

Board Assurance Framework

Meeting	Trust Board		
Date	7 October 2015	Agenda item	
Lead Director	Karen Howell, Chief Executive		
Author(s)	Alison Hughes, Trust Board Secretary		

To Approve	<input type="checkbox"/>	To Note	<input type="checkbox"/>	To Assure	<input checked="" type="checkbox"/>
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Link to the Board Assurance Framework:

This paper presents the Board Assurance Framework, reviewed and updated during June 2015, for Board review and assurance.

Identified risks:

The Board Assurance Framework sets out the strategic objectives of the Trust and identifies risks in relation to each strategic objective. Links to high-level risks from the organisational risk register are referenced in the BAF.

Financial implications:

None.

Has an Equality Impact Assessment been completed?

Yes No

The BAF includes the following principal risks with key controls and assurances based on the Equality, Diversity and Human Rights Strategy.

- 03a - Failure to identify the right patient groups, engage with them and act upon feedback
- 04a - Failure to comply with published information and data on inequalities

Does this proposal represent any service improvement or redesign?

Yes No

None.

Paper history <i>Has a committee of the board reviewed this paper?</i>		
Submitted to	Date	Brief Summary of Outcome
Trust Board	8 October 2014	The board received an update on the BAF for the reporting period July - September 2014 and a proposal for a programme of work to review the BAF following the QGAF feedback.
Trust Board	14 January 2015	The board received an update on the action plan associated with the programme of work to review the BAF following the QGAF feedback.
Trust Board	4 February 2015	The board received an update on the action plan associated with the programme of work to review the BAF following the QGAF feedback.
Trust Board	4 March 2015	The board received the revised BAF for review. It was agreed to submit the BAF to board on a monthly basis and to each of the committees of the board.
Trust Board	1 April 2015	The board reviewed the detail of the BAF including the links to organisational risks.
Trust Board	13 May 2015	The board reviewed the detail of the BAF and noted the discussions at each committee of the board.
Trust Board	3 June 2015	The board reviewed the detail of the BAF and noted the discussions at each committee of the board. The board also reviewed specific principal risks in relation to stakeholder relationships (05a) and priorities within the health economy (07a).
Trust Board	1 July 2015	The board reviewed the detail of the BAF and noted the discussions at each committee of the board. The board noted in particular two principal risks with a risk rating of >12
Trust Board	5 August 2015	The board reviewed the detail of the BAF and noted the discussions at each committee of the board.
Trust Board	2 September 2015	The board reviewed the detail of the BAF and in particular noted the discussions at each of the board. The board also supported the recommendation from the Finance & Performance Committee in relation to principal risk 08a and the amended risk rating of RR16.

Link to strategic objectives - 2014-19 <i>(please tick those supported by this paper)</i>			
We will deliver safe and effective patient care	✓	We will further develop and maintain a competent, caring and flexible workforce	✓
We will deliver a positive experience of our services	✓	We will continuously develop the organisation including leadership at every level of the organisation	✓
We will engage effectively with the patients and communities we serve	✓	We will effectively engage with our staff to deliver our strategic objectives	✓
Reducing health inequalities will be integral to all service developments and delivery	✓	We will optimise the use of our resources	✓
We will effectively manage and develop our relationships with our current and new commissioners and stakeholders	✓	The delivery of sustainable clinical services will be supported by corporate services	✓
We will defend and grow our core business	✓	We will effectively manage our finances and fully deliver our efficiency programme	✓
We will lead the delivery of out of hospital integrated care	✓	We will deliver transformation supported by innovation and research	✓
We will deliver to the expectations of our commissioners and demonstrate quality and value	✓		

Board Assurance Framework - September 2015

Purpose

1. The purpose of this paper is to provide the Trust Board with the Board Assurance Framework (BAF), updated following board and committee review during September 2015.

Executive Summary

2. The BAF provides a structure and process that enables the board to focus on risks that might compromise it achieving its strategic objectives.
3. The BAF sets out the strategic objectives, identifies any major risks in relation to each strategic objective, together with controls in place and assurances available on their operation.
4. Following the update in relation to the Risk Management Framework reported to board last month, the committees of the board have considered and supported the revised process at their meetings during September.

Current position - September 2015

5. The BAF has been reviewed by each of the committees of the Board during September 2015, with the main focus being on the revised process through the Risk Management Framework.
6. At each committee, the BAF has been presented alongside a focused organisational risk report highlighting the high-level risks appropriate to each committee. These discussions have been useful to confirm the relationship between the high-level risks and the BAF noting that from October 2015 the Trust Board Secretary will consider the discussions at each committee and any potential impact on the BAF to report to the Board on a monthly basis.
7. The full BAF is included at **appendix 1** with the risk radar.
8. There are three principal risks with a risk rating of >12 for Board noting and review.

Strategic Objective	Principal Risk	Current Risk Rating	Status
06. We will defend and grow our core business	06a. Commissioning intentions and contracting decisions may prevent organisational development and put services at risk	16	<ul style="list-style-type: none"> • Director of Business Development & Strategy in post. • Central government funding cuts and impact on public health acknowledged as negative assurance (<i>added to the organisational risk register</i>).
	06b. Inability to respond and deliver competitively to market changes	16	<ul style="list-style-type: none"> • Director of Business Development & Strategy in post. • Commercial Development Strategy/Commercial Assessment Framework refreshed. • Process for tender identification, development and lessons learned. • Service Line Reporting in progress. • The Finance & Performance Committee has recognised the impact of central government funding cuts on public health budgets on this principal risk

08. We will deliver to the expectations of our commissioners and demonstrate value and quality	08b. Failure to manage contracts (Local Authority)	16	<ul style="list-style-type: none"> • Focused work continues on performance against Local Authority KPIs. • Discussions on outcome-based KPIs and appropriate metrics to measure performance are on-going with the commissioners. • The service is reviewing its delivery model to identify opportunities for improvement • The LA has confirmed the tendering of services
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9. The Trust Board is asked to consider the controls and assurances in place and consider any further actions required to mitigate these risks.

Next steps

10. The Executive Leadership Team and members of the board through a board development session in September completed a review of current risks within the organisation and associated risk clusters.

11. The focus for the BAF during October will include a review of these risks against each of the principal risks in the BAF to report any significant changes in controls and assurances which could impact on the risk ratings to the Board in November.

12. This review will also include a date for the target risk rating to be achieved, to enable members of the board to track progress accordingly for each of the principal risks.

Board action

18. The Board is asked to note the BAF, be assured of the processes in place to manage the principal risks to strategic objectives and provide any comment on the detail included.

