NHS
Wirral Community
NHS Foundation Trust

Integrated Performance Report	
February 2018 - March 2018	

Meeting	Board of Directors		
Date	02 May 2018	**Agenda item**	**10**
Lead Director	Karen Howell, Chief Executive		
Author(s)	Claire Wedge, Deputy Director of Nursing and Quality Improvement Karen Walkden-Smith, Deputy Director of HR Edd Berry, Deputy Director of Finance & Business Intelligence Natalie Park, Deputy Director of Operations		

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

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

Link to Principal Risks in the Board Assurance Framework - *please mark ✔ against the principal risk(s) - does this paper constitute a mitigating control?*	
Failure of organisations across the system to delegate appropriate authority to support the integrated care system (Healthy Wirral)	
Failure to engage staff to secure ownership of the Trust's vision and strategy	
Increasing fragility of the social care market	
The impact of the outcome of the Urgent Care Review compromising financial stability and the future model of care	

Services fail to remain compliant with the CQC fundamentals of care leading to patient safety incidents and regulatory enforcement action and a loss of public and system confidence	✔
Inability to implement the Trust's clinical transformation strategy and preferred model of care - Neighbourhood care	
Commissioning decisions do not promote integrated working across the health and care system	
Failure to build the workforce skills and infrastructure to transform services to meet the demographic needs of the workforce and population	
Security of public health funding and subsequent contractual decisions impacting on the range of services provided to Wirral & Cheshire East	
Failure to foster, establish and manage the right partnerships that enable a response to commissioning intentions	
Development of place-based care outside of Wirral, limits the Trust's ability to expand/retain services in these areas	
Failure to deliver the efficiency programme	✔
Failure to achieve all the relevant financial statutory duties	✔
The impact of the outcome of the Carter Review on community services benchmarking on commissioning decisions	
Impact of supporting the delivery of the 3-year financial plan and future sustainability of the Wirral system	✔

Link to the Organisational Risk Register (Datix)
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. **People:** Risk ID1206 - Sickness absence levels across the organisation **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		

NHS
Wirral Community
NHS Foundation Trust

Integrated Performance Report
February 2018 - March 2018

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 01 February 2018 - 31 March 2018 and performance against the board approved strategic objectives. This report provides the end of year performance position for 2017/18.

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. 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.

6. 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.

7. 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.

8. The report is supported by electronic dashboards hosted in the Trust Information Gateway (TIG). These dashboards are attached as an appendix to this report.

Development of the Trust Information Gateway (TIG) - Trust Board Dashboard

9. The Trust Board dashboard has been updated to reflect the metrics agreed by Board on 1 November 2017. These metrics have been developed in the electronic TIG dashboards and are attached as an appendix to this report. In addition the Board agreed to the development of a Single Outcomes Framework (SOF) dashboard. This is also available in TIG and attached as a further appendix to this paper. The Single Outcomes Framework is NHSI's performance assessment framework and was last updated by the regulator in November 2017.

10. The SOF dashboard in TIG reviews performance across four domains; quality of care, organisational health, operational performance, and finance. NHSI's approach is to use publicly available data as well as the monthly provider returns it receives from Finance & HR departments. Where possible the dashboard in TIG provides the website link to the national data source and details the latest position.

Due to differences in data collection nationally the periods the data covers vary from February 2018 to Q4 of 2016/17.

11. Beyond performance thresholds published for a handful of measures such as the A&E 4 hour wait standard tolerances are not currently provided by NHSI's on their view of acceptable performance. Performance data in the SOF dashboard is therefore presented without a RAG rating. These will be reviewed internally and an appropriate threshold established for 2018/19 reporting.

12. Tolerances used in the main Trust Board dashboard based on locally agreed measures are included within the appendices to this report. The following section provides a narrative on current performance.

Our Patients and Communities

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

14. Analysis of performance during February 2018 and March 2018 has been scrutinised by the Quality and Safety Committee (as reported in the committee briefings to the Board) and highlights the following areas for board noting and assurance:

- The overall FFT score for the trust was 100% in both February and March, with year to date performance at 94.36%.

- 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 0.93. During the reporting period, 2 avoidable pressure ulcers occurred in February 18; there were no avoidable pressure ulcers reported during March 2018.

- 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 the end of year performance for 2017/18 is 0.48 based on 17 incidents. During the reporting period, 3 missed medication incidents occurred in February, however there were zero missed medication incidents reported during March 2018.

Our People

15. Performance against this strategic theme is described in the Trust's People Strategy 2017-2020.

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

- The WTE of permanent and fixed term staff increased from 1327 in February to 1328 in March.

- The sickness absence rate for the trust for the month of March was 5.2% which is a decrease from 6.0% in February. The rate remains above the trust target of 4.0% and above the rate reported for the same period last year (4.1%). The year-end figure is 5.1%. There was a reduction in both short term and long term absences. The absence data does not include the Adult Social Care attendance data integrated into the Trust overall figures due to separate temporary reporting processes until April 2018.

- The trust's voluntary turnover figure for March was 10.51%. The trust is considering its target upon comparison with comparator trusts. This reflects a 12 month rolling figure. The 'in month' turnover figure for February and March were 1.0% and 1.5% respectively.

