Wirral Community Health and Care NHS Foundation Trust

Amendment to the Foundation Trust Constitution

Meeting	Board of Directors		
Date	1 May 2019	**Agenda item**	**13**
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Alison Hughes, Director of Corporate Affairs		

To Approve ☐	**To Note** ☑	**To Assure** ☐

Link to strategic objectives & goals - 2017-19	
Please mark ✔ against the strategic goal(s) applicable to this paper	
Our Patients and Community - To be an outstanding trust, providing the highest levels of safe and person-centred care	
We will deliver outstanding, safe care every time	✔
We will provide more person-centred care	✔
We will improve services through integration and better coordination	✔
Our People - To value and involve skilled and caring staff, liberated to innovate and improve services	
We will improve staff engagement	✔
We will advance staff wellbeing	✔
We will enhance staff development	✔
Our Performance - To maintain financial sustainability and support our local system	
We will grow community services across Wirral, Cheshire & Merseyside	✔
We will increase efficiency of corporate and clinical services	✔
We will deliver against contracts and financial requirements	✔

Link to Principal Risks in the Board Assurance Framework - *please mark ✔ against the principal risk(s) - does this paper constitute a mitigating control?*	
Failure of organisations across the system to delegate appropriate authority to support the integrated care system (Healthy Wirral)	✔
Failure to engage staff to secure ownership of the Trust's vision and strategy	
Increasing fragility of the social care market	
The impact of the outcome of the Urgent Care Review compromising financial stability and the future model of care	
Services fail to remain compliant with the CQC fundamentals of care leading to patient safety incidents and regulatory enforcement action and a loss of public and system confidence	✔
Inability to implement the Trust's clinical transformation strategy and preferred model of care - Neighbourhood care	

Wirral Community Health and Care NHS Foundation Trust

Commissioning decisions do not promote integrated working across the health and care system	✔
Failure to build the workforce skills and infrastructure to transform services to meet the demographic needs of the workforce and population	
Security of public health funding and subsequent contractual decisions impacting on the range of services provided to Wirral & Cheshire East	✔
Failure to foster, establish and manage the right partnerships that enable a response to commissioning intentions	
Development of place-based care outside of Wirral, limits the Trust's ability to expand/retain services in these areas	
Failure to deliver the efficiency programme	✔
Failure to achieve all the relevant financial statutory duties	
The impact of the outcome of the Carter Review on community services benchmarking on commissioning decisions	
Impact of supporting the delivery of the 3-year financial plan and future sustainability of the Wirral system	

Link to the Organisational Risk Register (Datix)

Has an Equality Impact Assessment been completed?	**Yes** ☐	**No** ☑

Paper history		
Submitted to	**Date**	**Brief Summary of Outcome**
Council of Governors	5 February 2019	The Council of Governors approved the amendment to the FT constitution.

Amendment to the Foundation Trust Constitution

Purpose

1. The purpose of this paper is to confirm to the Board of Directors the amendment to the Foundation Trust Constitution, approved by the Council of Governors, to reflect the name change of the Trust to **Wirral Community Health and Care NHS Foundation Trust**.

2. Following a process conducted in accordance with NHS England guidance, the Trust name changed with effect from 1 April 2019.

Executive summary

3. An engagement process was conducted with stakeholders, staff and governors during the summer months of 2018 and the Board of Directors received the feedback following this exercise at an informal session in December 2018 to agree and approve next steps.

4. The consistent theme through all of the feedback related to the word 'community' in our name; our stakeholders and very importantly our staff recognised this as important to highlight the value of community services and the important role we continue to play with our partners supporting both the health and care needs of the populations we serve.

5. The Board of Directors therefore agreed to change the name of the Trust to:

Wirral Community Health and Care NHS Foundation Trust

6. The Council of Governors received a communication confirming this decision in December 2018 and subsequently formally approved the amendment to the FT constitution at a formal meeting of the CoG on 5 February 2019. This was reported to the Board at its formal meeting on 1 March 2019 through the Lead Governor report.

7. The FT constitution has been updated to reflect this change and is available on the Trust's public website. A revised version of the constitution will also be sent to NHS Improvement for the FT directory available on their website.

Board of Directors Action

8. The Board of Directors is asked to note the process completed in accordance with NHS England guidance and note the amendment to the FT constitution.

Alison Hughes
Director of Corporate Affairs

1 April 2019

Wirral Community Health and Care NHS Foundation Trust

NHS Provider Licence Self-Certification 2018-19

Meeting	Board of Directors		
Date	1 May 2019	**Agenda item**	**14**
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Alison Hughes, Director of Corporate Affairs		

To Approve	✔	**To Note**		**To Assure**	

Link to strategic objectives & goals - 2017-19	
Please mark ✔ against the strategic goal(s) applicable to this paper	
Our Patients and Community - To be an outstanding trust, providing the highest levels of safe and person-centred care	
We will deliver outstanding, safe care every time	
We will provide more person-centred care	
We will improve services through integration and better coordination	
Our People - To value and involve skilled and caring staff, liberated to innovate and improve services	
We will improve staff engagement	
We will advance staff wellbeing	
We will enhance staff development	
Our Performance - To maintain financial sustainability and support our local system	
We will grow community services across Wirral, Cheshire & Merseyside	
We will increase efficiency of corporate and clinical services	✔
We will deliver against contracts and financial requirements	✔

Link to Principal Risks in the Board Assurance Framework - *please mark ✔ against the principal risk(s) - does this paper constitute a mitigating control?*	
Failure of organisations across the system to delegate appropriate authority to support the integrated care system (Healthy Wirral)	
Failure to engage staff to secure ownership of the Trust's vision and strategy	
Increasing fragility of the social care market	
The impact of the outcome of the Urgent Care Review compromising financial stability and the future model of care	
Services fail to remain compliant with the CQC fundamentals of care leading to patient safety incidents and regulatory enforcement action and a loss of public and system confidence	
Inability to implement the Trust's clinical transformation strategy and preferred model of care - Neighbourhood care	

Commissioning decisions do not promote integrated working across the health and care system	
Failure to build the workforce skills and infrastructure to transform services to meet the demographic needs of the workforce and population	
Security of public health funding and subsequent contractual decisions impacting on the range of services provided to Wirral & Cheshire East	
Failure to foster, establish and manage the right partnerships that enable a response to commissioning intentions	
Development of place-based care outside of Wirral, limits the Trust's ability to expand/retain services in these areas	
Failure to deliver the efficiency programme	
Failure to achieve all the relevant financial statutory duties	✔
The impact of the outcome of the Carter Review on community services benchmarking on commissioning decisions	
Impact of supporting the delivery of the 3-year financial plan and future sustainability of the Wirral system	

Link to the Organisational Risk Register (Datix)

Has an Equality Impact Assessment been completed?	**Yes** ☐	**No** ☑

Paper history		
Submitted to	**Date**	**Brief Summary of Outcome**
No previous reporting history. Annual self-certification required by NHS Improvement.		

