head of HR • Promote lived experiences to increase awareness of disabilities and encourage allyship - Head of HR / Head of Equity & Inclusion • Ability staff network members to support review of bullying and harassment policy - civility and respect approach - Head of HR • Promote access to work process - Head of HR • Increase declaration rates on ESR - Head of HR 		
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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 oversight
<p>Link to 5-Year strategy - Grow, develop and realise employee potential Better employee experience to attract and retain talent</p> <p>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).</p> <p>Consequence;</p> <ul style="list-style-type: none"> • Poor outcomes for the people working in the Trust • Reduced staff engagement • Increase in staff turnover and recruitment challenges 			
Current risk rating (LxC)	Risk appetite	Target risk rating (LxC)	
2 x 4 (8)	Open	1 x 4 (4)	
Measures remain under review and in development following committee discussions in August 2024.			
Mitigations (i.e., processes in place, controls in place)	Gaps (Including an identified lead to address the gap and link to relevant action plan)	Outcomes/Outputs (i.e., proof points that the risk has been mitigated) NOTE: ensuring clear alignment of the outcome to the gap it addresses	Trajectory to mitigate and achieve target risk rating
<ul style="list-style-type: none"> • People Promise Manager appointed and in post. • CQC rated GOOD Trust • M09 turnover rate 8.9% (M05 - 9.3%, M07 - 9.1%, M11 - 8.9% achieving target for People Delivery Plan Year 3 (≤10%)) • Agency use reduced and below the cap • Positive student experience and methods of fast-track recruitment • Time to recruit new staff monitored via PCOG and improving 	<ul style="list-style-type: none"> • We are always learning - NSS 2024 results changes is statistically significant • NSS 2024 one of most declined scores q24e 'Able to access the right learning and development opportunities when I need to' 60% v's 67% in 2023 NSS • Launch new Flexible Working Policy - Head of HR • Delivery of recruitment and retention plan (refreshed for 	<ul style="list-style-type: none"> • Achieve target rate for turnover • Optimisation of bank and agency use • Staff engagement score in the National Staff Survey (NSS) ≥ 7.30 v's 2024 results 7.02 • NSS uptake ≥ 62% v's 2024 result 51% • Reduced vacancy rate • Reduced sickness absence • Launch of clinical career pathways 	<p><i>See outcome column for comparison of target v's actual NSS 2024 results</i></p> <ul style="list-style-type: none"> • Launch of clinical career pathways - September 2024 December 2024 - PSDP action paused pending review of collaborative working opportunities with WUTH • Trust turnover rate ≤10% <u>average over 12 months</u> - March 2025 - ACHIEVED • Staff engagement score in the National Staff Survey (NSS) ≥ 7.30 - March 2025

<ul style="list-style-type: none"> • Apprenticeship plan in progress (task & finish group established) - 'grow our own' - clinical career pathways • Social value metrics related to recruitment agreed • Widening participation lead in post • Behavioural standards framework (BSF) launched at Leadership Forum (April 2024) • Proactive work with HE, Proactive recruitment of Y3 nursing and therapy students. 	<p>2024-25) including objectives relating to positive action for under-represented groups – Deputy Director of HR & OD</p> <ul style="list-style-type: none"> • Not currently recruiting sufficiently from deprived areas – Chief People Officer this is an action in Year 3 People Strategy Delivery Plan • Not currently using the right proportion of apprenticeship levy for entry level roles – Chief People Officer / Head of L&OD this is an action in Year 3 People Strategy Delivery Plan • Further embed clinical apprenticeships within 'grow our own' pathways and increase the number of entry-level apprenticeships - Head of L&OD - PSDP action paused pending review of collaborative working opportunities with WUTH • Consider the impact of smaller services on workforce resilience - Deputy Director of HR&OD • Successfully onboard and integrated new staff from Lancashire 0-19 contract – Deputy Director of HR&OD 	<ul style="list-style-type: none"> • We work flexibly NHS People Promise score in NSS = 6.7 v's 2024 result 6.63 • Behavioural standards framework (BSF) embedded across the Trust • Student evaluations, rotational posts working with system partners - <i>paused pending review</i> 	<ul style="list-style-type: none"> • NSS uptake $\geq 62\%$ - March 2025 (quarterly monitoring via NQPS) • We work flexibly NHS People Promise score in NSS = ≥ 6.90 - March 2025 • Launch of behavioural standards framework - Q1, 2024-25 - COMPLETE. • Embed the behavioural standards framework - Q4 March 2025 • Lancashire contract mobilisation – 1 October 2024 • % of apprenticeship levy used for entry level roles (L2 and L3) Year 3 target 2024-25 $\geq 5\%$ • % of workforce on an apprenticeship programme Year 3 target 2024-25 $\geq 5\%$ - <i>PSDP action paused pending review of collaborative working opportunities with WUTH</i>
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Organisational Strategy 2022-27 Year 3 progress report			
Meeting Title	Board of Directors		
Date	23/04/2025	Agenda Item	12
Lead Director	Tony Bennett, Chief Strategy Officer		
Author(s)	Tony Bennett, Chief Strategy Officer, David Hammond, Deputy Chief Strategy Officer		
Action required (please select the appropriate box)			
To Approve <input type="checkbox"/>		To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>
Purpose			
To assure Board of progress against delivery of the third year (2024/25) of the Five Year Organisational Strategy (2022-2027) by providing an end of year update with an overview of key achievements against the We Will statements from the Organisational Strategy in each of its key sections.			
Executive Summary			
<p>The Five Year Organisational Strategy (2022 - 2027) was approved by Board in April 2022.</p> <p>Each section includes 'We Will...' statements against which delivery can be measured. The strategy was reviewed and a revised version, with changes to some of the We Will statements, was approved in April 2024.</p> <p>This update provides an overview of key achievements against each of the following sections:</p> <ul style="list-style-type: none"> • Operational development • Quality & innovation • Inclusion • People • Digital <p>The end of year three position shows significant achievement across every strategy area, delivering against all the We Will statements planned for 2024/5.</p>			

Highlights are identified in the presentation, including significant progress in development integrated teams for Population Health Management, extending the responsiveness and scope of admissions avoidance capacity with Urgent Community Response's Call Before Convey and revised Virtual Frailty Ward model, and reshaping the Trust's Centralised Booking Service to improve efficiency and quality of service.

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

Not applicable to this paper

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.

Not applicable to this paper

Financial/resource implications:

Not applicable to this paper

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	People - Improve the wellbeing of our employees	Place - Improve the health of our population and actively contribute to tackle health inequalities
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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 <input checked="" type="checkbox"/>		
Reducing environmental impact <input checked="" type="checkbox"/>		
Board of Directors is asked to consider the following action		
Be assured with regard to progress against delivery of the Organisational Strategy (2022 - 2027)		
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
No reporting history		



Organisational Strategy, end of 2024/25 update

Tony Bennett, Chief Strategy Officer
Wednesday 23 April 2025

Purpose

To assure Board of progress towards delivery of the Five Year Organisational Strategy (2022-2027) by providing an update against Year 3 of the Strategy.

- Report gives an overview of key achievements against the We Will statements from the Organisational Strategy in each of its key sections.
- Enabling strategies (Quality, People, Digital) report through committees against strategy delivery plans, therefore highlights are presented in this report.

Strategy delivery assurance routes

- Enabling strategy updates go to relevant committees, therefore this update identifies highlights for each enabling strategy, with more detail for Operational development.
- Projects supporting Operational development priorities have reported at Programme Oversight Group.
- Actions in strategy updates are mapped against We Will statements from the Organisational Strategy for detailed assurance against delivery plans.

Strategy	Committee(s)
Quality & Innovation	Quality & Safety
Inclusion and Health Inequalities	
People	People & Culture
Digital	Finance & Performance



Operational development

WCHC Strategic Actions 2024/25 “We Will” Statements	Key deliverables	Action Ownership
Develop integrated care models for 0-19+ services in Cheshire & Merseyside	1. Deliver the next stage of the 0-19 Centralised Contact Hub project (Phase 2), to develop the service offer and pathways from the Hub. Support the launch and delivery of Family Hubs in all Places where WCHC delivers 0-19/25 services.	1. COO 2. CN 3. CSO 4. CSO
Implement locality teams in Wirral, with proactive population health management (PHM) and care coordination...	2. Through the Population Health Management (PHM) project: Align ICCT staff to Wirral’s PCN footprints as enabler for PHM on PCN footprint, to incorporate ICCT long term condition management into PHM model.	
Build and implement a holistic model for prevention and management of Long Term Conditions, supporting Primary Care Network (PCN) and locality working	Agree principles and models for integrated PHM teams with all Wirral PCNs and implement integrated team working with three PCNs by end Jan 24/25.	
Continue to collaborate with NHS, local authority and Voluntary, Community Faith and Social Enterprise (VCFSE) partners so that people benefit from person-centred, well-coordinated care.	3. Continuation of collaboration with Age UK in Marine Lake and St Catherines, with social value return that exceeds the nominal rental value.	
Identify how we will take a population health approach to target service delivery and deploy our workforce to meet population health need.	4. As part of the District Nursing Development Project, develop and agree a model for allocating resources proportionate to population health needs	