- During the month of March, eighteen new members of staff joined the trust all of whom completed the onboarding process prior to commencing in post. The KPI in month was 100% and the YTD KPI is 96.4%. In addition there were twenty local inductions, all of which were completed and returned to HR within the KPI of 6 weeks. The completion rate in month was 100% and the YTD rate is 96%.

- The YTD position for completion of mandatory training as at March 2018 has risen to 84%, and remains at an amber rating. The green rating for this quality goal is 90%. Communication is being provided to staff to encourage individual 100% completion.

Our Performance

17. 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.

18. Analysis of the information reported in the Trust Board dashboard highlights the following areas:

- Of the Trust's 92 applicable KPIs, 89% reported Green or Amber in March. At the end of 2017/18 on a cumulative performance basis the Trust was also at 89%. With regard to our Wirral CCG contracted services year end KPI performance of the 60 applicable KPI's has been reported as 49 green, 7 amber and 4 red, representing an overall performance improvement for the year versus 2016/17.

- 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. KPIs for Sexual Health are now being reported and improvement plans are in place to tackle data quality issues in the new IT system which is showing improvement in KPI performance.

- Cheshire East 0-19 services reported 3 green, 2 red and 2 amber KPIs at year-end. Although 4 KPIs were below the green level, 3 have improved at year-end.

- The trust reported 4 green, 1 amber and 2 red KPIs for Adult Social Care services at the end of 2017/18 and commissioners have acknowledged the good progress made in performance since the transfer of services on 1 June 2017. Improvements plans are in place for red and amber KPIs.

- At the end of 2017/18 the Trust met and exceeded its control total, resulting in the award of additional STF funds and a year-end control total surplus of £3.049m. This is the unaudited position. The overall Use of Resource rating was 1 (the highest score achievable) and also in line with plan.

- At the end of the financial year the Trust reached its CIP target. 77% of the target was achieved recurrently with 23% coming via non-recurrent savings.

- As two of the Trust's largest volume services Community Nursing and Phlebotomy services significantly over-achieved against the Wirral CCG activity plan in 2017/18. Overall the trust delivered at the planned level of activity for the year.

- The Trust exceeded its Agency Cap for the year by 2.26%. This was principally due to additional staff brought in to support winter pressures with funding from the BCF. This did not impact on the overall risk rating and remained a significant improvement on 2016/17.

Conclusion

19.   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

20.   The Board of Directors is asked to note and approve the Integrated Performance Report for the reporting period 01 February 2018 - 31 March 2018 and be assured of the actions being taken to address any identified concerns.

Karen Howell
Chief Executive

Contributors:
Claire Wedge, Deputy Director of Nursing and Quality Improvement
Karen Walkden-Smith, Deputy Director of HR
Edd Berry, Deputy Director of Finance
Natalie Park, Interim Deputy Director of Operations

27 April 2018

Month: 12. March							
Domain	Metric	Numerator	Denominator / Plan	Unit	Performance in Month	Performance YTD	Notes
Our Patients & Community	Avoidable Gr 3 & 4 Pressure Ulcers per 10,000 contacts	0	0.82	Incident Rate per 10,000 contacts	100.00%	-12.84%	Positive value = % over-performance
	CQUIN Performance	0	0	Performance against plan	94.00%	94.00%	Based on expectations to date
	Friends & Family Test (Patients)	265	265	Completed Surveys	100.00%	94.36%	All Community Trust Services including NHS England, Public Health England and Local Authority
	Missed Medication	0	0.65	Incident Rate per 10,000 contacts	100.00%	26.67%	Positive value = % over-performance
	Zero Never Events	0	0	Incidents Reported	100.00%	100.00%	Validated incidents on Datix
Our People	Mandatory Training Compliance	11041	13144	Course Elements Completed	84.00%	84.00%	As validatd by Learning & Development
	Sickness & Absence	1855.98	35821.54	Staffing Days	5.18%	5.22%	As reported on ESR
	Staff Turnover	174.86	1173.67	Rolling average FTE leavers	15.08%	15.08%	Figures sourced from ESR
	Vacancy Rate	43.75	1414.59	WTE	3.09%	3.09%	Based on finance budget data
Our Performance	6 Week Diagnostic Wait	88	88	Patients Seen	100.00%	99.88%	% Tests completed within 6 weeks
	A&E 4 hour wait	7609	7625	Attendances	99.79%	99.19%	% Patients seen / discharged in 4 hrs (includes Arrowe Park Site)
	Agency Cap	£267,000	£176,667	Agency Spend	-51.13%	-2.23%	% under plan (positive value is good)
	CIP v Plan	£609,000	£315,000	Savings Achieved	193.33%	100.00%	% of target achieved (this includes non-recurrent savings)
	Finance v Plan (Control Total)	£349,000	£256,000	Surplus	36.33%	7.89%	Positive value = % over-performance (performance against control total of £1.572 m)
	KPI Performance	82	92	Green & Amber KPIs	89.13%	89.13%	% KPIs that are green or amber
	Referral to Treatment Time	23	23	Patients Seen	100.00%	100.00%	% Patients seen within 18 weeks
	Use of Resources	1	1	Rating	100.00%	100.00%	Score of 1 is highest available