Alison Hughes
Trust Board Secretary

Contributor:
Amanda Adams, Risk Manager

30 September 2015

Risk radar

Likelihood x impact

Our Patients & Community

Our Services

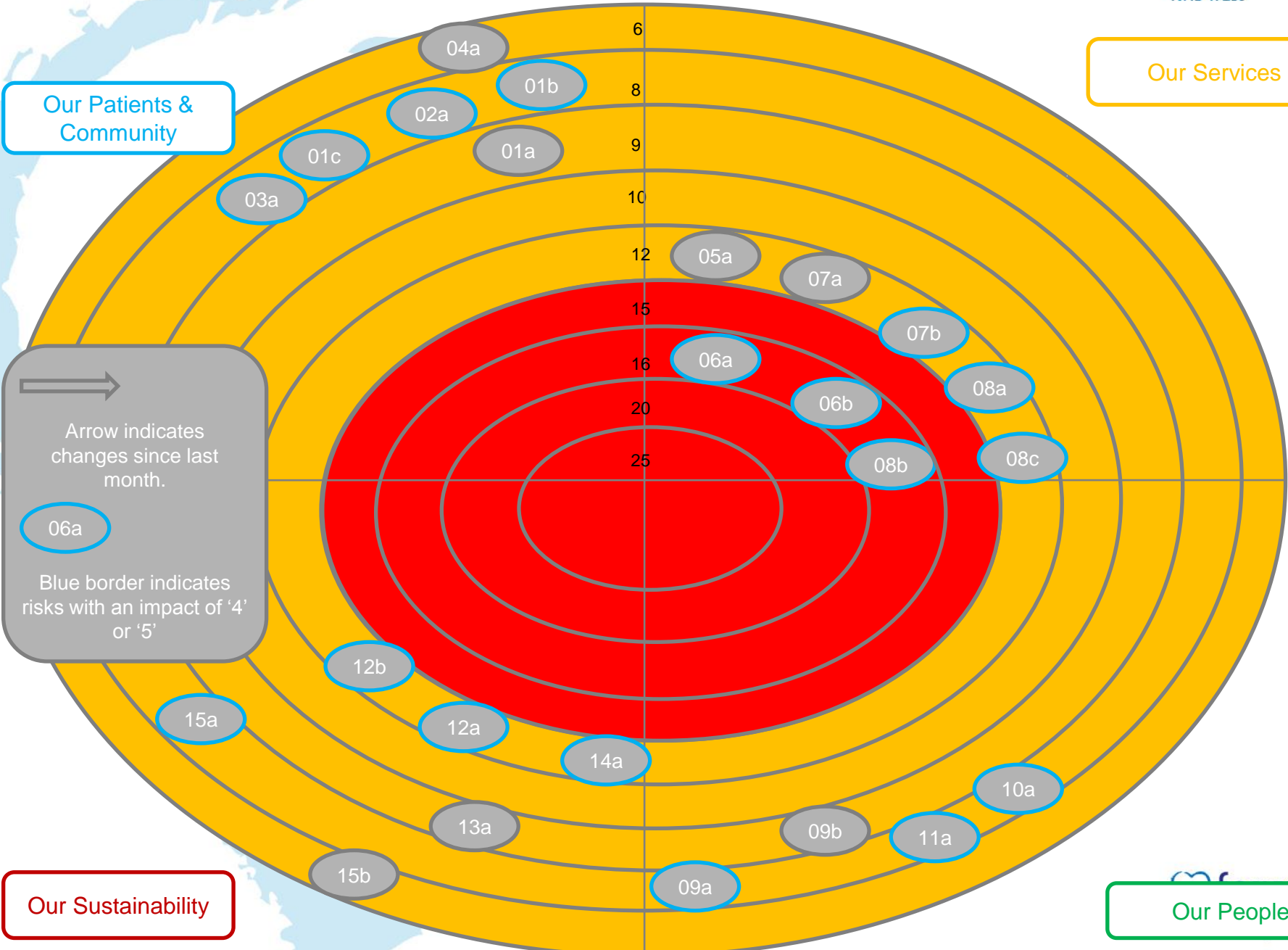
Arrow indicates changes since last month.

06a

Blue border indicates risks with an impact of '4' or '5'

Our Sustainability

Our People



BOARD ASSURANCE FRAMEWORK 2014/15

The Board Assurance Framework (BAF) provides the trust with a simple but comprehensive method for effective and focused management of the principal risks that arise in meeting their objectives. It also provides a structure for the evidence to support the Annual Governance Statement.

The *Audit Committee Handbook* describes the assurance framework as ‘the lens’ through which the board examines the assurance it requires to discharge its duties.

The key question board members need to ask is ‘How do we know what we know?’ The assurance framework should provide the answer.

Risk Matrix

LIKELIHOOD	Almost Certain	5	5	10	15	20	25
	Likely	4	4	8	12	16	20
	Possible	3	3	6	9	12	15
	Unlikely	2	2	4	6	8	10
	Rare	1	1	2	3	4	5
			1	2	3	4	5
			Insignificant	Minor	Moderate	Major	Catastrophic
IMPACT/CONSEQUENCE							

Overview of principal risks to 5-year strategic objectives

Strategic Objective	Principal Risks <i>What could prevent the strategic objective from being achieved?</i>
Our Patients and Community	
01. We will deliver safe and effective patient care	01a. Patient safety risks are not recognised, reported or acted upon 01b. Non-compliance with statutory duties (e.g. Safeguarding Duties as defined within section 11 of Children Act (1998, 2004), and the Code of Practice on the prevention and control of infections (DH, 2010) and other regulatory guidance and standards 01c. Failure to deploy the right number of staff with the right skills
02. We will deliver a positive experience of our services	02a. Patient experience is not recognised, reported or acted upon
03. We will engage effectively with the patients and communities we serve	03a. Failure to identify the right patient groups, engage with them or act upon feedback
04. Reducing health inequalities will be integral to all service developments and delivery	04a. Failure to comply with published information and data on inequalities (e.g. JSNA)
Our Services	
05. We will effectively manage and develop our relationships with our current and new commissioners and stakeholders	05a. Failure to identify and understand key stakeholder, their needs and wants to effectively manage relationships
06. We will defend and grow our core business	06a. Commissioning intentions and contracting decisions may prevent organisational development and put services at risk 06b. Inability to respond and deliver competitively to market changes
07. We will lead the delivery of out of hospital integrated care	07a. Competing interests (organisational and financial) within the health and social care economies in which we work 07b. Lack of organisational capacity and capability
08. We will deliver to the expectations of our commissioners and demonstrate value and quality	08a. Failure to manage contracts (CCG) 08b. Failure to manage contracts (Local Authority)

