Wirral Community NHS
NHS Foundation Trust

Integrated Performance Report
June - July 2017

Meeting	Board of Directors		
Date	6 September 2017	**Agenda item**	**10**
Lead Director	Karen Howell, Chief Executive		
Author(s)	Paula Simpson, Deputy Director of Nursing and Quality Improvement Martin Godfrey, Acting Deputy Director of HR Edd Berry, Deputy Director of Finance Julian Eyre, Deputy Director of Operations and Integration		

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 the Board Assurance Framework (strategic risks)					
Please mark ✔ against the principal risk(s) - does this paper constitute a mitigating control? **Yes**					
Our Patients and Community		**Our People**		**Our Performance**	
Quality and safety including addressing inequalities is not maintained or improved	✔	Lack of, or ineffective engagement and 2-way communication with staff & governors		Failure to respond to system changes and the requirements of the NHS Five Year Forward View	
Patient experience is not systematically collected, reported or acted upon	✔	Failure to maintain a competent, engaged and resilient workforce that		Failure to deliver the efficiency programme and achieve all the	

		feels trusted, listened to and valued at work within a changing environment		relevant financial statutory duties	
Inability to deliver the benefits of integration within the defined timescales	✔	Failure to provide quality training and supervision and opportunities for career development for all staff		Inability to sustain performance against contractual and financial targets	

Link to the Organisational Risk Register (Datix)
Patients: Risk ID 1243 - Development of avoidable grade 3 and 4 (EPUAP) community trust acquired pressure ulcers. Risk ID 651 - Community Nursing Service - medication administration. Risk ID 1163 – Early recognition and management of the symptoms of sepsis. **People:** Risk ID1206 - Sickness absence levels across the organisation Risk ID1238 - Mandatory training completion **Performance:** Risk ID1390 - Sexual Health IT system Risk ID1391 - MSK contract changes

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

Paper history		
Submitted to	**Date**	**Brief Summary of Outcome**
Bi-monthly reporting to Trust Board		

Wirral Community NHS
NHS Foundation Trust

Integrated Performance Report
June - July 2017

Purpose

1. The purpose of this report is to provide assurance to the Board of Directors on the delivery of safe, effective, quality services during the reporting period 1 June - 31 July 2017 and performance against the board approved strategic objectives.

Executive Summary

2. The Board of Directors recognises that balancing quality and financial performance is essential for the sustainability and success of the organisation. The organisation's Quality, People and Performance strategies reflect our vision and recognise the interdependencies across all three strategy documents.

3. This bi-monthly Integrated Performance Report demonstrates how the organisation is performing in relation to the board approved strategic objectives that relate to:

    - Our Patients and Community
    - Our People
    - Our Performance

4. This report enables key indicators from each of these strategic documents to be triangulated and reviewed, ensuring that risks to quality and financial performance are identified early and are well managed.

5. The introduction of the Trust Information Gateway (TIG) supports the reporting of performance data across the organisation, and following approval of the new strategic objectives and goals, revised performance dashboards are currently being built to track progress from Board to committees and ultimately at team level.

6. The Board Development session undertaken on 2 August 2017 supported the refinement of the board level dashboard which will be available for review at the meeting. Additional indicators are being developed and will be included in future papers.

7. In reviewing performance, the Board of Directors is asked to be assured by the detail of the work conducted at committee level, according to terms of reference, and to refer to the briefings from the relevant committees.

8. According to the organisation's risk management framework, a high-level organisational risk report is presented to each committee of the board on a monthly basis to escalate risks that require committee support and to provide assurance on the mitigating actions and controls in place to manage the risks appropriately. All high-level risks are linked to the Board Assurance Framework (BAF) presented to the Board of Directors to highlight any impact the organisational risks may have on the achievement of the trust's strategic objectives.

9. The Board of Directors is responsible for ensuring any actions identified in this report are progressed and monitored and where necessary further action taken by the sub-committees of the board.

Our Patients and Communities

10. Performance against this strategic theme is described in the Trust's Quality Strategy which was approved by Board on 5 July 2017.

11. Analysis of performance during June and July 2017 has been scrutinised by the Quality & Governance Committee (as reported in the committee briefings to the Board) and highlights the following areas for board noting and assurance:

- The overall FFT score was 96% and 92% respectively achieving the trust's quality goal.
- As community nursing contacts are increasing, the indicator relating to avoidable grade 3 and 4 pressure ulcers is now recorded as a rate per 10,000 community nursing contacts. The baseline set from 2016/17 data is 0.82 and year to date performance for 2017/18 is 0.98.
- A key quality goal for 2017/18 is to reduce the rate of missed medication attributed to the trust incidents by 10%. The baseline set from 2016/17 data is 0.65 and year to date performance for 2017/18 is 0.4.
- The trust's sepsis quality improvement project aims to increase early identification of sepsis and ensure that 95% of people at risk are assessed using the National Early Warning Score. This metric has been agreed and a training programme is due to be rolled out to all relevant staff groups during September and October. This indicator will be reported on from Q4.