Single Outcomes Framework

Based on NHSI Published Framework in December 2017

Domain	Measure	Description	Source	Latest Published Period	Data	Notes
Finance	Agency spend	Distance from provider's cap		2017/18 March	2	Score out of 4. 1 = best score
	Capital service capacity	Degree to which the provider's generated income covers its financial obligations		2017/18 March	1	Score out of 4. 1 = best score
	Distance from financial plan	Year-to-date actual I&E margin (surplus/deficit) in comparison to Year-to-date plan I&E margin (surplus/deficit) on a control total basis		2017/18 March	2	Plan was agreed before transfer of social care and does not reflect additional income and expenditure
	Income and expenditure (I&E) margin	I&E surplus or deficit / total revenue		2017/18 March	1	Score out of 4. 1 = best score
	Liquidity (days)	Days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown		2017/18 March	1	Score out of 4. 1 = best score
Operational Performance	A&E maximum waiting time of four hours from arrival to admission/transfer/discharge	The percentage of attendances at an A&E department that were discharged, admitted or transferred within four hours of arrival.	https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2017-18/	2017/18 March	99.80%	Data excludes Arrowe Park site

Domain	Measure	Description	Source	Latest Published Period	Data	Notes
	Maximum 6-week wait for diagnostic procedures	Proportion of patients referred for diagnostic tests who have been waiting for less than six weeks	https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/monthly-diagnostics-data-2017-18/	2017/18 February	100%	Target is 99%. Published data is incorrect and DH have agreed to refresh at year-end
	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate ? patients on an incomplete pathway	Count of the number of patients whose clock period is less than 18 weeks during the calendar months of the return/Count of number of patients whose clock has not stopped during the calendar months of the return	https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2017-18/	2017/18 February	100%	Indicator relates to patients waiting to be seen at month end
Organisational Health	NHS Staff Survey	Staff recommendation of the organisation as a place to work or receive treatment	http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2016-Results/	2017/18	3.68	Composite score. Sector median was 3.76
	Proportion of temporary staff	Agency staff costs (as defined in measuring performance against the provider's cap) as a proportion of total staff costs. Calculated by dividing total agency spend over total pay bill.		2017/18 November		Data not publicly available
	Staff sickness	Level of staff absenteeism through illness in the period, Numerator = number of days sickness reporting within the month. Denominator = number of days available within the month	https://digital.nhs.uk/search?query=staff+sickness	2017/18 November	5.53%	
	Staff turnover	Number of Staff leavers reported within the period /Average of number of Total Employees at end of the month and Total Employees at end of the month for previous 12 month period, Numerator = number of leavers within the report period. Denominator = staff	https://digital.nhs.uk/article/4304/Workforce	2017/18 September	n/a	Rate not published
Quality of care	Community scores from Friends and Family Test % positive	Count of those categorised as extremely likely or likely to recommend/Count of all responders	https://www.england.nhs.uk/fft/friends-and-family-test-data/	2017/18 February	100%	
	Occurrence of any Never Event	Count of Never Events in rolling sixmonth period	https://improvement.nhs.uk/resources/never-events-data/	2017/18 February	0	
	Patient Safety Alerts not completed by deadline	Number of NHS England or NHS Improvement patient safety alerts outstanding in most recent monthly snapshot	https://improvement.nhs.uk/resources/data-patient-safety-alert-compliance/	2017/18 January	0	

Domain	Measure	Description	Source	Latest Published Period	Data	Notes
	Staff Friends and Family Test % recommended care	Count of those categorised as extremely likely or likely to recommend/count of all responders	https://www.england.nhs.uk/fft/friends-and-family-test-data/	2017/18 Q2	80%	Based on 40 positive responses from 50 responders
	Written Complaints - rate	Count of written complaints / count of WTE	https://digital.nhs.uk/catalogue/PUB24086	2016/17 Q4	28	Rates not yet published for Community Trusts

NHS Wirral Community
NHS Foundation Trust

Board Assurance Framework - April 2018			
Meeting	Board of Directors		
Date	2 May 2018	**Agenda item**	11
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Alison Hughes, Director of Corporate Affairs		

To Approve	✔	To Note	✔	To Assure	☐

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

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

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

Link to the Organisational Risk Register (Datix)

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

Paper history		
Submitted to	**Date**	**Brief Summary of Outcome**
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.
Trust Board	6 September 2017	The Board of Directors received the updated BAF noting that there were no risks scoring in excess of RR15 but there were a number with a RR12 which continued to be closely monitored. The Board noted principal risk 9 with a number organisational risks aligned to it noting that they were all tracked through the relevant sub-committees.
Trust Board	1 November 2017	The Board of Directors received the updated BAF noting that a revision of the principal risks to accurately reflect the changing environment in which the trust was operating was planned. The target to achieve risk ratings and enduring risks was also raised and the importance that the principal risks had mitigating actions in place identified.
Trust Board	8 January 2018	The Board of Directors received the updated BAF and noted the current position.
Trust Board	8 March 2018	The Board of Directors received the updated BAF and noted the current position and approved the new principal risks for 2018-19.

Wirral Community
NHS Foundation Trust

Board Assurance Framework - April 2018

Purpose

1. The purpose of this paper is to provide the Board of Directors with a bi-monthly 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.