WCHC Strategic Actions 2024/25 “We Will” Statements	Key deliverables	Action Ownership
Continue to expand our Community Integrated Response Team model for 2 hour Urgent Community Response (UCR) and, with WUTH, Virtual Frailty Ward, to prevent unnecessary hospital admissions.	5. UCR activity levels of 170/month and performance of 70+% people seen in two hours, plus maximising Virtual Frailty Ward occupancy 6. Home First pathway discharge rates target 170 people per month.	5. COO 6. COO 7. COO 8. COO 9. COO
Continue to develop our Home First service with system partners, so that people can be supported and have their needs assessed at home after a hospital stay, improving flow.	7. CICC occupancy rates above 90% and average LOS of 21 days. Development of a formal step-up pathway into CICC.	
Develop our bed-based Community Intermediate Care Centre (CICC) pathways with step-up capability as part of comprehensive intermediate care offer.	8. Right Care Hub Project (Phase 2) will integrate additional services’ administrative functions within the Hub, whilst developing admission avoidance and intermediate care coordination pathways	
Continue to develop our Single Point of Access into a multidisciplinary Right Care Hub for access to urgent care services, admission avoidance and integrated care coordination.	9. Urgent & Emergency Care Upgrade Project: With WUTH, development during 24/25 of i) an agreed clinical and operational model ii) an agreed digital solution to support the model	
Implement a single front door model for urgent treatment and A&E as part of Wirral’s urgent and emergency care services		

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
<p>Implement locality teams in Wirral, with proactive population health management (PHM) and care coordination...</p> <p>Build and implement a holistic model for prevention and management of Long-Term Conditions, supporting Primary Care Network (PCN) and locality working</p>	<p>2. Through the Population Health Management (PHM) project:</p> <p>Align ICCT staff to Wirral's PCN footprints as enabler for PHM on PCN footprint, to incorporate ICCT long term condition management into PHM model.</p> <p>Agree principles and models for integrated PHM teams with all Wirral PCNs and implement integrated team working with three PCNs by end Jan 24/25.</p>	<p>COO CNO (SRO for Ageing Well and Frailty)</p>

Details of progress 24/25
<p>Wirral's integrated Community Trust and Primary Care Network population health management teams are being set up to deliver proactive, coordinated care for people who most need it and who are more likely to experience unplanned hospital admissions. This brings together WCHC's matrons, frailty nurse practitioners and early intervention assistants with PCN teams, including paramedics, pharmacy teams, social prescribers and care coordinators.</p> <p>This work began in late 2023/24 with a fully integrated primary-community team pilot project, working on a Primary Care Network (PCN) footprint in Moreton & Meols PCN. Having confirmed during Q1&2 2024/25 that this model improved communication and care coordination on the PCN footprint, reduced duplication, and enabled focus on people most needing proactive support, we started to roll it out with other PCNs in Wirral.</p> <p>Every PCN in Wirral is in the process of adopting this model. Moreton & Meols and Wallasey Wellbeing PCN units are already live, alongside Arno Primary Care Alliance and North Coast Alliance, and West Wirral. All others should be in place by Q3 2025/26.</p> <p>The model has been shared with NHS England's national team and the National Clinical Director for Older People as a working example of Integrated Neighbourhood Teams. It has also been featured by the British Geriatric Society as an effective example of integrated proactive care.</p>

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
Continue to collaborate with NHS, local authority and Voluntary, Community Faith and Social Enterprise (VCFSE) partners so that people benefit from person-centred, well-coordinated care.	3. Continuation of collaboration with Age UK in Marine Lake and St Catherines, with social value return that exceeds the nominal rental value.	CSO
Details of progress 24/25		
<p>Age UK Wirral continue to provide café and a wider support offer in West Kirby and Birkenhead, occupying space on the basis of measurable social value, reporting high levels of social value return. The calculated social value significantly exceeds the market rental value of the space.</p> <p>The community garden at Marine Lake Health Centre, managed by volunteers, goes from strength to strength.</p> <p>The café creates opportunities for a wide range of external organisations, mainly charities, to engage with people and offer support. This includes carers, people who are socially isolated, those needing support with physical and mental health, and issues related to housing and finance.</p> <p>Additionally, we have actively engaged with VCFSE to strengthen the Population Health Management model on a PCN footprint, including via PCN social prescribers, ensuring people have social as well as clinical support..</p>		

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
Identify how we will take a population health approach to target service delivery and deploy our workforce to meet population health need.	4. As part of the District Nursing Development Project , develop and agree a model for allocating resources proportionate to population health needs	COO CSO
Details of progress Q4		
<p>A model has been developed to match team district nursing capacity resources to population health needs. Implementation of new model expected Q2 25/26.</p> <p>Additionally, resource allocation for developing integrated frailty teams with Primary Care Networks has been informed by population health needs, evidenced by unplanned care demand and cross checked against health inequality data.</p> <p>Cheshire & Merseyside CIPHA (i.e. Combined Intelligence for Population Health Action) tool and related EMIS searches employed to understand levels of need and identify people with higher levels of emergency admissions.</p>		

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
Continue to expand our Community Integrated Response Team model for 2-hour Urgent Community Response (UCR) and, with WUTH, Virtual Frailty Ward, to prevent unnecessary hospital admissions.	5. UCR activity levels of 170/month and performance of 70+% people seen in two hours, plus maximising Virtual Frailty Ward occupancy	COO

Details of progress 24/25
<p>We have continued to deliver above target levels of UCR activity with 90% of patients being seen within 2 hours against target of 70%</p> <p>We launched Call Before Convey within UCR, which enabled paramedics to contact UCR from the patient’s home, to discuss alternatives to ambulance conveyance. This prevented 235 conveyances to acute services (December 2024 - March 2025), with enhanced care pathways supporting patients to receive treatment in their own home.</p> <p>UCR increased NWAS referrals by 81% in December 2024 when compared to December 2023 due to the call before convey project</p> <p>UCR has notably higher referrals from care homes than other providers across C&M. This is due to the teletriage and UCR teams merging resulting in an enhanced service to all care home residents with access to the Frailty Virtual ward and therapy services.</p> <p>We revised the Virtual Ward model for September 2024 to enable higher levels of occupancy, which was enabled by the introduction of a nurse lead caseload with Geriatrician oversight. We are also in the process of expanding diagnostics available on the frailty virtual ward to include point of care testing and ECG’s. This increase in occupancy has been sustained throughout Q3 and Q4 to date due to effective collaborative working with WUTH.</p>

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
Continue to develop our Home First service with system partners, so that people can be supported and have their needs assessed at home after a hospital stay, improving flow.	6. Home First pathway discharge rates target 170 people per month.	COO
Details of progress 24/25		
Home First facilitated discharges has consistently over-achieved against target for 24/25. Continue to work collaboratively with WUTH and Local Authority colleagues to maximise the HF offer and provide joined up care for complex discharges		

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
Develop our bed-based Community Intermediate Care Centre (CICC) pathways with step-up capability as part of comprehensive intermediate care offer.	7. CICC occupancy rates above 90% and average LOS of 21 days. Development of a formal step-up pathway into CICC.	COO
Details of progress 24/25		
<p>The YTD position for Median Length of stay 18 days against a 21 day target and YTD occupancy at 92%.</p> <p>Continue to develop step-up pathway from community and realign delivery model to maximise discharges from hospital.</p> <p>Commenced in-house medical model from November 2024</p>		

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
Continue to develop our Single Point of Access into a multidisciplinary Right Care Hub for access to urgent care services, admission avoidance and integrated care coordination.	8. Right Care Hub Project (Phase 2) will integrate additional services' administrative functions within the Hub, whilst developing admission avoidance and intermediate care coordination pathways	COO

Details of progress 24/25

Phase 2 of Right Care Hub continued through 24/25. Now planning for 25/26 where clinical triage and care navigation will become part of the Urgent Care integration project with WUTH during and align to national expectations.

The Centralised Booking Service has significantly developed during 24/25. It expanded to include the administrative functions for more services (including referral input /management, call handling, appointment booking, patient communication). It now supports 11 clinical services (8 having migrated to the new CBS model during 24/25), with more scheduled to be included in 25/26.

This has led to improvements in call answering (80+% now within 60 seconds), with reductions in call abandonment rate (5% reducing to 3%). Most of the 7500 calls/month are handled within 2.5minutes, with reductions in maximum call volume due to quicker resolution.

Measurable benefits have been achieved in productivity, cost, performance, patient experience and staff experience and morale.