Wirral Community Health and Care NHS Foundation Trust

NHS Provider Licence Self-Certification 2018-19

Purpose

1. The purpose of this paper is to provide evidence of compliance against the Provider Licence to support a decision by the Board of Directors.

Background

2. NHS Improvement (NHSI) oversees an NHS Foundation Trust's compliance with its licence conditions.

3. NHS Providers are required to self-certify the following after the financial year-end:

Condition G6(3)	The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS constitution
Condition CoS7(3)	If providing commissioner requested services, the provider has a reasonable expectation that required resources will be available to deliver the designated services
Condition FT4(8)	The provider has complied with required governance arrangements (this includes the training of governors)

4. The process for 2018-19 is similar to 2017-18 with Trust not required to return completed provider licence self-certifications to NHSI. Instead the process of audit allows NHSI to contact a select number of NHS Trusts and Foundation Trusts to ask for evidence that they have self-certified either by providing the completed or relevant board minutes and papers recording sign-off.

5. There is no set process for assurance on how conditions are met; Boards need to understand the reported position and sign off on compliance.

6. Condition CoS7(3) is **not applicable** to the Trust as the Trust is not a designated CRS provider; this has been confirmed with the CCG.

Self-certification returns deadlines

7. ***Condition G6(3)*** - *Systems for compliance with licence*

    - Deadline for Board sign off 31 May 2019
    - The G6 self-certification must be published (on the Trust's website) by 30 June 2019.

8. ***Condition FT4*** - *Corporate Governance Statement and Training of governors*

    - Deadline for Board sign off 30 June 2019

Proposed position

9. The Director of Corporate Affairs has reviewed the statements and considered the evidence against each and is recommending that the Board of Directors self-certifies 'Confirmed' for all elements.

10. The evidence to support the proposed position is outlined in **appendix 1** for further Board discussion.

Wirral Community Health and Care NHS Foundation Trust

Board action

11. The Board of Directors is asked to:

- Consider the responses and evidence aligned to each element of the provider licence conditions in **appendix 1**, which the Board is required to self-certify against, and confirm/approve the proposed response.
- Note that the templates issued by NHSI will be completed confirming the self-certification position and available to all Board members.
- Note that the agreed return in relation to G6 will be published no later than 30 June 2019.

Alison Hughes
Director of Corporate Affairs

24 April 2019

Wirral Community Health and Care NHS Foundation Trust

Appendix 1

G6 (3) - *Systems for compliance with licence* *(deadline for board sign off - 31 May 2019)*			
The board are required to respond 'Confirmed' or 'Not confirmed' to the following statement. Explanatory information should be provided where required.			
	Statement	**Response *(& supporting information/evidence for board assurance)***	**Risks/Mitigations**
1	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	**CONFIRMED** At the meeting of the Audit Committee on 10 April 2019 the Trust's internal auditors Mersey Internal Audit Agency (MIAA) presented their Head of Internal Audit Opinion providing overall **Substantial Assurance** confirming that *"there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently"*. This is a key piece of evidence to support compliance with this condition of the provider licence. Further evidence to support this condition include the refreshed Risk Policy (GP45), approved by the Audit Committee in December 2018, the Risk Reports presented to each committee of the Board, the Board Assurance Framework supported by the Annual Assurance Framework Opinion from MIAA, the Quality & Patient Experience Report received by the Quality & Safety Committee and the Integrated Performance Reporting arrangements to the Board of Directors. The Trust has also developed the Trust Information Gateway (TIG) and reviewed governance arrangements across the organisation. The implementation of the Trust Information Gateway (TIG) has provided the opportunity to review reporting and monitoring arrangements as it presents an electronic solution for the timely interrogation of performance data across multiple domains across the organisation, thereby improving the availability and accuracy of data and the flow of information and assurance through the governance structure.	No risks identified.

Wirral Community Health and Care NHS Foundation Trust

FT4 Declaration - Corporate Governance Statement & Training of Governors *(deadline for board sign off - 30 June 2019)*			
The Board are required to respond 'Confirmed' or 'Not confirmed' to the following statements, setting out any risks and mitigating actions planned for each one.			
	Statement	**Response *(& supporting information/evidence for board assurance)***	**Risks/Mitigations**
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	**CONFIRMED** The Annual Governance Statement 2018-19 (to be approved by the Audit Committee on 22 May 2019) outlines the main arrangements in place to ensure the Trust applies the principles, systems and standards of good corporate governance expected of it as a provider of health and social care services. There is an internal audit programme in place, under the direction of the Audit Committee to ensure systems and processes are appropriately tested. The external auditors deliver a robust annual audit plan reporting to the Audit Committee.	No risks identified
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	**CONFIRMED** The Board retains oversight of new guidance issued by regulatory bodies including NHSI and CQC through informal board sessions.	No risks identified.
3	The Board is satisfied that the Licensee implements: (a) Effective board and committee structures (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	**CONFIRMED** a) The Board committee structures reporting through to Board are defined and supported through a review of committee terms of reference and reporting arrangements. The Board has formally delegated specific responsibilities to the committees listed below, full minutes of which are provided to Board.	No risks identified.

		• Quality & Safety Committee • Finance & Performance Committee • Education & Workforce Committee • Remuneration & Terms of Service Committee • Audit Committee In 2018-19, the Trust began a review of the integrated governance arrangements in the Trust. This review included considering the Trust's governance structure, identifying areas of duplication in the current structure and the opportunity to strengthen oversight and assurance on performance across the organisation, from service and divisional level to the committees and the Board of Directors. The implementation of the Trust Information Gateway (TIG) provided the opportunity to review arrangements as it presents an electronic solution for the timely interrogation of performance data across multiple domains across the organisation, thereby improving the availability and accuracy of data and the flow of information and assurance through the governance structure. The review recommended the establishment of three new key groups within the governance structure supporting the flow of assurance to the committees of the Board. • The Oversight & Management Board (OMB) provides assurance to the Board of Directors, through the sub-committees of the Board, that effective performance management is being discharged across the organisation. The OMB reviews performance and risk management across the Trust according to quality, workforce, and financial, contractual and operational	

		performance. • The Programme Management Board (PMB) is responsible for the management and delivery of a suite of programmes, projects and Task and Finish Groups designed to create step change towards the delivery of the organisational strategy of Wirral Community NHS Foundation Trust. • The Standards Assurance Framework for Excellence (SAFE) Steering Group is responsible for the effective management and delivery of the Trust's Standards Assurance Framework providing compliance with regulatory standards. The timeliness and availability of performance data has been reviewed following the implementation of TIG and the flow of information from divisional level to committees mapped accordingly. The Board of Directors has been involved in the review through discussions at informal session and receiving a status paper at formal Board of Directors in January 2019. The cycle of monthly committee meetings has been discussed in respect of the review and a move to a bi-monthly schedule during Q4 and Q1 supported. The members of the Board were sufficiently assured that the introduction of TIG and the OMB would provide robust performance management on a monthly basis and sufficient assurance to the committees of the Board. The escalation in-month has been recognised to ensure timely alerts as appropriate to the committees.	

