Wirral Community Health and Care NHS Foundation Trust

Healthy Wirral - Whole System Integration Update

Meeting	Board of Directors		
Date	05/02/2020	**Agenda item**	**10**
Lead Director	Val McGee, Chief Operating Officer		
Author(s)	Various Contributors		

Action required (please tick the appropriate box)

To Approve ☐	**To Discuss** ☐	**To Assure** ☑

Purpose

This paper describes a number of strategic activities across the health and social care system which the Wirral Community Health and Care NHS Foundation Trust (WCHC) is central in leading and supporting whilst ensuring an equality of partnership delivery and sustainability. At the same time, working with other community partners ensuring a strong out of hospital focus and clear leadership as work progresses in the development of Place Based Care, particularly the neighbourhood/Primary Care Network developments and ultimately an Integrated Provider System (IPS).

Executive Summary

This is the regular update paper for Public Board describing the work that the staff do to provide integrated care to the people of Wirral. Some are updates following on from previous papers and others describe service developments or redesign. Increasingly WCHC is seen as the organisations that connects providers to ensure the best outcome for individuals.

Risks and opportunities:

There are no specific risks identified, indeed the greater risk would be if we were not continuing to develop and enhance services across pathways and organisational boundaries. The paper describes the developmental work that we are doing jointly with NHSE/I improvement arm. The work that we are doing with North West Ambulance Service to enhance the current Acute Visiting Team service. The introduction of the commend meetings and the positive impact they are having on the system.

Quality/inclusion considerations:

Quality Impact Assessment completed and attached
Equality Impact Assessment completed and attached
N/A

Financial/resource implications:

N/A

Trust Strategic Objectives

Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.

Our Populations - improving services through integration and better coordination	Our People - enhancing staff development	Our Performance - increase efficiency of all services

Board of Directors is asked to consider the following action

The paper is to assure the Board of Directors of the commitment the Trust has to integration across a number of work streams and with key partners across the health and care system and the commitment to developing and enhancing out of hospital care.

Report history		
Submitted to	**Date**	**Brief summary of outcome**
Board of Directors	Bi Monthly	Provided for assurance

Wirral Community Health and Care NHS Foundation Trust

Healthy Wirral - Whole System Integration Update
February 2020

Healthy Wirral - Neighbourhood development

1. The Target Operating Model development project has made significant progress since the last report. The project is led by David Hammond, Associate Director for Partnerships & Strategic Development. It is part of the Developing Integrated Services work stream within the Healthy Wirral Neighbourhood Programme Board, chaired by Karen Howell, Chief Executive.

2. Workshops in November and December 2019 brought together a wide range of people working across the health and care system supporting people with frailty.

3. In late November 2019, practices and wider services working in the Wallasey Primary Care Networks (PCNs) met to discuss more effective ways of supporting people with frailty. WCHC supported the Wallasey PCNs in jointly planning and delivering this event, with colleagues from WUTH and Age UK. Approximately 60 people attended, filling the largest available training space at Albert Lodge.

4. The output from this session informed a second workshop in early December, facilitated by the Advancing Quality Alliance (AQuA) at Mariss House. Again, 60-70 people working across the Wirral system in services for people with severe frailty came together to inform planning better services.

5. As previously reported, project work to review and improve services for people with severe frailty are the first phase of work to develop a system-wide Target Operating Model.

6. The December workshop validated approximately 20 high level service maps of those services and identified issues and opportunities to improve Wirral's approach to frailty, including identification, assessment, care planning as well as provision of both proactive and reactive services.

7. Concurrently, the project is also engaging with service users and their families and carers to understand what matters most to them, to inform recommendations for service development and redesign.

8. At a second system workshop on panned for the 9 March 2020, with a similarly numerous and wide range of professionals and service user representatives will review proposals resulting from engagement with professionals and our communities, national expectations and good practice from elsewhere. This will lead to recommendations for the Healthy Wirral Programme, to be developed during March 2020.

9. National expectations regarding some of this work will be set and communicated through the Primary Care Network service specifications for GPs and the NHS standard contract for NHS trusts. Based on the draft specifications, to which WCHC has responded, these are likely to include increased and more structured support for care homes and greater focus on multidisciplinary working and proactive care coordination between primary and community services.

10. The Target Operating Model project will take account of these, which are also likely to galvanise PCN-level planning for their delivery.

11. This planning will be supported by the relationship development and local improvement initiatives enabled by a series of PCN-specific workshops. Two workshops are planned for February and March 2020 with the Meols & Moreton PCN and West Wirral PCN respectively. As with the South Wirral and Brighter Birkenhead sessions, held in 2019, these will enable smaller PCN groups to take forward initiatives for better working between primary and community staff in those areas.

Integrated Health and Social Care

12. Since the last report, WCHC has continued to strengthen its links regionally in respect of Adult Social Care , which has provided an opportunity to both influence and shape regional and national agendas. As an integrated provider the benefits have been two fold, both in ensuring our own Adult Social Care services remain fully up to date with key developments and promoting a strong collaborative approach with the NHS.

13. WCHC has been involved in several key areas of work notably the Development of a North West Strategic Workforce Framework.

14. Incorporating the views of stakeholders across twenty three Local Authorities and three STPs, WCHC has been a key member of the steering group overseeing the development of a North West Workforce Frame work for Adult Social Care. Commissioned by North West ADASS (NWADSS) and the Local Government Association (LGA), this piece of work has been led by the Institute of Public Care (IPC) and aims to collate and develop a range of strategic approaches and initiatives to meet a number key workforce challenges.

15. Overarching areas will include attraction, recruitment and retention of staff, whilst there will also be a focus on:
    - New models of care and integration
    - Maximising the economic value of social care
    - The importance of training and development (grow your own)
    - The value of social care in addressing some of the challenges faced by the NHS**.**

16. There has been widespread stakeholder engagement across the region, with WCHC staff taking part in workshops and interviews. The frame work once completed will also be accompanied by a proposed implementation plan to scale up a range of recommended initiatives. Completion of the framework is expected in Quarter 2.

Review of the NWADSS Sector Led Improvement (SLI) Programme

17. Having taken part in an Adult Social Care Peer Review during May 2019, WCHC has continued to play an active role in promoting sector led improvement and best practice within Adult Social Care. Now an attendee of the NWADASS Sector Led Improvement (SLI) Board, the Trust recently took part in a review with partners across the region to review the current offer and make recommendations to strengthen the programme.

18. This review resulted in a number of key actions being agreed including the development of an updated memorandum of understanding and Board terms of reference and a refreshed offer to be launched from April 2020.

19. Although already robust, there is a commitment to further strengthen the current SLI offer which will benefit WCHC and its staff. Key areas suggested include:

    - The adoption of a more blended approach to the Peer Challenge Programme incorporating both universal requirements and the option for targeted requests.
    - Improved links between the Board, sub regional groups and focused work streams
    - The continued adoption of evidenced based reviewing utilising existing frame works such as NICE guidance
    - Further development on data collection and reporting

- A continued programme of learning based support including master classes
- The Trust will continue to support the on-going development and implementation of this programme.

A&E Delivery Board and Urgent Care Priorities/Winter Plan

20. Following the conclusion of the Urgent care consultation WCHC have been asked to lead the development of the Interim Urgent Treatment Centre on the Arrowe Park site. This became operational on the 16th December 2019 and includes:-

    - A revised staffing model following local consultation

    - The refurbishment of the environment to include additional consulting rooms and a newly created Point of Care testing (POCT) lab. This also included a staff room and a room refurnished to accommodate the unplanned care team, a blend of nurses, social care staff and admin support on the first floor. This was funded from WCHC's capital programme

    - Further plans are to improve the number of patients being streamed by increasing the number of complex conditions i.e. for paediatrics and minor injuries

    - The other development from the Urgent Care Consultation is the re-designation of the Walk in Centres, to Primary Care Hubs. These will be operational from the 1st April 2020. The planning meetings have been led by the WH&CCCG and include the development of a consistent see and treat model

    - The plans for a permanent Urgent Treatment Centre will be developed jointly with WUTH as part of the capital monies allocated to improve the space in the Emergency Department. The timescale for this development is 2022.

21. The weekly calls with NHSI/E take place depending on the system position.

22. These have been supplemented by daily command meetings; 9 am at the hospital, to which WCHC staff attend and 1pm in WCHC. The aim is to understand the pressure across the system and report back on how issues have been resolved. An additional benefit is the relationship building which is crucial to shared understanding and outcomes.

23. Urgent care executive leads continue to meet to provide accountability, assurance and grip and reports to the A&E Delivery Board. Additionally the Chief Operating Officers from WCHC WUTH and CWP, together with the Urgent Care Commissioner, meet weekly to understand blockages, examine what is working well and look at future plans to ensure that performance is maintained and improved.

24. These discussions have been focused on the main issues that regulators are concerned about; eliminating corridor care, reducing Length of Stay and effective streaming away from ED. This is underpinned by a robust system Winter Plan.

25. Work continues with ECIST until the end of March 2020, to identify obstacles to patient flow in areas where services interface with acute and community care, including front door and discharge pathways. In addition ECIST are leading a rapid improvement event to look at the Fast Track process which is scheduled for the beginning of February.

26. ECIST are also planning a "Frailty at the Front Door" event w.c. 24 February 2020.

27. The other area is to significantly reduce the number of "super stranded" patients in the hospital who are deemed medically fit for discharge. WCHC staff is working jointly with colleagues from WUTH on this.

28. NHSI/E have offered support to the system by engaging colleagues from the Improvement team who will be working with WCHC and the wider system underpin a framework of continue quality improvement when reviewing T2A beds and the wider clinical pathway.

29. WCHC is also working with the NHSI/E national team on a community bed review. For us this means a visit from the national team whose purpose is to identify improvement around flow into and from the T2A beds and also to understand if these beds can support the review of the respiratory pathway for which Wirral is an outlier in terms of Right Care.

Current and previous monthly performance January to Dec 2019

4 Hour standard

4 HOUR PERFORMANCE	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
National A& E Performance (WUTH A&E & APH WIC)	74.44 %	73.82 %	76.63 %	73.47 %	81.06 %	83.45 %	81.85 %
Community Trust Performance (3 Walk-in-Centres)	99.63 %	99.37 %	99.76 %	99.83 %	99.72 %	99.90 %	99.84 %

4 HOUR PERFORMANCE	Aug-19	Sept - 19	Oct - 19	Nov-19	Dec - 19	Jan - 2020	Feb - 2020
National A& E Performance (WUTH A&E & APH WIC)	80.42 %	75.60 %	72.68 %	70.70 %	72.06 %		
Community Trust Performance (3 Walk-in-Centres)	99.96 %	99.83 %	99.80 %	99.67 %	99.69 %		

30. Walk in Centre and Minor Injury Unit activity has remained consistently high.

April 2019	**May 2019**	**June 2019**	**July 2019**	**August 2019**	**September 2019**	**October 2019**	**Nov 2019**	**Dec 2019**
7,685	**8,232**	**7,995**	**8,839**	**9.045**	**8,404**	**8,455**	**7,749**	**8,575**

Admission Avoidance - Right Care, Right Place

31. A number of commissioned community services support avoidance of admission to acute hospital care; Community Nursing and continence, Community Rapid response / Home First, Tele-triage and Acute visiting service (to be renamed Acute Care and Treatment (ACAT).

32. The total number of admissions avoided in April - December 2019 is shown in the table below compared to 2018/19 monthly average.

Description	18/19 Avg	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Avg	RAG >= 18/19
Community Nursing Admissions Avoided	342	584	493	513	460	514	322	290	369	461	445	Green
Integrated Continence Admissions Avoided	11	13	9	5	8	7	13	9	11	10	9	Green
Community Rapid Response Admissions Avoided	94	105	91	76	128	93	120	103	100	134	106	Green
Teletriage Admissions Avoided	240	279	265	257	250	227	257	270	281	330	268	Green
Acute Visiting Scheme Admissions Avoided OoH	211	263	235	223	221	229	201	262	229	302	241	Green
Total Number of Admissions Avoided	**897**	**1,244**	**1,093**	**1,074**	**1,067**	**1,070**	**913**	**934**	**990**	**1,237**	**1,069**	Green

33. There are a number of pathways contributing to Admission avoidance; Community services supporting alternative pathways to acute hospital admission, Single point of access, Unplanned care team and A/E streaming to Walk in Centres.

Description	18/19 Avg	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Avg	RAG >= 18/19
Volume of SPA contacts	1,668	1,732	1,787	1,613	1,689	1,534	1,539	1,687	1,620	1,634	1,648	
Proportion of all contacts through SPA NOT referred to Acute (A&E or Assessment)	26%	30%	27%	24%	23%	21%	19%	18%	17%	21%	22%	Green
Total Patients Streamed - Walk In Centres & GP OoH	409	537	593	667	660	634	534	587	696	758	630	Green

Initiatives and service developments to support to avoiding admissions

34. **The Early Intervention Assistants (EIA)** role commenced in October 2019. They are currently undertaking a clinical shadowing role to greater understand roles and responsibilities in ICCT's.

35. An outline of the role of the EIAs was presented at an ICCT neighbourhood submit in January 2020

36. **High Intensity users (HIU) -** Work continues to support the reduction in HIU. This is achieved through the SDIP framework, and monitored through Wirral contract meetings.

37. During Q2, 675 patients considered frail HIU and un-well adult HIU received multidisciplinary targeted support to prevent re attendance and readmission to hospital.

38. Wirral's 0-19 service now provides a follow up service in the community for all children who attend ED. The aim is to prevent re attendance and readmission to hospital.

39. Four drop in children's and young people's clinics are available across Wirral. They provide advice and support regarding mental health and wellbeing, minor ailments, feeding issues and general health promotion.

Integrated System support

40. WCHC continues to attend daily command meetings at WUTH. WCHC also chair an internal command meeting daily. This is to ensure flow of information and subsequent actions are addressed in a timely manner.

41. WCHC have undertaken extensive analysis regarding T2A (Transfer to Access) LOS (Long length of stay). The introduction of the live tracker has identified areas of focus for those providers and commissioners who are in a position to influence T2A LOS. T2A status is shared daily at command meetings.

42. WCHC is working closely with NHSE/I Quality Improvement team to reduce T2A LOS. The review will include 'time away from home'. A patient's journey from admission to hospital to discharge from a T2A bed.

