

<b>Integrated Performance Report</b>			
<b>Meeting</b>	Board of Directors		
<b>Date</b>	06/10/2021	<b>Agenda item</b>	10
<b>Lead Director</b>	Karen Howell, Chief Executive		
<b>Author(s)</b>	Alison Hughes, Director of Corporate Affairs		
<b>Action required</b> (please tick the appropriate box)			
<b>To Approve</b> <input type="checkbox"/>		<b>To Discuss</b> <input type="checkbox"/>	<b>To Assure</b> <input checked="" type="checkbox"/>
<b>Purpose</b>			
<p>The purpose of this report is to provide the Board of Directors with a summary of performance across the Trust live from the new Integrated Performance Dashboard in the Trust Information Gateway (TIG). The position reported to the Board follows oversight and scrutiny through the sub-committees of the Board and at the inaugural Integrated Performance Board held on 29 September 2021.</p>			
<b>Executive Summary</b>			
<p>As reported to the Board of Directors in August 2021, the Trust has established new governance arrangements following emergency arrangements in place during 2020-21.</p> <p>The new governance arrangements are supported by a revised performance framework which takes account of the required national, regional and local performance metrics.</p> <p>In accordance with the new governance arrangements and as per its Terms of Reference, the Integrated Performance Board (IPB) supports and monitors the delivery of high-quality performance across all Trust services by;</p> <ul style="list-style-type: none"> <li>Maintaining oversight and providing clear leadership on the delivery of high-quality performance across all Trust services</li> <li>Monitoring quality, people, operational and financial performance through SAFE, OOG and PMG reporting and oversight</li> <li>Providing assurance to the Board of Directors, through the sub-committees of the Board, that effective performance management is being discharged across the organisation</li> </ul> <p>The Integrated Performance Board reports formally to the sub-committees of the Board where detailed review of relevant performance is completed.</p> <p>The Integrated Performance Dashboard will be presented 'live' at the meeting of the Board of Directors to provide an update on Trust performance across all domains.</p>			
<b>Risks and opportunities:</b>			
<p>The performance framework includes appropriate risk escalation and in accordance with its ToRs the IPB receives assurance on operational risks from SAFE, OOG and PMG. The Integrated Performance Dashboard provides an opportunity to review operational risks live from Datix including risks by age profile.</p> <p>There are no risks to escalate to the Board of Directors.</p>			
<b>Quality/inclusion considerations:</b>			
<p>Quality Impact Assessment completed and attached <input type="checkbox"/> No</p> <p>Equality Impact Assessment completed and attached <input type="checkbox"/> No</p> <p>Not applicable for the IPR. <input type="checkbox"/></p>			
<b>Financial/resource implications:</b>			
None identified. <input type="checkbox"/>			

**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**

To receive the report live from TIG and be assured by the governance arrangements established to monitor performance across the Trust.

**Report history**

Submitted to	Date	Brief summary of outcome
No previous reporting history - new report.	N/A	N/A

**Board Assurance Framework (BAF) - August 2021**

<b>Meeting</b>	Board of Directors		
<b>Date</b>	06/10/2021	<b>Agenda item</b>	11
<b>Lead Director</b>	Alison Hughes, Director of Corporate Affairs		
<b>Author(s)</b>	Karen Lees, Head of Corporate Governance		
<b>Action required</b> (please tick the appropriate box)			
<b>To Approve</b> <input type="checkbox"/>	<b>To Discuss</b> <input type="checkbox"/>	<b>To Assure</b> <input checked="" type="checkbox"/>	
<b>Purpose</b>			
<p>The purpose of this paper is to provide an update on the strategic risks managed through the Board Assurance Framework following oversight at each of the sub-committees of the Board during August and September 2021.</p>			
<b>Executive Summary</b>			
<p>The Board has in place a full Board Assurance Framework which is reviewed annually to reflect the strategic priorities of the Trust.</p> <p>Following review by the Board of Directors in August 2021 and during August and September 2021 each committee of the Board has discussed the relevant strategic risks aligned to the duties and responsibilities of the committee. A high-level summary of the risks is included at appendix 1 and further detail on each strategic risk is included at appendix 2.</p> <p>Following discussion at the Board of Directors in August 2021, the Chairman and Chief Executive have further considered the scope of <b>ID11 - <i>The Trust's corporate governance does not remain effective in providing a framework for the Trust's business, within the developing governance framework of the system.</i></b> It is proposed that this risk is removed from the BAF at present as the scope of the risk is linked to work at system-level and therefore beyond the immediate control of the Trust. The new governance arrangements established across the Trust have considered the requirement for system performance monitoring (i.e. through Integrated Performance Board and Finance &amp; Performance Committee) and will adapt as required with the emergence of ICP governance. The scope of this risk will therefore be reviewed again following the ICP governance workshop taking place in October 2021 and a further update will be provided to the Board of Directors.</p> <p>Of the remaining 10 strategic risks one risk ID02 - <i>Inability to restore NHS services inclusively with the aim of protecting the most vulnerable people in our communities</i> has reduced from a risk rating of RR16 to RR12 due to further mitigations in relation to waiting lists and equity of access being in place. This is being monitored through the Quality &amp; Safety Committee.</p> <p>Each of the committees of the Board have the BAF as a standing agenda item on their bi-monthly agendas, and this work is focused on monitoring and agreeing the following;</p> <ul style="list-style-type: none"> <li>- Risk mitigations (based on processes and structures in place across the Trust)</li> <li>- Outcomes and trajectories to determine risk reduction</li> <li>- Target risk ratings</li> <li>- Gaps in mitigations</li> <li>- Cumulative impact of organisational risks as reported through Risk Reports</li> <li>- Any new or emerging strategic risks to escalate to the Board of Directors</li> </ul> <p>The Audit Committee received an update on the management of strategic risks through the BAF at its meeting on 22 September 2021.</p>			

The Board of Directors will receive a report at each meeting and the BAF will drive the board agenda.