Our People

12. Performance against this strategic theme is described in the Trust's People Strategy *(submitted in draft form to the Education & Workforce Committee in July 2017)*.

13. Analysis of the information reported in the integrated performance report story board highlights the following areas:

- Both the headcount and WTE of permanent and fixed term staff in July increased to 1337.4 WTE (compared to 1330.7 WTE in June 2017). This was a significant increase from May 2017 with the transfer in of Adult Social Care staff on 1 June 2017.
- The sickness absence rate for the trust reported to the Education & Workforce Committee has varied over the last two months having increased to 5.0% in July 2017 (4.2% in June). The year to date figure is 4.7% which remains above the trust target of 4.0%. The absence data does not have the Adult Social Care attendance data integrated into the Trust overall figures due to separate temporary reporting processes until March 2018. The current absence rate for staff in Adult Social Care is 1.8%.
- During the month of July, twenty-three new members of staff joined the trust and all completed the onboarding process prior to commencing in post. The KPI in month was 100%. The YTD KPI is 97.3%.
- The YTD position for completion of mandatory training as at July 2017 is 82%, which is below the target of 90%. E-learning completion rates are also at 83% and communication is being provided to staff to encourage individual 100% completion.

Our Performance

14. Performance against this strategic theme is described in the Board approved financial plans 2017-18 and contracts with key commissioners. The Trust is also currently developing a Performance Strategy to ensure appropriate monitoring of internal and external KPIs.

15. Analysis of the information reported in the integrated performance report story board highlights the following areas:

- With regard to our CCG contracted services the YTD KPI performance of the 60 applicable KPI's has been reported as 53 Green, 4 amber and 3 red, maintaining an overall improved KPI performance position.
- We are managing on-going concerns around financial performance of our MSK and Rehabilitation services following tariff and pathway changes for these services.
- With regard to our Wirral Local Authority KPI's there are now no red KPIs in 0-19 services and all KPI's have continued to improve against their targets.

- Due to the on-going issues with the new provider of the IT service for Sexual Health Wirral it has not been possible to collate or analyse any performance data for the service in the YTD. The service has escalated these issues to senior management within the provider and is liaising with procurement to resolve this.
- Cheshire East 0-19 services are reporting two red and four amber KPIs. A rapid improvement plan to address the internal issues affecting KPI performance for East Cheshire 0-19 service is being implemented.
- The trust is reporting a deficit for the 4 months to July 2017 of £9k which is £6k better than plan. The overall Use of Resource rating is 1 (the highest score achievable) and also in line with plan.
- CIP is £137k behind plan due to slippage in some schemes however recovery plans are being prepared and monitored by the Finance & Performance Committee.
- Activity against the Wirral CCG block was behind in April but made up significant ground in May and is now 1.2% over plan on a YTD basis. Community Nursing activity was at its highest-level ever in May, driven by an increase in demand and improved data capture. Phlebotomy activity also remains strong and in excess of plan.
- Agency expenditure has continued to remain well within the agency cap. In addition the Trust has met the new stretch target in reducing the use of medical agency staffing.
- General financial risks and issues sited at the end of the Finance Report are currently being reviewed. These are monitored by the Finance and Performance Committee but additionally will be correlated against the BAF and checked against the current organisational risk register. Any amendments will be documented in the next bi-monthly update of this report

Conclusion

16. All performance indicators and their action plans are monitored via trust board sub committees and their relevant sub groups, as described within the organisations performance framework and governance structure.

Board Action

17. The Board of Directors is asked to note and approve the Integrated Performance Report for the reporting period 01 June - 31 July 2017 and be assured of the actions being taken to address any identified concerns.