43. WCHC and WUTH continue work in partnership to implement changes in IDT (Integrated Discharge Team) following an appreciative enquiry by ECIST. The IDT system lead and senior manager have supported the team to achieve a significant number of safe complex discharges a week.

44. The interim UTC (Urgent Treatment Centre) has been in place since the 16th December 2019. Point of care testing is currently being implemented.

45. WCHC continue to stream from ED. WCHC and WUTH are working in partnership to scope requirements to move from simple streaming to complex streaming for minor injuries.

46. WCHC supports a recommendation by ECIST to implement an integrated frailty team at the 'front door'. This is currently being explored further.

Collaborative working regarding Children's services

47. WCHC were awarded the 0-19 contract in September 2019. The neighbourhood model is currently being developed in readiness for go live on 1 February 2020. The service has met with Local Authority and Maternity services in Q4 and is planning co location and integrated working within neighbourhoods. This will be rolled out in Q1.

48. WCHC's Looked after Children's (LAC) nurses continue to be co-located in the Local Authority (LA) LAC team. Processes for information sharing have improved as a direct result of co-location. For example the rate of Strengths and Difficulties Questionnaire (SDQ) scores being shared by LA has moved from 4 per month to an average of 21 per month and in further improvements were made in Q3. The service has focused on the voice of the child and an audit in Q2 will be repeated in Q4. This will allow for resources to be embedded capturing the child's voice, particularly for non-verbal children.

49. New practice is being implemented in Q4 prompted by a Serious Case Review recommendation. This involves identification of a Lead health professional for children with complex needs who have multiple health professional involved. The process is a partnership

system across WCHC, WUTH and CWP that will improve communication between professionals for this vulnerable group.

50. A discharge pathway from the children's ward (WUTH) to the Teen team (WCHC) has been implemented and information is shared with the Teen Team about children and young people at risk on a daily basis. During Q3 staff report that they are able to make improved decisions at the point of allocation or when escalating to safeguarding because this information is available.

51. During Q4 the service will improve pathways with WUTH to follow up attendances in A&E to support system wide work in reduction of attendances. This is a direct result from information shared at the Command meetings.

52. During Q3 the INVOLVE group have met and identified important issues where promoting positive health messages can reduce risk taking behaviour and help young people to keep each other safe. During Q4 the service will create videos led by the INVOLVE group. This will be supported by a volunteer with a media background who will help to develop the video.

53. School nursing visibility continues to improve in schools. The service is promoting its service offer through social media platforms. Opportunities for increased visibility in school are being scoped out as part of the mobilisation of the new service. Changes within the new model are being communicated to partners.

54. During Q3 workshops were planned for children's therapy teams in WCHC and WUTH to identify opportunities to work collaboratively. The first workshop took place on 15.January 2020 and short and medium term plans have been identified. This involves sharing of IT resources, joint training, improving communication and pathway development. It is aimed that this work will ultimately support business continuity. Rotational opportunities continue to be explored.

Acute Home Visiting scheme (AVS)

55. This scheme is being re-launched on the 3rd February 2020 for two main reasons:-

- From the 3rd February paramedics will have a direct line to the UTC with a dedicated call handler that will monitor the call back times to ensure that we meet the 15 minute target. This will remove any hidden delays that may have resulted from the paramedics going through SPA to receive a call back from the GP.

- Over the past 12 months there has been a gradual migration of work from North West Ambulance Service (NWAS) to GPOOHs. On investigation NWAS have stated that they are at full capacity for what they were commissioned to provide in the 111 contract. They are directing a number of calls that should be managed by 111 clinicians back to local providers. These numbers will be monitored and reflected in the admission avoidance dashboard. The service is working with commissioners explaining and evidencing the rise in demand and working on appropriate solutions.

56. As a consequence of this the term AVS does not reflect the totality of the work being undertaken so the scheme is being rebranded as Urgent Care Treatment and Advice (UCAT). This will be reflected as the descriptor in the BCF funding stream.

Integrated Therapy's work

57. The Moving with Dignity project is progressing well with partnership working in place between WCHC, commissioners and private domiciliary care providers. The principles of moving with dignity are now being used by WCHC staff in their assessments. Many of the smaller domiciliary care providers are now showing an interest in being involved in the scheme, whilst engagement with agencies is continuing. We are awaiting changes to liquid logic to support full roll out.

58. A first review of the pathways between unplanned care and neighbourhood therapy services (OT and Physiotherapy) has taken place to learn from cases transferred to further improve flow to enhance and support community rehabilitation and re-ablement, admission prevention and supported/timely discharge from hospital.

59. Meetings are scheduled with colleagues in WUTH to consider how the WUTH/WCHC services can integrate and also support the hospital work on therapy led discharges.

WCHC Heart Failure Transformation Project Update

60. The team continues to identify many new ways of working that enhance the care pathway that were not detailed in the original scope of the project. This includes team productivity which continues to grow and this is being evaluated as part of the project and the development of the business case.

61. Heart Failure (HF) hot slots can be accessed by both GPs and Secondary care via a Cerner Millennium referral bundle. A new pathway has been clarified on SystmOne which will record the entire hot slot activity.

62. The ISTAT point of care testing to test kidney function is in place. The service is able to safely and effectively change medications/dosages to reduce symptoms and prevent decompensating potentially leading to hospital admission. This test can be done in both the clinical and home setting. Due to its success and a successful charity fund application another machine is on order.

63. The service through an estates redesign funded via capital has an ambulatory IV room ready to accept patient's for IV diuretics and potentially IV Iron to manage symptoms of heart failure and improve quality of life. This clinical space is now ready to use.

64. The HF team continues to develop strong links with the community palliative care team. Two Palliative care specialist nurses attend monthly team meetings. This partnership allows the HF team to access the support services of the hospice and support roles, including social workers, occupational therapists and dieticians to improve quality of end of life care.

65. Links continue to grow with the Tele-triage team, handing over Care home patients on a Friday afternoon with a detailed management plan to prevent inappropriate hospital admissions.

66. This month engagement opportunities with Primary Care have included the Practice Nurse NMP forum and GP Prescriber Cluster Group meetings; so far the feedback has been excellent. More engagement is planned.

67. The HF message line, in which patients or professions can leave message and are contacted on the same day is working well. The result of this innovation is that patients care can be escalated and a HF nurse can respond with an urgent home visit, advice to GPs or support and assurance to patients and their families. Ultimately reducing the risk on unplanned hospital admissions.

68. Through twice weekly medications optimisation clinics and the HF nurses identifying current patients who are clinically appropriate for Sacubitil/Valsartan the compliance rate on the Wirral is now at 62%. This has exceeded the minimum national target set by NICE.

69. The Cardio Vascular Disease (CVD) Rehab team was successful in becoming one of four Beacon sites across the UK to pilot ReachHF (research study) led by Exeter University. This is a home based rehab program specifically for HF patients who would find it difficult to attend traditional group based classes. 25 patients have received this program so far with another 25 over the next 6 months. Feedback from patients and staff has been excellent, with a patient testimonial planned. The pilot lead visited the service on the 28th January 2020 and was very impressed with the team's commitment to change and providing a range of rehab options to

suit the needs of the patient. The service lead and staff interviews undertaken will inform the re outcomes of the study which will be published in 2021.

70. The Cardiovascular rehabilitation program achieved national certification (BACPR) for the 3rd year and continues to ensure Heart Failure patients have equal access to rehabilitation. The national average uptake is only 5%, whereas on the Wirral it is over 50%. This has been achieved due to the Wirral being an early adopter of HF Rehab (2006), which has been developed to fully integrate Heart Failure patient's needs into all aspects of the service.

71. Within the Healthy Wirral CVD plan, a redesign of Cardiovascular and integration with Pulmonary Rehabilitation (WUTH) is in process. The aim is to provide flexible and effective rehabilitation to patients with multiple long term conditions, pooling resources and clinical skills to improve patient outcomes. Patient Activation Measures (PAM) will be used to individualise care and ensure resources are used efficiently and effectively. There has been national interest in the new 'Wirral Pathways to Health' – Choosing the right rehab for you model.

72. Tele-health is planned for the next 12 months, utilising technology to monitor specific parameters as an early warning system, i.e. weight, heart rate, blood pressure and patient reported measures to escalate care and prevent de-compensation and potentially death. This includes employing a digital heath nurse, which will complement the existing team.

73. WCHC is involved with the Cheshire and Mersey HCP Heart Failure pathway design, which will be published next year. The Wirral is seen as a leader in innovation and employing a whole systems approach to improve heart failure care, clinical outcomes and most importantly quality of life. The final draft is in development and will be published in the coming months.

74. The next stage is to start to evaluate the project and develop a comprehensive and sustainable business case to be presented to the CCG. This started in January 2020 with support from business intelligence teams from WCHC WHCCCG, review of patient experience including specific feedback forms and patient stories.

75. Initial analysis of hospital admission and Length of Stay (LOS); including excess bed days which incur a higher cost to the system have shown a positive impact on system resources. See table below. This data will support the business case for continued funding.

76. Mortality data has also been favourable (see table below), however this needs further analysis to determine the effect on differing demographics within the Wirral health population.

		Admissions/ Activity	Cost	Excess Bed days	Cost	Total Activity	Total Cost
17/18	Non Elective Total	511	£1,982,402	177	£42,085	688	£2,024,487
18/19	Non Elective Total (New HRG Tarrif)	536	£2,089,697	125	£29,521	661	£2,119,218
19/20	Non Elective 6 months Totals	238	£987,478	30	£8,062	268	£995,539
19/20	Non Elective Projected	476	£1,974,956	60	£16,123	536	£1,991,079
	Potential reduction in activity /system savings	60	£114,741	65	£13,398	125	£128,139

HF Mortality per 1000 of population	2018	2019	Reduction in year	% Reduction in Mortality
National Average	24.03	22.64	1.39	5.70%
Wirral CCG	26.32	17.5	8.82	34%
Liverpool CCG	35.09	25.86	9.23	26.30%
West Cheshire CCG	35.09	25.97	9.12	25.90%

Conclusion

77. The Trust continues to be an important and valuable partner within the local health and social care economy, and wider with the development of STP's across the Cheshire and Merseyside footprint.

78. This month's report evidences the progress that has been made across a number of projects which are related to integration, partnership and collaborative working across many layers within the health and care system. It is complex and multi-faceted.

79. Integration is the cornerstone of our care model and the Trust is ideally placed to lead. Our staff are integral in delivering the different care models and the staff supporting the development of the Neighbourhood model are well placed to drive the development because of their skills and expert knowledge.

80. We are the key partner in providing or navigating to alternatives out of hospital. We have to communicate and demonstrate what our strengths are in delivering services, both nationally and locally, in partnership for the future. The added value that the WCHC contributes is a holistic view of patients and their trust in us, multidisciplinary team working, knowledge of our communities, strong leadership for consensus and partnership and a willingness to embrace new relationships and collaborative working.

Board action

81. The Board of Directors is asked to be assured that the WCHC is instrumental in Healthy Wirral and wider. We are absolutely the "place" in Place Based care especially in the space of integration, urgent care and influencing commissioning and primary care agenda's which ensures the delivery of a high quality service which enhances patient care and patient experience.

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Chief Operating Officer

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31 January 2020

HEALTHY WIRRAL PARTNERS BOARD, 31 OCTOBER 2019 - BRIEFING NOTE

1. Purpose

The *Healthy Wirral* Partners Board met on 31 October 2019. This briefing note summarises the key issues discussed at this meeting. It is expected that this briefing note and the papers from the meeting will be shared with the respective governing bodies of the constituent organisations who are working in partnership within the *Healthy Wirral* change programme.

2. Transformation Fund

Following a meeting of the Transformation Fund Panel on 18 October, a short paper was presented to the board with regard to issues around the short and medium term funding of a number of programme support posts. The board agreed the following actions:

- The Healthy Wirral Programme team to establish a more detailed case for change for the future deployment and oversight of the transformation resources from 2020 and present to the November Board.
- In the meantime, to ensure programme continuity the existing programme support to be extended until March 2020.

3. Chair's Report

The Healthy Wirral Independent Chair asked all board members to renew their commitment to working as one system and to address any system culture and behaviours that might be barriers to collaborative working. The board discussed how they could achieve greater system transparency and oversight on issues that are likely to impact on system performance and sustainability.

4. Delivery

4.1. Work Stream Updates

The Partners Board received updates from four Healthy Wirral work streams:

- **People Programme**

The original deliverables for this program were based on meeting the requirements linked to the funding received from the Local Workforce Action Board (LWAB). Regionally it has been recognised that systems need to consider a very different way of workforce planning in the future, which includes the independent sector and primary care and aligns better to wider system planning.

The programme has now identified five strategic priorities. Task and Finish groups have been set up involving a wide range of partner organisations across Healthy

Wirral to work on these. The programme is looking to hold a workshop in January to bring together:

- The programme priorities from the task and finish groups
- Requirements and priorities emerging from other Healthy Wirral programme areas
- Recommendations from the Healthy Wirral Partners Board based on their assessment of the Healthy Wirral 5-year strategy.

There are 2 main risks for the programme:

1. Capacity of Wirral partners to support the work required of the task and finish groups.
2. Funding continuation for the core People Programme Team. The mitigation is that a further bid for funding has been submitted to Cheshire and Merseyside LWAB which is due to be discussed in November.

- **Children & Families**

A significant focus of the work had been around building an integrated system approach for developing children's and families and it is good to report that we now have a children and families strategic commissioning board which will improve integration of planning and prevent commissioning in isolation.

Other key activities in this period have been:

- The successful re-commissioning of core elements the 0-19 health child programme to Wirral Community Health and Care NHS Trust.
- Responding to the cessation of the community 1:1 midwifery services from 31st July 2019. This service will not be re-procured and a decision was made last week by all CCGs that this would done via all local contracts. However, NHSE has said it would be "unforgivable" if those services did not achieve the requirements of better births in the delivery of those services.
- Work is underway to look at mental health support in schools. 43 Primary schools have been identified so that low level mental health is dealt with in the school system.
- Flu vaccinations for children are progressing very well and special schools are being targeted.
- Far too many young people with learning disabilities and autism in Wirral are going into inappropriate placements. It is an urgent priority for Wirral to address the key priorities to address this issue. There are plans in place to improve admission avoidance.