4. Work has been on-going to complete an annual review of the principal risks within the BAF to ensure they are fit for purpose and accurately reflect the environment in which the Trust is operating. This annual review has also considered the key strategic intentions of the Trust's revised organisational strategy

5. The Audit Committee received the Assurance Framework Review for 2017-18 from Mersey Internal Audit Agency at its meeting on 18 April 2018, and welcomed the view that *"the organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board and clearly reflects the risks discussed by the Board"*

Current position - April 2018 - Refreshed BAF for 2018-19

6. The BAF for 2018-19 and risk radar are included at **appendix 1**.

7. This revised principal risks were approved at the meeting of the Board of Directors on 7 March 2018.

8. There are 15 new principal risks to be monitored and tracked during 2018-19. Each of these risks has an identified Executive Lead and through a board development session involving both Executive and Non-Executive Directors the current and target risk ratings for each have been discussed and agreed.

9. There are 4 principal risks with a current risk rating of >15. Each of these risks reflect current areas of focus and attention for the Trust. The risk associated with staff engagement has an operational risk related to sickness absence levels mapped against it which has been escalated to the Education & Workforce Committee and is closely monitored on a monthly basis.

10. Principal risk 5 *'Services fail to remain compliant with the CQC fundamentals of care leading to patient safety incidents and regulatory enforcement action and a loss of public and system confidence'* has a risk rating of RR10. There are a number of high-level operational risks aligned to this principal risk all of which have been escalated to the relevant committees for oversight and monitoring. Whilst the potential cumulative impact of the operational risks is recognised, the existence of action/improvement plans associated with each and the reporting of progress, actions and mitigations to the relevant committees is clear. It is therefore not proposed to increase the risk rating of this principal risk and the Board is asked to be assured that this position will continue to be monitored and escalated appropriately.

11. The controls and assurances against each risk have been developed through a board development session with further work planned to review the format and detail of the BAF. The Board of Directors is asked to consider this and support any further developments to ensure the BAF meet the requirements and is fit for purpose.

Principal risk coverage

12. The MIAA review of the Assurance Framework also included an analysis of risk theme coverage from a recent benchmarking exercise. The Board is asked to note that IMT, data quality and new system implementation was highlighted for further consideration for the BAF 2018-19.

13. The review also highlighted regulatory standards but this has been referenced in principal risks 5 and 13.

Board action

14. The Board of Directors is asked to note the detail included against the new principal risks particularly the high-level risks and provide comment on any new or emerging controls and assurances in place.

15. The Board of Directors is asked to approve the proposal to maintain the risk rating of principal risk 5 with assurance that monitoring of operational risks is completed by sub-committees of the Board.

16. The Board of Directors is asked to consider a principal risk in relation to IMT, data quality and new system implementation.

Alison Hughes
Director of Corporate Affairs

27 April 2018

BOARD ASSURANCE FRAMEWORK 2018-19

Our Patients and Community	Our People	Our Performance
Failure of organisations across the system to delegate appropriate authority to support the integrated care system (Healthy Wirral)	Failure to engage staff to secure ownership of the trust's vision and strategy	Inability to implement the Trusts clinical transformation strategy and preferred model of care - Neighbourhood care.
Increasing fragility of the social care market	Failure to build the workforce skills and infrastructure to transform services to meet the demographic needs of the workforce and population	Failure to foster, establish and manage the right partnerships that enable a response to commissioning intentions
The impact of the outcome of the Urgent Care Review compromising financial stability and the future model of care		Failure to deliver the efficiency programme
Services fail to remain compliant with the CQC fundamentals of care leading to patient safety incidents and regulatory enforcement action and a loss of public and system confidence.		Failure to achieve all the relevant financial statutory duties
Commissioning decisions do not promote integrated working across the health and care system		The impact of the outcome of the Carter Review on community services benchmarking on commissioning decisions
Security of public health funding and subsequent contractual decisions impacting on the range of services provided to Wirral & Cheshire East		Impact of supporting the delivery of the 3-year financial plan and future sustainability of the Wirral system
Development of place-based care outside of Wirral, limits the trust's ability to expand/retain services in these areas		