4	The Board is satisfied that the Licensee effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence (g) To generate and monitor NHS Improvement delivery of business plans (including any changes to such plans) and to receive	**CONFIRMED** a) The Board's infrastructure including the committees of the Board together with various operational groups, ensure that the Board of Directors is assured that the organisation's decisions and business are monitored effectively and efficiently. There are clear escalation routes up to the Board of Directors (as described above). b) The Oversight & Management Board (OMB) and the relevant committees scrutinise key areas of performance including quality, workforce, finance, operational and contractual. The OMB scrutinises performance at every meeting and the committees receive a record of the discussion prior to each meeting; the committees review performance and risk by exception (and in accordance with ToR) at each meeting and subsequently provide assurance to the Board of Directors through a regular committee report highlighting any key recommendations or key risks identified. The TIG as described above allows for more real-time monitoring of performance data and is accessible to all members of the Board at any time. c) The Quality & Safety Committee reviews the patient experience and quality report, with quality performance data available in TIG. The SAFE group described above provides assurance to the committee on the Trust's compliance with CQC fundamental standards; in year the Trust has adopted an on-line tool to support service self-assessments against the CQC domains. This is available to all staff across the Trust and progress is	No risks identified.

	internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	reviewed at every SAFE meeting with a highlight report provided to the Quality & Safety Committee for assurance and further analysis. An approved Quality Improvement and Audit Programme is in place, overseen by the Audit Committee. The Trust's Quality Report 2018-19 highlights the quality improvements made during the period and outlining the priorities for 2019-20. d) The Trust reviewed its Standing Financial Instructions (SFIs) and Scheme of Reservation and Delegation of Powers (SoRD) in 2018-19 to reflect current procurement practices; this determines the agreed framework for financial decision making, management and control. Systems of internal control are in place and are subject to regular audit on an annual basis through the trust's internal audit programme and by external auditors. The Finance & Performance Committee and Audit Committee are the principal committees that maintain oversight. There are robust systems and processes in place to monitor and oversee all CIP schemes; the newly established Programme Management Board (PMB) monitors the progress of efficiency programmes and meets on a monthly basis. The trust has a good track record of effective financial management and of achieving all statutory financial duties. e) The Board and committee meeting dates are scheduled to allow the most up-to-date information is provided to meetings for scrutiny and assurance. The Standing Orders for the Practice and Procedure of the Board of Directors (Para 3.1) also provide for the Chairman to	

		call a meeting of the Board at any time. The members of the Board also receive regular flash reports highlighting any important developments across the Trust. The TIG also allows for members of the Board to access performance data across multiple domains at any time and the record of discussions at the OMB, PMB and SAFE are reported to committees. f) The trust has an approved Risk Policy in place updated in 2018-19 and approved by the Audit Committee. The Board Assurance Framework and Organisational Risk Register provide the framework through which risks are considered, reviewed and managed. The OMB tracks all risks 12+ and receives an overall organisational risk healthscore to determine the robust management of risks. Any risks from the organisational risks register 15+ are escalated through the committee structure with each committee of the board receiving monthly Risk Reports highlighting risks relevant to the committee's area of responsibility. The trust's risk management arrangements and Board Assurance Framework are subject to an internal audit on an annual basis with the review in 2018-19 receiving Substantial Assurance. g) The Trust has an annual planning process that ensures future business plans are developed and supported by appropriate engagement and approvals. h) The governance, risk and control processes in place ensure that the trust remains compliant with all the legal requirements.	
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above)	**CONFIRMED** a) There are effective appraisal processes in place to	No risks identified.

	should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	support the Board members individually and collectively. There were changes to the Non-Executive group during 2018-19 with the Council of Governors supporting the recruitment of two new NEDs both of whom commenced with the Trust in February 2019. The Executive team welcomed a new Medical Director during 2018-19. All of this is described in the Annual Report. b) There are robust QIA and EIA processes in place to support decision making processes for any service development or changes and any impact on the quality of care is carefully considered. c) The newly established SAFE group supports the monitoring of information on quality of care; the monthly OMB receives a quality performance report from the Deputy Director of Nursing and the Quality & Safety Committee considers a detailed patient experience and quality report. The committee chair reports any key decisions and recommendations to the next meeting of the board. d) As above - the board receives a report from the QSC. The board also receives the Quality Strategy annually. e) Members of the board are engaged in quality initiatives, including walkrounds and service visits and there is an active Freedom to Speak Up group with over 40 champions identified from across the organisation. One of the NEDs has been appointed the 'Freedom to Speak up Guardian' for the Trust. The members of the board, particularly NEDs meet with the Council of Governors to take account of views from outside the	

		organisation. The CoG has established a 'Quality Forum' which meets quarterly with the Director of Nursing and is involved in the development of quality goals. f) There is clear accountability for quality of care through the Director of Nursing and Medical Director. The revised governance arrangements provide a strengthening of quality governance.	
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	**CONFIRMED** The Board of Directors completed a skills analysis during 2018-19 to support the recruitment of two new Non-Executive Directors to ensure an appropriate mix of skills and experience at board level. All members of the Board and Associate Directors comply with the requirements of the Fit and Proper Persons Regulation and all members of the board and senior decision makers complete declaration of interests. The annual appraisal process supports effective succession planning through talent conversations and a number of senior managers are engaged in national programmes to support their development to Director level, as appropriate. The Council of Governors fulfil their duty to appoint the Non-Executive Directors of the Board and led the process to recruit two new Non-Executive Directors for the organisation in 2018-19.	No risks identified.
Training of governors			
1	The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the	**CONFIRMED** The Council of Governors meets formally on a quarterly basis with a further development/training day annually. Below the Council of Governors a number of sub-groups have been established to support the governors in	

	skills and knowledge they need to undertake their role.	discharging their duties effectively. These include; • Remuneration & Nomination subgroup • Governors Quality Forum • Your Voice group (with public members) The agenda for the development day is set to ensure local news and developments are discussed providing an opportunity for questions from governors. The Trust refreshes its organisationsl strategy each year and the governors are invited to be part of the process to provide local input but also to understand the forward plans and strategic direction of the Trust. The Trust has committed to holding two development days during 2019-20 to support on-going governor development.	