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
Develop integrated care models for 0-19+ services in Cheshire & Merseyside	<p>1. Deliver the next stage of the 0-19 Centralised Contact Hub project (Phase 2), to develop the service offer and pathways from the Hub.</p> <p>Support the launch and delivery of Family Hubs in all Places where WCHC delivers 0-19/25 services.</p>	COO
Details of progress 24/25		
<p>Phase 2 of the Centralised Hub developments has been launched. Phase 2 focuses on the introduction of digital screening tools.</p> <p>Family Hubs have launched across all 4 localities and 0-19 are an integral partner. Action completed.</p>		

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
Implement a single front door model for urgent treatment and A&E as part of Wirral's urgent and emergency care services.	<p>9. Urgent & Emergency Care Upgrade Project: With WUTH, development during 24/25 of</p> <ul style="list-style-type: none"> i) an agreed clinical and operational model ii) an agreed digital solution to support the model 	COO
Details of progress 24/25		
<p>Project continues in line with agreed timeframes. Digital solution now agreed. Now working on clinical and operational model as part of the overall Urgent Care integration plans with WUTH for 25/26</p>		



Quality and innovation

	WCHC Strategic Priorities	WCHC Strategic Actions 2024/25 “We Will” Statements	Action Ownership
Quality Strategy: Care beyond boundaries	Safe care and support every time	1. Embed a framework for system-wide learning, i.e. Patient Safety Incident response Framework (PSIRF) 2. Use data to drive improvement across key clinical risk priorities	1. CNO 2. CNO
	People and Communities Guiding Care	3. Embed inequalities data collection to facilitate better understanding of need 4. Establish processes for systematically hearing from people / communities - coproduction of care pathways, to improve inclusivity, reduce inequalities, and ensure we meet people’s needs	3. CNO 4. CNO
	Ground-breaking Innovation and Research	5. Develop a sustainable workforce to lead innovation and research 6. Build a strong innovation and research portfolio, and establish an innovation hub with system partners	5. MD 6. MD

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
1. Embed a framework for system-wide learning, i.e. Patient Safety Incident Response Framework (PSIRF)	Embed PSIRF further ensuring the principles are demonstrated throughout trust process and culture.	CNO

Details of progress 24/25
<p>PSIRF policy and plan approved and implemented</p> <p>Quarterly Safety Champions meetings commenced with joint chairs Patient Safety Lead and Community Nurse Manager. Focus on appreciative enquiry and psychological safety and the role of the patient safety champions in supporting teams to embed this further.</p> <p>Mechanism to support the continual monitoring, understanding and evaluation of work as prescribed, perceived and work as done embedded through divisions and CRMG.</p> <p>PSIRF methodology embedded further by offering learning Cafes for the key principles of psychological safety, SEIPS (System Engineering Initiative for Patient Safety), and appreciative inquiry.</p>

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
2. Use data to drive improvement across key clinical risk priorities	Deliver a minimum of 4 quality improvement programmes based on high priority clinical risks demonstrating tangible outcomes relating to safety and clinical effectiveness.	CNO

Details of progress 24/25
<ul style="list-style-type: none"> • Following data analysis, the following four priority clinical risk areas have been identified via triangulation of data. <ul style="list-style-type: none"> ○ Wound care improvement plan ○ Falls improvement plan ○ Medicines improvement plan ○ End of Life Care ○ Deteriorating patient – Audit and staff engagement work will guide priorities in 25/26 • Driver diagrams and associated improvement plan are monitored at the Trusts' Clinical Risk Management Group. • Improvements have been realised in compliance with ASSKING framework relating to pressure ulcer prevention and the number of falls resulting in moderate harm at CICC.

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
3. Embed inequalities data collection to facilitate better understanding of need	Continue to develop data collection methodology in relation to Accessible Information Standards and health inequalities waiting list tool	CNO

Details of progress 24/25
<p>Accessible Information Standards</p> <ul style="list-style-type: none"> • Post MIAA Audit. Improvement action plan developed and presented to SOG September 24. • Continued improvement in AIS completion rates across services – locality completion rates range from 47% to 80%. Monitored at SOG – Qualitative and Quantitative analysis. TIG dashboard now updated to show new compliance monitoring, targets and agreed trajectories • Templates streamlined to minimise duplication between AIS inclusion template and HI waiting list tool. Go live Q4. <p>Health inequalities waiting tool</p> <ul style="list-style-type: none"> • PID approved at POG Q3. • Work on the questionnaires and SOP to refine the tool and remove confliction with AIS template is now complete. SOP approved at CAG. Comms plan developed • Walk through video being produced by Clinical systems team

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
4. Establish processes for systematically hearing from people / communities - coproduction of care pathways, to improve inclusivity, reduce inequalities, and ensure we meet people's needs	Delivery of - Tier 2 Oliver McGowan training - 4 co-designed care pathways - What matter to you campaign	CNO

Details of progress 24/25
<p>Delivery of Tier 2 Oliver McGowan training – targeting delivery to 12% of eligible staff</p> <p>Implementation of the following 4 codesigned care pathways aimed at reducing health inequalities and evidencing sustainability and spread</p> <ul style="list-style-type: none"> • NPOP and referral pathway to memory clinic • Translation and interpretation (Trust-wide inclusive of children's services) • Long Covid and rehabilitation • Rehab at Home and home hazards checklist • Family Nurse Partnership (Children's services)- Improving accessibility of information for first time parents <p>“What matters to you” campaign implemented.</p> <p>First What Matters to You campaign day was held on 25/9/24 with the campaign team visiting sites across Wirral and Cheshire East – CICC, Podiatry, MSK, Cardiology, Walk in Centres, Community Nursing, 0-19 and 0-25. Thematic analysis being completed and feedback to staff to promote a you said, we did approach</p> <p>Week 2 of the campaign completed November with services visited – Diabetes Smart and Community Dental.</p> <p>Work has commenced with Wirral Met College work experience students to support the you said we did approach</p>

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
5. Develop a sustainable workforce to lead innovation and research	-Train a further 20% of eligible staff in QSIR methods - Develop a research enabling workforce.	MD

Details of progress 24/25
<ul style="list-style-type: none"> Continued focus on engagement and awareness of staff / enhancing the culture around research, innovation, continuous improvement. Ratification of the Terms of Reference of the Research and Innovation Oversight Group in Q3. Commencement of the Research and Innovation Oversight Group (RIOG) in Q3. Support from North West Regional Research Delivery Network (NW RRDN) Agile Research Delivery Team to enable delivery of REACH HFpEF NIHR NW RRDN (Service Support Costs) Funding for 1.0 WTE Band 6 Clinical Research Practitioner Secondment of Band 8a Head of Research of Research and Innovation from NWRRDD for Q3/Q4. Research Champions identified across 7 clinical services. Ongoing growth of QSIR-P and QSIR-F enabled staff; 82 staff trained this year (> the 20% of eligible staff target) Ongoing access to degree/Masters level qualifications, that have research/innovation linked content: 2 Doctorate courses / 33 live learners at L6/7, 19 completed learners at L6/7.

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
6. Build a strong innovation and research portfolio, and establish an innovation hub with system partners	<ul style="list-style-type: none"> - Increase research capability and capacity. - Establish an Innovation Hub with Wirral Met college. - Establish 2 'creativity sessions with innovation partners. 	MD

Details of progress 24/25
<p>NW RRDN Agile Research Delivery Team support has enabled ongoing recruitment to NIHR portfolio studies</p> <ul style="list-style-type: none"> • Cardiology - WCHC is the largest recruiter nationally for REACH HFpEF • MSK – PANDA-S • 0-19 <p>Further studies in set up involve Community Response and 0-19</p> <p>Active board membership of the Wirral Research Collaborative, a multi provider group focused on growing the footprint of health care research in Wirral.</p> <p>Partner organisation of NIHR Applied Research Collaboration, Northwest Coast (ARCNWC) – focused on reducing health inequalities and improving the quality and efficiency of health and social care through connected research communities.</p> <p>MD attended the opening of WUTH Research and Innovation Hub (Sept 2024)</p> <p>MoU agreed between WCHC and the Wirral Metropolitan College for Innovation Hub (Hamilton Campus Building, Birkenhead)</p> <p>Creativity session (Nov 24) with Wirral Met college and WCHC staff.</p> <p>Opening event held in the Innovation Hub (Jan) 2025. Creativity session planned for Q4</p>



Digital

WCHC Strategic Priorities	WCHC Strategic Actions 2024/25	Action Ownership
“We Will” Statements		
1. Build on our IT core, ensure cyber security and move towards cloud-based infrastructure	1. Develop the Trusts digital infrastructure in accordance with The Digital Strategy 2022 – 25	1. CDIO
2. Complete Electronic Health Record (EHR) future state design and implementation	2. Develop and implement plans to optimise use and drive benefits from the Electronic Patient Record	2. CDIO
3. Define and embed a strategic model for remote and assistive care, e.g. virtual consultation, wearable technology, to better support people at home	3. Ensure obligation to achieve 5% recurrent CIP is met	3. CDIO
4. Further integrate use of population health data from WCHC with associated needs assessments from the wider place-based systems to inform strategic planning and service delivery	4. Produce Business Case for the procurement of the Electronic Patient Record	4. CDIO
5. Ensure that staff are supported to develop the necessary digital skills and are empowered to lead innovation	5. Drive digital transformation through introduction of new or existing technologies	5. CDIO
6. Develop a range of ways for patients to engage with services and their care, to increase choice and minimise digital exclusion		