Karen Howell
Chief Executive

Contributors:
Alison Hughes, Director of Corporate Affairs
Paula Simpson, Deputy Director of Nursing and Quality Improvement
Martin Godfrey, Acting Deputy Director of HR
Julian Eyre, Deputy Director of Performance
Edd Berry, Deputy Director of Finance

29 August 2017

Wirral Community NHS
NHS Foundation Trust

Board Assurance Framework - August 2017

Meeting	Board of Directors		
Date	6 September 2017	**Agenda item**	**11**
Lead Director	Karen Howell, Chief Executive		
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	✔
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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 the Board Assurance Framework (strategic risks)					
Please mark ✔ against the principal risk(s) - does this paper constitute a mitigating control?					
Our Patients and Community		**Our People**		**Our Performance**	
Quality and safety including addressing inequalities is not maintained or improved	✔	Lack of, or ineffective engagement and 2-way communication with staff & governors	✔	Failure to respond to system changes and the requirements of the NHS Five Year Forward View	✔
Patient experience is not systematically collected, reported or acted upon	✔	Failure to maintain a competent, engaged and resilient workforce that feels trusted, listened to and valued at work within a changing environment	✔	Failure to deliver the efficiency programme and achieve all the relevant financial statutory duties	✔
Inability to deliver the benefits of integration within the defined timescales	✔	Failure to provide quality training and supervision and opportunities for career development for all staff	✔	Inability to sustain performance against contractual and financial targets	✔

Wirral Community NHS
NHS Foundation Trust

Link to the Organisational Risk Register (Datix)
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.

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

Paper history		
Submitted to	**Date**	**Brief Summary of Outcome**
Trust Board	13 January 2016	The board reviewed and approved the revised principal risks noting their implementation with effect from 1 February 2016. The board also agreed a revision to the risk rating of principal risk 06b.
Trust Board	3 March 2016	The board noted the update and were assured of the processes in place to manage the principal risks to the strategic objectives and supported the refresh of the principal risks.
Trust Board	6 July 2016	The board noted the update and were assured of the processes in place to manage the principal risks to the strategic objectives and supported the refresh of the principal risks.
Trust Board	1 March 2017	The Board of Directors noted the update and particularly acknowledged that the BAF would be refreshed to reflect the new strategic objectives and revised principal risks. The board noted that a board development session in April 2017 would include a session to consider the revised principal risks before submitting to the Board of Directors on 3 May 2017.
Trust Board	3 May 2017	The Board of Directors received the updated BAF which included revised principal risks reflecting the new strategic objectives approved for 2017-18. The members of the board recognised the principal risks included in the BAF following a board development session to identify and agree them.
Trust Board	5 July 2017	The Board of Directors received the updated BAF noting that there were no new high-level risks to report but a number were rated at RR12 and would continue to be monitored.

Wirral Community NHS
NHS Foundation Trust

Board Assurance Framework - August 2017

Purpose

1. The purpose of this paper is to provide the Board of Directors with a quarterly review of the Board Assurance Framework (BAF).

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.

Current position - August 2017

4. The BAF and risk radar are included at **appendix 1**.

5. There are 9 principal risks recorded in the BAF; none of the risks are currently scoring a risk rating of >15 however there are a number with a risk rating of 12 which will be closely monitored particularly in relation to the mitigation and control of aligned organisational risks.

6. The high-level risks reported to each sub-committee of the board via the monthly risk report have been mapped across to the BAF.

7. The focus of the controls and assurances for principal risk 3 - '*Inability to deliver the benefits of integration within the defined timescales'* has been on the transfer of Adult Social Services during the 100 day mobilisation plan. It is acknowledged that the integration agenda is much broader and the pivotal role the trust continues to play in the HealthyWirral programme is significant to support integration and greater partnership working across the health and care economy. The paper on whole system integration at agenda item 12 provides further detail and assurance on the programme of work associated with HealthyWirral.

8. There are a number of high-level organisational risks aligned to principal risk 9 - *'Inability to sustain performance against contractual and financial targets'* however these risks are being closely monitored via the relevant committee on a monthly basis with appropriate actions identified, where possible, to mitigate the risks accordingly. It is not suggested that the risk rating associated with this principal risks is changed at this stage.

9. The Finance & Performance Committee receive a monthly operational performance report which confirms a position that overall performance across trust services is good. This is summarised in the Integrated Performance Report at agenda item 10.

10. The Trust Board of Directors is asked to consider the controls and assurances noted in the revised BAF and consider any further actions required to mitigate these risks.

11. At the board development session in October 2017 it is planned to include a further in-depth review of the principal risks within the Board Assurance Framework.

Board action

12. The Board of Directors is asked to note the BAF, be assured of the processes in place to manage the principal risks to the strategic objectives and support the refreshed principal risks.