Wirral Community Health and Care NHS Foundation Trust

Audit Committee Annual Report 2018-19

Meeting	Board of Directors		
Date	1 May 2019	**Agenda item**	**15**
Lead Director	Brian Simmons, Non-Executive Director/Chair of Audit Committee		
Author(s)	Alison Hughes, Director of Corporate Affairs		

To Approve	✔	**To Note**		**To Assure**	

Link to strategic objectives & goals - 2017-19	
Please mark ✔ against the strategic goal(s) applicable to this paper	
Our Patients and Community - To be an outstanding trust, providing the highest levels of safe and person-centred care	
We will deliver outstanding, safe care every time	✔
We will provide more person-centred care	
We will improve services through integration and better coordination	
Our People - To value and involve skilled and caring staff, liberated to innovate and improve services	
We will improve staff engagement	
We will advance staff wellbeing	
We will enhance staff development	
Our Performance - To maintain financial sustainability and support our local system	
We will grow community services across Wirral, Cheshire & Merseyside	
We will increase efficiency of corporate and clinical services	✔
We will deliver against contracts and financial requirements	✔

Link to Principal Risks in the Board Assurance Framework - *please mark ✔ against the principal risk(s) - does this paper constitute a mitigating control?*	
Failure of organisations across the system to delegate appropriate authority to support the integrated care system (Healthy Wirral)	
Failure to engage staff to secure ownership of the Trust's vision and strategy	
Increasing fragility of the social care market	
The impact of the outcome of the Urgent Care Review compromising financial stability and the future model of care	
Services fail to remain compliant with the CQC fundamentals of care leading to patient safety incidents and regulatory enforcement action and a loss of public and system confidence	✔
Inability to implement the Trust's clinical transformation strategy and preferred model of care - Neighbourhood care	

Commissioning decisions do not promote integrated working across the health and care system	
Failure to build the workforce skills and infrastructure to transform services to meet the demographic needs of the workforce and population	
Security of public health funding and subsequent contractual decisions impacting on the range of services provided to Wirral & Cheshire East	
Failure to foster, establish and manage the right partnerships that enable a response to commissioning intentions	
Development of place-based care outside of Wirral, limits the Trust's ability to expand/retain services in these areas	
Failure to deliver the efficiency programme	
Failure to achieve all the relevant financial statutory duties	✔
The impact of the outcome of the Carter Review on community services benchmarking on commissioning decisions	
Impact of supporting the delivery of the 3-year financial plan and future sustainability of the Wirral system	

Link to the Organisational Risk Register (Datix)
None identified.

Has an Equality Impact Assessment been completed?	**Yes** ☐	**No** ☑

Paper history		
Submitted to	**Date**	**Brief Summary of Outcome**
No previous reporting history.		

Wirral Community Health and Care NHS Foundation Trust

Audit Committee Annual Report 2018-19

Purpose

1. This paper provides the Trust Board of Directors with an annual report from the Audit Committee of Wirral Community NHS Foundation Trust.

Executive Summary

2. The report summarises the activities of the Trust's Audit Committee for the financial year 2018-19 setting out how it has met its terms of reference and key priorities.

3. The committee is a formal committee of the Board of Directors. It follows best practice guidance as set out in the NHS Audit Committee Handbook 2014 providing a form of independent check upon the management of the Trust.

Rationale and Implications

4. The annual report attached as **Appendix 1** provides an overview and summary of the following key points:

    - Membership of the committee and frequency of meetings
    - Governance arrangements to support the committee
    - The work and achievements of the committee during the financial year 2017-18 including clinical audit, internal and external audit and counter fraud
    - The role of the committee in approving the Trust's Annual Report and Annual Accounts and the Quality Report

Conclusion

5. The Audit Committee of Wirral Community NHS Foundation Trust is of the view that it has taken appropriate steps to perform its duties as delegated by the Board of Directors and it has no cause to raise any issues of significant concern with the Board arising from its work during 2018-19.

Board Action

6. The Board of Directors is asked to endorse the Annual Report of the Audit Committee.

Brian Simmons
Non-Executive Director
Chair, Audit Committee

Alison Hughes,
Director of Corporate Affairs

April 2019

Wirral Community Health and Care NHS Foundation Trust

Audit Committee Annual Report for the Financial Year 2018-19

Introduction

1. This Annual Report to the Board of Directors and the Council of Governors summarises the activities of the Audit Committee (the Committee) of Wirral Community NHS Foundation Trust for the financial year 2018-19 setting out how it has met its terms of reference and key priorities.

2. The Committee is a formal committee of the Board of Directors (the Board). It follows best practice guidance as set out in the NHS Audit Committee Handbook 2014 providing a form of independent check upon the management of the Trust.

Membership and Meetings

3. The Committee comprises four Non-Executive Directors including the appointed Committee Chair, Brian Simmons.

4. The Chair of the Audit Committee has significant financial experience; previously Assistant Chief Officer and Finance Director for the Cheshire Constabulary and is a fellow of the Chartered Institute of Management Accountants.

5. Members of the Committee during 2018-19 were:

   - Brian Simmons, Chair
   - Chris Allen, Member (up to January 2019)
   - Murray Freeman, Member (up to April 2018)
   - Beverley Jordan, Member
   - Chris Bentley, Member (from February 2019)
   - Gerald Meehan, Member (from February 2019)

6. Brief CVs of members including any declared interests can be found on the Trust's website.

7. In addition to the members, the following trust officers attended the committee on a regular basis: Chief Finance Officer, Director of Corporate Affairs, Director of Nursing & Quality Improvement and Local Security Management Specialist.

8. The Chief Executive attends annually and other Directors and Senior Managers attend by invitation and at the request of members.

9. The Trust's internal (MIAA) and external auditors (Ernst & Young) attend all meetings to report on the matters they have investigated, to advise on a range of risk and control issues, and to formally report on the financial statements.