WCHC Strategic Actions 2024/25	Key Deliverables:	Action Ownership
1. Develop the Trust's digital infrastructure in accordance with Digital Strategy 2022-25	<ul style="list-style-type: none"> - Ensure Infrastructure is fit for purpose - Fully compliance with cyber assurance standards - Enables integration and interoperability at scale 	CDIO

Details of progress 24/25
<p>Capital workstreams delivered:</p> <ul style="list-style-type: none"> • Move to hybrid cloud phase 1 • Endpoint replacement programme moved to a 4 year cycle • Complete installation and commissioning of Health & Social Care Network (HSCN) circuits to all sites • Complete rollout of Wi-Fi infrastructure across all sites including for GOVROAM • Replace Firewalls at SCHC and VCHC • Replace Uninterrupted Power Supply (UPS) at SCHC, VCHC and Marine Lake • Refurbish comms room at VCHC. Cabling, power provision <p>Undertake assurance works to transition from Data Security & Protection Toolkit (DSPT) to Cyber Assessment Framework (CAF)</p> <p>Continue development of the Cyber assurance agenda with enhanced monitoring</p> <p>Move Home folders to OneDrive</p> <p>Rebuild Data Warehouse and optimise data structures and import routines</p>

WCHC Strategic Actions 2024/25	Key Deliverables:	Action Ownership
2. Develop and implement plans to optimise use and drive benefits from the Electronic Patient Record (EPR)	<ul style="list-style-type: none"> - Improve digital maturity - Enable transformation at scale - Enable integration / interoperability 	CDIO

Details of progress 24/25
<p>Achieved HIMSS (Healthcare Innovation & Management Systems Society) level 5 with areas identified for validation at level 6</p> <p>Completed mapping exercise to identify key enablers</p> <p>Input and support to the district nursing transformation project to optimise all aspects of the EPR</p> <p>Implemented appointment text reminders across all services</p> <p>Implemented Airmid (patient app for appointments, Video consultations)</p> <p>Initiated workstream to integrate with Labs for orders and results</p> <p>Developed and agreed plan for integrated digital solution for UECUP (Urgent & Emergency Care Upgrade Programme)</p>

WCHC Strategic Actions 2024/25	Key Deliverables:	Action Ownership
3. Ensure obligation to achieve 5% recurrent CIP is met	- CIP requirements fully met, with ideas carried forward to support CIP in 2025/26	CDIO

Details of progress 24/25
<p>Digital CIP identified and delivered, 5% recurrent including:</p> <ul style="list-style-type: none"> • Review of Telephony / Unified Comms • Mobile Phones • Exit from Wirral Care Record

WCHC Strategic Actions 2024/25	Key Deliverables:	Action Ownership
4. Produce Business Case for the procurement of the Electronic Patient Record	- Contract term aligned with WUTH contract for Oracle Millenium to enable single procurement campaign in 2030.	CDIO
Details of progress 24/25		
<p>Develop Strategic Outline Case and Financial Case, approved at Board May 2024</p> <p>Develop Outline Business Case (OBC) approved at Board, July 2024</p> <p>Develop Full Business Case, approved at Board in August 2024</p> <p>Contract term aligns with WUTH EPR contract to provide flexibility for future joint procurement campaign</p> <p>TPP contract signed</p>		

WCHC Strategic Actions 2024/25	Key Deliverables:	Action Ownership
5. Drive and enable digital transformation through introduction of new or existing technologies	<ul style="list-style-type: none">- Value for Money- Digital enablers to transformation	CDIO
Details of progress 24/25		
<p>Redesign of EPR for 0-19 services, reducing 4 units to 1</p> <p>Digital support to Community Nursing transformation workstream</p> <p>Purchase of Robotic Process Automation technology (BluePrism) use cases in development</p> <p>Introduced Airmid as primary solution for virtual consultations, removing Attend Anywhere, AccuRX and Zoom for Business</p>		



People

People

WCHC Strategic People Priorities	WCHC Strategic Actions 2024/25 “We Will” Statements	Action Ownership
Looking after our people.	1. Train and develop managers to fully and compassionately support the well-being of their staff.	1. CPO
	2. Improve the employee experience and our brand as an employer which will include a refreshed approach to staff engagement at all levels.	2. CPO
		3. CPO
Culture and belonging.	3. Develop and embed a Restorative, Just and Learning Culture where staff can bring their true selves to work and speak up, challenge, contribute and innovate in a psychologically safe environment	4. CPO
		5. CPO
	4. Build strong leadership and management capability through our Leadership Qualities Framework (LQF) to ensure leaders role-model our values and behaviours	6. CPO
Growing for the future.	5. Provide career progression opportunities and enhance staff skills, knowledge and experience through experiential and formal learning and development	7. CPO
	6. Ensure our workforce planning meets future needs, creating a safe and sustainable workforce within the available resources.	
New ways of working.	7. Optimising our ways of working aligned to opportunities from digitisation, growing our talent, and maximising our role as an Anchor Institution.	

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
1. Train and develop managers to fully and compassionately support the well-being of their staff.	Deliver a 'Manager Essentials' programme. Deliver raining for managers to support staff mental health and wellbeing.	CPO

Details of progress 24/25
<p>A 'Manager Essentials' programme has been developed and implemented for newly appointed managers and for those who require an update to skills. Year 1 of programme implementation has focused on establishing a platform for the programme, developing a manager induction booklet and implementing modules to develop managers as 'People Managers'.</p> <p>Wellbeing Conversation training has been developed and implemented, ensuring compassionate management approach via f2f sessions.</p> <p>Attendance Management managers training redesigned and rolling programme recommenced.</p> <p>Return to work interview compliance support provided to all managers to focus upon the significance of support and recording.</p> <p>Promotion of the benefits of the Employee Assistance Programme continued.</p>

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
2. Improve the employee experience and our brand as an employer which will include a refreshed approach to staff engagement at all levels.	Review, refresh and implement the onboarding process for new starters.	CPO
	Deliver People Promise Project to support reduced turnover.	

Details of progress 24/25
<p>New onboarding site refreshed, and portal expanded to review up to 18 months.</p> <p>People Promise Project delivered and voluntary turnover reduced by 1%</p> <p>District Nursing identified as an area of priority and significant engagement undertaken via Viva Engage, DN Bulletin and MS Teams sessions.</p> <p>Staff awareness of Flexible Retirement options identified as an area of focus. Quarterly promotions to staff (bulletin, screensavers etc), Retirement Pension Awareness sessions delivered, and Total Reward Statement access increased.</p>

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
3. Develop and embed a Restorative, Just and Learning Culture where staff can bring their true selves to work and speak up, challenge, contribute and innovate in a psychologically safe environment	<p>Launch and embed WCHC behavioural standards framework.</p> <p>Develop and implement a concept/process for culture change interventions.</p>	CPO

Details of progress 24/25
<p>Behavioural Standards Framework (BSF) launched and embedded within all leadership activity in 24/25. BSF cards to distributed to staff across the Trust. The BSF has also been embedded into the Trust Team Development Toolkit, appraisal processes, Internal Leadership Development and appropriate policies.</p> <p>Culture process developed and implemented, for targeted culture work to be used when working directly with teams and departments.</p> <p>There has been strong promotion of the role of FTSU in raising concerns and creating a positive safety culture whilst focusing on the health and well-being of our people.</p> <p>The Trust has committed to the NHS Sexual Safety Charter in June 2024 and the following work has been undertaken in 24/25:</p> <ul style="list-style-type: none"> • Task and Finish Group: Established to implement the charter, including HR, Safeguarding, Security, FTSU, and Risk Management. • Adoption of the new NHS national sexual misconduct policy framework. • Risk Assessment Conducted to identify potential hazards and risks, evaluate effectiveness of control measures, and incorporate additional actions. • Data Triangulation: Regular review of data to monitor sexual safety in the workplace. • Launch of the 'Understanding Sexual Misconduct in the Workplace' course, assigned as role essential training to all supervisory or management staff.