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					

All principal risks have been scored according to the risk matrix for both current and target risk ratings. The target risk ratings have been considered for the financial year 2018-19 unless the risks have been identified as an enduring (**E**) risk. Enduring risks will be monitored against mitigations and emerging gaps during the year to determine the potential and changing impact on the Trust's strategic intentions.
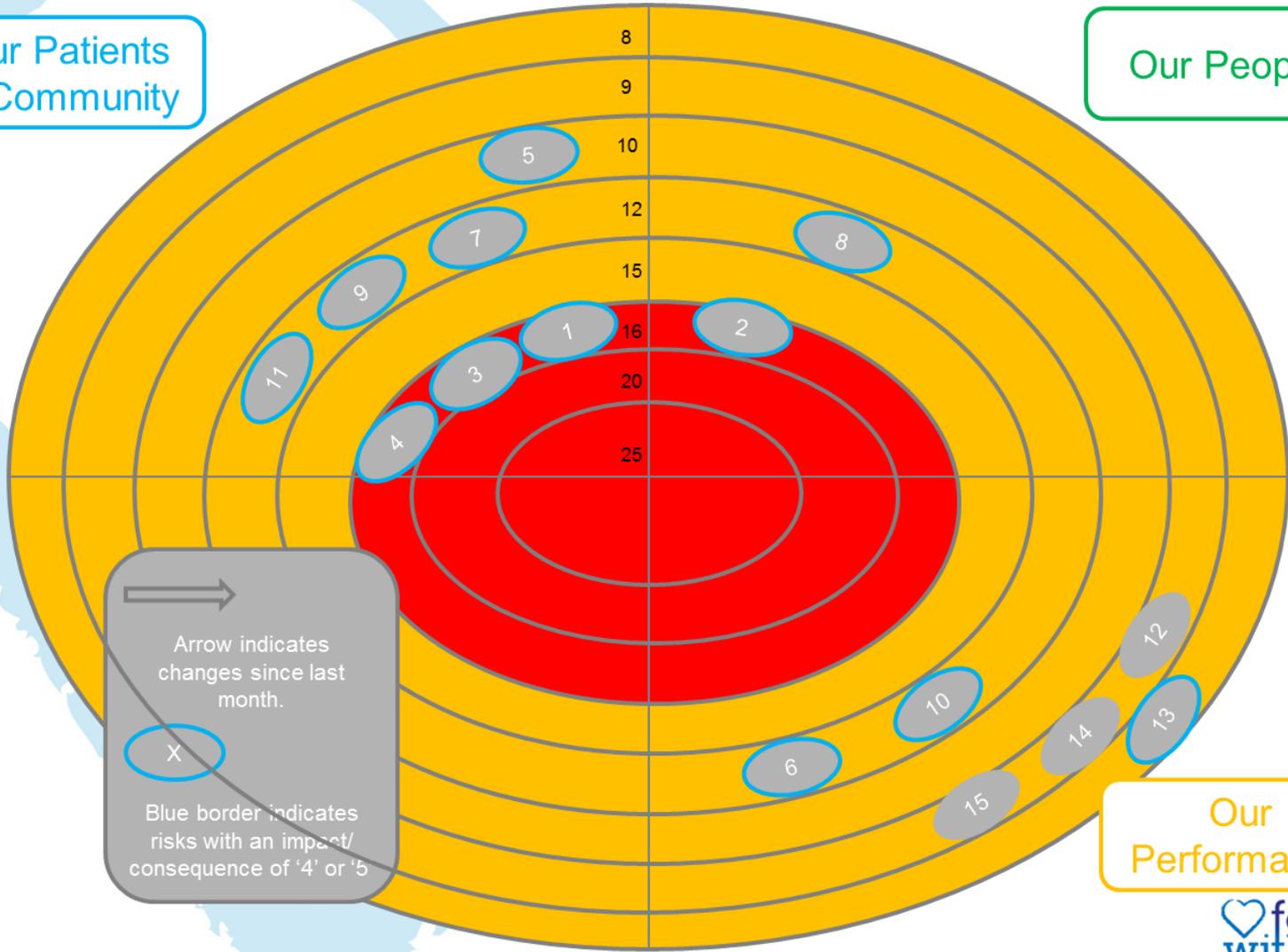
All risks have been aligned to an Exec Lead; each of these risks has had further support identified from Exec colleagues where this is an overlap in portfolio and responsibility.
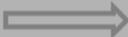
Risk Radar

Likelihood x impact

Our Patients & Community

Our People

8
9
10
12
15
16
20
25

5

7

8

9

2

1

3

11

4

Arrow indicates changes since last month.

X

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

10

6

12

14

13

15

Our Performance

for you, with you

Board Assurance Framework 2018-19 - Wirral Community NHS Foundation Trust - v1. April 2018

Board Assurance Framework 2018-19

	Principal Risk	Exec Lead	Strategic Goal	Well-Led (KLoE)	Current RR		Target RR *(by March 2019)*		Controls	Assurance	Gaps in controls
					L	C	L	C			
1	Failure of organisations across the system to delegate appropriate authority to support the integrated care system (Healthy Wirral)	CEO	We will provide more person-centred care We will improve services through integration and better coordination	KLoE2	4	4	2	3	• Governance infrastructure in place for reporting to Boards and project management of system strategy • WCT strategy • Healthy Wirral Partners governance • Lock-ins • Healthy Wirral Executive Directors Group (HWEDG) • Role and function of WIPPB • OSC maintaining oversight • Clinical Senate • Appointment of Independent Chair to hold to account	• Memorandum of Understanding in place and signed by respective Boards of organisations • 3-year financial plan, will be supported by lock-in agreed system strategy	• Internal comms function and MO *(Autumn 2018)* • No control over regulatory frameworks CQC/NHSI/E • System strategic recovery plan (£) • Community metrics (national) not reporting until 2018/19 Q3/4
2	Failure to engage staff to secure ownership of the trust's vision and strategy	HR& OD	We will provide more person-centred care We will improve services through integration and better coordination We will improve staff engagement We will advance staff wellbeing We will	KLoE7	4	4	2	3	• People Strategy Implementation Plan • Staff Council • Partnership working with JUSS (new Chair appointed) • Trust website and staff zone (refresh in 2018-19) - staff survey and focus groups • CEO blog to all staff • Monthly Exec Briefing • Annual and interim appraisals • Leadership for All programme inc. coaching and mentoring programme, masterclasses • Internal engagement campaigns (e.g. wellbeing week) • Strategic Planning, Transformation and Business Planning workshops • Workforce resilience action plan/ suggestions scheme - Listening Events (May/June 2018)	***Internal*** • Staff story to Education & Workforce Committee • Quarterly HR Strategy Update to Education & Workforce Committee • CQC rating of 'good' • Engagement with Staff Council and JUSS • Leadership Walkrounds inc. Exec buddying • Annual appraisals ***External*** • Annual Staff Survey • Staff FFT	• Comms & Marketing Strategy to address internal communication and staff engagement • Staff Survey action plan to EWC in March 2018