10. The committee's terms of reference for the financial year are attached at **appendix 1** and were updated at the beginning of 2018-19 to include reference to the Quality &

Safety Committee, the Director of Corporate Affairs and clarification regarding the submission of a quarterly report to the Audit Committee on the national FTSU benchmarking data.

11. Through the terms of reference, the committee is responsible on behalf of the Board for independently reviewing the systems of governance, control, risk management and assurance. Its activities cover the Trust's governance agenda.

12. It reviews (in summary):

- The adequacy and effectiveness of all risk and control related disclosure statements
- The underlying assurance processes that indicate the degree of achievement of corporate objectives and the effectiveness of the management of principal risks
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification
- The Corporate Governance Manual, Standing Orders, Standing Financial Instructions and Scheme of Delegation
- The policies and procedures for all work related to fraud and corruption

13. The Committee met on five occasions during 2018-19; a schedule of attendance is included in the table below.

14. Following each meeting of the committee a report is issued to the Board summarising the key topics discussed and any formal recommendations. The minutes of each meeting, once ratified are also presented to the following meeting of the Board.

Table 1: Audit Committee members' attendance information 2017-18

	18 April 2018	**23 May 2018**	**19 September 2018**	**5 December 2018**	**13 February 2019**
Brian Simmons	✔	✔	✔	✔	✔
Chris Allen	✔	✔	-	✔	
Murray Freeman	-				
Beverley Jordan	✔	✔	✔	✔	✔
Chris Bentley					-
Gerald Meehan					✔

Governance Arrangements

15. The Board committee structures reporting through to Board are defined and supported through a review of committee terms of reference and reporting arrangements. The Board has formally delegated specific responsibilities to the committees listed below, full minutes of which are provided to Board.

- Quality & Safety Committee
- Finance & Performance Committee
- Education & Workforce Committee
- Remuneration & Terms of Service Committee
- Audit Committee

16. In August 2018, the Trust began a review of the integrated governance arrangements in the Trust. This review included considering the Trust's governance structure, identifying areas of duplication in the current structure and the opportunity to

strengthen oversight and assurance on performance across the organisation, from service and divisional level to the committees and the Board of Directors.

17. The implementation of the Trust Information Gateway (TIG) provided the opportunity to review arrangements as it presents an electronic solution for the timely interrogation of performance data across multiple domains across the organisation, thereby improving the availability and accuracy of data and the flow of information and assurance through the governance structure.

18. The review recommended the establishment of three new key groups within the governance structure supporting the flow of assurance to the committees of the Board.

    - The Oversight & Management Board (OMB) provides assurance to the Board of Directors, through the sub-committees of the Board, that effective performance management is being discharged across the organisation. The OMB reviews performance and risk management across the Trust according to quality, workforce, and financial, contractual and operational performance.

    - The Programme Management Board (PMB) is responsible for the management and delivery of a suite of programmes, projects and Task and Finish Groups designed to create step change towards the delivery of the organisational strategy of Wirral Community NHS Foundation Trust.

    - The Standards Assurance Framework for Excellence (SAFE) Steering Group is responsible for the effective management and delivery of the Trust's Standards Assurance Framework providing compliance with regulatory standards.

19. The timeliness and availability of performance data has been reviewed following the implementation of TIG and the flow of information from divisional level to committees mapped accordingly. The Board of Directors has been involved in the review through discussions at informal session and receiving a status paper at formal Board of Directors in January 2019. The cycle of monthly committee meetings has been discussed in respect of the review and a move to a bi-monthly schedule during Q4 and Q1 supported.

20. The members of the Board were sufficiently assured that the introduction of TIG and the OMB would provide robust performance management on a monthly basis and sufficient assurance to the committees of the Board. The escalation in-month has been recognised to ensure timely alerts as appropriate to the committees.

Work and achievements of the committee

21. The committee meets its responsibilities through requesting assurances from management and by receiving reports from the internal auditors, the external auditors and other specialists and advisors.

22. The committee also recognises the quality of the discussion, the scrutiny applied and the assurances given at the sub-committees of the Board which in turn provides significant assurance and where necessary timely and appropriate escalation of risks and issues to the Audit Committee.

23. During 2018-19, the committee gave attention to the following issues:

Governance

24. The committee discussed the annual work plan for the financial year which included the review and approval of the Annual Governance Statement (AGS), the Annual Report and Accounts, and the Quality Report.

25. The Board Assurance Framework (BAF) was reviewed by the committee at each meeting providing assurance on the systems and processes in place to manage strategic risks across the organisation. The committee was also kept updated on the work of the Board of Directors to complete an annual review of the principal risks.

26. The action plan in relation to Managing Conflicts of Interest was received with a revised policy in accordance with the new Trust-wide policy template presented and supported by members prior to submitting to the Board of Directors for formal ratification.

27. The revised Policy for Risk Identification & Management (GP45) was reviewed and approved by the committee.

28. The updated Policy for Policy Management (GP5), the revised trust-wide policy template and the trust-wide policy schedule were all presented to the committee for approval. It was agreed that the trust-wide policy schedule would be presented to the committee on a half-yearly basis.

29. Tender Waiver Applications were reported to the committee to give assurance that processes had been followed which complied with local guidance, as described in the Trust's Standing Financial Instructions (SFIs).

Clinical Audit

30. The Trust's *Quality Improvement Annual Programme - Clinical Audit & Continuous Quality Improvements for 2018-19* was formally approved by the Audit Committee at its meeting in April 2018. The report provided an overview of the planned clinical audit activity by division including Adult Social Care.

31. An update report was provided to the committee in December 2018 to provide assurance that all projects were on track to be completed as planned and to advise the committee of some changes and additions to the annual programme.

32. The key quality outcomes from the audits will be reported in the Trust's Annual Quality Report 2018-19.

Independent Assurance - Internal Audit

33. Mersey Internal Audit Agency (MIAA) has provided the internal service since the Trust's establishment on 1 April 2011. In April 2018 the committee received the annual audit plan for approval and regular progress reports on the delivery of the plan at each of its meetings.

34. The work of internal audit during 2018-19 included 9 assurance reviews, 1 advisory review on Integrated Health & Social Care, and 1 review on Conflicts of Interest that provided actions rather than an assurance level. Of the full reviews, 7 received substantial assurance, 1 received limited assurance and 1 moderate assurance.

35. In relation to all audit reviews, the Trust provided a managerial response with action plans in place to deliver on the recommendations made. Each sub-committee of the Board receives audit reports relevant to its scope of responsibility and associated

action plan where required. The Audit Committee maintains oversight of all internal audit reviews via an audit tracker tool and regular progress reports from MIAA.