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
4. Build strong leadership and management capability through our Leadership Qualities Framework (LQF) to ensure leaders role-model our values and behaviours	<p>Embed and continue to evaluate and evolve the WCHC leadership forum framework</p> <p>Develop and implement the WCHC refreshed Team Development approach.</p> <p>Enhance visibility of senior leadership via Themed Conversations with execs</p>	CPO

Details of progress 24/25
<p>The Leadership Forum annual plan was confirmed via ELT at the start of 24/25 and has been delivered throughout the year.</p> <p>WCHC Team Development approach has been developed and implemented. The approach is available via Staff Zone and is currently in use with 5 teams. Evaluation to be reviewed in Q1 25/26.</p> <p>Executive and Senior Team service visits are in place.</p>

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
5. Provide career progression opportunities and enhance staff skills, knowledge and experience through experiential and formal learning and development	<p>Develop and pilot a Clinical Career Pathway from entry-role through to registered Nurse utilising apprenticeships.</p> <p>Launch career conversations.</p>	CPO
Details of progress 24/25		
<p>Priority area of Community Nursing identified with career pathway information for District Nursing services prepared and submitted as part of the project group to inform future workforce modelling. Further pathway mapping to be explored as part 25/26 priority setting and consider the need to explore pathway opportunities between acute and community.</p> <p>Successful Appraisal cycle with a 96% completion achieved, enabling developmental opportunities to be outlined.</p> <p>Career conversations launched, along with associated resources and tool kit. These offer opportunities for managers and staff to discuss career progression through structured sessions.</p>		

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
6. Ensure our workforce planning meets future needs, creating a safe and sustainable workforce within the available resources.	Developing our people managers to further enable long term strategic workforce planning within services.	CPO

Details of progress 24/25
<p>Exploration of internal model of Capacity and Demand modelling under review through Operational led project group. Current strategic planning influenced by NHSE one year planning.</p> <p>Adoption of the new E-Roster LOOP product and engagement with staff on the new facilities this provided.</p> <p>Enabled E-Roster direct bank worker booking access to two key operational services (CICC and Community Nursing) enabling engagement and ownership for workers.</p>

WCHC People Ambitions 2024/25	Key deliverables:	Action Ownership
7. Optimising our ways of working aligned to opportunities from digitisation, growing our talent, and maximising our role as an Anchor Institution.	<p>Targeted recruitment to support widening participation.</p> <p>Deliver Cheshire and Merseyside NHS Cadet Programme.</p>	CPO

Details of progress 24/25
<p>Targeted recruitment for entry level roles/career pathway initiated via the Sector Based Work Academy Programme and work experience placements.</p> <p>The Cheshire and Merseyside NHS Cadet Programme has been delivered and completed in July 24. Recommendations for future delivery have been shared with the ICB, NHSE and St Johns Ambulance.</p>



Inclusion

	WCHC Strategic Priorities	WCHC Strategic Actions 2024/25 “We Will” Statements	Action Ownership
Inclusion and Health inequalities Strategy: Care Beyond Boundaries	Removing barriers to access	<ol style="list-style-type: none"> 1. Embed a system for improving data collection as standard (see Quality Strategy section) 2. Develop the Equality, Diversity and Inclusion (EDI) skills and knowledge of our workforce 3. Take positive action to drive workforce diversity 	<ol style="list-style-type: none"> 1. CNO 2. CPO 3. CPO
	Focussing on experience of care	<ol style="list-style-type: none"> 4. Use data to better understand inequalities and inform workforce and service planning 5. Embed a culture of inclusiveness and empower positive allyship 	<ol style="list-style-type: none"> 4. CPO 5. CPO
	Improving outcomes for everyone	<ol style="list-style-type: none"> 6. Focus on our population health impact using Core20 PLUS 5 principles for these and other vulnerable groups of adults and children 7. Maximise our social value through local purchasing and employment 8. Deliver effective intelligence-led preventive programmes focussed on improving outcomes 	<ol style="list-style-type: none"> 6. CNO 7. CSO 8. CNO

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
2. Develop the Equality, Diversity and Inclusion (EDI) skills and knowledge of our workforce	Implement EDI development around Allyship.	CPO
Details of progress 24/25		
<p>Allyship at WCHC defined, to assist all colleagues in being allies. Supported by internal communications plan.</p> <p>Allyship launched via Leadership Event in November 2024.</p> <p>Training on Micro-aggression delivered, to inform the Allyship work, to support colleagues in being Allies in difficult circumstances.</p>		

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
3. Take positive action to drive workforce diversity	<p>Improve assessment according to the Equality Delivery System.</p> <p>Maintain external accreditations.</p>	CPO

Details of progress 24/25
<p>Assessed and moderated outcome of 2024 EDS:</p> <ul style="list-style-type: none"> • 3 out of 12 themes: Excelling • 8 out of 12 themes: Achieving • 1 out of 12 themes: Developing <p>Continued support for and development of staff support networks e.g. Menopause network</p> <p>Accreditations maintained:</p> <ul style="list-style-type: none"> • NHS Rainbow Pin Badge • Defence Employer Recognition Scheme • Veteran Aware • Disability Confident

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
4. Use data to better understand inequalities and inform workforce and service planning	Clear understanding of workforce and population demographics	CPO
Details of progress 24/25		
<p>Understanding of workforce demographics achieved through the delivery of annual regulatory reporting including Workforce Race Equality Standard, Workforce Disability Equality Standard and Pay Gap reporting. Associated action plans in place to address areas for development, examples include:</p> <p>Developed cultural awareness training</p> <p>Engaged staff network members in policy development</p>		

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
5. Embed a culture of inclusiveness and empower positive allyship	Definition of allyship clearly understood Anti-Racist Framework – Bronze Award	CPO
Details of progress 24/25		
Allyship at WCHC defined, to assist all colleagues in being allies. Supported by internal communications plan.		
Allyship launched via Leadership Event in November 2024.		
Training on Micro-aggression delivered, to inform the Allyship work, to support colleagues in being Allies in difficult circumstances.		
Consultation with BAME assembly clarified that further evidence required to assure Bronze Award of the Anti-Racist Framework, therefore this will be carried over to 25/26.		

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
6. Focus on our population health impact using Core20 PLUS 5 principles for these and other vulnerable groups of adults and children	Development of waiting list management tool	CNO
Details of progress 24/25		
Waiting list management tool and group includes focus on health inequalities in reducing waiting lists.		
Development of district nursing and population health management models has included unplanned care utilisation to guide resource distribution, which correlates to Core20.		

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
7. Maximise our social value through local purchasing and employment	Increasing routes into NHS employment and representative workforce. Buying locally with social benefit.	CSO
Details of progress 24/25		
<p>Local purchasing meant all relevant contracts by WCHC tendered included 10% social value weighting as a consideration in decision-making. 20% (£8.1m) of WCHC non-pay expenditure was within Cheshire & Merseyside.</p> <p>WCHC continued delivering work experience and pre-employment placements during early 2024/25. However, loss of external funding meant the lead for the NHS Cadets and Widening Participation programme left their posts in Q2 2024 with ceasing of associated initiatives.</p> <p>Exploration of joint working re widening participation/social value started with WUTH.</p>		

WCHC Strategic Actions 2024/25	Key deliverables:	Action Ownership
8. Deliver effective intelligence-led preventive programmes focussed on improving outcomes	Deliver phase 1 and 2 of the population health management project aimed at reducing the level of unplanned care need for the target group.	CNO

Details of progress 24/25
<ul style="list-style-type: none"> • Development and implementation of colocated teams offering proactive support to older age people with moderate / severe frailty. • ICCT resource reviewed to support delivery of the model. • Agreed principles and functionality of model with: Moreton & Meols and Wallasey Wellbeing, West Wirral PCN, Healthier Neighbourhoods PCN, Arno PCN, North Coast Alliance PCN and Brighter Birkenhead PCN. • Implemented integrated teams with: Moreton & Meols and Wallasey Wellbeing, West Wirral, Arno and North Coast Alliance. Others planned for go-live by Q3 25/26. • Cheshire & Merseyside CIPHA (i.e. Combined Intelligence for Population Health Action) tool and related EMIS searches employed to understand levels of need and identify people with higher levels of emergency admissions. • Links made with High Intensity User project to similarly identify patients where service activity suggests opportunities to improve proactive, holistic care and support. • Access, activity and outcomes dashboard functionality under discussion with CIPHA team.

Summary

- Good progress in year three of WCHC's Five Year Organisational Strategy, including work that continues to provide examples of best practice and influence nationally, regionally and locally.
- Work delivered with significant achievements against each of our We Will statements
- Enabling strategies supporting organisational vision with clear demonstration of contribution to Organisational Strategy

Our Vision

To be a population health focussed organisation specialising in supporting people to live independent and healthy lives.

Our Objectives

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.

Our Goals

- Safe care and support every time
- People and Communities guiding care
- Ground breaking Innovation and research

- Improve the wellbeing of our employees
- Better employee experience to attract and retain talent
- Grow, develop and realise employee potential

- 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

Mortality Report: Learning from Deaths Framework Quarter 3: 01 October 2024 – 31 December 2024			
Meeting Title	Board of Directors		
Date	23/04/2025	Agenda Item	13
Lead Director	Eddie Roche, Interim Medical Director		
Author(s)	Eddie Roche, Interim Medical Director		
Action required (please select the appropriate box)			
To Approve <input checked="" type="checkbox"/>		To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>
Purpose			
The purpose of this paper is to assure the Board of Directors of quality governance systems regarding learning from deaths and to seek approval in relation to the publication of the learning from deaths appendix on the Trust website.			
Executive Summary			
<p>This quarterly report provides evidence that learning from deaths is embedded as a priority across the Trust, ensuring full adherence to the NQB Learning from Deaths framework. It provides anonymised details of the numbers of unexpected deaths which have occurred within the Trust throughout Q3 2024/25, along with a summary of any thematic learning identified during investigation into these cases.</p> <p>All deaths reported to the Trust in Q3 2024/25 have flowed through the Trusts governance processes. There are no deaths that were attributable to the care delivery provided by our Trust. Attached as an appendix, is a Q3 summary report for publication on the Trust website</p>			
Strategic (Board Assurance Framework - BAF) and operational Risks and opportunities:			
Not applicable.			