	08c. Lack of affordability has a negative impact on quality and KPI delivery
Our People	
09. We will further develop and maintain a competent, caring and flexible workforce	09a. Failure to have an effective workforce plan 09b. Failure to deliver the workforce plan through effective staff engagement
10. We will continuously develop the organisation including leadership at every level of the organisation	10a. Lack of resources to deliver the leadership framework
11. We will effectively engage with our staff to deliver our strategic objectives	11a. Failure to engage with, or ineffective engagement with staff
Our Sustainability	
12. We will optimise the use of our resources	12a. Failure to manage our estate effectively (e.g. how we are using it, decisions are taken out of our hands) 12b. Failure to use business intelligence, information technology and finances to best effect
13. The delivery of sustainable clinical services will be supported by corporate services	13a. Failure to embed corporate services (and processes in place) in divisional delivery and be responsive to the needs of clinical services
14. We will effectively manage our finances and deliver our efficiency programme fully	14a. Failure to have effective systems and processes in place to support CIP planning, monitoring and delivery
15. We will deliver transformation supported by innovation and research	15a. Lack of knowledge transfer to support change 15b. Innovation opportunities are not recognised, reported or acted upon

Board Assurance Framework definitions

Principal Risk	What could prevent the strategic objective from being achieved?
Link to organisation risk register (ORR)	Link to risks scoring 12+ identified through the organisation that impact the BAF and the achievement of strategic objectives.
Current risk rating (RR)	Likelihood v Consequence (see risk scoring matrix)
Key controls	What controls/systems do we have in place to assist in securing delivery of our objective?
Assurance on controls <i>(internal & external)</i>	Where can we gain evidence that our control systems are effective and objectives are being delivered?
Negative Assurance	Is there anything that could impact on the controls and assurances given and therefore needs to be considered?
Gaps in control and assurance	Controls - what should be in place to manage the risk but is not? Assurance - what should be in place to demonstrate that controls are working but is not currently in place?
Actions <i>(with reference to specific action plan as appropriate)</i>	Plans to address the gaps in control and/or assurance and indicative completion dates
Target risk rating (RR)	Likelihood v Consequence (see risk scoring matrix)

Our Patients and Community - Putting our patients and communities at the centre

SO	Principal Risk	Link to ORR (ID)	Exec Lead	Current RR (LxC)	Key controls	Assurance on controls	Negative Assurance	Gaps in controls and assurance	Additional actions to mitigate the risk further	Target RR (LxC)
01.	01a. Patient safety risks are not recognised, reported or acted upon	182 668 674	SC	9 (3x3)	Onboarding and local induction Quality Strategy Clinical policies, procedures and protocols Mandatory and service specific training (inc. e-learning) Patient Safety Strategy 'Sign Up To Safety' Campaign and action plan Freedom to Speak Up national consultation and guidance Raising Concerns Policy (July 2015) Being Open Policy Datix reporting and never events reporting Executive lead for Central Alerting System (CAS) Clinical Strategy Clinical Effectiveness Group Infection Prevention and Control Group Quality, Patient Experience and Risk Group (QPER) with strengthened focus in relation to patient safety	Internal Monthly quality report & dashboard Annual Quality Account Monthly open and honest report Quarterly Infection Prevention and Control Assurance report Quarterly Learning & Development report (mandatory training reported) RCA investigation process Clinical Forum & Quality Forum Leadership and Patient Safety walk rounds (inc. shadowing) Clinical audit report to Audit MIAA internal audit assurance reports Incident reporting action plan Medicines optimisation annual report QGAF escalation framework External CQC Chief Inspector of Hospitals Report External QGAF review		Divisional governance to be strengthened through divisional restructure	Promotion of the new Raising Concerns pathway (AGM – 9 Sept) Extend the use of the Patient safety dashboard to other clinical divisions Continue to implement Sign Up to Safety action plan Roll-out of Performance Management Framework	4 (2x2) By when ?

				<p>Risk Strategy and risk policy including risk escalation flowchart</p> <p>Internal validation via 'mock' CQC style inspections</p> <p>Clinical Audit plan</p> <p>Medicines Optimisation Strategy</p> <p>Well-led governance framework self-assessment and quality governance memorandum</p> <p>Patient safety dashboard developed for community nursing division</p> <p>Non-Executive lead for Raising Concerns identified</p>	<p>National Reporting and Learning System benchmarking</p> <p>CCG review of all incidents reported through the NHS England (2013) Serious Incident Framework</p> <p>National Safety thermometer benchmarking</p> <p>Patient Safety Plan</p> <p>Healthwatch 'enter and view' programme</p>				
Reference ORR ID182 - Community Nursing - Increase in reported community acquired grade 3 & 4 pressure ulcers (RR increased from 12 to RR15)									
Reference ORR ID668 - Physiotherapy - Change of referral process (RR 15)									
Reference ORR ID674 - Community Nursing - Potential for medication incidents due to list not being contemporaneous (RR 15)									
01b. Non-compliance with statutory duties (e.g. Safeguarding Duties as defined within section 11 of Children's Act (1998, 2004), and the Code of Practice on the prevention and control of infections (DH, 2010) and other regulatory guidance and standards		SC	8 (2x4)	<p>Induction programme</p> <p>Mandatory and service specific training (inc. e-learning)</p> <p>Safeguarding Strategy</p> <p>Safeguarding Adults Policy (GP12)</p> <p>Safeguarding Children and Young People Policy (GP14)</p> <p>Safeguarding Mandatory training at levels 1,2 and 3</p> <p>Executive and non-executive lead for safeguarding</p> <p>Executive membership of local adults and children's safeguarding boards</p> <p>Infection Prevention and Control Group</p> <p>Anti-microbial Strategy</p> <p>Managing allegations policy (SG01)</p>	<p>Internal</p> <p>Safeguarding Assurance (quarterly)</p> <p>Quarterly Learning & Development report (safeguarding training at Lv 1, 2 & 3 reported)</p> <p>Safeguarding Audit Tool</p> <p>Safeguarding annual report</p> <p>Safeguarding strategic group</p> <p>Quarterly Infection Prevention and Control Assurance report</p> <p>Non-Exec lead for safeguarding appointed</p> <p>Compliance against CQC fundamental standards reported quarterly (Q1 2015/16 reported to QGC in July 2015)</p> <p>Quarterly update on revalidation</p>	None identified		Complete safeguarding action plan	4 (1x4)