- **Population Health and Digital**

A brief update was given to the board to establish a clear way forward for population health and the role of the Wirral Care Record, following its launch in September. It was agreed that a business case paper will be presented to the board in November that will focus on:

- Infrastructure
- Intelligence
- Interventions

The business case will cover how the Wirral Care Record supports the delivery of population health management locally and how it should support the development of our strategies: particularly around the place based integrated care work to deliver the Healthy Wirral Strategy and establishing a sustainable infrastructure to support the strategy for population health.

Following the departure of key members of the current programme team for the Wirral Care record, the board agreed to support the sourcing and appointment of a 'caretaker' manager to ensure the work to date is embedded and continuity is maintained whilst the future programme position is established.

- **Neighbourhood Programme**

The board considered a briefing note outlining the programme refresh for the Senior Change Team with the aim of addressing transformation and pace. The neighbourhood programme will need active participation and empowered representation from all partner organisations. Work plans would consolidate into 2 areas. Karen Howell will chair the programme board for this work. She and James Barclay will bring a detailed paper to the November meeting indicating how the programme would be re-focused. The programme will align to financial and productivity outcomes. The board were asked to confirm membership as soon as possible to James Barclay [page 2 of the papers (page 59 of the agenda pack)].

5. Performance and Planning

5.1. Month 6, 2019/20

5.1.1. *Income and Expenditure to date*

The financial position at Month 6, 2019/20 was shared with the Partners Board.The system is reporting an adverse variance of £9.9m at Q2 against the control total plan and includes the unidentified QIPP plan of £17.9m. The variance remains the same as it was in August as WCCG have brought forward further contingency to reduce the deficit at September on the basis that support to WUTH will be repaid in the final quarter of the year, this however understates the adverse variance for the system as at Q2. WUTH's position has deteriorated again by a further £700k since August and it is to be noted that the CCG support to WUTH of £4,050k at Q2 to secure central monies is on top of the £4,500k in the contract baseline (£2,250 to Q2).

5.1.2. *Savings Plan to date*

The savings plan position shows an adverse variance against the savings plan of £9.4m which is predominantly the CGG unidentified QIPP which was highlighted within the planned submission and factored into the overall risk adjusted plan for both the CCG and the system.

5.1.3. *Cost Improvement Plans (CIP)/QIPP In-Year Risk*

There is significant unidentified risk for the Wirral system as a whole of £18.6m, which currently resides within the WCCG's position. This level of risk was highlighted within the planned submission against the control totals set for the system. Against the risk adjusted plan however there is a risk of £2.2m of non-delivery across the system. The recurrent risk for the savings plan clearly demonstrates the level of non-recurrent savings in year as the recurrent risk is £3.2m greater. This will have an adverse impact on 2020/21 and has been factored into the long term recovery plan for the system.

5.1.4. *Forecast Income and Expenditure*

The Forecast deficit presented to the regulators in September remained at £13.6m; this was not accepted and the system was asked to improve on this position. Unfortunately there has been further deterioration in the forecast during October and the likely scenario is now a forecast deficit of £25.7m.

The latest forecast shows an increase in the cost pressures at WUTH by a further £1.45m and additional winter pressures of £0.5m, WCCG increased pressures of £2m for prescribing and continuing health care and there has also been a reduction in the level of system mitigations expected of £3.7m all resulting in a total pressure of £7.6m from last month. Consequently we will not have sufficient mitigations to support WUTH in achieving their breakeven control total and we will therefore lose central funding in Q4 of £4.4m which will increase the deficit to the £25.7m.

It is to be noted that the non-recurrent support in year which is expected to be £6.8m within the current forecast (aside from the contractual support of £4.5m at the beginning of the year) from WCCG to WUTH to support their position has resulted in the Trust securing the PSF & FRF monies for the first three quarters, otherwise the forecast deficit would have been £8m worse.

5.2. Financial Recovery Plan and System Assurance Meeting

The plan which has been updated with quarter 2 performance and the latest mitigations was presented to the board.

Whilst the system will have to submit what we have at this stage there is a substantial amount of work to complete in preparation for the next review meeting

with regulators. An action plan has been sent out to partners complete with named key responsible officers. Simon Banks will be collating this information and evidence on the morning of 12 November, and a meeting will also be arranged with CFOs, CE's, and all nominated representatives prior to the next system assurance meeting.

System partners have been invited to a meeting on 8 November with regulators and Ernst & Young to discuss how they can help support the system. It cannot be emphasized too strongly that the situation for the system is very serious and we are not achieving the required traction on a number of areas of concern.

It was agreed that "Delivery" section of the November board agenda would be removed and managed within the Healthy Wirral Programme Management Group, with the exception of any key issues for escalation to allow the board to focus on strategic issues particularly around Financial Recovery.

5.3. Final Endorsement of the *Healthy Wirral* 5 Year Strategy

The final draft of the *Healthy Wirral* 5 Year Strategy was shared with the Partners Board. The latest version had been circulated to all system leads prior to the meeting. It was intended that the strategy would be presented for endorsement by the Health and Wellbeing Board in November, however due to pre-election requirements this will now be delayed until after 12 December.

6. Governance

6.1 Update on developing a *Healthy Wirral* Integrated Care Partnership

Graham Hodkinson advised the board that he and Paul Edwards are working on the key concepts and these will be discussed with partners over the coming weeks. The board were also informed that the Wirral Integrated Provider Partnership would address this topic at their next meeting.

7. Risk Appetite and Assurance Framework

Paul Edwards informed the group that he is currently working on identifying risk owners and will provide an update at the next meeting.

8. Carter at Scale: Pathology

Andrew Bamber from the Cheshire and Merseyside Health and Care Partnership (HCP) pathology programme provided the group with a presentation on the overview, about where the HCP programme work is up to, and how this related to the *Healthy Wirral* Programme:

- What they have achieved to date;
- What they need help with, and
- What the challenges are.

9. Productivity and Health

Allan Higgins - Programme Director, Public Health England apprised the board in the work around Health Productivity and Inclusive Economies in Liverpool City Region. This focused on the relationship between work/ productivity, wellbeing and health. The board were informed that there will be a workshop on 3 December in the Mansion House, Calderstones Park to bring this work together.

This work is fundamental to population health within the Wirral strategy and needs to be a clear future focus for our system. It is vital that the Healthy Wirral Plan links in with the wider Wirral and LCR plans.

David Eva	**Simon Banks**
Independent Chair	**Senior Responsible Officer/Place Lead**
Julian Eyre	**Debbie O'Neill**
Programme Manager	**Finance Lead**

Wirral Community Health and Care NHS Foundation Trust

Integrated Performance Report - December 2019

Meeting	Board of Directors		
Date	05/02/2020	**Agenda item**	**11**
Lead Director	Karen Howell, Chief Executive		
Author(s)	Executive Leadership Team		

Action required (please tick the appropriate box)

To Approve ☐	**To Discuss** ☐	**To Assure** ☑

Purpose

The purpose of this report is to provide assurance to the Board of Directors on the year to date performance of the Trust across quality, workforce, (contractual) performance and financial domains against specific indicators, targets and goals.

The report is available as a dashboard through TIG and will be presented live in the meeting.

Executive Summary

The Integrated Performance Report has been developed as a dashboard in the Trust's Information Gateway (TIG). The dashboard reflects performance against quality, workforce, (contractual) performance and financial domains as overseen by the monthly Oversight & Management Board, chaired by the Chief Executive and reported to the relevant sub-committee of the Board.

This report should therefore be considered in conjunction with the reports from the Chairs of the relevant sub-committees where areas of performance are reported, tested and challenged. Any areas of significant risk are reported to the Board of Directors through the sub-committees.

The YTD position up to and including December 2019, reports strong performance across all domains and was reported to the Oversight & Management Board meeting in January 2020 and is available through individual performance dashboards on TIG.

In summary;

- All quality goals are reporting as green (RAG rating)
- There were zero missed medication incidents
- There was one IG incident reported to the ICO which has now been closed
- Friends and Family Test scores remain high with 98% recommending the Trust
- 94% of contractual KPIs are reporting as green or amber
- Cost Improvement Programmes (CIP) targets are reporting ahead of plan for the year-end
- Financial performance remains on target with the Trust reporting a surplus position
- The Trust's Use of Resources rating remains Level 1
- Mandatory training compliance remains high across all clinical and non-clinical services at 95.1%
- Sickness absence has marginally increased to 5.9% but is reporting comparatively lower than 2018-19
- Agency spend has improved to 25.04% against the 25% agency cap

It is worthy of note that a joint contract meeting with the CCG and Local Authority, the strong performance of the Trust was recognised.

Risks and opportunities:

Any risks associated with performance across domains are reported through the governance structure and escalated in accordance with the Trust's Risk Policy.
Any high-level risks (15+) are escalated to the sub-committees and to the Board of Directors if required.

The IPR provides an opportunity to view a visual summary of performance across the Trust, providing the Board of Directors with assurance on quality, workforce, (contractual) performance and financial performance.

Quality/inclusion considerations:

Quality Impact Assessment completed and attached No
Equality Impact Assessment completed and attached No
Individual EI and QI assessments are completed for specific programmes of work. The IPR is a high-level summary report against specific indicators, goals and targets.

Financial/resource implications:

Any financial or resource implications in respect of performance are reported through the governance structure to the Oversight & Management Board and the relevant sub-committee. Any potential negative implications are raised as risks and reported through the risk escalation processes.

Trust Strategic Objectives

Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.

Our Populations - outstanding, safe care every time	Our People - enhancing staff development	Our Performance - delivering against contracts and financial requirements

Board of Directors is asked to consider the following action

The Board of Directors is asked to receive the IPR for assurance noting the performance reported through the Oversight & Management Board and the sub-committees of the Board.
The Board of Directors is asked to consider this report in conjunction with the reports from the Chairs of the sub-committees.

Report history

Submitted to	Date	Brief summary of outcome
Board of Directors	06/11/2019	Regular report to the Board of Directors.

Wirral Community Health and Care NHS Foundation Trust

Board Assurance Framework (BAF) 2019-20

Meeting	Board of Directors		
Date	05/02/2020	**Agenda item**	**12**
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Karen Lees Head of Corporate Governance		

Action required (please tick the appropriate box)

To Approve ☑	**To Discuss** ☑	**To Assure** ☐

Purpose

The purpose of this paper is to share with the Board of Directors the updated Board Assurance Framework (BAF) for 2019-20, for review and approval.

Executive Summary

The principal risks in the BAF were developed by members of the Board through informal and formal board sessions and Executive Leadership Team discussions.

The principal risks for 2019-20 cover the three strategic themes of Our Population, Our People and Our Performance which underpin the Trust's organisational strategy.

Risks and opportunities:

The highest risk remains at 20 for ID11
Six risks are rated 12, ID02, ID03, ID04, ID05, ID07, ID08, ID12

The risk rating for four risks have been reduced:

ID01 from a risk of 12 (4x3) to a proposed risk of 8 (4X2)
ID09 from a risk of 8 (4X2) to a risk of 4 (4X1) this is a further reduction, following the reduction in November 2019
ID10 from a risk of 8 (4x2) to a risk of 4 (4X1) this is a further reduction, following the reduction in November 2019

No risk ratings have been increased

Quality/inclusion considerations:

Quality Impact Assessment completed and attached No
Equality Impact Assessment completed and attached No
The quality impact assessments and equality impact assessments are undertaken on the work streams that underpin the BAF

Financial/resource implications:

The financial and resources implications are detailed in the BAF for each risk

Trust Strategic Objectives

Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.

Our Populations - outstanding, safe care every time	Our People - enhancing staff development	Our Performance - increase efficiency of all services

Board of Directors is asked to consider the following action
The Board of Directors is invited to provide any comment on the updated BAF. The Board of Directors is asked to review and discuss the principal risks and approve the updated BAF for January 2020.

Report history		
Submitted to	**Date**	**Brief summary of outcome**
The Board Assurance Framework is reported to every meeting of the Board of Directors for discussion and assurance.	06/11/2019	The revised BAF was reviewed and approved with the reduction in the risk rating for two risks ID09 and ID10

Wirral Community Health and Care NHS Foundation Trust

Board Assurance Framework (BAF) 2019-20

Developing the Board Assurance Framework Review - October 2019

1. The development of the BAF included the identification and agreement of the principal risks based on a consideration of the BAF for 2018-19 and the progress of those principal risks, and the Healthy Wirral Assurance Framework providing an oversight of identified system-risks.

2. There are 12 principal risks which are being monitored through the Board Assurance Framework for 2019-20.

3. The Executive Lead(s) and the group for oversight has been identified for each principal risk.

4. There is a summary page detailing the top 3 risks, a summary page with all of the risks including current and target risk ratings and a heat map to track the movement of risks during each quarter. Each principal risk is presented using a consistent format and covers the risk rating, the risk appetite, the key consequences together with controls and assurances and any identified gaps. Where gaps have been identified actions to address are included.

The Board Assurance Framework Review - January 2020

5. All changes are highlighted in red text in the BAF tables. The full refreshed BAF for January 2020 is attached at **appendix 1**.

6. The risk ratings and risk appetites have been reviewed with three changes to a current risk rating as detailed below. A number of additional controls and mitigations have also been added to the management of the principal risks, together with further assurances.

7. **ID01** - *Non-compliance of our services with statutory, regulatory and professional standards* it is proposed the risk rating is reduced from the previous risk rating of 12 (4X3) to 8 (4X2) given the substantial assurance awarded following a MIAA review of the SAFE governance system, and Quality lead roles recruited with a key objective to sustain and continue developing the SAFE system of assurance.

8. **ID09** - *Failure to deliver the efficiency programme resulting in a reduction in service delivery and options for people* has been reduced from the previous risk rating of 8 (4X2) to 4 (4X1) as the Trust is reporting a position ahead of plan for the CIP performance for 2019-20.

9. **ID10** - *Failure to achieve all the relevant financial statutory duties resulting in less freedom to operate and increased regulation* has been reduced from the previous risk rating of 8 (4x2) to a risk rating of 4 (4X1) following the agreement of non-recurrent actions with regulators and health economy partners that lead to a forecast with high confidence that the control total will be significantly exceeded, and the Financial Use of Resources score maintained at level 1 for second consecutive month as at month 9.

10. One further gap in controls have been included since the last refresh of the BAF, together with planned actions to close these gaps for risk ID04.