Alison Hughes
Director of Corporate Affairs

30 August 2017

BOARD ASSURANCE FRAMEWORK 2017-18

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 strategic objectives and goals 2017-18

Our Patients and Community - To be an outstanding trust, providing the highest levels of safe and person-centred care	
Strategic goals	**Principal risks**
We will deliver outstanding, safe care every time	Quality and safety including addressing inequalities is not maintained or improved
We will provide more person-centred care	Patient experience is not systematically collected, reported or acted upon
We will improve services through integration and better coordination	Inability to deliver the benefits of integration within the defined timescales
Our People - To value and involve skilled and caring staff, liberated to innovate and improve services	
We will improve staff engagement	Lack of, or ineffective engagement and 2-way communication with staff & governors
We will advance staff wellbeing	Failure to maintain a competent, engaged and resilient workforce that feels trusted, listened to and valued at work within a changing environment
We will enhance staff development	Failure to provide quality training and supervision and opportunities for career development for all staff
Our Performance - To maintain financial sustainability and support our local system	
We will grow community services across Wirral, Cheshire & Merseyside	Failure to respond to system changes and the requirements of the NHS Five Year Forward View
We will increase efficiency of corporate and clinical services	Failure to deliver the efficiency programme and achieve all the relevant financial statutory duties
We will deliver against contracts and financial requirements	Inability to sustain performance against contractual and financial targets

Strategic goal	Principal Risk	Exec Lead	Link to ORR	Current RR L x C	Controls in place	Assurances in place	Any gaps in controls	Target RR L x C	Actions to further mitigate the risk
We will deliver outstanding, safe care every time	Quality and safety including addressing inequalities is not maintained or improved	SC	-	3 x 4 12	• Annual Quality Strategy & Goals and delivery plan • Patient Safety Strategy, Clinical Strategy, Medicines Optimisation Strategy, Clinical Effectiveness Strategy • QIA & EIA processes in place • Datix system used to triangulate all data • Internal audit (MIAA) annual plan including review of quality hotspots • Monthly data return to CQC • Annual clinical audit & QI programme • Mandatory and service specific training (inc. e-learning) • Track record of achieving commissioned quality metrics • Quality Improvement infrastructure & programme • Clinical policies and procedures • Patient Safety Dashboard in clinical services and daily safety huddles in Community Nursing • 'Sign Up To Safety' Campaign and action plan • 'Freedom To Speak Up' Guardian and Updated Raising Concerns Policy - Freedom To Speak Up Champions • RCA investigation process	**Internal** • Monthly quality report to Quality & Governance Committee • Quarterly Quality Strategy Assurance Report to QGC • Monthly risk reports to Quality & Governance Committee and Education & Workforce Committee • Quarterly Quality Strategy HR Assurance Report to Quality & Governance Committee • Quarterly well-led self-assessment reported to Board of Directors • Monthly workforce report to Education & Workforce Committee • Patient Story at Board of Directors, Safety sound bites at QGC and Staff Story at Education & Workforce Committee • Clinical Audit Reports • Patient Safety & Leadership Walkrounds **External** • CQC rating of 'good' • Annual Quality Report & Account • NHSI Single Oversight Framework segmentation - category 1	• Quarterly Quality Forum with Council of Governors to be established • Greater involvement of Healthwatch in processes • Community specific quality indicators • External well-led review *(pending revised framework following consultation)*	2 x 4 8	• Establish Quarterly Quality Forum with Council of Governors • Monthly meetings with Healthwatch • Develop community specific indicators based on quality strategy • Develop plan to complete self-review and peer-review of the new well-led framework

					• Clinical Governance Assurance Group (CGAG) established reporting to QGC • Procedure for pressure ulcer management and prevention reviewed and implemented. • Equality, Diversity and Human Rights Strategy and implementation plan approved by Board of Directors (July 2017)	• Quarterly HR Strategy Assurance Report to Education & Workforce Committee • National Safety thermometer benchmarking • Healthwatch 'enter and view' programme • Learning from mistakes league ranking (top 20 trusts) • Representation on national working group with Queens Nursing Institute on community nursing quality indicators and sustainable caseloads • Representation on Clinical Senate			
ORR ID1510 - Urgent & Primary Care - DVT service - changes by manufacturers of Enoxaparin from daily to twice daily dose - reported to Quality & Governance Committee									