				<p>Named Nurse post for safeguarding recruited</p> <p>Interim named doctor post for safeguarding</p> <p>Quantitative provider compliance assessment (PCA) tool</p> <p>Compliance with statutory Duty of Candour and reported to CCG</p> <p>RCAs reported to Quality Review Group</p> <p>Health & Safety policies & policy statement available on Staff Zone</p> <p>Nursing revalidation local implementation project plan</p> <p>Annual General Meeting/Health Fair 2015</p>	<p>implementation (to EWC) <i>from October 2015</i></p> <p>QGAF escalation framework</p> <p>External</p> <p>CQC Chief Inspector of Hospitals comprehensive and themed reports</p> <p>CQC registration</p>				
01c. Failure to deploy the right number of staff with the right skills		SC	8 (2x4)	<p>Right Staffing Steering Group</p> <p>Speak Out Safely Campaign</p> <p>Raising Concerns process and policy</p> <p>Right Staffing Escalation Procedure</p> <p>Learning and Development Policy</p> <p>Learning and Development Group</p> <p>Mandatory and service specific training (inc. e-learning)</p> <p>Appraisal linked to mandatory training</p> <p>Management development programme</p> <p>National NHS Leadership Academy Programmes</p> <p>Executive Learning and Development lead</p>	<p>Internal</p> <p>Monthly Right Staffing report</p> <p>Quarterly Learning & Development report (mandatory training reported)</p> <p>Annual Learning and Development annual and quarterly report</p> <p>Implementation of the Action Plan</p> <p>Following the Mid-Staffordshire NHS Foundation Trust Public Inquiry monitored (quarterly)</p> <p>Quarterly reporting to EWC on workforce plan</p> <p>Quarterly update on revalidation implementation (to EWC) <i>from October 2015</i></p> <p>QGAF escalation framework</p>	None identified	<p>Leadership Framework</p> <p>Education Strategy</p> <p>Effective staff communication on timelines</p>	<p>Develop education strategy 2015/16</p> <p>Staff bulletin & Staff Zone to drive communication</p> <p>NICE Safe Staffing Programme for Community Trusts</p> <p>Risk to be reviewed in the context of all divisions and risk rating updated (QGC - August 2015 - on-going)</p> <p>Meeting with the CCG to highlight capacity and demand</p>	4 (1x4)

					<p>Practice Education Facilitator role for pre and post registration training</p> <p>Workforce plan</p> <p>Task & Finish Group established to support development of the leadership framework (<i>based NHS Leadership Academy on Healthcare Leadership Model</i>)</p> <p>Nursing revalidation local implementation project plan</p> <p>Patient safety dashboard developed for community nursing division</p>	<p>External</p> <p>CQC Chief Inspector of Hospitals Report</p> <p>Health Education Northwest (HENW), Education Quality Surveillance (quarterly)</p> <p>Medical and nursing revalidation (included in annual appraisal paperwork 2014/15)</p> <p>CCG review of the of the Action Plan Following the Mid-Staffordshire NHS Foundation Trust Public Inquiry monitored (quarterly)</p>			<p>challenges (feedback at QGC - August 2015)</p>	
02.	02a. Patient experience is not recognised, reported or acted upon	-	SC	8 (2x4)	<p>Patient Experience and Engagement Strategy</p> <p>Patient FFT</p> <p>Patient Experience and Engagement Group</p> <p>Communications & Marketing Strategy</p> <p>Membership Strategy</p> <p>Equality, Diversity & Human Rights Strategy</p> <p>Complaints & concerns process (reported via Datix)</p> <p>Non-Executive dip sampling of complaints</p> <p>Non-Executive lead for complaints</p> <p>Well-led governance framework self-assessment and draft quality governance memorandum completed</p> <p>Non-Executive lead for Raising Concerns</p>	<p>Internal</p> <p>Monthly complaints and concerns report</p> <p>Leadership and Patient Safety walk rounds (inc. shadowing)</p> <p>Monthly quality report and dashboard (monthly)</p> <p>Annual Quality Account</p> <p>Annual Patient Experience Report</p> <p>Community Equality panel</p> <p>Patient stories (monthly at Board)</p> <p>Local implementation of the recommendations from the Savile enquiry</p> <p>QGAF escalation framework</p> <p>External</p> <p>CQC Chief Inspector of Hospitals Report</p>	None identified	External scrutiny of complaints process (Healthwatch)	<p>Develop external review panel for complaints (<i>identified in public action log - pending FT authorisation to involve CoG</i>)</p> <p>Revision of engagement strategies to address TDA annual plan recommendation</p>	4 (1x4)

						National FFT benchmarking				
03.	03a. Failure to identify the right patient groups, engage with them and act upon feedback	-	SC	8 (2x4)	<p>Patient Experience and Engagement Strategy (QGAF escalation framework)</p> <p>Patients FFT</p> <p>Membership of Health & Wellbeing Board, and Families and Wellbeing Policy and Performance Committee</p> <p>Patient Experience and Engagement Group established (with NED chair)</p> <p>Service level patient and staff quality groups</p> <p>Complaints & concerns process (reported via Datix)</p> <p>FT constitution</p> <p>Equality, Diversity & Human Rights Strategy Implementation Plan</p> <p>Non-Executive lead for complaints</p> <p>Well-led governance framework self-assessment and draft quality governance memorandum completed</p> <p>Annual General Meeting /Health Fair 2015</p> <p>Council of Governors election process in progress</p> <p>Revised Marketing, Communications & Engagement Strategy (to board - October 2015)</p>	<p>Internal</p> <p>Leadership and Patient Safety walk rounds (inc. shadowing)</p> <p>Patient stories (monthly at Board)</p> <p>Representation on JSNA steering group</p> <p>Community Equality panel</p> <p>QGAF escalation framework</p>	None identified		<p>Develop external review panel for complaints (identified in public action log - pending FT authorisation to involve CoG)</p> <p>Revision of engagement strategies to address TDA annual plan recommendation</p> <p>Refresh stakeholder engagement plan and stakeholder analysis in relation to new and existing contracts</p> <p>Establish Council of Governors</p>	4 (2x2)
04.	04a. Failure to comply with published information and data on inequalities	-	JH	6 (2x3)	<p>Equality, Diversity & Human Rights Strategy</p> <p>Equality Champions group</p> <p>Healthy Wirral risk stratification and health population data</p>	<p>Internal</p> <p>Quarterly Equality and Diversity action plan review</p> <p>Equality Delivery System (EDS) action plan</p>	None identified	Formal process for reviewing JSNA outcomes	Review of (and reporting against) new Workforce Race Equality Standard (WRES)	3 (1x3)

	(e.g. JSNA)				Service Level Equality Actions Grid Equality champions QGAF escalation framework External Community Equality panel EDS2 action plan (Healthwatch) PHOF (Public Health Outcomes Framework) & JSNA			Collaborative session with public health on the key issues in Wirral, public health information tools and the evolving public health strategy (14 October 2015) Scope of the risk to be reviewed to consider inequalities (EWC Aug/Sept 2015)	
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Our Services - Leading, developing and delivering high quality services