11. There have been no changes to target risk ratings.

Board of Directors action

12. The Board of Directors is invited to provide any comment on the updated BAF.

Wirral Community Health and Care NHS Foundation Trust

13. The Board of Directors is asked to review the principal risks and approve the updated BAF for February 2020

Alison Hughes
Director of Corporate Affairs

Karen Lees
Head of Corporate Governance

30 January 2020

Wirral Community Health and Care NHS Foundation Trust

Board Assurance Framework 2019-20

Top Risks - Quarter 3, 2019-20

Risk ID	Executive Owner	Principal risk	C x L		Rating
ID11	Chief Operating Officer	The impact of the outcome of the Urgent Care Review that could negatively compromise on the trust's financial position and the UTC future model of care	5	4	20

The highest current risk rating remains ID11 shown above.

Six risks currently have a risk rating of 12, these are ID02, ID03, ID04, ID07, ID08 and ID12

The remaining risk ratings are ID06 risk of 9, ID01 and ID05 have a risk of 8, and ID09 and ID10 have a risk of 4

Board Assurance Framework

The Board Assurance Framework (BAF) focus is only on the key strategic risks i.e. those that may affect the achievement of the Trust's strategic objectives

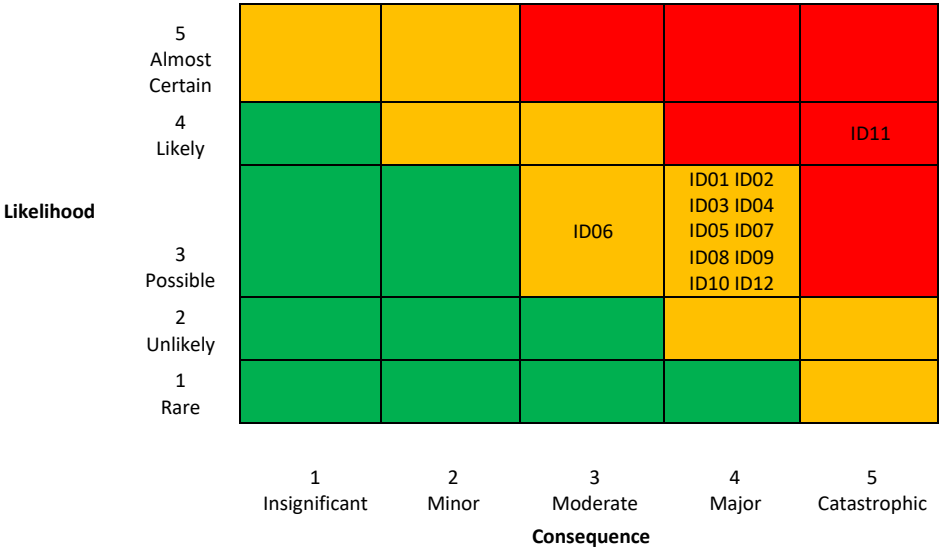
Risk ID	Executive Owner	Principal Risk	Current Rating (CxL) Consequence x Likelihood = Rating			Target Rating (CxL) Consequence x Likelihood = Rating			Trust Board Oversight
			C	L	Rating	C	L	Rating	
ID01	Director of Nursing	Non-compliance of our services with statutory, regulatory and professional standards.	4	~~3~~ 2	~~12~~ ~~8~~	4	1	4	Quality & Safety Committee
ID02	Director of Nursing	Citizens' health & wellbeing negatively affected by the delivery of sub-optimal quality services.	4	3	12	4	1	4	Quality & Safety Committee
ID03	Chief Operating Officer	Services are designed without consideration of current and future service user and potential service user health and social care outcomes and the need to address health inequalities.	4	3	12	4	2	8	Quality & Safety Committee
ID04	Medical Director	The configuration of Primary Care networks (PCN's) may disrupt and or restrict the ability of the Trust to maintain quality of our services to the detriment of our communities' health.	4	3	12	4	1	4	Board of Directors
ID05	Director of HR & OD	Failure to engage and support staff to deliver the Trust's vision and strategy for outstanding services.	4	3	12	4	1	4	Education & Workforce Committee
ID06	Director of HR & OD	Failure to build the staff skills, workforce infrastructure and career pathways to enable our staff to play their full part in an integrated delivery system.	3	3	9	3	2	6	Education & Workforce Committee
ID07	Director of HR & OD	Failure to recruit and retain the appropriate mix of staff to ensure services are delivered safely.	4	3	12	4	2	8	Education & Workforce Committee
ID08	Chief Operating Officer	Failure to foster, establish and manage the right partnerships that enable a response to the NHS Long Term Plan resulting in a threat to our sustainability.	4	3	12	4	2	8	Board of Directors

ID09	Chief Operating Officer	Failure to deliver the efficiency programme resulting in a reduction in service delivery and options for people.	4	~~2~~ 1	~~8~~ 4	4	1	4	Finance & Performance Committee
ID10	Chief Finance Officer	Failure to achieve all the relevant financial statutory duties	4	~~2~~ 1	~~8~~ 4	4	2	8	Audit Committee
ID11	Chief Operating Officer	The impact of the outcome of the Urgent Care Review that could negatively compromise on the trust's financial position and the UTC future model of care	5	4	20	3	3	9	Finance & Performance Committee
ID12	Chief Finance Officer	Failure to keep pace in digital advancements and innovation, and cyber-security guidance to improve health and social care outcomes.	4	3	12	4	2	8	Finance & Performance Committee

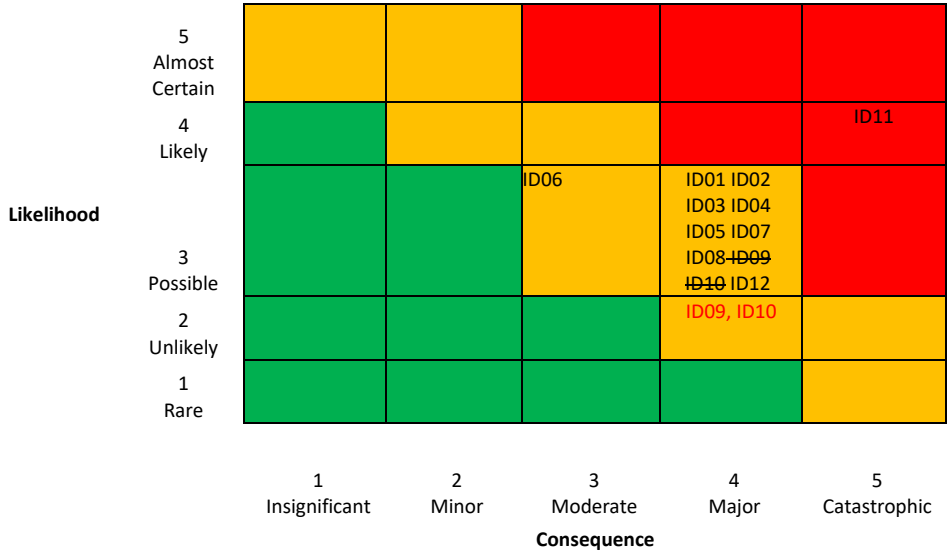
Risk Key

High	Medium	Low

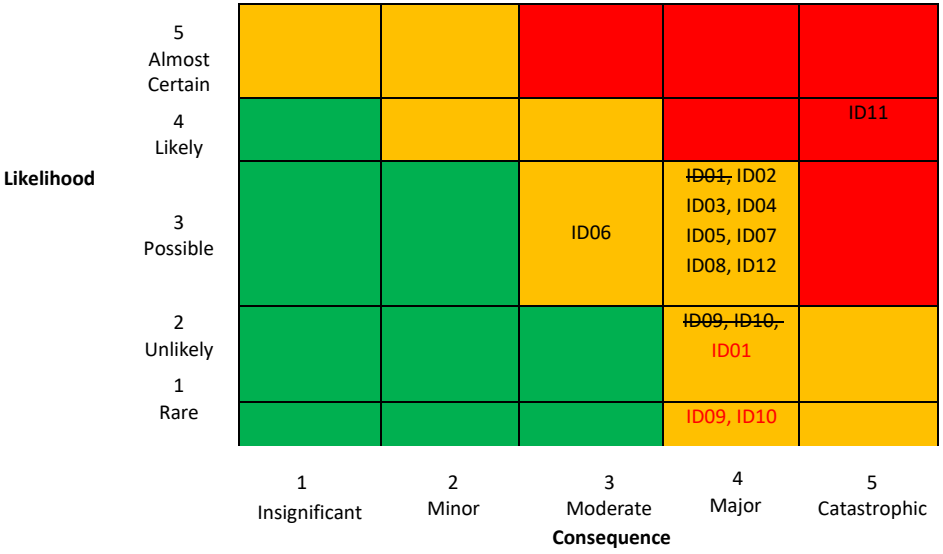
Risk Score Q1



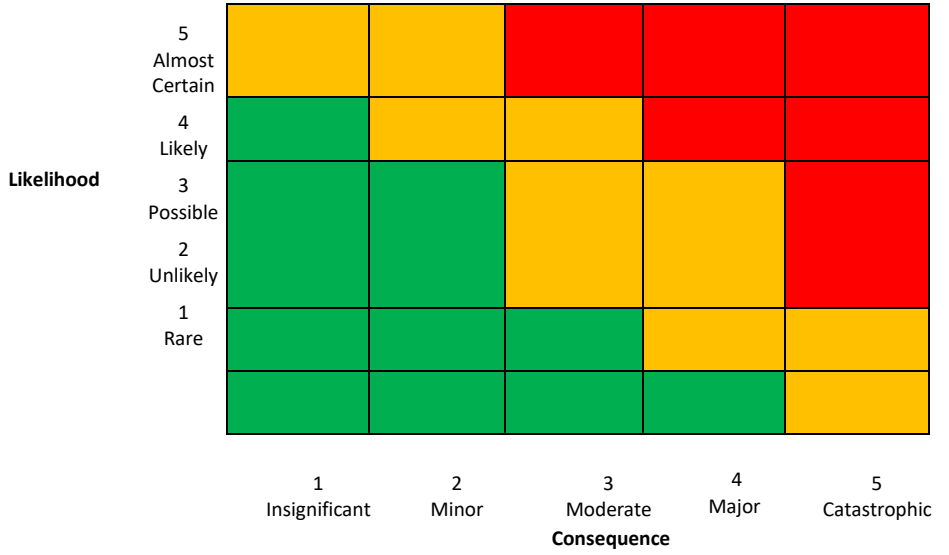
Risk Score Q2



Risk Score Q3



Risk Score Q4



C o n s e q u e n c e

Risk Appetite Definitions

Averse	Prepared to accept only the very lowest levels of risk
Cautious	Willing to accept some low risks
Moderate	Tending always towards exposure to only modest levels of risk
Open	Prepared to consider all delivery options even when there are elevated levels of associated risk
Adventurous	Eager to seek original/pioneering delivery options and accept associated substantial risk levels

Strategic Theme: Our Populations

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID01	Non-compliance of our services with statutory, regulatory and professional standards.	Director of Nursing	16.01.20	March 2020	Quality & Safety Committee

	Consequence	Likelihood	Rating
Initial	4	3	12
Current (January 2020)	**4**	**~~3~~ 2**	**~~12~~ 8**
Target	4	1	4

Risk Appetite	**Averse**

Key Consequence
Key consequences of non-compliance of services with statutory, regulatory and professional standards include: • Significant harm to patient/service user • Loss of public confidence in the service • Poor experience and retention of staff • Requires improvement or inadequate CQC rating and associated reputational damage • Claims and complaints • Regulatory notices and contractual consequences

Key Controls or Mitigations *(What are we currently doing to control the risks?)*	**Date/Frequency**
• MUST DO and SHOULD DO action plans ~~in place to address~~ following CQC inspection report completed	31.07.2018
• ~~Monitoring and assurance plan in place to track progress against MUST DO and SHOULD DO actions~~	~~Plans updated on a monthly basis and reported to SAFE and QSC~~
• Regular engagement meetings established with CQC lead inspector and relationships manager	~~Bi-monthly~~ Quarterly
• CQC compliance officer appointed internally - 9 month secondment – secondment period extended pending CQC inspection	31.03.2020
• Clinical SAFE Programme Manager appointed - 9 month secondment – secondment period extended until professional leadership roles are all recruited to	31.03.2020
• Quality lead roles recruited with a key objective to sustain and continue developing the SAFE system of assurance	
• SAFE system procured to enable self-assessment against CQC standards across the Trust	01.11.2018
• Establishment of SAFE steering group	31.01.2019 – meeting monthly with agreed ToR in place and reporting to QSC
• SAFE Standard Operating Procedure (SOP) approved at SAFE	11.07.2019

• Establishment of Clinical Risk Management Group	Weekly
• Safeguarding Strategic Group	Monthly
• IPC group	Monthly
• Information Governance Group	Monthly
• Professional Standards Group – Adult Social Care	Quarterly
• Themed safeguarding children and CLA CQC review and associated learning	13.05.2019
• Quality & Safety Committee (QSC) ToR and sub-group reporting arrangements updated to include SAFE Steering Group	June 2019 (presented to Board of Directors July 2019)
• Quality governance processes in place including clinical audit, monthly clinical incident and risk analysis, quality improvement programme, quality strategy delivery plan, patient experience intelligence	Annual delivery plans reported bi-monthly to QSC
• Strengthened arrangements for divisional QPER supported by TIG dashboards	Monthly
• Clinical, governance and financial policies and procedures based on best practice in place	Monthly review of clinical policies at Divisional CEG/QAG
• 'Freedom To Speak Up' Guardian & Team – self-review tool completed and improvement plan in place	Reviewed monthly by FTSU group
• Shared learning – reflections & learning bulletin, safety soundbites, divisional newsletters	Monthly
• Quality Forum with Council of Governors (inc. Healthwatch representation)	Quarterly
• Weekly ops & quality governance huddle to review hotspots and risks	Weekly
• Inclusion Strategy (including Inclusion Champions, Partnership Forum) approved at Board	03.07.2019
• Commencement of NHSI facilitated 'Moving to Good' programme	31.10.2019 – October 2020

Assurances *(What evidence do we have to demonstrate the controls or mitigations are having an impact? How is the effectiveness of the control being assessed?)*
Internal
• Quality & Safety Committee receiving assurance on CQC action plan progress
• Monthly Quality & Patient Experience Report to QSC
• Quarterly Quality Strategy Assurance Report to QSC
• Quarterly complaints & concerns report including a summary of key learning each quarter to QSC
• Quarterly People Strategy Assurance Report to EWC
• Monthly risk reports to all sub-committees
• Monthly Workforce Report to EWC
• Patient Story and Staff Story at Board of Directors
• Clinical Audit Reports to SAFE