Table 2: Internal Audit Reviews 2018-19

Review Title	Assurance Level
Financial Systems Reporting & Integrity	Substantial/High
Service Transformation & QIAs	Substantial
Performance Data & Key Performance Indicators	Substantial
Data Protection & Security Toolkit	Substantial
Mobile Devices	Limited
Risk Management Arrangements	Substantial
Cyber Security Follow Up	Moderate
Payroll/ESR	Substantial
Quality Spot Checks - Learning from Deaths - FTSU	 Substantial Moderate

36. MIAA also provided the Annual Assurance Framework Opinion and the Head of Internal Audit Opinion to assist in the production of the Annual Governance Statement and the Annual Report & Accounts 2018-19.

37. The audit tracker was reviewed at each of the meetings and enabled members to track progress against the recommendations for each audit report. Any reviews receiving Limited Assurance were shared in full with the Audit Committee for oversight and assurance on progress against the action plans put in place. Any reports receiving Substantial/High Assurance were reported to the committee through the MIAA progress report and the audit tracker. The individual (Significant Assurance) reports were not presented to the committee given they were reviewed in detail by the relevant committee of the board.

Independent Assurance - External Audit

38. Ernst & Young (EY) was the appointed external auditor for the Trust for 2018-19.

39. In May 2018, the Audit Findings Report in respect of the 2017-18 financial year was presented to the committee confirming that the audit work in respect of the Trust audit opinion was substantially complete. This report advised that an unqualified auditor's report in respect of the Trust's accounts was expected (and was subsequently confirmed). It is worthy of note that 2017-18 was the first year EY audited the Trust.

40. EY presented their Audit Planning Report for 2018-19 to the committee in February 2019 summarising their approach for a full and thorough audit of the Trust's accounts for the financial year 2018-19. At the meeting of the Audit Committee in May 2019 EY will provide their anticipated opinion.

Local Security Management

41. The Local Security Management Annual Report 2018-19 was presented to the Audit Committee in April 2019 to demonstrate compliance with the requirements of the NHS Standard Contract to put in place and maintain appropriate counter fraud and security management arrangements. The report summarised security related incidents drawing comparisons where possible, with the previous financial years.

42. The Local Security Management Specialist (LSMS) attended each meeting of the Audit Committee to provide an update report.

43. The Audit Committee received and supported the objectives for 2018-19 in relation to Local Security Management.

Counter Fraud

44. The Audit Committee oversees robust processes in respect to fraud with dedicated resource and access to NHS specialists. The dedicated Anti-Fraud Specialist (AFS), provided by Mersey Internal Audit Agency (MIAA) undertakes both proactive and reactive work including direct investigation of potential frauds.

45. The Trust has established good processes in respect of fraud, overseen by the Chief Finance Officer and reported to the Audit Committee.

46. The LCFS annual work plan for 2018-19 was approved by the Audit Committee in April 2018. The annual work plan takes a risk-based approach utilising NHS Protect's Risk Assessment Tool. The Audit Committee receives a counter fraud update at each of its meetings. This provides information on current fraud enquiries and any other related issues.

47. During the financial year 2018-19 the AFS completed a wide range of work across the main key areas of activity as outlined by NHS Protect and agreed within the workplan by the Audit Committee. The plan was delivered in full.

48. There were 2 referrals for alleged frauds during 2018-19 and both remain active investigations.

49. The Anti-Fraud Services Annual Plan for 2019-20 was presented to the committee in February 2019.

Annual Report and Year-end declarations

50. The Audit Committee has requested delegated authority from the Trust Board of Directors at its meeting on 1 May 2019 to receive and approve the accounts and annual reports for the financial year 2018-19.

51. The Chief Executive will be in attendance at the meeting of the Audit Committee in May 2019 to sign the necessary certificates and statutory declarations. A report from the meeting of the Audit Committee will be presented to the Board of Directors at its next meeting in July 2019 confirming that all the necessary requirements have been met.

Annual Governance Statement

52. The internal auditors performed a range of audits during the year (see Table 2) which supported the Head of Internal Audit Opinion on the effectiveness of the Trust's internal control which the committee reviewed at its April 2019 meeting. The committee will support the development of the Annual Governance Statement based on NHSI requirements and Internal Audit Assurance and will review and approve it for inclusion in the Annual Report and Accounts at its meeting in May 2018.

Quality Report

53. In May 2018, the committee reviewed and approved the Trust's Annual Quality Report for 2017-18 which provided assurance on the provision of high quality, safe and effective services.

54. The Audit Committee approved the Quality Report for submission as part of the Trust's Annual Report & Accounts 2017-18.

Conclusion

55. The Audit Committee of Wirral Community NHS Foundation Trust is of the view that it has taken appropriate steps to perform its duties as delegated by the Board and it has no cause to raise any issues of significant concern with the Board arising from its work during 2018-19. There were no breaches of or deficiencies in internal control during 2018-19.

56. In making this statement, the Committee members acknowledge the support given to it by management, in particular the Chief Finance Officer, the Director of Corporate Affairs and the Director of Nursing & Quality Improvement, and by the internal and external auditors.

57. During 2019-20, the committee will keep under review its working arrangements and ensure it continues to develop its own practice to improve its own effectiveness.

58. The Board is asked to endorse this Annual Report from the Audit Committee.

Brian Simmons
Chair, Audit Committee

April 2019

Wirral Community Health and Care NHS Foundation Trust

Informal Board sessions and Board Development Events 2019-20

Meeting	Board of Directors		
Date	1 May 2019	**Agenda item**	**16**
Lead Directors	Alison Hughes, Director of Corporate Affairs		
Author(s)	Karen Lees, Specialist Advisor - Corporate Governance		

To Approve	✔	**To Note**		**To Assure**	

Link to strategic objectives & goals - 2017-19	
Please mark ✔ against the strategic goal(s) applicable to this paper	
Our Patients and Community - To be an outstanding trust, providing the highest levels of safe and person-centred care	
We will deliver outstanding, safe care every time	
We will provide more person-centred care	
We will improve services through integration and better coordination	
Our People - To value and involve skilled and caring staff, liberated to innovate and improve services	
We will improve staff engagement	✔
We will advance staff wellbeing	
We will enhance staff development	✔
Our Performance - To maintain financial sustainability and support our local system	
We will grow community services across Wirral, Cheshire & Merseyside	
We will increase efficiency of corporate and clinical services	
We will deliver against contracts and financial requirements	