SO	Principal Risk	Link to ORR	Exec Lead	Current RR	Key controls	Assurance on controls	Negative Assurance	Gaps in controls and assurance	Additional actions to mitigate the risk further	Target RR
05.	05a. Failure to identify and understand key stakeholders, their needs and wants to effectively manage relationships	-	SG	12 (4x3)	Board to board meetings with key stakeholders (CCG - July 2015) Exec to Exec meetings with commissioners and other key stakeholders Divisional and service level meetings Membership of Health & Wellbeing Board, and Families and Wellbeing Policy and Performance Committee 'Healthy Wirral' SLG membership Executive Director of Strategy & Development appointed Summary IBP shared with stakeholders Revised Marketing, Communications & Engagement Strategy (to board - October 2015)	Internal Chief Executives report (monthly) Business & Commercial Development report (monthly) Contract monitoring meetings with commissioners (monthly) CCG and WUTH Board-Board meetings, and Exec-Exec meetings Regular senior level engagement with CCG and Local Authority		Key stakeholder engagement plan and mechanisms for monitoring /measuring success - relationship management model	Refresh stakeholder engagement plan and stakeholder analysis in relation to new and existing contracts Revision of engagement strategies to address TDA annual plan recommendation	6 (2x3)
06.	06a. Commissioning intentions and contracting decisions may prevent organisational development and put services at risk	487 483 495	SC	16 (4x4)	Monthly monitoring meetings Integrated Business plan based on commissioning intention for next 5 years 'Healthy Wirral' SLG membership Board development programme inc. sessions focused on commissioner intentions, strategic development opportunities, priorities and financial plans	Internal Contracting negotiation and monitoring meetings reported at SMT and through FPC to board Integrated performance report (Monthly) Virtual Forum for new service ideas/initiatives External	Tendering of public health services	NHSE feedback on Healthy Wirral business case and funding	Collaborative session with public health on the key issues in Wirral, public health information tools and the evolving public health strategy (14 October 2015)	4 (1x4)

				<p>Commercial Development Strategy</p> <p>Executive Director of Strategy & Development appointed</p> <p>CCG Board to Board</p> <p>Joint funded post of Director of Integration & Partnerships, hosted by the trust</p> <p>Well-led framework self-assessment and draft strategy memorandum completed</p>	<p>Commissioner letter of support for IBP</p>			<p>Livewell service - review of delivery model</p>	
<p>Reference ORR ID487 - Speech and Language Therapy (children) - Capacity and demand relating to follow up school age population (Current RR 20 - No change)</p>									
<p>Reference ORR ID483 - Speech and Language Therapy (children) - New assessment process for children (school age population) with educational needs (Current RR20 - No change)</p>									
<p>Reference ORR ID495 - Physiotherapy - Increased demand for rapid referrals impacting on routine referrals (Current RR: 15 - No change)</p>									
<p>06b. Inability to respond and deliver competitively to market changes</p>	-	KH	<p>16 (4x4)</p>	<p>See controls above for 05 and 06a.</p> <p>Reference costs and national benchmarking data</p> <p>Executive Director of Strategy & Development appointed</p> <p>Service Line Reporting with sample 2014/15 data developed for benchmarking and further roll-out</p> <p>Refreshed Commercial Assessment Framework</p> <p>Clinical 'Plans on a Page' - horizon scanning</p> <p>Process established for tender development and lessons learned</p> <p>Well-led framework self-assessment and draft strategy memorandum completed</p> <p>Joint funded post of Director of Integration & Partnerships, hosted by the trust</p> <p>'Healthy Wirral' SLG membership</p> <p>Director of Business Development</p>	<p>Internal</p> <p>Commercial Development Strategy quarterly update to FPC (July 2015)</p> <p>Business & Commercial Development report (monthly)</p> <p>Performance reports to FPC (monthly)</p> <p>Review of contract and tender activity weekly at ELT</p> <p>Whole system integration update to board (monthly)</p>	<p>Central government funding cuts - impact on public health</p>	<p>Planned work on service line reporting and benchmarking</p>	<p>PMO restructure on-going</p>	<p>8 (2x4)</p>

				& Strategy in post						
07.	07a. Competing interests (organisational and financial) within the health and social care economies in which we work.	-	KH	12 (4x3)	<p>'Healthy Wirral' SLG membership</p> <p>Membership of Health & Wellbeing Board, and Families and Wellbeing Policy and Performance Committee</p> <p>Joint funded post of Director of Integration & Partnerships, hosted by the trust</p> <p>Well-led framework self-assessment and draft strategy memorandum completed</p>	<p>Internal</p> <p>Regular senior level engagement with CCG and Local Authority</p> <p>IBP & LTFM</p> <p>External</p> <p>Vanguard bid success for Wirral health economy = Healthy Wirral</p>	Absence of system 5-year financial plan	NHSE feedback on Healthy Wirral business case and funding	Anticipated establishment of system financial plan to support HealthyWirral strategy, supported by successful Vanguard status	6 (2x3)
	07b. Lack of organisational capacity and capability	-	JH	12 (3x4)	<p>Divisional restructure</p> <p>PMO function</p> <p>Organisational change policy</p> <p>Managing Attendance Policy and Process</p> <p>Joint Union Staff Side partnership working</p> <p>Right Staffing Steering Group</p> <p>Right Staffing Escalation Procedure</p> <p>Mandatory and service specific training (inc. e-learning)</p> <p>Executive Director of Strategy & Development appointed</p> <p>Joint funded post of Director of Integration & Partnerships, hosted by the trust</p> <p>Process established for tender development and lessons learned</p> <p>Well-led governance framework self-assessment and quality governance memorandum</p>	<p>Internal</p> <p>Monthly Managing Attendance exception reporting</p> <p>Annual Learning and Development annual and quarterly report</p> <p>QGAF escalation framework</p> <p>Staff FFT</p> <p>Monthly staff stories (at EWC)</p> <p>Commercial & Business Development Report to private board (monthly)</p>	None identified	<p>Capacity to support new business opportunities (inc. private provision)</p> <p>Joined up system-wide workforce planning (Healthy Wirral)</p>	Divisional restructure (<i>on-going and on track</i>)	6 (2x3)

08.	08a. Failure to manage contracts (CCG)	-	SC/ MG	12 (3x4)	<p>CCG contracts 2015/16 agreed (KPIs and finances)</p> <p>Monthly contracting monitoring meetings</p> <p>Review and input into commissioner service development plans</p> <p>CQUIN schemes</p> <p>Commissioner consultation on annual quality goals</p> <p>Regular meetings with DoF from CCG</p> <p>Quarterly divisional review meetings</p> <p>Internal audit of sub-contracting arrangements</p> <p>Implementation of recommendations from internal audit of sub-contracts</p>	<p>Internal</p> <p>Contracting monitoring meetings reported at SMT and through FPC to board</p> <p>Clear contract targets/outcomes</p> <p>Integrated performance report (Monthly)</p> <p>Weekly review of KPIs</p> <p>External</p> <p>TDA and Monitor review of integrated business plan</p> <p>Commissioner letters of support for IBP and FT application</p> <p>Vanguard bid success for Wirral health economy</p>	Better Care Fund allocation	<p>Central (and pro-active) monitoring of SLA and sub-contracting arrangements</p> <p>Data quality/multiple systems in use</p> <p>New CCG structure</p> <p>Joint commissioning</p>	<p>PAS consolidation</p> <p>Divisional restructure (<i>on-going and on track</i>)</p> <p>Implement recommendation from internal audit of sub-contracts</p> <p>Rollout of Performance Management Framework</p>	8 (2x4)
	08b. Failure to manage contracts (Local Authority)	-	SC/ MG	16 (4x4)	<p>Monthly contracting monitoring meetings</p> <p>Livewell development session to consider approach to forthcoming tender opportunities</p> <p>Action plan for KPI improvement</p> <p>Internal audit of sub-contracting arrangements</p> <p>Implementation of recommendations from internal audit of sub-contracts</p>	<p>Internal</p> <p>Contracting monitoring meetings reported at SMT and through FPC to board</p> <p>Integrated performance report (Monthly)</p> <p>Weekly review of KPIs</p> <p>External</p> <p>TDA and Monitor review of integrated business plan</p>	Notice of intention to tender services	<p>Agreement of Local Authority KPIs and associated metrics</p> <p>Joint commissioning</p>	<p>Agreement of Local Authority KPIs</p> <p>Implement recommendation from internal audit of sub-contracts</p> <p>Rollout of Performance Management Framework</p>	8 (2x4)