	Principal Risk	Exec Lead	Strategic Goal	Well-Led (KLoE)	Current RR		Target RR (by March 2019)		Controls	Assurance	Gaps in controls
					L	**C**	**L**	**C**			
			enhance staff development						- F2F strategy briefings (June 2018) to launch new organisational strategy - Staff 1:1s - Protected CPD/PLT sessions - Professional/clinical leadership structure - Heads of Service Summit to launch new strategy (May 2018) "I will" internal campaign - Community Nursing Transformation Programme 'Test and Learn' sites in Community Nursing		
ORR ID1206 - Trust wide - Sickness absence levels (escalated to Education & Workforce Committee)
3	Increasing fragility of the social care market	**COO**	We will improve services through integration and better coordination	KLoE7	4	4	E		- Involvement in 2019 contract discussions - Integrated team development supporting flexible workforce - Relationships with commissioners to influence market development *(to be discussed July 2018 in light of green paper).* - Modelling future of social care provider - Organisational strategy describing neighbourhood care and aligning to system wide strategic intention and FYFW - Role and supporting function of WIPPB	- Partnership board involvement - Contract discussions - WCT organisational strategy to be shared with system	- Understanding of performance of care providers and effect on WCT services and wider system. - Understanding of the implications of the Social Care Green Paper (July 2018)
4	The impact of the outcome of the Urgent Care Review compromising financial stability and the future model of care	**COO**	We will improve services through integration and better coordination We will deliver against	KLoE2 KLoE7	3	5	3	3	- Robust monitoring of activity and potential impact to analyse through Finance & Performance Committee. - Finance & Performance monitoring of £ risk. - Role and provider leadership function of WIPPB - WCT/GP Federation	Detailed analysis of activity 7/7 and activity of footfall in WIC's and OOH's.	- Timing of consultation - Limited control over response to outcome of the consultation

Board Assurance Framework 2018-19 - Wirral Community NHS Foundation Trust - v1. April 2018

	Principal Risk	Exec Lead	Strategic Goal	Well-Led (KLoE)	Current RR		Target RR *(by March 2019)*		Controls	Assurance	Gaps in controls
					L	**C**	**L**	**C**			
			contracts and financial requirements						• collaboration • Direct engagement with partners and politicians to respond to consultation • WCT membership engagement • WCT Board formal response • CEO & Accountable Officer discussions		

5	Services fail to remain compliant with the CQC fundamentals of care leading to patient safety incidents and regulatory enforcement action and a loss of public and system confidence.	**DoN**	We will deliver outstanding, safe care every time
			
			We will enhance staff development
			
			We will deliver against contracts and financial requirements
				KLoE4	**2**	**5**	1	5	• Quality & Safety Committee (QSC) ToR and sub-group reporting arrangements
									• Annual Quality Strategy , goals and delivery plan
									• QIA & EIA processes in place
									• Datix system used to triangulate all data
									• NRLS reporting
									• StEIS reporting
									• Trust Information Gateway (TIG)
									• Data over time analysis
									• Process for reviewing and implementing NICE and other evidence based practice
									• Complaints, concerns & compliments process (Datix system to triangulate)
									• Internal audit (MIAA) annual plan (review of quality hotspots)
									• Annual clinical audit & QI programme
									• Quality Improvement infrastructure & programme
									• Clinical policies and procedures (Learning from Deaths policy)
									• Patient Safety Dashboards
									  - Community Nursing
									  - GPOOH
									  - WICs
									• 'Sign Up To Safety' campaign and action plan
									• 'Freedom To Speak Up'
										Internal
										• Monthly Quality Report to QSC (inc. Adult Social Care data) - committee supported proposal to refresh the presentation of data within the report including team and service alignment within divisions, the inclusion of an SPC chart to report triage times in walk-in centres and further detailed information on nursing caseloads.
										• Quarterly Quality Strategy Assurance Report to QSC
										• Quarterly complaints & concerns report including a summary of key learning each quarter
										• Quarterly HR Strategy Assurance Report to EWC
										• Monthly risk reports to all sub-committees
										• Monthly workforce report to Education & Workforce Committee
										• Patient Story at Board
											• Reporting against patient related outcome measures (PROMs)
											• Independent review of Sexual Health Service *(summer 2018)*

Principal Risk	Exec Lead	Strategic Goal	Well-Led (KLoE)	Current RR		Target RR *(by March 2019)*		Controls	Assurance	Gaps in controls
				L	C	L	C			
								Guardian & Team - ToR established for group with reporting line to QSC and EWC • RCA investigation process • Patient story at Board • Patient safety bulletin • Pressure Ulcer Multi-Disciplinary Review • Equality, Diversity and Human Rights Strategy and implementation plan • Nursing transformation programme • Acuity & dependency modelling • Quarterly Quality Forum with Council of Governors *(inc. Healthwatch representation)* • Carter review pilot in community services • Outstanding Care Accreditation pilot and wider roll-out (linking to well-led governance framework) • Weekly ops & quality governance huddle • Safe sustainable staffing reviews completed • Community Equality Panel • Sexual Health Service improvement action plan	of Directors, Safety sound bites at QSC and Staff Story at EWC • Clinical Audit Reports • Leadership Walkrounds inc. Exec buddying • CQC RPIR submission action plan monitored via Quality & Safety Committee • Patient Engagement Group (Your Voice) expanded membership ***External*** • Friends and Family Test Score and national benchmarking • CQC rating of 'good' • CQC RPIR submission • Annual Quality Report • NHSI Single Oversight Framework segmentation - category 1 • CCG serious incident group attendance - good assurance reported • National Safety thermometer benchmarking • Healthwatch 'enter and view' programme • Learning from mistakes league ranking (top 20 trusts) • Representation on QNI Community Nursing executive	