Strategic goal	Principal Risk	Exec Lead	Link to ORR	Current RR L x C	Controls in place	Assurances in place	Any gaps in controls	Target RR L x C	Actions to further mitigate the risk
We will provide more person-centred care	Patient experience is not systematically collected, reported or acted upon	SC		3 x 4 12	• Patient Experience and Engagement Strategy • Complaints, concerns & compliments process • Patient Experience & Engagement Group • Communications, Marketing & Engagement Strategy • Community Equalities Panel • Patient story at Board of Directors • Annual Quality Strategy & Goals and delivery plan • Datix system used to triangulate all data • Quality Improvement process linked to patient feedback • Patient safety bulletin • Walk-in Centre Patient Safety Dashboard (cases triaged in 30, 35, 40 and 45 minute included) • Rebranding campaign to 'Your Experience'	**Internal** • Monthly quality report to Quality & Governance Committee • Case studies on improvement following feedback shared with commissioners • Quarterly complaints & concerns report including a summary of key learning each quarter • Annual Patient Experience Report • Patient Story at Board of Directors ***External*** • Friends and Family Test Score and national benchmarking • CQC rating of 'good' • Annual Quality Report & Account • Learning from mistakes leagues (top 20 trusts)	• Quarterly Quality Forum with Council of Governors • Greater involvement of Healthwatch in processes • Process of co-design with service users and patients	2 x 4 8	• Establish Quarterly Quality Forum with Council of Governors • Monthly meetings with Healthwatch • Process of co-design with service users and patients including for adult social care to be established in divisions • Membership and ToR of 'Your Voice' under review following re-launch

ORR ID1509 - Urgent & Primary Care - Single Point of Access - failure to implement single phone number (RR16) - reported to Finance & Performance Committee									
ORR ID1508 - Urgent & Primary Care - Single Point of Access - teletriage pilot and ipad/PC connectivity issues (RR16) - reported to Finance & Performance Committee									
Strategic goal	**Principal Risk**	**Exec Lead**	**Link to ORR**	**Current RR L x C**	**Controls in place**	**Assurances in place**	**Any gaps in controls**	**Target RR L x C**	**Actions to further mitigate the risk**
We will improve services through integration and better coordination	Inability to deliver the benefits of integration within the defined timescales	VM	-	3 x 4 12	• TUPE transfer of staff successfully completed on 1 June 2017 • Governance arrangements around professional standards established • Section 75 agreement finalised and 100 day mobilisation plan in place • Benefits already being delivered through the 4-hub model and ICCHs • Organisational development and cultural plan developed • Internal infrastructure updates in readiness for adult social care joining the trust e.g. website update in relation to compliments, concerns and complaints (LGA ombudsman) • Associate Director of Adult Social Services appointed (in post from 1 October 2017) • Exec to Exec with WUTH, CWP and CCG established	• Monthly integration update paper to Finance & Performance Committee *(agreed to continue as a separate paper for first 12 months of contract at FPC in June 2017)* • Partnership Governance Board established with Local Authority • Whole system integration update to Board bi-monthly • Representation from the Trust at Healthy Wirral groups including; Partners Board, Executive Group and Providers Forum • Trust representation at the A&E Delivery Board	• Transformation plan not implemented • Primary care engagement plan	2 x 4 8 *(Year 1)*	• ~~Appoint to Associate Director post~~ • ~~On going monthly reporting to FPC~~ • ~~Agreement of quarterly governance meeting with LA~~ • ~~Roll-out of planned work to ensure benefits realisation through engagement with staff, in preparation for transformation plans~~ • Stakeholder engagement to form an integral part of Communications & Marketing Strategy

ORR ID1251 - Urgent & Primary Care - Intermediate Care (bed based) - staffing pressures and use of locum to address (RR16) - reported to Education & Workforce Committee									
Strategic goal	**Principal Risk**	**Exec Lead**	**Link to ORR**	**Current RR L x C**	**Controls in place**	**Assurances in place**	**Any gaps in controls**	**Target RR L x C**	**Actions to further mitigate the risk**
We will improve staff engagement	Lack of, or ineffective engagement and 2-way communication with staff and governors	KWS	-	3 x 4 12	• Staff Council well established • JUSS in place • Council of Governors established with sub-groups developing • Staff governor seats filled (also members of Staff Council) • Trust website and staff zone • Weekly CEO blog to all staff • For You magazine • Public board papers on-line • Organisational briefings to all staff via team meetings • Annual and interim appraisals • Annual staff awards process and celebration • Wirral Globe column • Leadership for All programme inc. coaching and mentoring programme, masterclasses • Management Accountability Framework • Internal engagement campaigns (e.g. wellbeing week) • Monthly Executive Briefing • Freedom To Speak Up Guardian, Team & Champions • Council of Governors development day held in July 2017 - further work on opportunities for	• Annual Staff Survey & action plan reporting to Education & Workforce Committee • Feedback mechanisms from 2-way engagement (*) • Staff story to Education & Workforce Committee • Quarterly HR Strategy Update to Education & Workforce Committee • CQC rating of 'good' • Engagement with Staff Council and JUSS	• Response rate to staff FFT particularly in clinical services	2 x 4 8	• ~~Council of Governor Development Day - 12 July 2017~~ • Revised Communications & Marketing Strategy to be developed which address internal communication and engagement (November 2017) • Strategic Planning, Transformation and CIP workshop to be held over 3 days in Sept, Oct & Nov 2017 *(to include governor representatives)*