Link to Principal Risks in the Board Assurance Framework - *please mark ✔ against the principal risk(s) - Does this paper constitute a mitigating control?*	
Failure of organisations across the system to delegate appropriate authority to support the integrated care system (Healthy Wirral)	
Failure to engage staff to secure ownership of the Trust's vision and strategy	✔
Increasing fragility of the social care market	✔
The impact of the outcome of the Urgent Care Review compromising financial stability and the future model of care	
Services fail to remain compliant with the CQC fundamentals of care leading to patient safety incidents and regulatory enforcement action and a loss of public and system confidence	
Inability to implement the Trust's clinical transformation strategy and preferred model of care - Neighbourhood care	
Commissioning decisions Do not promote integrated working across the health and care system	

Failure to build the workforce skills and infrastructure to transform services to meet the demographic needs of the workforce and population	✔
Security of public health funding and subsequent contractual decisions impacting on the range of services provided to Wirral & Cheshire East	
Failure to foster, establish and manage the right partnerships that enable a response to commissioning intentions	✔
Development of place-based care outside of Wirral, limits the Trust's ability to expand/retain services in these areas	
Failure to deliver the efficiency programme	
Failure to achieve all the relevant financial statutory duties	
The impact of the outcome of the Carter Review on community services benchmarking on commissioning decisions	
Impact of supporting the delivery of the 3-year financial plan and future sustainability of the Wirral system	✔

Link to the Organisational Risk Register (Datix)

Has an Equality Impact Assessment been completed?	**Yes** ☑	**No** ☐

Paper history		
Submitted to	**Date**	**Brief Summary of Outcome**
No previous history		

Wirral Community Health and Care NHS Foundation Trust

Informal Board sessions and Board Development Events 2019-20

Purpose

1. The purpose of this paper is to present the proposed 2019-20 annual plan for the Informal Board Sessions, and the Board Development Events for review and approval by the Board.

Executive Summary

2. The Trust has undertaken board development programmes for many years, covering a wide range of topics from the development and effectiveness of the Board, subject matter learning, policy, strategy and operational delivery, as well as workforce development and the culture of the Trust. In other words, the programme was a dynamic mixture of team development and enhancement combined with opportunities to discuss big picture issues and strategy on a regular schedule.

3. The CQC inspection report in 2018, included an action that "the Trust should consider documenting the Board Development programme and dates". Since a programme of dates for these activities were firmly in the diary, the Trust reflected on this recommended action by the CQC and pondered on the impression seemly gained by the CQC that there was no documented Board Development programme, despite there being a full and rich range of relevant activities. To bring clarity to the situation, it was decided to separate out the two parallel veins of development - team development and performance, and issue understanding and discussion - and to set out a framework for issue understanding and discussion which combined predictable interests with the flexibility to respond to news issues of the day.

4. This paper therefore addresses this recommendation with the presentation of the proposed 2019-20 annual programme for the **Informal Board of Directors Sessions**. The Trust will also introduce an annual programme of two additional **Board Development Events** at which the Board will focus on their development as a high performing team, and learning how they can further increase their effectiveness. These Board Development Events will take be spaced throughout the year, usually in the Spring and Autumn.

Informal Board of Directors Sessions and Board Development Events in 2019-20

Background

5. The CQC inspection report in 2018 included an action that "the Trust should consider documenting the Board Development programme and dates".

6. The Board of Directors responded to this statement and the work to address it has taken into account the Board's views on how they would like to develop their skills and knowledge, and the previous approach to and content of board development sessions.

7. The proposals set out in this paper demonstrates how this action has been taken forward and also how it contributes to two further actions identified in the CQC report;

    - "The Trust should consider reviewing executive engagement with staff located further away from the Trust headquarters"; and,
    - "The Trust should ensure that senior staff are aware of the equality groups and their health needs within their demographic".

Scope of the review

8. A review of relevant literature and guidance, and learning from other NHS FTs in England has been completed. The NHS Leadership Academy "The Healthy NHS Board (2013) Principles for

Good Governance" publication sets out a range of information on building Board capacity and capability, under four areas of activity:

- Board Composition, knowledge and skills
- Whole Board and individual Board Member performance appraisal
- Systematic attention to Board learning and development; and,
- Appointment and remuneration of Board Members

9. Further, the CQC and NHSI 'Well-Led Framework' provides a clear structure around 8 key questions which are set out below.

1 Is there the **leadership capacity and capability** to deliver high quality, sustainable care?	2 Is there a clear **vision** and credible **strategy** to deliver high quality, sustainable care to people, and robust plans to deliver?	3 Is there a **culture** of high quality, sustainable care?
4 Are there clear responsibilities, **roles** and systems of accountability to support good governance and management?	**Are services well led?**	5 Are there clear and effective processes for managing **risks**, issues and performance?
6 Is appropriate and accurate **information** being effectively processed, challenged and acted on?	7 Are the **people** who use the services, the public, **staff** and **external partners engaged** and involved to support high quality sustainable services?	8 Are there robust systems and processes for **learning**, continuous **improvement** and **innovation**?

10. Finally, the national framework "Developing People Improving Care" developed by a range of NHS organisations provides an evidence-based guide to improve skill-building, leadership development and talent management for people in NHS-funded roles.

11. Together with the literature review described above, the Trust also completed an organisational review that included:

- the mapping of the topics covered in previous years Board development sessions
- a review of the forward work programme of the Board, so that the future Board development annual plan could include topics the month before the items arise on the public Board agenda. This can provide the Board members with background information on the topic, enhancing the discussions in the Board meeting
- identification of key elements that must be built into the programme, including Trust goals and priorities and the Trust values.
- the 8 Key Lines of Enquiry used by CQC and NHS Improvement when reviewing the Well Led domain
- local authority health profiles for 2018, for the populations the Trust serves
- possible topics and how these can be expanded to contribute towards meeting a range of CQC recommendations from the 2018 inspection report.

12. The views and feedback of the Board of Directors were sought at a board development session in February 2019 with the key aspects members were keen to maintain or introduce through future sessions identified as follows:

- A supportive environment for learning
- Development and sharing of expertise

- Discussion on national policy and planning guidance, and the impacts on the wider system, partners and the trust.
- Mixture of formats for the agenda items
- Increase knowledge of workforce issues and alternative solutions
- Increase in the number of external speakers who attend the sessions to include a wider range of partner organisations
- Allowing sufficient flexibility to accommodate any "hot topics" to be discussed

Proposal for the refreshed Board Development sessions

13. Drawing upon the best practice literature, Board members' views and the organisational review, the Trust is proposing the introduction of two distinctive strands to the annual Board development programme. The new programme will build on previous development sessions, but will introduce a clear distinction between developing the knowledge and understanding of board members, which will be called **Informal Board Sessions**; and developing the Board as a "team" in its own right, which will be called **Board Development Events.**

Informal Board Sessions

14. The Informal Board Sessions will take place bi-monthly (6 per year), the month in between the formal Board of Director meetings. The sessions will have a structured agenda providing time for planned topics which are linked to the Board annual work plan and planned developments. In addition there will be time reserved on the agenda for "hot topics". The planning for each session will aim to limit the number of agenda items, thus enabling longer time for discussion and consideration of the items, and enhanced learning opportunities.