	08c. Lack of affordability impacts on quality and KPI delivery	-	SC	12 (3x4)	<p>Business, Efficiency & Modernisation Group Meeting</p> <p>Successful contract negotiations with CCG with reduced number of KPIs, outcome-based focus, CQUINs, and service development plans</p> <p>Service Line Reporting with sample 2014/15 data developed for benchmarking and further roll-out</p> <p>Internal audit of sub-contracting arrangements</p> <p>Implementation of recommendations from internal audit of sub-contracts</p>	<p>Internal</p> <p>Divisional Performance Report for FPC (monthly)</p> <p>Integrated performance report for board (monthly)</p> <p>External</p> <p>National and local benchmarking data</p> <p>Reference costs index</p>	Commissioner (LA and CCG) different decision-making processes (quality v's cost)	<p>Service Line Reporting for all services</p> <p>Electronic KPI and CIP dashboards</p>	<p>Develop Electronic KPI and CIP dashboards</p> <p>Rollout of Performance Management Framework</p> <p>Implement recommendation from internal audit of sub-contracts</p>	4 (1x4)
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Our People - Valuing the individual, the team and the organisation

SO	Principal Risk	Link to ORR	Exec Lead	Current RR (LxC)	Key controls	Assurance on controls	Negative Assurance	Gaps in controls and assurance	Additional actions to mitigate the risk further	Target RR (LxC)
09.	09a. Failure to have an effective workforce plan	-	JH	8 (2x4)	Annual workforce plan submitted to TDA CIP QIA and governance process (with workforce impact) PMO function Regional Director of Nursing meetings attendance (bi-monthly) Healthy Wirral weekly sessions initiating discussions on system-wide workforce planning	Internal Divisional quarterly reviews Divisional restructure Joint Union Staff Side partnership working External TDA annual planning process Annual submission of plan for clinical training requirements to HENW Monthly monitoring of Workforce Plan by TDA	None identified	Joined up system-wide workforce planning (HealthyWirral)	Local health and social care economy workforce planning to be driven through the Integrated Providers Group Board development session on workforce plan scheduled - 16 Sept. Health Education England follow up on system-wide workforce planning tool.	4 (1x4)
	09b. Failure to deliver the workforce plan through effective staff engagement	-	JH	9 (3x3)	Annual workforce plan submitted to TDA Joint Union Staff Side partnership working Staff briefings on year-end position and 2015/16 contract position and service priorities Staff Council Annual plan briefings Well-led governance framework self-assessment and quality governance memorandum	Internal Quarterly update on workforce plan QGAF escalation framework	None identified		Divisional restructure (<i>on-going and on track</i>) including development of professional forums	3 (1x3)

10.	10a. Lack of resources to deliver the leadership framework	-	JH	8 (2x4)	HR Strategy Implementation Plan Task & Finish Group established to support development of the leadership framework (<i>based NHS Leadership Academy on Healthcare Leadership Model</i>)	Internal Quarterly update on HR Strategy Implementation (EWC) Annual Learning and Development annual and quarterly report QGAF escalation framework	None identified	Talent management/ succession planning Divisional restructure (<i>on-going and on track</i>)	Divisional restructure (<i>on-going and on track</i>) including development of professional forums Leadership Framework	4 (1x4)
11.	11a. Failure to engage with, or ineffective engagement with staff		SG	8 (2x4)	Communications & Marketing Strategy Staff Council Joint Union Staff Side Staff FFT (reporting at service level) Raising concerns policy Annual staff survey 2014 action plan Ideas & Innovations process Directors briefing Staff bulletin For You magazine Annual staff awards Leadership & patient safety walkround programme NED 'shadowing' programme Board member contact with front-line services Ideas & Innovation process Annual plan briefings Local terms and conditions negotiations with JUSS	Internal Staff survey results and action plan Staff FFT Staff stories Leadership & patient safety walkround report for Board (quarterly) Quarterly workforce reporting Feedback from new starters at welcome event QGAF escalation framework External CQC formal inspection report, and unannounced inspections CCG scrutiny of staff survey and staff FFT	Staff FFT response rate	None identified F2S Up local guardian Promotion of the new Raising Concerns pathway (AGM - 9 September) Divisional restructure (<i>on-going and on track</i>) including development of professional forums	4 (1x4)	

				<p>Organisational change policy and group</p> <p>1:1 and group communications with staff at periods of change</p> <p>Employee relations</p> <p>Onboarding & welcome event with new starters</p> <p>Well-led governance framework self-assessment and quality governance memorandum</p> <p>Service level FFT to include raising concerns (with effect from Q3)</p> <p>Non-Executive lead for Raising Concerns</p>					
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Our Sustainability - Supporting sustainable delivery

SO	Principal Risk	Link to ORR	Exec Lead	Current RR	Key controls	Assurance on controls	Negative Assurance	Gaps in controls and assurance	Additional actions to mitigate the risk further	Target RR
12.	12a. Failure to manage our estate effectively (e.g. how we are using it, decisions are taken out of our hands)	694	MG	12 (3x4)	Estates strategy Healthy Wirral SLG membership Estates utilisation exercise reported to FPC (July 2015) - further updates in Aug/Sept 2015 Development of service mapping software Key estates decisions approved by Board Task and Finish group established to coordinate move	6-month strategy update to Finance & Performance Committee Monthly update on utilisation options Estates Management Group to Finance & Performance Committee Representation on Healthy Wirral estates working group	Accommodation at VCH with WUTH	Healthy Wirral estates review	Further development of service mapping Review of Healthy Wirral estates consolidation report	8 (2x4)
	Reference ORR ID694 - Estates - IT issues and connectivity restricting ability to fill vacant space (RR15)									
	12b. Failure to use business intelligence, information technology and finances to best effect	344 359 639	MG	12 (3x4)	Business Intelligence Strategy Data quality group Commercial Development Strategy CIP QIA process Procurement Strategy & Policy ProDaCapo system IM&T strategy and programme board meetings Development of service mapping software New Head of Procurement in post (1 June 2015) Regular communication on IT	Internal Monthly finance report incorporating CIP delivery to FPC Monthly performance report and activity report to FPC Monthly commercial and business development report to private board Monthly IT update to FPC MIAA payroll review (significant assurance) QGAF escalation framework External National benchmarking data		PAS consolidation Service Line reporting across all services Revised governance structure aligned to divisional restructure IT infrastructure resilience	Further development of SLR Improved communication to staff on IT solutions and timeframes (where problems are identified) Data quality Improvement Plan to FPC (August 2015) Individual high-level risk report to FPC (September)	8 (2x4)