• MIAA internal audit programme – quality domain
• Patient Engagement Group ('Your Voice') expanded membership
• Divisional Review Panels undertaken to conduct 'deep dive' on each service level self-assessment
External
• Substantial assurance awarded following a MIAA review of the SAFE governance system
• Enhanced quality monitoring meetings discontinued by CCG (confirmed by letter June 2019)
• Quality Risk Profile (QRP) review meetings with CCG, NHSI & CQC – discontinued 13.06.2019 due to assurance on the quality of services provided and progress against action plans.
• Adult Social Care Peer Review and associated learning
• Friends and Family Test score and national benchmarking
• Annual Quality Report and Annual Report including accounts and audit opinion
• NHSI Single Oversight Framework segmentation – category 1 for use of resources
• CCG serious incident group attendance – good assurance reported
• National Safety thermometer benchmarking
• Representation on QNI Community Nursing executive group
• Representation on Clinical Senate and joint working on clinical leadership across system
• Publication of CQC system-wide Safeguarding Children inspection report

Key Gaps in Control *(Where are we failing to put controls or mitigations in place?)*	**Gaps in Assurance** *(Where are we failing to gain evidence that our controls/systems are effective?)*	**Actions Planned** *(What plans are in place to reduce the gaps in control or provide assurance?)*	**Date**
	CQC re-inspection of core services	Quarterly engagement meeting with the new inspection team (following transfer of community providers to the mental health inspection team) ~~taking place on 1 July 2019~~ Participating in NHSI Moving to Good programme Leadership forum session delivered focussing on action planning and prioritisation, culture and leadership, visibility and preparation Q4 2019/20 CQC action plans developed and tracked	~~July 2019~~ Quarterly 31 December 2020 20 January 2020 31 March 2020
Further testing of CQC self-assessments at service and divisional level through SAFE		SAFE focus groups planned at service-level	September 2019 – September 2020

Well led-self-assessment by the Board		Self-assessment beginning in September 2019	December 2019 feedback to Informal Board, and action planning underway. Paper to Public Board including action plan in April 2020
~~Awaiting introduction to new CQC inspection team following national changes which transfer responsibility for the Trust inspection to the Mental Health inspectorate team~~		~~Contact made with CQC requesting urgent resolution to this issue. Current inspector has confirmed that the new inspector has been identified. Request made to agree a handover engagement meeting in September 2019. Engagement meeting planned for 4th November with new inspection team~~	~~September 2019~~
Further strengthen Quality Improvement Infrastructure across organisation		Engage with key stakeholders to review and refresh Quality Strategy and associated Quality improvement Operational Plan	31.03.2020

Strategic Theme: Our Populations

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID02	Citizens' health & wellbeing negatively affected by the delivery of sub-optimal quality services.	Director of Nursing	16.01.2020	March 2020	Quality & Safety Committee

	Consequence	Likelihood	Rating
Initial	4	3	12
Current (January 2020)	**4**	**3**	**12**
Target	4	1	4

Risk Appetite	Averse

Key Consequence

Key consequences of citizens health & wellbeing negatively affected by the delivery of sub-optimal quality services include :

- Significant harm to patient/service user
- Loss of public confidence in the service
- Lack of coordination of care
- Poor patient/service user experience
- Claims and complaints

Key Controls or Mitigations *(What are we currently doing to control the risks?)*	**Date/Frequency**
• WCT strategy and strategy refresh aligned to NHS Long Term Plan in progress (Feb 2019)	Annual
• Healthy Wirral Programme and associated governance meeting attendance	Monthly
• Annual review of contracts	Annual
• Implementation of key professional/clinical leadership roles across operational services	On-going
• SAFE system procured to enable self-assessment against CQC standards across the Trust	01.11.2018
• Establishment of SAFE steering group	31.01.2019
• SAFE Standard Operating Procedure (SOP) approved at SAFE	11.07.2019
• Quality & Safety Committee (QSC) ToR and sub-group reporting arrangements	June 2019 (presented to Board of Directors July 2019)
• QIA & EIA processes in place	Monthly
• Quality governance processes in place including weekly clinical risk management group, clinical audit, monthly clinical incident and risk analysis, quality improvement programme, quality strategy delivery plan, patient experience intelligence	Monthly reporting to SAFE
• Process in place for reviewing and implementing NICE and other evidence based practice	Monthly reporting to SAFE
• Clinical policies and procedures based on best practice in place	Monthly review of clinical policies at Divisional CEG

• Reflections and learning bulletin	Bi-monthly
• Quarterly Quality Forum with Council of Governors *(inc. Healthwatch representation)* *CQC self-assessment by all clinical services*	Quarterly
• Weekly ops & quality governance huddle	Weekly
• Good compliance against mandatory and service specific training (inc. e-learning)	Monthly at OMB
• Completion of leadership programme for senior clinicians and social care equivalent professional managers	September 2018
• Leadership Forum	Quarterly
• Recruitment plan to reduce vacancy rates thus reducing requirements for temporary staff solutions	On-going
• Achievement of KPIs and contract quality indicators	Monthly at OMB
• Strategic focus on population health, early intervention and prevention	Annual review
•	

Assurances *(What evidence do we have to demonstrate the controls or mitigations are having an impact? How is the effectiveness of the control being assessed?)*
• HW MoU signed on behalf of the Trust
• 3-year financial plan, will be supported by lock-in agreed system strategy to enable the planning of the service over the three years, providing stability for the workforce
• Detailed analysis of activity 7/7 and activity of footfall in WIC's and OOH's to enable the adjustment of the provision/staffing levels to meet the anticipated service activity
• Quality & Safety Committee receiving assurance on CQC action plan progress (by exception to QSC from Nov 2018)
• Monthly Quality & Patient Experience Report to QSC including never events exception reporting
• Quarterly Quality Strategy Assurance Report to QSC
• Quarterly complaints & concerns report including a summary of key
• Monthly risk reports to all sub-committees
• Learning from deaths
• Clinical Audit Reports to SAFE
• Leadership Shadowing Programme
• Patient Engagement Group ('Your Voice') expanded membership
• Funding agreed for substantive professional leads for Nursing and Social Care
• WCHC system flow performance group established to monitor performance against key pathways
• System performance dashboard developed to track performance across key pathways
• Pressure ulcer improvement plan developed and monitored at SAFE
External
• Substantial assurance awarded following a MIAA review of the SAFE governance system
• Quality Risk Profile (QRP) review meeting with CCG, NHSI & CQC

• Friends and Family Test score and national benchmarking
• Annual Quality Report
• NHSI Single Oversight Framework segmentation – category ~~2~~ 1 for use of resources
• CCG serious incident group attendance – good assurance reported
• National Safety thermometer benchmarking
• Healthwatch 'enter and view' programme
• Representation on QNI Community Nursing executive group
• Representation on Clinical Senate and joint working on clinical leadership across system
• Positive reputation for delivering 0-19 services
• Good sustained year-end performance against contract
• Attendance at system improvement Board
• Good compliance against contractual quality schedule and CQUIN scheme

Key Gaps in Control *(Where are we failing to put controls or mitigations in place?)*	**Gaps in Assurance** *(Where are we failing to gain evidence that our controls/systems are effective?)*	**Actions Planned** *(What plans are in place to reduce the gaps in control or provide assurance?)*	**Date**
Professional leadership roles across organisation are not consistent	-	Review of professional leadership roles across Trust Standardisation of professional / quality role JDs across all front line professional groups Recruitment of professional / quality leads across all front line professional groups	30/09/19 completed
Funding for additional professional standards/quality lead roles not yet identified.		Business case being prepared for ELT to identify funding for professional / quality lead for therapy trained staff	30/09/19 completed
Safe, sustainable and productive staffing reviews not systematically undertaken and reported		Develop a process for safe staffing reviews to be overseen by the strategic workforce group Task and finish group established to strengthen the current system of governance and assurance relating to safe staffing across all services.	30/09/2019 Completed 31/12/19
Access to validated data to support Commissioner review of BCF funded services		Establishment of WCHC system flow performance group Development of system flow dashboard	30/09/19 completed
	~~Lack of visibility of clinical/professional audit programme results on SAFE~~	~~Develop audit dashboard on SAFE~~	~~30/09/19~~
	~~Pressure ulcer quality goal rated amber in July 2019 (YTD remains green overall)~~	~~Urgent deep dive and dynamic improvement action plan developed to assure patient safety.~~	~~30/09/19 completed~~

Strategic Theme: Our Populations

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID03	Services are designed without consideration of current and future service user and potential service user health and social care outcomes and the need to address health inequalities.	Chief Operating Officer	16.01.2020	March 2020	Quality & Safety Committee

	Consequence	Likelihood	Rating
Initial	4	3	12
Current (January 2020)	**4**	**2**	**8**
Target	3	3	9

Risk Appetite	**Open**

Key Consequence

If the Trust does not respond to the needs of the population then service users, patients and commissioners may lose confidence in the service delivery and either choose to be referred outside of the Wirral (patients/service users) and decommission or tender out services (commissioners).
Reputational damage if for instance the FFT scores reduce.
Potential for staff to leave if they feel that they are unable to provide a service that addresses health inequalities (linked to our values)

Key Controls or Mitigations *(What are we currently doing to control the risks?)*	**Date/Frequency**
• WCHC strategy and strategy refresh describing neighbourhood care and aligning to system- wide strategic intention and NHS Long Term Plan in progress (Feb 2019)	Board September 2019 - delayed because of the introduction of PCN's and the alignment to the Neighbourhood model.
• Wirral Partnership Delivery Group involvement	Monthly
• Development of relationships with GP Feds, Primary Care Networks, VCF sector, CWP, WUTH, domiciliary care and residential providers via regular meetings and through the governance structure of Health Wirral	On-going
• Involvement in 2019 contract discussions	Monthly - 1 contract monitoring meetings with all commissioners.
• Integrated team development supporting flexible workforce	Monthly - via the Strategic Workforce Group
• Healthy Wirral governance (HWPG, SCT, WIPPB, Portfolio group)	Monthly
• Acuity & dependency modelling to support caseload management and workload capacity in community nursing	Used daily
• ~~TPartnership with The Innovation Agency to design~~ target operating model based around ~~for~~ population cohorts being developed by AD Partnerships & Strategic Development ~~out of hospital care~~	On-going, phase one recommendations due 31/3/20
• Joint commissioning structure established - Wirral Health and Care Commissioning (does NOT include children's services)	In place
• Representation and involvement in system-wide groups (Healthy Wirral governance structure - see above)	Monthly
• Exec to Exec with Age UK	Summer 2019 No progress
• Relationship with CWP to develop commissioned model of neighbourhood care	Summer 2019 Staff from, both organisations involved in PCN

	developments and development of Target Operating Model
• Engagement with PCN Clinical Directors and workshops with primary care and community staff taking place ~~underway~~	On-going ~~Summer 2019 - December 2019)~~2 workshops complete; 2 planned Feb and March 2020)

Assurances *(What evidence do we have to demonstrate the controls or mitigations are having an impact? How is the effectiveness of the control being assessed?)*
Internal
• Service development / transformation days
• Quality improvement capability
• Patient Engagement Group ('Your Voice') expanded membership
External
• Representation on Clinical Senate and joint working on clinical leadership across system
• CCG commissioning strategy
• Maintained good relationships with Public Health Commissioners
• Modelling future of social care providers as part of commissioning intentions and linked to Better Care Fund
• Independent Chair appointed to Healthy Wirral Partners Board with governance agreed and in place
• Cheshire & Merseyside Health and Care Partnership involvement and visibility

Key Gaps in Control *(Where are we failing to put controls or mitigations in place?)*	**Gaps in Assurance** *(Where are we failing to gain evidence that our controls/systems are effective?)*	**Actions Planned** *(What plans are in place to reduce the gaps in control or provide assurance?)*	**Date**
Acuity & Dependency model to be applied to other disciplines.		Referred to WCHC system flow performance group to develop plan for roll out	On-going
Development of risk stratification tool		This work is being conducted with commissioners and is on-going	
Implications of the Social Care Green Paper (Autumn 2019)		Associate Director of Adult Social care continues to network and horizon scan and report to ELT and then to Board any relevant intelligence	
Understanding of the cultural shift required across the system		Further workshops with PCN primary care and community staff, and for Target Operating Model development with wide range of stakeholders, inc care providers, practices, CWP, WUTH, CVS etc on 9 March	
Management and Leadership restructure with alignment to system reconfiguration		Review of management and leadership structure under way. Proposed new structure to be presented to ELT September 2019. Proposed structure to be discussed at EDD on 7th November 2019 currently awaiting costings.	July 2019 - October 2019
3-year system reconfiguration plan not agreed	No joined up understanding of what the relevant partners strategies are for 19/20. All plans for the previous year 18/19 shared but now out of date	All plans to be requested by the Chair of WHPP and shared	~~September 2019~~ January 2020

Strategic Theme: Our Populations

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID04	The configuration of Primary Care networks (PCN's) may disrupt and or restrict the ability of the Trust to maintain quality of our services to the detriment of our communities' health.	Medical Director	23.01.2020	March 2020	Board of Directors

	Consequence	Likelihood	Rating
Initial	4	4	16
Current (January 2020)	4	3	**12**
Target	4	1	4

Risk Appetite	Open

Key Consequence

There are three main key consequences of this risk.