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.

The contents of the report do not relate to quality and inclusion matters.

Financial/resource implications:

There are no finance and resource implications

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	People - Improve the wellbeing of our employees
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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 by the report and approve Appendix 1 to be published on the public facing website



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
Quality and Safety Committee	12.03.2025	Committee assured and approved



Mortality Report: Learning from Deaths

Quarter 3: 01 October 2024 – 31 December 2024

Purpose

1. The purpose of this paper is to provide assurance to the members of the Quality and Safety Committee in relation to the implementation of the Learning from Deaths framework.

Executive Summary

2. During Q3 there were a total of 13 reported deaths none of which were within scope for reporting. This includes a total of 7 child deaths all of which were reviewed using SUDIC methodology.
3. During Q3 there were 0 deaths which met the criteria for StEIS reporting.
4. Each unexpected death reported during Q3 has been analysed and investigated appropriately, to identify if care provided by the Trust resulted in harm or contributed to the death, and if any relevant learning exists for the Trust and the wider health and social care system.
5. Of the total deaths reported in Q3, after investigation, none of these were caused by gaps or omissions in care provided by the Trust.
6. Learning was identified as a result of a safety systems review; this was discussed and shared at service level and reported to Clinical Risk Management and Mortality Review Groups, in addition to being shared with teams both internal and external to the trust.

Background

7. Wirral Community Health and Care NHS Foundation Trust (WCHC) Board recognises that effective implementation of the Learning from deaths framework (National Quality Board, March 2017), is an integral component of the Trusts' learning culture, driving continuous quality improvement to support the delivery of high-quality sustainable services to patients and service users.
8. The National Quality Board (NQB) Learning from Deaths framework (2017) exists with the specific aim to address the key findings of the CQC report, ensuring a consistent approach to learning from deaths across the NHS, assuring a transparent culture of learning by delivering a commitment to continuous quality improvement, particularly in relation to the care of vulnerable people.
9. The key findings of the CQC report were as follows:
 - Families and carers are not treated consistently well when someone they care about dies.
 - There is variation and inconsistency in the way that system partners become aware of deaths in their care.
 - Trusts are inconsistent in the approach they use to determine when to investigate deaths.
 - The quality of investigations into deaths is variable and generally poor.
 - There are no consistent frameworks that require boards to keep deaths in their care under review and share learning from these.

10. This quarterly report provides evidence that learning from deaths is firmly embedded as a priority across the Trust, ensuring full adherence to the NQB Learning from Deaths framework.
11. Since 2017 the focus on learning from preventable deaths and unexpected deaths has continued to strengthen and the NHSE developed the Patient Safety Strategy in 2019 which describes how the NHS will continuously improve patient safety, building on the foundations of a safer culture and safer systems.
12. The National Safety Strategy has been pivotal introducing a Patient Safety syllabus, Patient Safety Specialists, and Patient Safety Partners. All of which have been embedded within the governance of the Trust.
13. Patient Safety and Incident Reporting Framework (PSIRF) is embedded within our Trust. It sets out the NHS approach for effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. This is embedded within our Clinical Risk Management group and Mortality Review group.
14. Learning From Patient Safety Events (LFPSE) is designed to capture events where:
 - A patient was harmed or could have been harmed
 - there has been a poor outcome, but it is not yet clear whether an incident contributed or not
 - risks to patient safety in the future have been identified
 - good care has been delivered that could be learned from to improve patient safety.
15. LFPSE is being rolled out nationally and is being fully adopted by the Trust.

WCHC Learning from deaths governance framework

Policies

16. In accordance with the Learning from Deaths framework, the Trust ratified and published a Learning from Deaths Policy during September 2017, and which is subject to regular review.
17. The policy provides a framework for how the Trust will evaluate those deaths that form part of our mortality review process, the criteria for review and quarterly and annual reporting mechanisms.
18. The Incident Management Policy - GP08 has been updated and cross references the Learning from Deaths Policy, ensuring a consistent approach to implementation. The revised policy contains arrangements for staff to follow in the event of an unexpected death of an adult and in the event of an unexpected death of a child.
19. The Trust's Datix incident reporting system has been aligned to the Learning from Deaths Policy to ensure prompt communication to the Executive Medical Director, Chief Nurse and Deputy Chief Nurse for all reported unexpected deaths.

Process

20. All reported deaths which have occurred in a place where we are commissioned to deliver services, are discussed at both the Quality and Governance Safety Incident Review Group (SIRG) and at the fortnightly Clinical Risk Management Group (CRMG). Further investigations are commissioned based on the events surrounding the death and the results of the Mortality Screening Tool. The principles around Duty of Candour are also overseen within this group.
21. The Mortality Screening Tool considers whether a variety of factors were present. Examples include:
 - Receipt of an End-of-Life advance care plan (PACA)
 - Presence of a DNACPR form

- Association with failed visits
 - Association with rescheduled visits
 - Concerns raised by any party regarding the care provided prior to death
 - The involvement of other services involved prior to death
 - Medical Cause of death (if known)
22. Commissioned investigations are monitored at CRMG against progress and timelines. Any investigation reports and associated action plans are approved at CRMG. This includes cases which are under investigation by the coroner.
 23. Thematic learning from Learning from Deaths cases is reviewed at the Trust's quarterly Mortality Review Group which is chaired by the Executive Medical Director and who is responsible for the Learning from Deaths agenda.
 24. Minutes from the Mortality Review Group are submitted to the Quality and Safety Committee and to the Board by exception.
 25. A report is produced which summarises the details of the unexpected deaths which have occurred within the preceding quarter, along with details of any thematic learning. This is ratified by the Quality and Safety Committee prior to being presented to Public Board, again on a quarterly basis.
 26. The Trust continues to work with our system partners to devise systems whereby Learning from Deaths can take place in a consistent way across all major health and social care providers. This includes working with the UK Health Security Agency and the Local Authority to analyse the effect of COVID-19 by utilising a population-based approach to identify areas of inequality and its association with deaths due to this disease.
 27. The Learning from Deaths report is based on the template devised by the National Quality Board. This report will be published on the Trust's website in keeping with our statutory obligations.

Child Deaths

28. Given the extensive geography that WCHC delivers Children and Young People's services, there are now robust processes in place which enable every unexpected child death to be identified within all the places we deliver care. This includes Wirral, East Cheshire, St Helens & Knowsley.
29. The membership of the Mortality Review Group includes the Trust's Child Death Overview Panel (CDOP) representative and the Trust's Head of Safeguarding enabling, the visibility of any thematic learning across the whole of Cheshire and Mersey. The membership is regularly reviewed to ensure it contains a variety of skills and knowledge to maximise the identification of learning.
30. The Trust has links with each Place-based Child Death governance structures, which facilitates the identification of themes over a large geography and then uses this data to reflect on how WCHC can continuously improve the delivery of its Children and Young People services. Services.
31. The Trusts Named CDOP representative is an active participant of the multi-agency Place-based Sudden Unexpected Death in Childhood (SUDIC) meetings and feeds any intelligence and learning into the Mortality Review Group. When our representative has any concerns then these are escalated and raised with system partners.
32. The Mortality Review Group will receive the Child Deaths Annual reports when they become available.

Bereaved Families

33. Families will be treated as equal partners following a bereavement and will always receive a clear, honest, compassionate and sensitive response in a supportive environment and receive a high standard of bereavement care which respects confidentiality, values, culture and beliefs, including being offered appropriate support.
34. Families are informed of their right to raise concerns about the quality of care provided to their loved one and their views help to inform decisions about whether a review or investigation is needed.
35. Families will receive timely, responsive contact and support in all aspects of an investigation process, in line with duty of candour and with a single point of contact and liaison.
36. Families are partners in an investigation to the extent, and at whichever stages, that they wish to be involved and voice their experiences of the death of their loved one, as they offer a unique and equally valid source of information and evidence that can better inform investigations.

National Medical Examiner Updates

37. Medical Examiner officers at hospital trusts now provide independent scrutiny of almost all non-coronial deaths occurring in hospitals. All deaths in England and Wales are independently reviewed either by a Medical Examiner or a coroner. Medical Examiners provide an important safeguard.
38. The Department for Health and Social Care (DHSC) published details of the death certification reforms and are now in place since April 2024. Primary legislation was commenced on 1 October 2023. The new death certification process requires all deaths in England and Wales to be independently reviewed either by a medical examiner or a coroner.
39. DHSC's document notes that:
40. NHS trusts hosting a medical examiner should provide adequate support and ensure the independence of medical examiners is respected. The host in Wirral is Wirral University Teaching Trust.
41. All other healthcare providers including GP practices should set up processes to start referring deaths to medical examiner offices if they have not already done so. Our trust has liaised with the Medical Examiner's office in Wirral and we have created agile and secure access for medical records to allow the Medical Examiner to fulfil their role.