15. Each session will include an overarching theme for the agenda, linked to the Board forward work programme e.g. Reflection and Learning, Quality Governance, Planning and Partnerships.

16. A longer lunch break ("Lunch & Learn") will be included in the agenda to enable the Board to meet staff at an information sharing stand linked to a priority in the local authority health profiles for Wirral, Cheshire East and Liverpool e.g. obesity and weight management, alcohol awareness. The staff that will be assisting at the stand will be drawn from operational teams, enabling the Board to meet staff who are not normally based at Trust headquarters at St Catherine's Health Centre.

17. Through these "Lunch & Learn" sessions staff will be invited to share information on the local demographics, innovations within their service and equality and diversity (inclusion) considerations with the members of the board for discussion and shared learning.

18. The final agenda item at each Informal Board Session will be Next Steps; this will enable the Chairman to record any items from the days discussion that have been identified as requiring further action, and the route for progressing this through the Trust's governance framework.

19. The proposed 2019-20 annual programme for the Informal Board Sessions is attached at **appendix 1** and was discussed by members of the board at an informal session on 3 April 2019.

Board Development Events

20. The Informal Board Sessions will be supplemented with two or three further Board Development Events each year, during which the Board will focus on their development as a high performing team, and learning how they can further increase their effectiveness.

21. The focus in the first year 2019-20 will be on how the Board works as a team, considering their individual and team strengths and areas for development, personality types and team dynamics. The Trust will arrange for these events to be externally facilitated, and this support will be

procured through the Trust's procurement team. These Board Development Events are anticipated to take place in the Spring and in the Autumn, following the completion of the procurement process.

Board of Directors Action

22. The refreshed programme of Board development draws on the good practice noted earlier in this paper, and maps to the:

    - CQC / NHS Improvement's Well-led framework key lines of enquiry,
    - NHS Developing People - Improving Care framework - four critical capabilities,
    - The Trust's Goals and priorities; and
    - The requirements of the Board Members.

23. The Board of Directors is asked to review and approve the proposed 2019-20 annual plan for the Informal Board Sessions, and the additional Board Development Events.

Alison Hughes
Director of Corporate Affairs

15 April 2019

Appendix 1

Informal Board Sessions 2019-20

Date	Session theme	Lunch & Learn topic	Aligns to Trust Goals	Aligns to Trust Priorities
3 April	None as the new format has not yet been approved			
5 June	**Quality governance** including refresher training on risk management and improvement techniques	Equality and Diversity (new title of Inclusion)	Our Populations Our Performance	• Services and pathways that provide proactive, well-coordinated care and support • Focus on health and wellbeing (for staff and public)
7 August	**Resilience and sustainability**, including a spotlight on social care, workforce planning/development and staff engagement	Obesity and weight management	Our Populations Our People Our Performance	• Place-based, integrated care teams • Services and pathways that provide proactive, well-coordinated care and support • Focus on health and wellbeing (for staff and public)
2 October	**Reflection and looking forward**, including corporate governance, information governance and mid-year forward view	Alcohol awareness	Our Populations Our Performance	• Services and pathways that provide proactive, well-coordinated care and support • Focus on health and wellbeing (for staff and public)
4 December	**Planning and partnerships,** including a spotlight on effective engagement techniques	Christmas lunch with Trust staff awards winners &/or employee of the month &/or volunteers	Our Populations Our People Our Performance	• Place-based, integrated care teams • Services and pathways that provide proactive, well-coordinated care and support
5 February	**Strategic planning,** including a spot light on business development	Health Inequalities	Our Populations Our Performance	• Place-based, integrated care teams • Services and pathways that provide proactive, well-coordinated care and support • Focus on health and wellbeing (for staff and public)

Wirral Community Health and Care
NHS Foundation Trust

Title	**Informal Board Sessions and Board Development Events in 2019-20**
What is being considered?	The Trust's proposal for a refreshed Board annual development programme. Drawing upon the best practice literature, the Board members views and the organisational review, the Trust is proposing the introduction of two distinctive strands to the annual Board development programme. The new programme will build on previous development sessions, but will introduce a clear distinction between developing the knowledge and understanding of Board Members, which will be called Informal Board Sessions; and developing the Board as a "team" in its own right, which will be called Board Development events.
Who may be affected?	Patients [ ] Staff [X] Public [ ] Partner agencies [X]

Is there potential for an adverse impact against the protected groups below? Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex (gender), Sexual Orientation or the Human Rights articles?	Yes [ ] No [X]
If yes, complete form 'Equality Impact Assessment 2'. Complete this **ONLY** after QIA and EA Scrutiny Panel approval in principle. This is to first ensure that the QIA will go ahead.	

Equality Assessment 1 -To be completed during Gateway 1 of the Quality Impact Assessment and Equality Impact Assessment Process

On what basis was this decision made? (Please complete for both 'yes' and 'no').

The sessions are grounded in the Trust's values and aligned to the Trust's goals and priorities, and aligned to NHS Improvement and CQC Well-led framework, and the NHS co-developed Developing People, Improving Care Framework. As part of the agenda for the informal Board sessions, equality and diversity aspects will be considered at each lunch and learn session.

As part of the trust's programme management arrangements, Equality Impact Assessments will be carried out by the respective lead managers for key work streams that are discussed at the Informal Board Sessions.

For example, you may wish to consider or refer to the some of the following:

- National Guideline / Report (DH / NICE / NSPA / HSE / other)
- Engagement feedback
- Previous Equality Impact screening
- Trust Committee / Multi Agency meeting

With regard to the general duty of the Equality Act 2010, the above function is deemed to have no equality relevance.

Equality relevance decision by Alison Hughes Title / Committee Director of Corporate Affairs Date 15/04/2019

The Equality Act 2010 has brought a new equality duty to all public authorities which replaced the race, disability and gender equality duty. This Equality Relevance Assessment provides assurance of the steps the Foundation Trust is taking in meeting its statutory obligation to pay due regard to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.