1. Inability to provide high quality services may lead to adverse or sub-optimal outcomes of the population we serve.
2. There will be a high risk that failure to deliver high quality services will have a negative effect on the reputation of the Trust
3. Inability to provide high quality services may lead to a loss of key workforce to the PCNs when they are funded to employ these individuals (ie. Physiotherapists

Key Controls or Mitigations *(What are we currently doing to control the risks?)*	**Date/Frequency**
Workforce	
• Peoples Strategy and Strategic Workforce Development Group	Quarterly
• Integrated team development supporting flexible workforce - including within primary care (MLMP)	On-going
• Acuity & dependency modelling to support caseload management and workload capacity in community nursing	Used daily
• Alamac benchmarking work	Complete
• Clinical Leadership structure for Community Nursing established	On-going
• Quality Leadership structure established	In progress
• Design of a system ~~target~~ wide target operating model for out of hospital care	On-going
• Re-alignment of operational and clinical leadership structures at locality level/PCN level	On-going

• Recruitment plan to reduce vacancy rates thus reducing requirements for temporary and agency staff solutions, urgent care, walk-in-centres)	On-going work including with external company
• Development of new models of care with partners - clinically led	On-going
Relationship Development	
• Development of relationships with GP Feds, Primary Care Networks, VCF sector, CWP, WUTH, domiciliary care and residential providers via regular meetings and through the governance structure of Health Wirral	On-going
• 1:1 meetings with PCNs clinical directors, WCHC medical director and Associate Director of Strategy and Partnerships	On-going
• PCN specific engagement workshops in process of being rolled out exploring enablers & barriers to integration and joint working	On-going
• Wirral-wide PCN summit to focus on promoting examples of good practice and joint working during 2020/2021. Planning underway.	Q4
Strategic Theme: Our Populations	
• Work in progress to produce our offer of support to PCNs and GP federations	On-going
• Exec to Execs with Health and Social Care Commissioners (WHCC)	Quarterly
• Exec to Exec with CWP	Quarterly
• Role and function of Wirral Health Alliance (WHA) relationships with other providers (formally known as WIPP)	Quarterly
• Representation and involvement in system-wide groups (Healthy Wirral Partnership, Clinical Senate, A&E Board)	Monthly
• Involvement in 2019/2020 contract discussions	Monthly – single contract monitoring meetings with all commissioners.
• Robust contractual management processes in place	Monthly
• Representation at Wirral Partnership Delivery Group	Monthly
• Regular Trust attendance at LMC and PLT meetings	Monthly/Quarterly
Governance	
• Clinical policies and procedures based on best practice in place	Monthly monitoring at SAFE
• Organisational governance structures to scrutinise and monitor and escalate appropriately	Monthly monitoring at OMB
• Healthy Wirral briefing paper to Board of Directors	Bi-monthly
• Establishment of internal System Flow Performance Group to scrutinise and monitor services critical to system performance	Monthly
• Embedded weekly Quality and Governance safety huddles	Weekly
• Embedded multidisciplinary Clinical Risk Management Group	Weekly
• Embedded SAFE meetings which report to QSC	Monthly
• Medicines Governance Group	Monthly
• Systemwide Command Meetings during winter	Twice daily
• A&E Delivery Board	Monthly
• System-wide quality improvement and re-design work with NHSE/I, ECIST, CCG	On-going
• Internal System flow performance dashboard now active	In Place and will feed into A&E Delivery Board
Strategic	
• WCHC organisational strategy and its refresh describing PCN alignment and supporting neighbourhood development whilst aligning to system-wide strategic intention and NHS Long Term Plan.	Annual review ~~Board September 2019 - delayed because of the introduction of PCN's and the alignment to the Neighbourhood model.~~
• Service delivery aligned to support PCN development and the flourishing of neighbourhoods community assets	2019-20
• MLMP operational model	In place

• IT strategy - work in progress to facilitate cross-organisational sharing of data	

Assurances *(What evidence do we have to demonstrate the controls or mitigations are having an impact? How is the effectiveness of the control being assessed?)*
• Board-level Leadership to implement the community nursing transformation programme
• Safe, sustainable and productive staffing guidance reviewed and implemented
• Modelling future of social care providers as part of commissioning intentions and linked to Better Care Fund
• South Wirral Neighbourhood work can be rolled out to all PCNs

Key Gaps in Control *(Where are we failing to put controls or mitigations in place?)*	**Gaps in Assurance** *(Where are we failing to gain evidence that our controls/systems are effective?)*	**Actions Planned** *(What plans are in place to reduce the gaps in control or provide assurance?)*	**Date**
System capacity & expertise	Effect of the PCNs on Trust's workforce is as yet unknown, but has the potential to destabilise services.	Discussion with PCNs, CCG, WUTH and GP feds to look at system approaches to prevent destabilising. Possible opportunities for the Trust to become a Community services teaching provider - to take through ELT/Board. Role for Strategic Workforce Development Group to progress if this direction is approved.	Q4, 2019-20
Agree model for out of hospital care system-wide	No firm model as yet agreed by the system to deliver integrated services at neighbourhood or locality level	To continue the work done in collaboration with Innovation Agency and Senior Change Team. Assoc. Director of Strategy, alongside the Divisional manager and Medical Director to lead this from the Trust. Target Operating Model being developed across the Health and Care system and led by Assoc. Director of Strategy. Phase one recommendations due by 31/3/20 following system workshop 9 March 2020.	On-going 2019-20
Understanding of the cultural shift required across the system		Meetings to be held with Clinical Directors of PCN and other members of the system. PCN-wide workshops now rolled out to 2 PCNs with others planned (for Feb and Mar 2020) to explore partners needs and wants and relationship building and suggestions for PCN level improvement. Engagement with South Wirral PCN regarding potential shared decision-making model.	On-going Q~~3~~/4, 2019-20
PCN contract and specification has not yet being agree nationally	Uncertainty surrounds the ask of PCNs and system partners to deliver key strands of the NHS Long Term Plan through delivery of the PCN contract	National consultation feedback provided. To await outcome of consultations with BMA/RCGP and NHSE and receive the final specification. At that stage, collaboration can continue to deliver the required outcomes.	
Knowledge of the support required or wanted of each PCN from the Trust	PCNs very early in their development. Clinical Directors now assigned	Meeting to be held with the clinical directors to ascertain this information and build relationships. These commenced in June 2019 and are ongoing. Meeting due February to review Intermediate Care model for community bed base in collaboration with primary and secondary care. Regular attendance by Trust at PCN and LMC meetings.	
Regulatory framework of individual organisations	At present organisations are judged as a single entity which therefore determines their own key priorities, which can differ to that of the system	Work with our regulators to move towards system-wide inspection processes and the Trust is an active contributor to regulator meetings (NHSE/I & CQC)	2019-20

Full understanding of the impact of the Urgent Care Consultation	See ID11.		
Understanding of commissioner direction of travel around outcome based commissioning and system control totals	Outcome based commissioning facilitates services to be centred around individuals receiving that service rather than “tick box” transactional care	Conversations and discussions with commissioners to promote the virtues of this model of commissioning. Tenders are already moving towards this direction in terms of social value content. National agreement that the need to procure local service may not be necessary in the future.	2019-20
Development of risk stratification tool and dashboard		This work is being conducted with commissioners and fragility dashboard has been developed. Discussions now underway as to have the system will owe and operationalise the fragility agenda. Work with Cerner regarding WCR, registries and HealtheIntent beginning following initial scoping meeting with Trust and Cerner.	On-going 2019-20

Strategic Theme: Our People

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID05	Failure to engage and support staff to deliver the Trust's vision and strategy for outstanding services.	Director of HR & OD	16.01.2020	March 2020	Education & Workforce Committee

	Consequence	Likelihood	Rating
Initial	4	4	16
Current (January 2020)	**4**	**3**	**12**
Target	4	1	4

Risk Appetite	**Cautious**

Key Consequence
That staff do not understand the Trust's agreed strategic approach and do not develop their practice or service in a way which echoes that, either from an operational or behavioural perspective. This may result in services which are not consistent in delivering the trust's role in the health and care system and may result in sub-optimal feedback from service users as well as low morale.

Key Controls or Mitigations *(What are we currently doing to control the risks?)*	**Date/Frequency**
• People Strategy delivery plans	Tri-annually
• Staff Council	Bi-monthly
• Partnership working with JUSS - JUSS/Ops meetings/Joint Forum meetings	Monthly/Quarterly
• Revised Comms & Marketing Strategy with delivery plans	Quarterly
• NEW Staff Zone	May 2019 - complete
• CEO blog/vlog to all staff	Weekly
• Exec Briefing	Monthly
• Annual and interim appraisals linked to organisational objectives	6 monthly
• Leadership Forum to develop leadership culture October Forum focused on culture – development of cultural model based on principles of just and learning culture, inclusion, patient safety and citizenship and	Min quarterly

support for leaders to develop skills to model and define culture in their teams, linking to staff engagement January forum focused on leadership behaviours to deliver transformation as well as system working, Quality Strategy, CQC responsibilities of leaders including staff engagement, new approach to transformation.	
• Leadership for All model revised and launched at Leadership Forum and in appraisals • Further revision of framework undertaken to reflect feedback from leaders at all levels and to ensure clarity of roles including management of staff and key leadership behaviours to be role-modelled.	February 2019
• Internal engagement campaigns (e.g. wellbeing week)	Throughout year
• Strategic Planning, Transformation and Business Planning workshops, H&S briefings	
• Staff 1:1s	On-going
• Protected CPD/PLT sessions	
• Professional/clinical leadership structure	
• Heads of Service Summit to launch new strategy	May 2018
• Staff Survey action plan	Annual (April)
• Roll out of smartphones to front-line clinical staff	2019 - complete
• Leadership Forum on staff survey results and neighbourhood development	Feb 2019 - complete
• Employee Recognition Scheme launched - *Thank you cards, Employee of the Month, Annual Staff Awards*	Monthly
• Strategic Workforce Development Group	Commenced Jan 19 - monthly initially
• Staff engagement forums in divisions (ICD, UPC)	On-going
• Revised appraisal paperwork aligns with organisational objectives and values	April 2019
• Internal communications review with survey monkey and staff questionnaire to understand most effective communications channels Positive feedback re StaffZone, Exec Brief, Chief Exec Vlog/Blog, Staff Bulletin and leadership walk rounds. Confirmation that face to face communication most effective and request for more opportunities to attend events/network with colleagues.	September 2019 ~~July 2019 –~~ complete
• Team Leader checklist on SAFE to support consistent approach to team meetings and messaging	On-going (improving compliance reported through SAFE)
• Senior Managers Shadowing Visits (17 senior leaders visiting services every quarter)	Quarterly schedule
• Review of staff engagement methods and effectiveness at Education and Workforce Committee – decision to take forward quarterly pulse surveys under high profile internal comms campaign	December 2019 – complete
• Participation in National Retention Direct Support Programme	September 2019-2020
• Speaking Up campaign to raise awareness of FTSU commitment and availability of champions	October 2019
• Chief Executive Vlog following ELT meetings keeps staff informed of latest developments	Ongoing (commenced November 2019)
• Team leader involvement in decision to appoint external support to develop improvement model to deliver transformation	Jan 2020 (complete)

Assurances *(What evidence do we have to demonstrate the controls or mitigations are having an impact? How is the effectiveness of the control being assessed?)*
Internal

• Staff story to Board of Directors			
• People Strategy Assurance Report to Education & Workforce Committee			
• Engagement with Staff Council and JUSS (minutes of meetings)			
• Service Shadowing programme			
• Annual and interim appraisals			
• Appraisal audit/compliance reported annually to EWC			
• NED feedback from SAFE reviews with Services			
External			
• Annual Staff Survey results published			
• Staff FFT			
• Positive feedback from external sources regarding WCT staff supporting system pressures			
Key Gaps in Control *(Where are we failing to put controls or mitigations in place?)*	**Gaps in Assurance** *(Where are we failing to gain evidence that our controls/systems are effective?)*	**Actions Planned** *(What plans are in place to reduce the gaps in control or provide assurance?)*	**Date**
Outcome of the internal communications channels review		Establish the option to utilise the local survey module in Envoy to engage with staff on pulse surveys (aligned to electronic FFT) An alternative resource is being used for the quarterly campaign	~~July 2019~~ November 2019 complete
OD plan to support organisational strategy		Part of People Strategy - to be developed through Strategic Workforce group Resources in place to undertake this from February 2020. Work on Leadership Framework complete subject to ELT approval and wider consultation. Approach to transformation through external support will expedite the development of a transformation model to support this agenda.	~~Dec 2019~~ March 2020
Poor response to Staff FFT fails to provide assurance on ongoing levels of engagement	Testing all engagement mechanisms and closing the loop on feedback where necessary	Staff engagement will be the focus of the strategic discussion paper at Education and Workforce Committee in December. There will be a session on staff engagement at the Executive Development time out in November	December 2019 Complete November 2019 Complete

Strategic Theme: Our People

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID06	Failure to build the staff skills, workforce infrastructure and career pathways to enable our staff to play their full part in an integrated delivery system.	Director of HR & OD	16.1.2020	March 2020	Education & Workforce Committee

	Consequence	Likelihood	Rating
Initial	3	4	12
Current (January 2020)	**3**	**3**	**9**
Target	3	2	6

Risk Appetite	**Cautious**

Key Consequence
Inability to develop services to support system requirements due to lack of skills of community staff.