					membership • Council of Governors annual cycle of business drafted • NEW approach to patient safety & leadership walkrounds inc. buddying of ELT and deputies with services (launching in September 2017)				
ORR ID1507 - Children & Wellbeing - Cheshire East 0-19 - limited IT access to Wirral networks in specific bases (RR15) - reported to Finance & Performance Committee									
ORR ID1390 - Children & Wellbeing - Sexual Health - clinical systems not functioning and delays in staff training (RR15) - reported to Finance & Performance Committee									
ORR ID1551 - Children & Wellbeing - Sexual Health - workforce issues and new IT system implementation (RR15) - reported to Education & Workforce Committee									
Strategic goal	**Principal Risk**	**Exec Lead**	**Link to ORR**	**Current RR L x C**	**Controls in place**	**Assurances in place**	**Any gaps in controls**	**Target RR L x C**	**Actions to further mitigate the risk**
We will advance staff wellbeing	Failure to maintain a competent, engaged and resilient workforce that feels trusted, listened to and valued at work within a changing environment	KWS/ SC	1238 1206	3 x 4 12	*(See also controls above)* • Wellbeing Plan • Mandatory Training requirements for all staff measured through annual appraisals • Management Development Programme • Managing Attendance Policy • Organisational Change Policy • Revalidation and Registration Process • Internal Communications Strategy • Access to Occupational Health support for all staff • Employee Assistance Programme (EAP) • Fast-track physiotherapy for staff • Staff wellbeing campaigns • Health, Safety & Wellbeing Group	• Annual Staff Survey with action plan reported to EWC • Monthly Workforce Report to EWC • Quarterly L&D Report to EWC • Establishment of Education Team • Annual Internal Audit Plan (e.g. NMC revalidation) • Monthly Quality & Patient Experience Report to QGC • CQC Rating 'good' • Staff suggestions process	• Innovation process feedback • Evolving internal communications plan on the changing environment	1 x 4 4	• CEO programme of service visits planned for Sept, Oct & Nov 2017

					• Innovation Fund • Organisational briefings to all staff meetings *(33 completed to date reaching 600 + staff)* • Annual Staff Awards programme • Transformation model based on people, process and culture • NEW approach to patient safety & leadership walkrounds inc. buddying of ELT and deputies with services (launching in September 2017)				
ORR ID1238 - Organisational wide failing to meet mandatory training compliance target of 90% (RR16) - reported to Education & Workforce									
ORR ID1206 - Organisational wide impact of sickness levels above the trust target (RR15) - reported to Education & Workforce Committee									

Strategic goal	Principal Risk	Exec Lead	Link to ORR	Current RR L x C	Controls in place	Assurances in place	Any gaps in controls	Target RR L x C	Actions to further mitigate the risk
We will enhance staff development	Failure to provide quality training and supervision and opportunities for career development for all staff	SC	-	3 x 4 12	• L&D Strategy and funding application • Annual workforce plan developed • MPET funding • Leadership for All programme including succession planning • Annual appraisal process (99% completion rate for 2017-18 cycle) • Clinical protocols and policies • Clinical Supervision Policy • Management Supervision Policy • Apprenticeship programme • Graduate management trainees • Nurse Associates in post • Mandatory and service specific training (inc. e-learning • Education infrastructure developed to support effective implementation of the apprenticeship levy. Head of Education in post • Apprenticeship Levy and Health Education Funding Assurance Group established (reporting to EWC quarterly) • Safe, sustainable and productive staffing guidance reviewed and implemented	**Internal** • Joint Union Staff Side partnership working • Staff Council • Annual staff survey results • Staff Story at EWC • Annual appraisal programme and audit **External** • Annual planning process • Annual submission of plan for clinical training requirements to HENW • Monthly monitoring of Workforce Plan • DoN working with RCN across STP to consider pressures in the workforce and influencing training provision • DoN involvement in Safe Sustainable Staffing Programme with Queens Nurse Institute	• External risk to education funding (e.g. nurse bursaries) • Changes to recruitment processes underway via ELT (reporting to EWC)	2 x 4 8	Gaps in control to be addressed.