Q3 2024/25 WCHC Reported deaths (Datix incident reporting)

42. During Q3 there were a total of 13 reported deaths none of which were within scope for reporting. This includes 7 child deaths.
43. During Q3 there were 0 deaths which met the criteria for StEIS reporting.

Structured Judgement Reviews:	
Total Number of Deaths in scope	13
There are no outstanding cases from the previous quarter (Q2)	
Total Number of Deaths considered to have more than 50% chance of being avoidable	0
LeDeR reviews: - Please note that these are undertaken by the mental health trust	
Total Number of Deaths in scope	0
Total Deaths reviewed through LeDeR methodology	0
Total Number of deaths considered to have been potentially avoidable	0
SUDIC reviews:	
Total Number of Child Deaths	7
Total Deaths reviewed through SUDIC methodology	7

Summary of thematic / other Learning for Q3

44. Each unexpected death reported during Q3 has been analysed and investigated appropriately, to identify if care provided by the Trust resulted in harm or contributed to the death, and if any relevant learning exists for the Trust and the wider health and social care system.
45. There were no trends or themes identified during the review of deaths.
46. Of the total deaths reported in Q3, after investigation, none of these were within scope of this report as none were caused by gaps or omissions in care provided by the trust.
47. Each death was reviewed at service level and via the Clinical Risk Management Group (CRMG), and Mortality Review Group. Learning opportunities were highlighted, discussed and shared, internally and externally to the trust as appropriate. This included:
- The relationship between an After Action Review and After Action Complaints Review was explored. Systems and processes have been strengthened to support both being completed, in a single case, where indicated.
 - Documentation in care planning to be timely, succinct, considering the need to monitor a patient specific concern, enabling any review of concerns.
 - Patient/family documentation to be reviewed around the Community Intermediate Care service, to ensure expectations are managed as well as possible.
 - Communication with patients and families of patients, ensuring it is clear and supports managing expectations of care and treatment.

Data – Quarter 3 2024/2025

Adult incidents coded as unexpected death, per service area - Q3 2024/2025

	Oct 2024	Nov 2024	Dec 2024	Total Q3
Community Night Nursing New Brighton	0	0	1	1
Community Nursing Birkenhead	0	0	1	1
Community Wheelchair Service	0	0	1	1
Community Integrated Care Centre	2	0	1	3
Total	2	0	4	6

Child incidents coded as unexpected Death, per service area – Q3 2024/2025

	Oct 2024	Nov 2024	Dec 2024	Total Q3
Wirral 0 -19	0	1	1	2
Cheshire East	1	0	2	3
St Helens 0 - 19	0	2	0	2
Total Unexpected child deaths	1	3	3	7

Incidents coded as Unexpected Death - Year to date - 2024/2025

	Apr 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Total
Cn Birkenhead	1	0	0	0	1	0	0	0	1	3
Cn Night service	0	0	0	1	0	0	0	0	1	2
Wheelchair Service	0	0	0	0	0	0	0	0	1	1
Community Integrated CIRT	0	0	1	0	0	0	0	0	0	1
Community Integrated CICC	1	0	0	0	0	0	2	0	1	4
GP OOH	0	0	0	0	0	1	0	0	0	1
Community Dental	0	0	1	0	0	0	0	0	0	1
Total Adult	2	0	2	1	1	1	2	0	4	13
Wirral 0-19	1	0	0	1	1	0	0	1	1	5
Cheshire East	1	0	3	1	0	1	1	0	2	9
Knowsley 0-25	0	0	0	1	0	0	0	0	0	1
St Helen's 0-19	0	0	0	0	0	0	0	2	0	2
Total Child	2	0	3	3	1	1	1	3	3	17
Total Unexpected Deaths	4	0	5	4	2	2	3	3	7	30

Further discussion and actions from the Mortality Review Group Q3 2024/2025

- The group discussed in brief a report from the National Child Mortality Database on Childhood deaths due to Asthma and Anaphylaxis. Observations from this had already been shared with relevant staff by the Medical Director.

Recommendations for Quality and Safety Committee

48. The Quality and Safety Committee is asked to be assured that quality governance systems are in place to ensure continuous monitoring and learning from deaths in accordance with Trust policy.
49. The Quality and Safety Committee is asked to be assured the Trust is actively involved in supporting the system-wide development of processes reporting and learning from deaths.
51. The Quality and Safety Committee is asked to approve Appendix 1 to proceed through to Public Board

Dr Eddie Roche

Interim Executive Medical Director

07 March 2025

Appendix 1

Learning from Deaths Q3 24/25 Report

The following data represents the high-level reporting of deaths which occurred within our services over the period of Quarter 2 2024/25.

A more detailed report has been ratified and approved by the Quality and Safety Committee as per the Learning from Deaths Policy.

There were 6 adult, and 7 child deaths reported during this quarter, which followed the appropriate investigation processes.

There were 13 deaths reported to the Trust, and all have been reviewed in accordance with Trust policy. Of the deaths reported in Q3, after investigation, none of these were within scope of this report as none were caused by gaps or omissions in care provided by the trust. Learning was identified and discussed and shared with relevant teams and services both internal and external to the trust. Duty of Candour was not applicable to any of these cases.

We continue to promote shared learning across the health sectors and work collaboratively with our system partners to improve care within all the communities in which we provide services, focusing on addressing health inequalities on a population-based approach.

Dr Eddie Roche

Interim Executive Medical Director
Wirral Community Health and Care NHS Foundation Trust

07 March 2025

Staff Voice Forum Decision & Action Log

Action logs from previous meeting have been archived.

The action log from the meeting on 23 September 2024 had been archived with the exception of the following:

No.	Item	Outcome/Decision	Action	Lead	Date	Status
4	Wellbeing/Basic Needs Campaign	MB shared details of a website dedicated to the campaign about meeting basic needs of staff in the workplace. The link for the website was shared in the meeting chat: https://soniasparkles.com/community-groups/basic-needs-at-work-club-2/ The website shows the process of highlighting any needs.	To share the link to the Basic Needs Campaign website with group members.	M Booth	March 2025	Complete

The action log from the meeting on 19 November 2024 had been archived with the exception of the following action which was closed at the meeting on 21 January 2025.

No.	Item	Outcome/Decision	Action	Lead	Date	Status
3	All Staff Christmas Event – Funded by Staff Buying Tickets	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. The group suggested that the event could be amalgamated with the Staff Awards. AH was supportive of the plan however	Discuss possible options for an all staff event and bring suggestions back to the next meeting	P. Thomas / A. Hughes	January 2025	Complete – action closed and new action opened during meeting 21.01.25

No.	Item	Outcome/Decision	Action	Lead	Date	Status
		<p>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 discuss possible options and bring an update back to the group.</p>				
4.	Christmas Festive Wish Department Video	<p>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.</p>	<p>Pull together guidance on recording the messages and promote in the bulletin</p>	L. Francom	December 2024	Complete

Staff Voice Forum Date: Tuesday 21 January 2025 Time: 14:30-16:30pm Venue/Platform: MS Teams	
Attendance:	Pete Thomas (Chair), Emma Ashley, Ann Barley, Carla Burns, Jo Chwalko, Fiona Fleming, Alison Hughes, Ann Marie Johns, Alison Jones, Di Moore, Dave Murphy, Bradley Palin, Neil Perris, John Haycocks and Simone Williams
Apologies:	Debs Smith, Mark Greatrex

No.	Item	Outcome/Decision	Action	Lead	Date	Status
1	Introductions / Apologies for absence.	Apologies noted above.	No actions.			
	Actions from previous meetings.	The action status was updated, and decisions were approved.	No actions.			
2.	Lack of meeting rooms at SCHC	In response to concerns raised by Staff Voice members, DW gave the following update. <ul style="list-style-type: none"> An exhaustive exercise was carried out before the decision was made to remove the meeting rooms on the 3rd floor of SCHC. Factors taken into account included the Green agenda and utilisation of space. The utility rate of the meeting rooms was very low. Alternative facilities are available at 	Review the meeting space options available for staff to use	DW / CB	March 2025	Complete.
			Raise in exec meeting what directors can do to support the space	PS	March 2025	Complete

No.	Item	Outcome/Decision	Action	Lead	Date	Status
		<p>Albert Lodge and the newly renovated Community Centre.</p> <ul style="list-style-type: none"> There had been teething problems with the new room booking system but it does navigate people to only book rooms when needed. All departments should take ownership of how they run meetings and how they use the booking system to make maximum use of the space. The Estates team would be happy to work with individual teams to look at space utilisation. Two additional potential meeting rooms were under consideration – one in the Dental wing and one which was currently used by the IT team. AJ highlighted the need for space for private conversations to taking place, adding that she had resorted to joining meetings in her car due to lack of private meeting space. The suggestion was made that offices could be made available for this purpose when not in use. CB and DW would review the space available and PS offered to raise the issue with directors. PT would arrange for one of the smartscreens to be moved to LG meeting room 1 to improve the functionality of the room. 	<p>available.</p> <p>Liaise with Estates to move one of the smart-screens into lower ground meeting room 1</p>	PT	March 2025	Complete - action had been superseded.