Key Controls or Mitigations *(What are we currently doing to control the risks?)*	**Date/Frequency**
• Membership of Wirral Together for Health and Wellbeing	Bi-monthly
• Membership of Healthy Wirral Workforce Group o Workstreams established o Prioritisation of proposed actions to be completed by January 2020 – completed at Wirral Wide Workshop in January 2020 o Establishment of Health and Social Care Academy	Bi-monthly
• CEO SRO workforce lead for Cheshire & Merseyside o Workforce Plan for STP developed	Ongoing
• Strategic Workforce Development Group overseeing direction for workforce planning	Monthly (moving to quarterly)
• NHSI workforce plan self-assessment completed and reviewed by EWC	November 2018
• People Strategy and four supporting delivery plans	Ongoing
• Annual workforce plan	Annual

o First draft submitted to ELT and EWC in October 2019. Final version to be signed off by Board in December 2019 Complete subject to final amendments and sign off.~~.~~	
• Annual and interim appraisal	Annual
• Leadership programme for senior clinicians and social care equivalent professional managers	Ongoing
• Leadership forum to develop senior leaders	Min. quarterly
• Integrated team development supporting flexible workforce	Ongoing
• Mandatory and service specific training (inc. e-learning)	Ongoing
• Education, Training and Development Policy (GP47)	Ongoing
• Training Needs Analysis	Annual
• Service skills matrices and compliance monitoring	Ongoing
• Development of new roles - Nurse Associates in post	Ongoing
• Increase in Nurse Associate numbers	2019-20
• Joint appointments/rotations e.g. physiotherapy, L&OD	Ongoing
• Apprenticeship programme	Ongoing
• New Head of Learning & OD in post (partnership with Cheshire and Wirral Partnership NHSFT to build integrated/system working)	Appointed Jan 2019 Permanent appointment made Jan 2020
• DoN working with RCN across STP to consider pressures in the workforce and influencing training provision	Ongoing
• DoN involvement in Safe Sustainable Staffing Programme with Queens Nurse Institute	Ongoing
• DoN involvement in Nursing Associate regulation consultation working group	Ongoing
• Review of Management and Leadership skills supporting development of new delivery plan	October 2019
• Princes Trust pre-employment programme for health and administration launched	September 2019
• Build of Learning and OD team to support professional education delivery	Jun-Oct 2019
• North West Association of Directors of Adult Social Care and LGA Strategic Workforce Framework	Sept 2019
• Training Needs Analysis for CPD aligned to Trust priorities, mitigating risks, increasing workforce capability and enabling service development	2019-2020
• Plan to increase student nurse and therapy numbers to the Trust – successfully increased capacity by over 25% for Quarter 4 placements, with an anticipated 100% increase over next 12-months	
• Admin development programme designed and to be internally delivered in partnership with Wirral Met College	Nov 2019 – Complete, first cohort delivered in November 2019
Assurances *(What evidence do we have to demonstrate the controls or mitigations are having an impact? How is the effectiveness of the control being assessed?)*	
Internal	
• Tri-annual Workforce Plan update	
• Staff Stories at Board include integrated working examples	
• Results of staff survey reported to EWC (Feb 2019)	
• Workforce data reviewed at Oversight and Management Board and reported to Education and Workforce Committee/Board in relation to mandatory training.	
External	

• Annual staff survey			
• Staff FFT including benchmarking data			
• Annual workforce planning process			
• Annual submission of plan for clinical training requirements to HENW			
• Trainee nursing associate programme			
• Establishment of closer working with Primary Care to create an integrated workforce (TG Medical)			
Key Gaps in Control *(Where are we failing to put controls or mitigations in place?)*	**Gaps in Assurance** *(Where are we failing to gain evidence that our controls/systems are effective?)*	**Actions Planned** *(What plans are in place to reduce the gaps in control or provide assurance?)*	**Date**
Implications of the Social Care Green Paper/Peer Review on staffing		To be reviewed at Strategic Workforce Development Group – awaiting publication	~~June/July 2019~~ ~~October~~ ~~2019~~ April 2020 (linked to action below)
OD plan to support organisational strategy		Part of People Strategy - to be developed through Strategic Workforce Group Leadership framework reviewed and high level detail shared at Leadership Forum in January 2020.	~~Dec 2019~~ March 2020
Safe, sustainable and productive staffing guidance and process requires review		To be reviewed at Strategic Workforce Development Group – Task and Finish Group established to report into SWDG. Each division producing safe staffing levels supported by E-Roster and other data.	~~June/July 2019~~ October 2019 (linked to new action below)
Development of an integrated workforce plan		In development at Strategic Workforce Development Group, date extended due to publication of NHS Interim People Plan. Draft plan received by the Education & Workforce Committee in October 2019, and suggestions made. Final draft workforce plan will be received by the board in December 2019. Final Draft of plan received and supported by Education and Workforce Committee in January 2020 – approved subject to final amendments.	~~October 2019~~ ~~December 2019~~ February 2020

Strategic Theme: Our People

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID07	Failure to recruit and retain the appropriate mix of staff to ensure services are delivered safely.	Director of HR & OD	16.01.2020	March 2020	Education & Workforce Committee

	Consequence	Likelihood	Rating
Initial	4	3	12
Current (January 2020)	**4**	**3**	**12**
Target	4	2	8

Risk Appetite	**Averse**

Key Consequence
Inability to provide safe staffing levels in accordance with locally agreed plans, causing delays in care, risk to service users, low staff morale and poor reputation.

Key Controls or Mitigations *(What are we currently doing to control the risks?)*	**Date/Frequency**
• People Strategy and supporting delivery plans	On-going (annual refresh)
• Annual workforce plan	Annual
• Strategic Workforce Development Group developing strategic approach to workforce issues affecting recruitment and retention	Monthly initially
• Governance of workforce and recruitment through EWC, OMB, QPER	Bi-monthly/monthly
• Divisional retention plans	Mar 2019
• Apprenticeship programme	On-going
• Graduate management trainees	1 from 2018 cohort 2 from 2019 cohort
• Development of new roles eg Nurse Associates, skill mix in WICs	On-going
• Rotations and joint posts with partners – therapies, MLMP	On-going
• Assessed and Supported Year in Employment programme for social workers	On-going

• Management Development Programme to deliver recruitment skills to managers	Quarterly
• WRES and WDES actions to increase recruitment from underrepresented groups	Annual
• Recruitment plan to address agency usage (community nursing, adult social care, walk-in centres)	June 2019 (complete)
• Establishment of a task & finish group on agency usage chaired by Deputy HRD and overseen by Director of HR &OD to report to ELT	September 2019
• Revised VC1a form and approval flowchart issued for agency spend in accordance with NHSI guidance	August 2019
• Reviews of staffing levels/temporary staffing at QPER meetings	Monthly
• EWC and FPC scrutiny of agency spend and associated risks	Bi-monthly
• NHSI workforce plan self-assessment completed and reviewed by EWC o ~~First draft reviewed by ELT and EWC in October 2019. Final version to be signed off by Board in December 2019.~~	November 2018 (complete) ~~December 2019~~
• Workforce Plan o First draft reviewed by ELT and EWC in October 2019. Final version approved by EWC in January 2020 subject to final amendments	~~December 2019~~ January 2020
• Membership of Wirral Together for Health and Wellbeing	Ongoing
• Membership of Healthy Wirral Workforce Group	Ongoing
• DoN involvement in Safe Sustainable Staffing Programme with Queens Nurse Institute	Ongoing
• DoN involvement in Nursing Associate regulation consultation working group	Ongoing
• DoN working with RCN across STP to consider pressures in the workforce and influencing training provision	Ongoing
• Rollout of E-Roster providing detailed insight and business intelligence to inform and monitor staffing levels	Project ends Oct 2020
• Use of TRAC system to streamline recruitment process and reduce time to recruit	Introduced November 2019
• Delivery of Prince's Trust placements	Piloted November 2019
• Development of NHS Cadet scheme as beta pilot site working in partnership with system partners	Project started January 2020 to deliver September 2020

Assurances *(What evidence do we have to demonstrate the controls or mitigations are having an impact? How is the effectiveness of the control being assessed?)*
Internal
• Quarterly Workforce Plan update
• Quarterly Education & Training Report to EWC
• Staff Story at Board of Directors
• Apprenticeship implementation group
• Workforce information provided to OMB and EWC relating to vacancy rates and turnover
External
• Annual workforce planning process
• Annual submission of plan for clinical training requirements to HENW
• Trainee nursing associate pilot
• EDS2 annual assessment and action plan reported to Board

• WRES and WDES actions reported to EWC
• Opportunity for closer working with Primary Care to create an integrated workforce (MLMP)

Key Gaps in Control *(Where are we failing to put controls or mitigations in place?)*	**Gaps in Assurance** *(Where are we failing to gain evidence that our controls/systems are effective?)*	**Actions Planned** *(What plans are in place to reduce the gaps in control or provide assurance?)*	**Date**
Safe, sustainable and productive staffing guidance and process requires review		To be reviewed at Strategic Workforce Development Group Task and Finish group established, developing process and service plans through divisions.	~~September 2019~~ March 2020
Integrated Workforce Plan		Under development through Strategic Workforce Development Group. Draft plan presented to Education & Workforce Committee, and comments received. The final plan will be presented to Board in December 2019. Final Plan approved subject to final amendments in January 2020	~~October 2019~~ ~~December 2019~~
Insufficient Bank Staff for some skills groups (eg GP OOH, Therapies)		Actions being taken by the Systems work stream and Strategic Workforce Development Group to identify recruitment strategies. To be addressed in workforce plan submission. Actions to be reviewed as part of Safe Staffing Review Task and Finish Group. Proposal to use more efficient direct engagement provider for agency staff and grow GP bank. Proposal to bring together temporary staffing and workforce systems management together to improve efficiency and strategic focus to be developed for consideration by ELT.	~~October 2019~~ ~~December 2019~~ March 2020 March 2020
Implications of the Social Care Green Paper		To be reviewed at Strategic Workforce Development Group Green paper is still awaited.	~~June/July 2019~~ ~~January 2020~~ April 2020
OD plan to support organisational strategy		Part of People Strategy Delivery Plan 2019-20 Resource in place from February 2020. Work complete on revision of Leadership Framework, for final approval by ELT and wider consultation. External resource to expedite development of improvement model for transformation approved.	~~December 2019~~ March 2020

Strategic Theme: Our Performance

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID08	Failure to foster, establish and manage the right partnerships that enable a response to the NHS Long Term Plan resulting in a threat to our sustainability.	Chief Operating Officer	16.01.2020	March 2020	Board of Directors

	Consequence	Likelihood	Rating
Initial	4	2	8
Current (January 2020)	4	3	12
Target	4	2	8

Risk Appetite	**Open**

Key Consequence

Partnerships and collaboration are a key theme of the Long Term Plan and our place in supporting both the local system and the wider STP/ICS is crucial. There are a number of consequences;

- We have to develop and sustain relationships with PCN's in collaboration with CWP as we need to better develop services for people with both physical health and mental health
- Networks and neighbourhoods are key as is our relationship with the acute trust to strengthen admission avoidance opportunities and appropriate safe discharge
- We need to do this to protect the quality of services that are currently delivered to the patients/people of Wirral

Key Controls or Mitigations *(What are we currently doing to control the risks?)*	**Date/Frequency**
• Development of relationships with GP Feds, Primary Care Networks, VCF sector, CWP, WUTH, domiciliary care and residential providers via regular meetings and through the governance structure of Health Wirral	On-going
• Representation and involvement in system-wide groups (Healthy Wirral Partnership, Clinical Senate, A&E Board)	Monthly
• Role and leadership function of WIPPB *(principles of working agreed)*	Bi-monthly
• Exec to Execs with Health and Social Care Commissioners (WHCC)	Quarterly
• Exec to Exec with CWP	Quarterly
• Exec to Exec with Age UK	Summer 2019
• MLMP operational model	In place
• WCHC organisational strategy and its refresh describing PCN alignment and supporting neighbourhood development whilst aligning to system-wide strategic intention and NHS Long Term Plan	~~Board October 2019, delayed because of the introduction of PCN's and the alignment to the Neighbourhood model~~. Annual review
• Service delivery aligned to support PCN development and the flourishing of community assets with a neighbourhood	2019-20

• ~~Partnership with The Innovation Agency to design target operating model for out of hospital care~~ Development of cohort-based system Target Operating Model by AD Partnerships and Strategic Development working in partnerships with WUTH, CWP, general practice, care providers, Age UK, commissioners and others	On-going
• 1:1 meetings with PCNs clinical directors, WCHC medical director and Associate Director of Strategy and Partnerships	On-going
• PCN specific engagement workshops in process of being rolled out exploring enablers & barriers to integration and join working	On-going (2 complete, 2 planned for Feb and Mar 2020)
• ~~Wirral wide PCN summit to focus on promoting examples of good practice and joint working during 2020/2021. Planning underway.~~	~~Q4~~ current activity on cohort based system highlighted in red above
• ~~Work in progress to produce our offer of support to PCNs and GP federations~~	~~On-going~~ current activity on cohort based system highlighted in red above
• Regular Trust attendance at LMC and PLT meetings	Monthly/Quarterly

Assurances *(What evidence do we have to demonstrate the controls or mitigations are having an impact? How is the effectiveness of the control being assessed?)*
• Healthy Wirral briefing to Board of Directors
• Wirral Partnership Delivery Group involvement
• Modelling future of social care providers as part of commissioning intentions and linked to Better Care Fund
• South Wirral Neighbourhood work can be rolled out to all PCNs

Key Gaps in Control *(Where are we failing to put controls or mitigations in place?)*	**Gaps in Assurance** *(Where are we failing to gain evidence that our controls/systems are effective?)*	**Actions Planned** *(What plans are in place to reduce the gaps in control or provide assurance?)*	**Date**
Understanding of the cultural shift required across the system		Meetings to be held with Clinical Directors of PCN and other members of the system (workshops with Meols and Moreton PCN planned for 6 Feb and with West Wirral PCN on 5 March) regular meetings continuing with CDs of South Wirral, Brighter Birkenhead and Central Wallasey PCNs, following workshops in those areas.	On-going
Implications of the Social Care Green Paper		Continued discussions with commissioners and links to assurance re: modelling of future of social care providers	2019-20

Strategic Theme: Our Populations

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID09	Failure to deliver the efficiency programme resulting in a reduction in service delivery and options for people.	Chief Operating Officer	16.01.2020	March 2020	Finance & Performance Committee

	Consequence	Likelihood	Rating
Initial	3	3	9
Current (January 2020)	**4**	~~2~~ ~~1~~	~~8~~ ~~4~~
Target	~~4~~	1	4

Risk Appetite	**Open**

Key Consequence

There are a number of consequences if we fail to deliver the efficiency plan

- Potential increased monitoring from regulators as it impacts on our overall financial risk rating
- Reputational impact particularly with main commissioners
- Service redesign or change which impacts adversely on the service we deliver as service offer may have to reduce

Key Controls or Mitigations *(What are we currently doing to control the risks?)*	**Date/Frequency**
• Programme Management Board established to scrutinise CIP performance and progress	Monthly
• Project Management Office ~~lead~~ and Finance have oversight of all efficiency and service development schemes and report on progress of CIP to PMB and F&P	Weekly PMO meeting with COO
• Regular meetings between finance, business managers and PMO to review CIP	Monthly
• QIA process established for all CIP schemes	At the beginning of the CIP planning round and thereafter if new schemes are developed
• Chief Operating Officer as Executive Lead for CIP	In place
• Organisational briefings to staff on financial challenges (executive briefing, service visits, service shadowing visits)	Monthly
• Programme of internal audit includes combined financial systems	Annually
• Transformation Planning Process for 2019-20 beginning in June 2019	Regular service and divisional involvement through year
• Budget management process for 2018-19 with efficiency targets removed at budget line	Monthly monitoring at FPC
• Ops & Governance huddle/briefing	Weekly
• Procurement support on sub-contract management	On-going
• SLR and PLICs roll out at service level	On- going to be monitored monthly

Assurances *(What evidence do we have to demonstrate the controls or mitigations are having an impact? How is the effectiveness of the control being assessed?)*
Internal
• Programme Management Board scrutiny of CIP performance reporting to OMB
• ~~Finance r~~ Report to FPC provides CIP position (M8 ~~6~~ reported overall good position)
External
• Single Oversight Framework categorisation as segment 2 organisation