					support availability Director of Strategy & Development in post Finance & Performance Committee approval of IT options appraisal for in-house provision (July 2015)				2015)	
Reference ORR ID344 - Centralised Booking Service - Cisco agent at full capacity impacting on CBS capacity and ability to market services (Current RR 15 - No change)										
Reference ORR ID359 - Integrated Specialist Palliative Care connectivity issues (updated and included in ID388) (Current RR 15 - No change)										
Reference ORR ID639 - Community Dental - ASDL line not fit for purpose (Current RR15 - No change)										
13.	13a. Failure to embed corporate services (and processes in place) in divisional delivery and be responsive to the needs of clinical services	-	MG	9 (3x3)	PMO function Organisational change policy Divisional restructure Internal audit plan Clinical audit plan Business Efficiency Modernisation Group (BEMG) established Annual planning presentations to services Task & Finish Group established to support development of the leadership framework (based NHS Leadership Academy on Healthcare Leadership Model) (Clinical) Divisional 'plan on a page' Establishment of SLT (reporting to ELT)	Audit assurance reports	None identified	Leadership framework Revised governance structure aligned to divisional restructure Development of corporate services 'plan on a page' to support annual planning	Divisional restructure (on-going and on track) including development of professional forums	3 (1x3)
14.	14a. Failure to have effective systems and processes in place to support CIP planning, monitoring and delivery	-	MG	12 (3x4)	CIP policy (approved by FPC in May 2015) Revised PID forms for all CIP schemes CIP governance process, risk register and risk escalation process developed	Internal Monthly finance report including CIP delivery progress CIP QIA report to board (quarterly) CIP risk escalation through committees and by exception to	None identified	Revised governance structure aligned to divisional restructure Electronic CIP dashboard	Completion of revised governance structure and meetings rationalisation Electronic CIP dashboard to be	8 (2x4)

					<p>Business Efficiency Modernisation Group established (fortnightly)</p> <p>Divisional restructure</p> <p>PMO function</p> <p>NHS benchmarking data</p> <p>Commercial Development Strategy</p> <p>PMO restructure</p> <p>New Head of Procurement in post (1 June 2015)</p> <p>Executive Director of Strategy & Development appointed</p>	<p>board</p> <p>CIP plans 2015/16 reported to board</p> <p>QGAF escalation framework</p> <p>External</p> <p>TDA scrutiny of CIP plans 2015/16 and 2016/17</p>		Service delivery and performance strategy	finalised	
15.	15a. Lack of knowledge transfer to support change	-	SC	8 (2x4)	<p>Clinical Forum</p> <p>Lessons learned bulletin</p> <p>Ideas and innovation process</p> <p>Innovation 'scout'</p>	<p>Internal</p> <p>Clinical Forum minutes to board (monthly)</p> <p>Ideas and Innovation paper to SMT (monthly)</p> <p>External</p> <p>CCQ comprehensive inspection report</p>	None identified	None identified	<p>Professional clinical leadership programme to be established</p> <p>Specialist specific clinical leadership groups to be established</p>	4 (1x4)

	15b. Innovation opportunities are not recognised, reported or acted upon	-	ES/ SC	6 (2x3)	<p>Clinical forum</p> <p>Clinical innovation fund</p> <p>Ideas and innovation process and section on staff zone</p> <p>'Innovation Scout' post</p> <p>Clinical Effectiveness Group</p> <p>Research and innovation plan</p> <p>ACCLAIM programme</p> <p>Internal clinical audit programme approved by Audit committee</p> <p>AQuA Academy Advanced Team Training Programme in Healthcare Improvement</p> <p>CIP programme based on transformational change</p> <p>Membership of the North West Coast Academic Health Science Network (NWC AHSN)</p> <p>Work with CLAHRC and AHSN</p> <p>Monthly review of ideas and innovations between PMO and Head of Governance & Patient Safety to ensure appropriate route for each</p>	<p>Internal</p> <p>Clinical Forum minutes reported to board</p> <p>Ideas and innovations reported to SMT (monthly)</p> <p>Clinical audit programme annual report</p> <p>Innovation update provided to QGC</p> <p>External</p> <p>CCQ comprehensive inspection report</p> <p>Approaches from Academic units to be involved in research</p> <p>Collaborative work with Industry</p> <p>On-going and part research portfolios</p> <p>Collaboration with other Community Trusts and local universities</p>	None identified	<p>Research and Innovation Strategy</p> <p>Transformation support - divisional restructure</p>	<p>Develop and implement Research and Innovation Strategy</p> <p>Divisional restructure (on-going and on track)</p>	3 (1x3)
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Membership and Engagement Update

Meeting	Trust Board		
Date	7 October 2015	Agenda item	20
Lead Director	Alison Hughes , Trust Board Secretary		
Author(s)	Alison Hughes , Trust Board Secretary David Hammond, Membership & Engagement Manager		

To Approve	<input type="checkbox"/>	To Note	<input checked="" type="checkbox"/>	To Assure	<input type="checkbox"/>
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Link to the Board Assurance Framework:

This paper indirectly addresses the following principal risks;

- 03a - Failure to identify the right patient groups, engage with them or act upon feedback
- 05a - Failure to identify and understand key stakeholder, their needs and wants to effectively manage relationships

Identified risks:

None related to Organisational Risk register.

Not achieving 5000 members or effectively engaging members to stand for election as governors would jeopardise the trust's FT application.

Financial implications:

Cost of governor elections is approx. £7k.

Has an Equality Impact Assessment been completed?

Yes

No

Does this proposal represent any service improvement or redesign?

Yes

No

Paper history

Has a committee of the board reviewed this paper?

Submitted to

Date

Brief Summary of Outcome

Regular report submitted to each public board meeting.

Link to strategic objectives - 2014-19 (please tick those supported by this paper)			
We will deliver safe and effective patient care		We will further develop and maintain a competent, caring and flexible workforce	
We will deliver a positive experience of our services	✓	We will continuously develop the organisation including leadership at every level of the organisation	
We will engage effectively with the patients and communities we serve	✓	We will effectively engage with our staff to deliver our strategic objectives	
Reducing health inequalities will be integral to all service developments and delivery		We will optimise the use of our resources	
We will effectively manage and develop our relationships with our current and new commissioners and stakeholders	✓	The delivery of sustainable clinical services will be supported by corporate services	
We will defend and grow our core business		We will effectively manage our finances and fully deliver our efficiency programme	
We will lead the delivery of out of hospital integrated care		We will deliver transformation supported by innovation and research	
We will deliver to the expectations of our commissioners and demonstrate quality and value			

Membership and Engagement Update

Purpose

1. This paper provides members of the board with a regular update on membership, governors, volunteering and work placements.