Strategic goal	Principal Risk	Exec Lead	Link to ORR	Current RR L x C	Controls in place	Assurances in place	Any gaps in controls	Target RR L x C	Actions to further mitigate the risk
We will grow community services across Wirral, Cheshire & Merseyside	Failure to respond to system changes and the requirements of the NHS Five Year Forward View	KH	1111	3 x 3 9	• High Trust presence at all system meetings and events (e.g. HW membership group, senior change team group) • Chair and CEO or Deputy CEO attends STP Membership Group • CEO lead sponsor for AQuA work across Wirral on ACS • Executive Directors members of Healthy Wirral Executive Directors Group (HWEDG) • PWC workshops concluded on ACS across Wirral (PWC presence at Board private session in September 2017) • Exec to Exec with WUTH, CWP and CCG established	• Regular updates provided through CEO Report to Board, whole system integration update to Board and bi-monthly board development sessions • Standing agenda item at weekly Executive Leadership Team meeting • Regular item for discussion at Executive Leadership Team time-out sessions • Executive membership of the Healthy Wirral Executive Delivery Group	• Ensuring a clear understanding of Wirral partners strategy and approach •	2 x 3 6	• ~~Exec to Exec and Board to Board meetings with CCG and WUTH *(in planning phase)*~~ • Resolve access issues to HealtheIntent platform (progress made but on-going)

Strategic goal	Principal Risk	Exec Lead	Link to ORR	Current RR L x C	Controls in place	Assurances in place	Any gaps in controls	Target RR L x C	Actions to further mitigate the risk
We will increase efficiency of corporate and clinical services	Failure to deliver the efficiency programme and achieve all the relevant financial statutory duties	PC MG	-	3 x 4 12	• Transformation & Efficiency Group (reporting to FPC) • Integrated Performance Group (reporting to all committees) • Monthly CIP update to FPC • Roll-out of Yellowfin software and Aspyre project management software • Project Management Office lead and oversight of all efficiency schemes • QIA process established for all CIP schemes • Executive Lead for CIP • Monthly finance returns to NHSI • External audit engagement for year-end accounts • Organisational briefings to staff on financial challenges • Clinical Governance Assurance Group (CGAG) established to monitor any impact on quality • Programme of internal audit - combined systems • Management Accountability Framework • Organisational briefings to all staff via team meetings	• Single Oversight Framework categorisation as segment 1 organisation (maximum autonomy) • Trust achievement of STF and control total for 2016-17 • Action plan and outcome summary from TEG to FPC • MIAA annual audit plan and opinion • Monthly reporting to FPC via Finance & Activity Report • Annual appraisal process and PDRs • CIP report to FPC monthly; Director of Integration & Operations confirmed as executive lead	• Roll-out of performance data to desktops • Recurrent vs non-recurrent savings	2 x 4 8	• Refocus of TEG terms of reference to reflect the link with transformation • Strategic Planning, Transformation and CIP workshop to be held over 3 days in Sept, Oct & Nov 2017.
ORR ID1316 - Trust wide - current shortfall in CIP target for 2017-18 (RR12) - reported to Finance and Performance Committee									
Strategic		**Exec**	**Link**	**Current**	**Controls in place**	**Assurances in place**	**Any gaps in controls**	**Target**	**Actions to**

goal	Principal Risk	Lead	to ORR	RR L x C				RR L x C	further mitigate the risk
We will deliver against contracts and financial requirements	Inability to sustain performance against contractual and financial targets	VM/ MG	1390 1391 1488	3 x 4 12	• Integrated Performance Group (IPG) established reporting to all committees of the Board • Performance Management Framework established • Management tools to support performance monitoring - roll-out of Yellowfin • Contract monitoring meetings with key commissioners - scrutiny of KPIs to ensure they remain realistic and fit for purpose • Communications and engagement with workforce re KPIs and financial management - organisational briefings to all staff, monthly Executive briefing • Management tools to support performance, eg Yellowfin • Clinical Governance Assurance Group (CGAG) established to monitor any impact on quality • Procurement support on sub-contract management • Indepth analysis of benchmarking of clinical services • Joint working with WUTH on MSK contract	• Integrated Performance Report to board (bi-monthly) • Reports from committees of the board highlighting key areas of focus and any recommendations and/or decisions • Single Oversight Framework categorisation as segment 1 organisation (maximum autonomy) • MIAA annual audit plan and opinion	• Lack of contractual KPIs associated with some contracts • Lack of contract meetings for some contract • Inadequate SLAs	2 x 4 8	• ~~Joint working with WUTH on MSK contract~~ • Childrens SLT contract review to include Local Authority