No.	Item	Outcome/Decision	Action	Lead	Date	Status
3.	All Staff Event – review of possible options	PT and FF would meet to discuss the setting up of a social committee to consider organising the event	Discuss setting up a social committee to organise the All Staff Event	PT/ FF	March 2025	Pending – meeting is in diaries
4.	Potential Car Parking charges for staff	<ul style="list-style-type: none"> PT advised that concerns had been raised that WCHC staff might have to pay for parking as a result of the ongoing integration with WUTH DW advised that there were currently no plans to implement parking charges for WCHC staff. However, the position could change, particularly in view of the high costs of maintaining the Trust's estate 	No actions			
5.	Highfield – Nursing Teams stating 'unfit to work'	<ul style="list-style-type: none"> PT advised that staff in Highfield felt that the space was not fit for holding private conversations due to the layout of the rooms. They were currently hot desking and having to carry equipment back and forth with them due to lack of storage. PT had suggested that they use the small meeting rooms in Albert Lodge. DW advised that some changes were being made in Highfield to co-locate Adult and Paediatric SALT teams in one room. DW added that the Trust had spent a lot of money on the new storage cabinets in Highfield but they were not 	Ask the teams in Highfield to review the storage space to see if is now suitable and contact Estates if they need more support.	PT	March 2025	Verbal Update to be provided at the meeting

No.	Item	Outcome/Decision	Action	Lead	Date	Status
		<p>used. The 'lean-to' attached to Highfield had also been emptied to provide more storage space.</p> <ul style="list-style-type: none"> PT would ask the teams in Highfield to review the storage space to see if was now suitable, and contact Estates if they needed more support. 				
6.	People Update	<p>Staff Voice noted the following update from CB:</p> <ul style="list-style-type: none"> There had been good conversations between the WCHC and WUTH People teams about what the service might look like going forward under the shared leadership model. The first engagement session had taken place earlier that day and the teams were looking at how they could use their skills and knowledge to shape the way services were delivered. The Easy Expenses implementation project had been closed as the system had been fully implemented and was working very well. The People & Culture Oversight Group (PCOG) met on 15 January and reviewed a number of KPIs. The key message was around improvements to sickness absence management. An audit of return to work interviews showed that they were taking place but were not recorded as robustly as they should be. It would be important to 	No actions			

No.	Item	Outcome/Decision	Action	Lead	Date	Status
		<p>ensure that managers were supporting staff through appropriate application of the relevant policy.</p> <ul style="list-style-type: none"> The People team would also be focussing staff's attention on ensuring their own health and wellbeing through measures such as the Employee Assistance Programme and the health and wellbeing information on StaffZone An early cut of the Staff Survey results showed that there had been no deterioration in staff satisfaction levels but no significant improvement either. The People team would work with managers to disseminate the results and develop action plans. The team was also working with WUTH to look at the EDS (Equality Delivery System) and how both trusts were performing from an equality perspective. 				
7.	Operational Update	<p>Staff Voice noted the following update from BP:</p> <ul style="list-style-type: none"> Over 80% of the Trust's KPIs were green. Urgent Care KPIs were particularly strong including 4 hour performance in Walk-in Centres and the Urgent Treatment Centre. There was strong performance at CICC in terms of filling beds and reducing length of stay. 				

No.	Item	Outcome/Decision	Action	Lead	Date	Status
		<ul style="list-style-type: none"> The waiting list position was good overall but there were challenges in some services. Dental and Paediatric SALT had significant backlogs but improvement plans were in place and positive improvements were being seen. The Trust had received formal notification from commissioners that the Long Covid Service would cease from 1 April 2025. This was an ICB decision based on the volume of activity in the service which was not sustainable with the current model. The ICB is looking at other options for these patients but in the meantime the Trust was focussing on supporting the staff and the patients on the caseload. Staff Side colleagues were involved in the consultations with staff. Patients were being clinically reviewed and prioritised and referred back to their GPs. 	No actions			
8.	Quality Update	<p>Staff Voice noted the following update from PS:</p> <ul style="list-style-type: none"> There were no specific quality escalations to highlight. Notification was received last week of a system SEND (Special Educational Needs or Disabilities) inspection for Wirral - a joint inspection with OFSTED and CQC working together to evaluate 	Ask CW to give an update at the next meeting on the opportunities for WUTH and WCHC to work together to direct quality	PS / CW	March 2025	Complete

No.	Item	Outcome/Decision	Action	Lead	Date	Status
		<p>the offer for children across Wirral.</p> <ul style="list-style-type: none"> This was significant because one of WCHC's biggest pressures was waiting lists for Paediatric SALT services and there would be learning from the inspection that the Trust could take forward. The quality and safety priorities at the moment were around system pressures, including supporting the hospital. Chief Nurses across Cheshire & Merseyside were collaborating on how to minimise the risks across the whole system. Claire Wedge, Deputy Chief Nurse, was currently offering leadership support to the hospital, which was presenting a lot of opportunities for the two trusts to work together to direct quality goal planning at a system level. PS would ask CW to give an update on this at the next Staff Voice meeting. 	goal planning at a system level			
9.	Wirral Review	<p>Staff Voice noted the following update from JC:</p> <ul style="list-style-type: none"> In her role JC was working across WCHC and WUTH to look at service integration including pathways, duplication of services or roles and ways to strengthen collaboration. A 100 day plan had been developed, running up to 31 March. 	No actions			

No.	Item	Outcome/Decision	Action	Lead	Date	Status
		<ul style="list-style-type: none"> A number of services had been identified for a collaborative approach because of challenges with the current delivery model, including the neurodevelopmental pathway, ophthalmology, CVD and MSK. The plan also covered Virtual Wards, the Call Before Convey project, integration of the 'front door' (increased streaming of patients away from ED, review of discharge delays) and the CICC model High intensity users (the top 50 people using WUTH services frequently) would also be reviewed. JC gave an example of the Frailty Virtual Ward where previously WCHC and WUTH each delivered parts of the service resulting in duplication of roles, limited 'step up', challenges with medical cover and bed occupancy of 20-40%. The model was reviewed and aligned to national requirements including a revised referral pathway, additional step up provision and a tiered approach to medical management. This had resulted in 80% bed occupancy, a lower length of stay (under 14 days) and a very good peer review from GIRFT (Getting it Right First Time). 				

No.	Item	Outcome/Decision	Action	Lead	Date	Status
		<ul style="list-style-type: none"> • Call Before Convey involved paramedics calling the Right Care Hub before conveying patients to hospital. The patient would be assessed by a clinician to determine which community services was best to meet their needs. • 57 referrals were received during the pilot and 40 were accepted for treatment in the community (mainly falls, shortness of breath and urology infections). The 17 patients who were taken to ED were audited on discharge to identify what additional services were required in the community. • The term 'shift left' relates to meeting the needs of patients in their community. This includes scoping care home opportunities, increased access to diagnostic tests and working with GP practices, NWS and other partners. • Staff had submitted a number of ideas for consideration under the review, including therapy services, end of life pathways, 1-1 support in hospital and diabetes care. 				
10.	Key Messages from Staff Networks	<p>Staff Voice noted the following update from NP:</p> <ul style="list-style-type: none"> • All staff networks met before Christmas to celebrate achievements over the past year and look forward at activity during 2025. • All networks were keen to engage 				

No.	Item	Outcome/Decision	Action	Lead	Date	Status
		<p>more widely with the workforce to understand any barriers to accessing support, carry out joint promotion and improve allyship work.</p> <ul style="list-style-type: none"> The Trust had agreed to give staff network chairs protected time to carry out their role. The Pride Network (formerly LGBTQ) would carry out some promotional work face to face rather than on Teams. The network had two new co-chairs – Gary Grady and Kay Sherlock. 22 April was the provisional date for an event to promote activity of the network across the Trust including a trip to the Museum of Liverpool to visit the Holly Johnson Story. All staff would be invited to this. AJ added that colleagues from the FTSU team would be taking part in this event. 	No actions			
11	Future Agenda Items	There were no new items identified.	No actions			
12.	Any Other Business	<p>FF encouraged members and colleagues to complete the internal comms survey (link below).</p> <p>Staff Communications - What's working for you? Your views on internal communications at Team WCHC.</p>				

No.	Item	Outcome/Decision	Action	Lead	Date	Status
Date and Time of the Next Meeting: Tuesday 25 March 2025 from 1-3pm on MS Teams						