Executive Summary

2. Elections for the trust's first Council of Governors are underway. The nominations window closed on 1 October with 29 candidates having stood for election
3. A plan for initial governor induction and training sessions is included

Governors and governor elections

4. The governor election process commenced on 3 September with the opening of the nominations window. This closed on 1 October to allow staff joining the trust from East Cheshire to stand for election and (because voting members must have joined by that date) to vote in the elections.
5. The number of candidates, and the fact that every constituency will have a contested election, reflects the intense engagement that has taken place over the last 10 months to encourage candidates. The number of candidates in each constituency is shown below.

Constituency	Number of seats	Number of candidates
Birkenhead	3	8
Wallasey	3	6
Wirral South & Neston	2	3
Wirral West	2	6
Staff	3	6
TOTAL	13	29

6. These numbers will be confirmed on 6 October, which is the last day that anyone may withdraw their election statement.
7. The voting period will be 16 October - 11 November with results announced on 12 November.
8. Ballot packs will be posted to all public members and emailed to all staff members. All members will be able to vote online. Public members are also able to return their vote by post.

Governor induction and training

9. Governor induction will be held on 27 November and 4 December. Training will be on-going and will be built into the annual cycle of governor activity. The initial induction and training plan is provided at **Appendix 1**.
10. We are pleased that outside experts have agreed to deliver a number of sessions. These include: governors from Clatterbridge and Countess of Chester FTs; Grant Thornton; MIAA; Hill Dickinson; and, Monitor. The outline topics will be developed further with the speakers in advance of the sessions.

11. We believe that these sessions, plus others delivered by our own senior managers and directors, will provide both a solid grounding for our new governors and an opportunity to begin developing crucial relationships.
12. The first Council of Governors meeting is scheduled to take place on 10 December. This will be either a formal meeting or a meeting of the shadow council, depending on the trust's authorisation status on that date.

Volunteering

13. East Cheshire volunteers have joined the trust alongside staff. Twenty four 'Cherubs' breastfeeding peer supporters and six clinic volunteers are now counted among our WCT volunteers.
14. A plan is in place to provide consistency across the Wirral and East Cheshire volunteer populations with regard to: ID badges; uniforms; DBS checks; onboarding induction and ongoing training; and, payment of expenses.
15. Current volunteer numbers are shown at appendix 2.

On-going reporting

16. As noted in last month's report, the arrival of the trust's Council of Governors will bring a requirement for additional reporting within the trust's governance structure. A review will be undertaken over the coming months to provide a recommendation for the most appropriate arrangements for reporting the information currently contained in this paper, alongside new information that is produced by the Council of Governors.

Conclusion

17. Governor elections and plans for the formation of a Council of Governors are progressing well.

Board Action

18. The board is asked to note the update provided in the report.

Alison Hughes
Trust Board Secretary

David Hammond
Membership and Engagement Manager

2 October 2015

Appendix one

High level governor induction and training plan

Dates: 27 November and 4 December. Start and finish times 9.30am and 4.30pm (tbc)

Venue: Clinical Skills, St Catherine's Health Centre

Topics below are presented in no particular order. Sessions are 45 minutes unless indicated.

All external speakers have confirmed attendance.

Title	Proposed topics
Our trust First session, 27 Nov	Introductions Our trust Services Locations Staff The board and senior managers, roles and individuals Vision and values
Our communities and strategic development	Our local health and care economy Demography Challenges and priorities Key partners and competitors Integration and Healthy Wirral Trust strategy for service development
Finance	NHS Finance, the big picture Contracts and commissioners Tendering Challenges and CIP Reporting within the trust Sources of assurance
Quality and governance	Clinical effectiveness Patient safety Patient experience QIAs Internal Audit (ie clinical and governance) Committee structure CQC
Learning from other trusts Governors from Clatterbridge Cancer Centre FT and Countess of Chester FT 2 x 45 minutes	What is it like to be a governor? What are you involved with at your trust? How do you hold your board to account? How do you represent people's views? What makes for a productive relationship with the Board?
MIAA 4 Dec	The role of internal audit; how the programme is agreed and delivered The questions governors should be asking themselves and the Board.

Grant Thornton	An introduction to external audit What is reviewed and how this is done Considerations for governors
Hill Dickinson 27 Nov	The role of Governors within the legal framework for FTs Constitution What governors need to be aware of
Monitor 4 Dec	A short history of foundation trusts Monitor's perspective on the governor role Monitor's role and governors' statutory duties
The governor role and CoG meetings	Statutory duties and powers Holding to account Representing members and the public Council of governor meetings <ul style="list-style-type: none"> • When and where to hold them • Sub groups: what should they be focused on? • Sub groups – developing draft terms of reference
Governor policies, code of conduct, lead governor, training and development	Policies <ul style="list-style-type: none"> • DBS policy • Expenses policy • Declarations and compliance statements Introduction to Code of conduct Lead governor Role and selection process Training and development <ul style="list-style-type: none"> • Plan for co-development of training programme • Resources available Onboarding
Our services 1.5 hours	Overview of division from divisional manager Presentation from one or possibly two services in each. 30mins from each division A&C, C&WB, P&UC
NED introductions 6 x 15 minutes	Introduction Role within the trust, including special responsibilities and areas of interest Views on the organisation's key strengths and challenges
Getting to know you	Interactive session

Appendix two

Volunteers directly supported by Wirral Community NHS Trust at 2 October 2015

WCT Service	Current volunteers	Volunteers in recruitment (post-selection and pre-start)	Positions available (at advert/ pre-selection stage)	Starters since 1/1/15	Leavers since 1/1/15
Community Nursing					4
Dietetics	1			1	2
0-19 Healthy Child Service, Wirral	3			4	5
0-19 Service, E Cheshire	30	6	20	18*	
Heart Support	8	2		2	4
Human Resources	1			1	
Livewell	5	1		2	2
Membership & Engagement					1
Physiotherapy	10	2		10	3
Speech and Language	2			1	1
Welcome Team	2				2
Total WCT volunteers	62	11		39	24
<i>Partner organisations</i>					
League of Friends	22			6	1
Wirral HeartBeat	6		4	1	2
Total volunteers	90	11	24	46	27

*via transfer from East Cheshire

NB previous tables have included volunteers for whom WCT is not directly responsible, including Wirral Heartbeat volunteers who are not recruited by WCT and do not volunteer at WCT sites or services, and Tomorrow's Women Wirral volunteers, who were recruited by the trust but with whom the trust has no ongoing relationship. From this month it is proposed that these volunteers are no longer included.