Key Gaps in Control *(Where are we failing to put controls or mitigations in place?)*	**Gaps in Assurance** *(Where are we failing to gain evidence that our controls/systems are effective?)*	**Actions Planned** *(What plans are in place to reduce the gaps in control or provide assurance?)*	**Date**
• Project management software	Effective system to support programmes within PMB	New system (PM3) procured and in configuration (Nov 2019) for implementation by December 2019, now completed, with February 2020 PMB utilising PM3 driven reporting for the first time	~~Sept 19~~ Dec 19
• Adoption of LEAN methodologies (NHSI)	This approach will be discussed and driven via PMB	To be reviewed as part of the planning for 20-21 CIP, using opportunities to review systems and pathways across the Trust and not in silos NHS Transformation Unit has been contracted (January 2020) and a programme of work focused on: efficiency in high volume pathways, integrated working and development of an Improvement Model (utilising LEAN principles, with QI and OD approaches)	~~Dec 19~~ Project commencing Feb 2020

Strategic Theme: Our Performance

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID10	Failure to achieve all the relevant financial statutory duties resulting in less freedom to operate and increased regulation.	Chief Finance Officer	16.01.2020	March 2020	Audit Committee and Finance & Performance Committee

	Consequence	Likelihood	Rating
Initial	4	2	8
Current (January 2020)	**4**	~~**2**~~ **1**	~~**8**~~ **4**
Target	4	2	8

Risk Appetite	**Averse**

Key Consequence
Loss of autonomy and increased regulatory attention including more regular performance monitoring meetings and a requirement to submit a detailed recovery plan

Key Controls or Mitigations *(What are we currently doing to control the risks?)*	**Date/Frequency**
• All financial statutory duties achieved for 2018-19	Annual
• Finance & Performance Committee	Bi-monthly
• Finance report identifying issues and risks to OMB and available on TIG	Monthly
• Audit Committee with clear Terms of Reference and authority delegated by the Board	5 meetings per year
• External auditors appointed by the Council of Governors to conduct audit of the accounts and form opinion on value for money	Annual April-May
• Audit Committee delegated authority to receive and approve annual accounts	Annual May
• Financial Plan 19-20 approved by Board and submitted to NHSI	Annual in March
• Contracts for 2019-20 signed off with CCG	Annual in March
• SFIs and SOs regularly reviewed	Annual
• Oversight & Management Board oversight of financial performance	Monthly
• Financial Performance available for scrutiny and investigation ion TIG to all Senior Managers	Monthly
• Establishment of a task & finish group on agency usage chaired by Deputy HRD and overseen by Director of HR &OD to report to ELT	Completed
• Revised VC1a form and approval flowchart issued for agency spend in accordance with NHSI guidance	Completed
• EWC and FPC scrutiny of agency spend and associated risks	Bi-monthly & on-going

Assurances *(What evidence do we have to demonstrate the controls or mitigations are having an impact? How is the effectiveness of the control being assessed?)*
Internal
• Audit Committee
• MIAA annual audit plan and opinion
• Financial position reported to FPC and OMB
• EWC monthly report on agency expenditure
• Agreed non-recurrent actions with regulators and health economy partners that lead to a forecast with high confidence that the control total will be significantly exceeded • Financial Use of Resources score maintained at level 1 for second consecutive month as at month 9
External
• Single Oversight Framework categorisation as segment 2 organisation
• External audit plan
• Quarterly Wirral system recovery meetings with NHSI
• Track record of Trust achievement of PTF and control total
• CFO and CCG DoF close working on contract activity
• CFO presence at Healthy Wirral - Partnership Portfolio Management Group and system DOF meetings
• CEO and CFO involvement and attendance at system recovery meetings with CCG and Provider CEO's and CFO's
• CEO, CFO, MD and DoN attend System quarterly performance review meetings with NHSE & I

Key Gaps in Control *(Where are we failing to put controls or mitigations in place?)*	**Gaps in Assurance** *(Where are we failing to gain evidence that our controls/systems are effective?)*	**Actions Planned** *(What plans are in place to reduce the gaps in control or provide assurance?)*	**Date**
Control of agency spend within the cap imposed by NHSI	At month 8 ~~6~~ the Trust continues to exceed its agency cap and by >25 ~~9~~% impacting upon the financial risk rating	Detailed explanation of cause, action plan and trajectory submitted to July OMB Trust required to complete Grip and Control checklist for regulators which includes agency controls Further discussion with regulators regarding reporting of agency figures for Health versus Social Care has taken place and written confirmation of the outcome is expected in January 20	Complete ~~Q3 2019-20~~ Complete November 2019
Clarity and assurance on ID2248 risk description and risk rating		*(From EWC & FPC meetings in August 2019)* Review of risk description and rating in line with data presented to provide further assurance on the current position (NB: Organisational Risk ID2248 under review in relation to impact following FPC in October 2019)	Complete

Agency spend forecast position for 2019-20		*(From FPC in August 2019)* Provide agency forward forecast spend in committee papers	Complete provided through monthly OMG report

Strategic Theme: Our Populations

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID11	The impact of the outcome of the Urgent Care Review that could negatively compromise the trust's financial position and the UTC future model of care	Chief Operating Officer	16.01.2020	March 2020	Finance & Performance Committee

	Consequence	Likelihood	Rating
Initial	5	3	15
Current (January 2020)	**5**	**4**	**20**
Target	3	3	9

Risk Appetite	**Open**

Key Consequence

The impact is on Service Line Reporting and the potential effects of a review by the commissioners, who may request different service models.
If the UTC is to be provided over 24/7 this could impact on the morale of staff resulting in potentially staff leaving the service as there would be an expectation that staff would have to work night shifts.

Key Controls or Mitigations *(What are we (What are we currently doing to control the risks?)*	**Date/Frequency**
• Establishment of the Urgent Care Transformation Steering Group – CCG co-ordinated, system partner membership and workstream focused	Commenced August 2019 and to be held monthly. Trust represented at director level
• Capacity and demand and workforce modelling based on 24/7 UTC model	Completed ~~In progress –~~ due completed end of September 2019
• Formal staff engagement and consultation process	Consultation to be held 05/11/2019 Planned to commence October-November 2019 Completed
• Urgent Care Consultation in public domain clarifying proposed configuration of Wirral-wide urgent care services	30 June 2019 Completed shared with the public 09/07/2019
• Proposed service to be contracted via an Aligned Incentive Agreement, rather than prime provider contract	Complete
• Formal communication between WCHC directors and CCG to clarify proposed service specification and consequent financial and contractual implications	Ongoing
• Co-operation with ECIST (NHSI/E) process to identify improvements in patient flow and streaming/deflection away from A&E. Actively advocating and evidencing the effectiveness of community-provided WIC and primary care integrated working	Commenced July 2019 for 3 months This has been extended for a further 3 months

	This has been extended until March 2020
• Robust monitoring of activity and potential impact to analyse through Finance & Performance Committee	Monthly following outcome of consultation expected 29 June 2019 Estates paper went to ELT on 29/10/2019 with an updated paper being submitted on 05/11/2019. Workforce paper going to ELT on 05/11/2019 Paper submitted to ELT on 5/11/19 and approved Activity monitored through normal processed via FPC and through Integration paper at Public Board
• Finance & Performance monitoring of financial risk.	Monthly
• Role and provider leadership function of Wirral Providers Alliance (WPA) formally WIPP	Quarterly
• WCHC/GP Federation/ PCN collaboration	As PCN's develop - Fed back through Private Board
• WCHC membership engagement via Council of Governors	Completed and updates quarterly
• WCHC Board formal response to be collated	Completed
• CEO & Accountable Officer discussions	Completed
• Expectation that providers will work together once the feedback from the consultation has been collated by commissioners. First meeting scheduled for early Feb 2019.	Meetings held monthly but often cancelled by CCG - last meeting on 30 May 2019 Weekly meetings are being held with all partners around the table including ECIST support Regular meetings have been taking place between managers and clinicians in both WCHC and WUTH, including CCG representatives This also includes representation at the meetings lead by commissioners to develop the Community hubs (WIC at VCH and Eastham and MIU at Miriam and Moreton)
• Trust is part of the Urgent Care Transformation Stakeholder Meeting - 4 workstreams established at which the Trust is represented	Trust staff have attended
• CCG commissioned external analysis of the consultation feedback	Completed and will form part of the outcome of the consultation on 30 May 2019 Nothing has been shared from the external analysis other than the outcome - A high level position was shared with key partners at the Urgent Care Transformation Stakeholder meeting 30/5/19
• Medical Director identified as Trust Clinical Lead for Unplanned Care	In place
• Regular staff engagement through Divisional Manager (Quality Lead also appointed to Division)	On-going

Assurances *(What evidence do we have to demonstrate the controls or mitigations are having an impact? How is the effectiveness of the control being assessed?)*
• COO member of ED Board

• Detailed analysis of activity 7/7 and activity of footfall in WIC's and OOH's.
• AE Delivery Board support for consultation
• CFO and CCG DoF close working on contract activity

Key Gaps in Control *(Where are we failing to put controls or mitigations in place?)*	**Gaps in Assurance** *(Where are we failing to gain evidence that our controls/systems are effective?)*	**Actions Planned** *(What plans are in place to reduce the gaps in control or provide assurance?)*	**Date**
Limited control over response to outcome of the consultation		Continued close working with CCG, acute trust and primary care to implement the recommendations from the consultation WCHC has been asked to lead on the development and mobilisation of an interim UTC with implementation date being 01/12/2019 UTC was formally established on the 19/12/19	Estates design complete. Operational details being worked through see response below
Further clarification required relating to contractual, financial and service specification		Formal communication sent from Medical Director to Director of Commissioner and Urgent Care lead at CCG There have been some financial agreements around the funding of Point of Care testing equipment which is to be funded by the CCG. Estates redesign is going to be funded by WCHC coming from reserves Estates design was completed by the 19/12/19 Point of Care testing equipment funded by CCG actioned Installation of POCT equipment, connection to System1, development of Standard Operating Procedures (SOP's) and training of staff is currently taking place	On-going – will form part of contract negotiations 20/21
Risk to service provisions as a result of ECIST recommendations (ie. Streaming)		Fully co-operating with this piece of work and successfully demonstrating the benefits to the system from WIC/MIU activity and integrated working with primary care Collaborative working continues but following the PDSA on streaming ECIST have recommended that streaming reverts back to the WCHC clinician at the front door –Transferred back to WCHC 15/10/19	Completed October 2019
Service delivery from proposed change to estate footprint (as determined by WUTH) could affect ability to manage increased		Working closely with WUTH and ECIST to demonstrate the consequences of a reduction in footprint	Ongoing

Strategic Theme: Our Populations

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID12	Failure to keep pace in digital advancements and innovation, and cyber-security guidance to improve health and social care outcomes.	Chief Finance Officer	16.01.2020	March 2020	Finance & Performance Committee

	Consequence	Likelihood	Rating
Initial	4	3	12
Current (January 2020)	**4**	**3**	**12**
Target	4	2	8

Risk Appetite	**Averse**

Key Consequence
Failure to keep pace with digital advancements and innovation would impact upon the Trust's ability to provide high quality and efficient, modern services to our patients and population. This could also impact upon us negatively when tendering for new and existing business. Failure to keep pace with cyber security guidance could leave the Trust susceptible to cyber-attack with many and varied potential consequences.

Key Controls or Mitigations *((What are we currently doing to control the risks?)*	**Date/Frequency**
• WCT strategy and strategy refresh aligned to NHS Long Term Plan in progress (Feb 2019) which include digital developments	Annual
• Strategic Planning, Transformation and Business Planning workshops, which include digital solutions to support transformation and innovation	Annual
• Community Nursing Transformation Programme which include digital solutions to support transformation and innovation	Annual
• Roll out of smartphones to front-line clinical staff	Complete.
• Relationships with commissioners to influence market development *(to be discussed in light of green paper).*	On-going
• Organisational strategy describing neighbourhood care and aligning to system-wide strategic intention and FYFW	Annual
• Launch of SAFE programme to Leadership Forum	Complete.
• Strengthened arrangements for divisional QPER supported by TIG dashboards	Complete.
• Partnership with The Innovation Agency and Associate Director of Transformation working with the Trust to design a target operating model for out of hospital care	On-going
• Appointment of Medical Director as Innovation Lead	On-going
• Mandatory Training target (90%) achieved including Data Security	On-going
• Education, Training and Development Policy (GP47)	Annual
• Digital Strategy reviewed regularly	Annual
• MIAA Cyber Audit review action plan monitoring at FPC	Tri-annual
• PMB monitoring of IT investment projects	Monthly

• Registration with NHS digital and CareCert for immediate threat notification and action follow-up	On-going
• Action plan via NHS Digital to achieve Cyber Essentials Plus by 2021 in line with Cheshire & Mersey HCP aspirations - monitored at FPC	On-going
• Circa £1.5m IT investment each year via the capital programme	On-going

Assurances *(What evidence do we have to demonstrate the controls or mitigations are having an impact? How is the effectiveness of the control being assessed?)*
Trust Information Gateway (TIG) as part of innovation and use of technology
MIAA follow up review and action plan
Tri-annual IT update including Digital Strategy Action plan update and Cyber Update to FPC
MIAA follow up reviews
Finance & Performance Committee maintains oversight of risks and actions to mitigate these

Key Gaps in Control *(Where are we failing to put controls or mitigations in place?)*	**Gaps in Assurance** *(Where are we failing to gain evidence that our controls/systems are effective?)*	**Actions Planned** *(What plans are in place to reduce the gaps in control or provide assurance?)*	**Date**
External review of IM&T highlights action required to strengthen skills and capacity	Action plan required	Seeking external support to develop action plan and options. Consultant joining the Trust for 3 months from 2 September. Action plan to be presented to ELT 5 November. Action plan submitted to ELT in December and investment agreed. Action plan to be monitored at ELT once Chief Strategy Officer commences in post	2019-20
Implications of the Social Care Green Paper on technology and innovation	Awaiting publication	Monitor developments	TBC
Outstanding actions from MIAA Cyber Readiness review	3 recommendations over due	Action plan coming to FPC tri-annually. Update provided in ~~October~~ January with ~~6~~ 7 completed tasks, ~~3~~1 on target, 1 partially completed and one overdue with an amended timeframe due to the reliance on external specialist support.	~~Complete~~ Outstanding.