	Principal Risk	Exec Lead	Strategic Goal	Well-Led (KLoE)	Current RR		Target RR (by March 2019)		Controls	Assurance	Gaps in controls
					L	C	L	C			
										group	
										• Representation on Clinical Senate and joint working on clinical leadership across system	

ORR ID1827 (RR16) - Urgent & Primary Care Services - Adult ILS training levels (escalated to Education & Workforce Committee)
ORR ID1821 (RR16) - Trust wide - PILS training provision (escalated to Education & Workforce Committee)
ORR ID1632 (RR15) - WICs - Staffing levels (escalated to Education & Workforce Committee)
ORR ID1484 (RR15) - WICs - Staffing related incidents (escalated to Education & Workforce Committee)
ORR ID1736 (RR16) - Sexual Health - Implementation of new IT system (escalated to Finance & Performance Committee)
ORR ID1816 (RR16) - Sexual Health - Improvement action plan (escalated to Quality & Safety Committee)
ORR ID1750 (RR16) - GP OOHs - NQR 12 performance (escalated to Quality & Safety Committee)
ORR ID1592 (RR15) - WICs - NWAS response times (escalated to Quality & Safety Committee)
ORR ID1243 (RR16) - Community Nursing - Community acquired avoidable pressure ulcers (escalated to Quality & Safety Committee)

	Principal Risk	Exec Lead	Strategic Goal	Well-Led (KLoE)	L	C	L	C	Controls	Assurance	Gaps in controls
6	Inability to implement the Trusts clinical transformation strategy and preferred model of care - Neighbourhood care.	COO	We will deliver outstanding, safe care every time We will provide more person-centred care We will enhance staff development We will improve staff engagement	KLoE2	3	4	2	4	• Healthy Wirral governance (HWPG, HWEDG, SCT, WIPPB) • Introduction of community care structure • Implementation plans re: transformation programme • Internal comms plan to support staff engagement on organisational strategy refresh and transformation plans • Heads of Service Summit (May 2018) • Workforce planning • Acuity & dependency modelling • Alamac benchmarking work supporting transformation • Clinical Leadership	• Monthly HW paper to Board of Directors. • Implementation plans reported to FPC and QSC • Test and Learn sites in Community Nursing	• Programme managed approach to all change • Capacity & expertise
7	Commissioning decisions do not promote integrated working across the health and care system	COO	We will improve services through integration and better coordination	KLoE7	3	4	2	4	• Independent Chair appointment holding to account • Representation and involvement in system-level groups (Healthy Wirral governance structure) • Role and function of WIPPB - relationships with other providers	• Finance & Performance Committee oversight of contractual monitoring with CCG • Reports to Board from Chief Executive	

	Principal Risk	Exec Lead	Strategic Goal	Well-Led (KLoE)	Current RR		Target RR (by March 2019)		Controls	Assurance	Gaps in controls
					L	C	L	C			
8	Failure to build the workforce skills and infrastructure to transform services to meet the demographic needs of the workforce and population	HR& OD	We will deliver outstanding safe care every time We will enhance staff development We will improve staff engagement We will provide more person centred care	KLoE7	3	4	2	4	• Education, Training and Development Plan *(part of People Strategy)* • Education, Training and Development Policy (GP47) • Annual workforce plan • Leadership for All programme including succession planning • Annual and interim appraisal • Clinical protocols/policies • Clinical Supervision Policy • Management Supervision Policy • Apprenticeship programme • Graduate management trainees • Nurse Associates in post • Mandatory and service specific training (inc. e-learning • Safe, sustainable and productive staffing guidance reviewed and implemented • Leadership programme for senior clinicians and social care equivalent professional managers • Assessed and Supported Year in Employment programme for social workers • HEE self-assessment report and action plan for non-medical learners • HEE Local Education Provider Report - areas of noteworthy practice, concerns, gaps and development needs • CEO SRO workforce lead for Cheshire & Merseyside • LWAB role and supporting function	*Internal* • Quarterly Education & Training Report to EWC • Staff Story at EWC • Apprenticeship implementation group *External* • Annual staff survey • Staff FFT • Annual planning process • Annual submission of plan for clinical training requirements to HENW • Trainee nursing associate pilot • 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 • DoN involvement in Nursing Associate regulation consultation working group	• Staff Survey action plan to EWC in March 2018
9	Security of public health funding and		We will improve		3	4			• Good contract management • Achievement of KPIs and contract quality indicators	• Positive reputation for delivering 0-19 services	