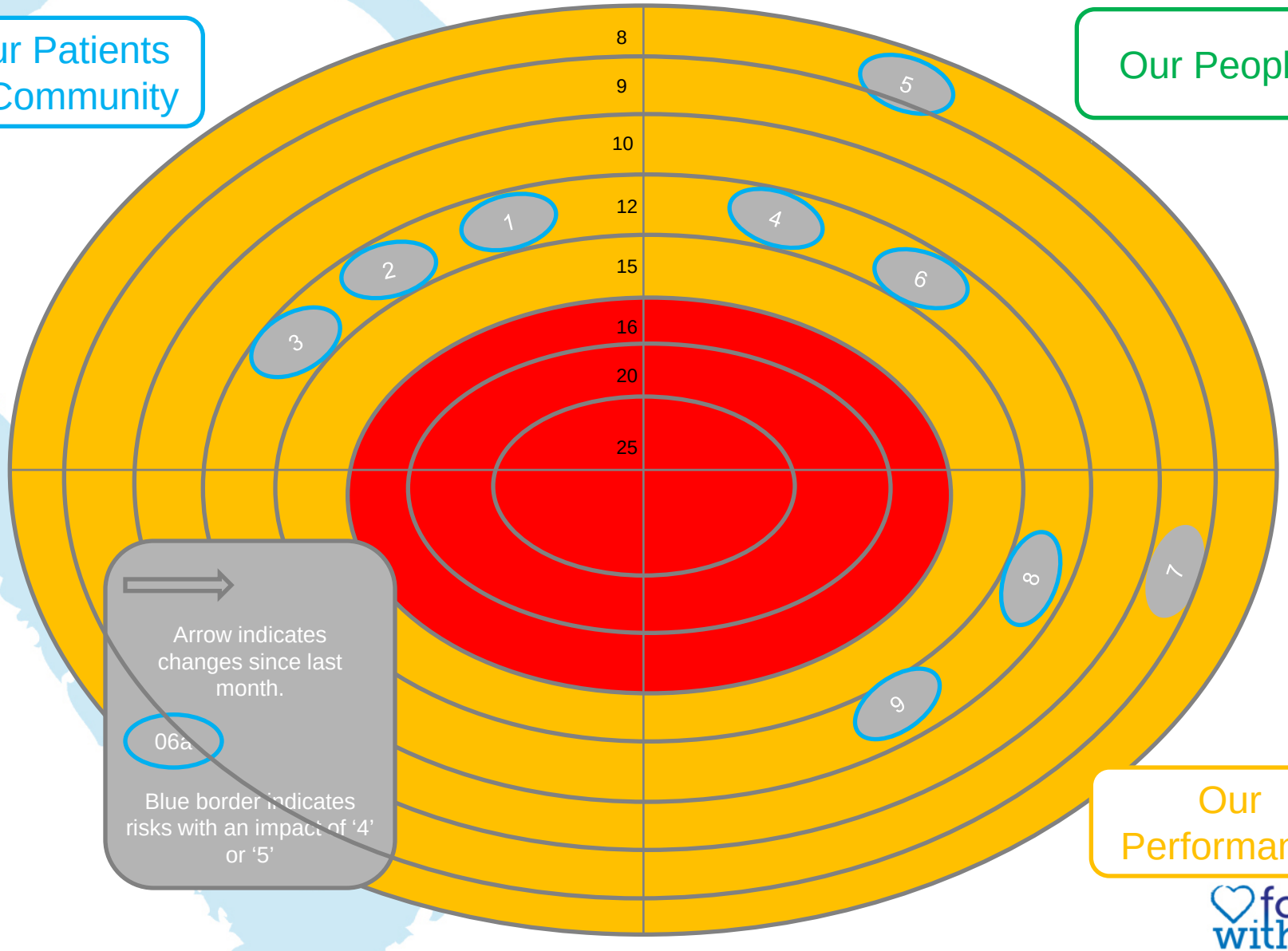
ORR ID1249 - Adult & Community - Community Therapy - KPI performance of Rehab at Home service (RR15) - reported to Quality & Governance Committee
ORR ID1390 - Sexual Health Service clinical system issues (RR15) - reported to Finance & Performance
ORR ID1391 - MSK physiotherapy income cap (RR15) - reported to Finance & Performance Committee
ORR ID1488 - Children's SLT (RR15) contractual issues - reported to Education & Workforce Committee
ORR ID1513 - Urgent & Primary Care - GPOOHs staffing levels (RR16) - reported to Education & Workforce Committee

Risk Radar

Likelihood x impact

Our Patients & Community

Our People



Arrow indicates changes since last month.

06a

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

Our Performance

for you, with you