	Principal Risk	Exec Lead	Strategic Goal	Well-Led (KLoE)	Current RR		Target RR (by March 2019)		Controls	Assurance	Gaps in controls
					L	C	L	C			
	subsequent contractual decisions impacting on the range of services provided to Wirral & Cheshire East	COO	services through integration and better coordination We will grow community services across Wirral, Cheshire & Merseyside	KLoE7			E		• Maintained good relationships with Public Health Commissioners • Strategic focus on population health, early intervention and prevention • Role and function of WIPPB	• Good performance against contract • Performance report to FPC	

10	Failure to foster, establish and manage the right partnerships that enable a response to commissioning intentions	COO	We will deliver, outstanding safe care every time
			
			 We will improve services through integration and better coordination
				KLoE7	3	4	2	4	• Development of relationships;
									   - GP Feds
									   - VCF sector
									   - CWP
									   - Domiciliary care and residential providers
									 • Development of new models of care with partners - project plans
									 • Role and leadership function of WIPPB
									 • Outstanding Care Accreditation
										• HW and business development papers to Board of Directors	• Partner/ stakeholder mapping

11	Development of place-based care outside of Wirral, limits the trust's ability to expand/retain services in these areas	COO	We will grow community services across Wirral, Cheshire & Merseyside We will deliver against contracts and financial requirements	KLoE2	4	3	E		• Relationship with CWP to develop commissioned model of neighbourhood care • CEO engagement with CWaC leads • Cheshire & Merseyside Health and Care Partnership involvement and visibility	• CEO reports to Board of Directors and in-month flash briefings on updates	
12	Failure to deliver the efficiency programme		We will increase efficiency of corporate and clinical						• Transformation & Efficiency Group (reporting to sub-committees) • Integrated Performance Group (reporting to sub-committees)	*Internal* • Monthly reporting to FPC via Finance & Activity Report • CIP report to FPC	• New phlebotomy model impact on efficiency programme

Principal Risk	Exec Lead	Strategic Goal	Well-Led (KLoE)	Current RR		Target RR (by March 2019)		Controls	Assurance	Gaps in controls
				L	C	L	C			
	COO	services We will improve services through integration and better coordination We will enhance staff development	KLoE4	**3**	**3**	2	3	• Project Management Office lead and oversight of all efficiency schemes • QIA process established for all CIP schemes • Executive Lead for CIP • Organisational briefings to staff on financial challenges • Clinical Governance Assurance Group (CGAG) monitors impact on quality escalating to QSC appropriately • Programme of internal audit - combined financial systems • Management Accountability Framework • Organisational briefings to staff • Strategic planning, transformation & CIP workshops for 2018-19 plans • Trust Information Gateway • Budget management process for 2018-19 with efficiency targets removed at budget line • Monthly Exec briefing • Procurement support on sub-contract management	• Weekly Nursing Transformation Ops meeting - emerging communications plan ***External*** • Single Oversight Framework categorisation as segment 1 organisation (maximum autonomy)	• Visibility of progress on projects and programmes in TIG/Aspyre
13	CFO	We will deliver against contracts and financial requirements	KLoE2	**2**	**4**	2	4	• Monthly Finance & Performance Committee • Monthly finance report identifying issues and risks • Audit Committee with clear Terms of Reference and authority delegated by the Board • External auditors appointed by the Audit Committee • Audit Committee delegated authority to receive and approve annual accounts • Monthly Exec briefing • Financial Plan 18-19 approved by	***Internal*** • Audit Committee • MIAA annual audit plan and opinion ***External*** • Single Oversight Framework categorisation as segment 1 organisation (maximum autonomy) • External audit plan • Quarterly QRM meetings with NHSI	• System control total and system strategy not in place or agreed

	Principal Risk	Exec Lead	Strategic Goal	Well-Led (KLoE)	Current RR		Target RR (by March 2019)		Controls	Assurance	Gaps in controls
					L	C	L	C			
									Board and submitted to NHSI	• Track record of Trust achievement of STF and control total	
14	The impact of the outcome of the Carter Review on community services benchmarking on commissioning decisions	CFO	We will increase efficiency of corporate and clinical services We will deliver against contracts and financial requirements	KLoE2	3	3	2	2	• Member of national benchmarking • Sub-board governance structures to scrutinise and monitor and escalate appropriately • CEO & Dep CEO formal visit to 2 x best in class sites *(End of May 2018)* • Contractual management processes in place • Exec to Exec meetings with commissioners and provider organisations • F&P Chair buddying with CCG lay representative for finance • Alamac work providing local benchmarking analysis	• Alamac work reporting to Finance & Performance Committee & Quality & Safety Committee	• Delay of national reports (Carter) • Lack of clarity of STP authority
15	Impact of supporting the delivery of the 3-year financial plan and future sustainability of the Wirral system	CFO	We will deliver against contracts and financial requirements We will increase efficiency of corporate and clinical services	KLoE7	3	3	2	3	• Independent Chair appointed to Healthy Wirral Partners Board with governance agreed and in place • Seconded senior manager to lead PMO • WCT flexible strategic plan that can coalesce with system build • Exec to Exec meetings in place with commissioners and providers	• Ownership of 3-year recovery plan by PMO lead at HealthyWirral • Board of Directors approval and monitoring of WCT strategy implementation	• 3-year plan not agreed • 3-year system reconfiguration plan not agreed • Leadership performance management and PMO support • NED to NED meetings