**Risks and opportunities:**

The BAF records the principal risks that could impact on the Trust’s ability in achieving its strategic objectives. Therefore, failure to correctly develop and maintain the BAF could lead to the Trust not being able to achieve its strategic objectives or its statutory obligations.

There are opportunities through the effective development and use of the BAF, to enhance the delivery of the Trust’s strategic objectives and effectively mitigate the impact of the principal risks contained within the BAF.

**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 through the work streams that underpin the BAF.

**Financial/resource implications:**

Any financial or 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**

To receive the update provided in relation to the strategic risks managed through the Board Assurance Framework, noting the current risk rating, mitigations in place and identified gaps. The Board of Directors is also asked to be assured of the oversight and management of strategic risks through the sub-committees of the Board.

**Report history**

Submitted to	Date	Brief summary of outcome
Board of Directors	14/04/21	The Board of Directors received the year-end position for all strategic risks in the BAF. An update was also provided on the recommendations from the annual Assurance Framework Review with an agreed to provide greater oversight of the relevant risks at the committees of the Board.
Board of Directors	09/06/21	The Board of Directors <ul style="list-style-type: none"> <li>- was assured of the review and focus on principal risks at the committees of the Board</li> <li>- received the summary of risk themes for 2021-22 as determined by the committees</li> <li>- was assured of the process to finalise these through the committees and the Informal Board session in July 2021</li> </ul>
Informal Board	07/07/21	All members of the Board participated in a series of workshops to define risk descriptions, discuss risk ratings, risk appetite and mitigations, outcomes and gaps for referral back to committees.
Board of Directors	04/08/21	The Board of Directors received the strategic risks and approved them for tracking through the BAF during 2021-22, with each committee taking appropriate oversight.

		The Board of Directors agreed to discuss organisational design risk at the next Informal Board (see update in matters arising).
--	--	---

## Appendix 1 - Principal risks for 2021-22

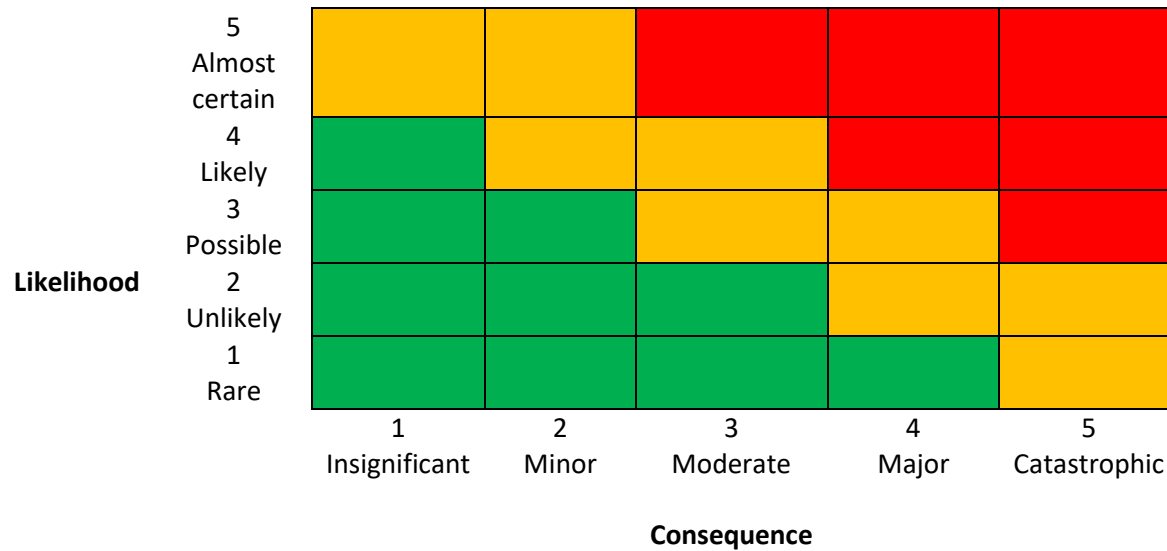
Principal Risk Description	Committee oversight	Consequence	Link to Work Plan 2021-22	Current risk rating (LxC)	Target risk rating (LxC)	Risk Appetite
ID01 Failure to restore and evolve community services safely and responsively to reflect the needs of the population as we move out of the pandemic and understand its impact better	Quality & Safety Committee	<ul style="list-style-type: none"> <li>Poor experience of care resulting in deterioration and poor health and care outcomes</li> </ul>	Safe Care & Support every time	<del>3 x 3</del> <del>(9)</del> 2 x 3 (6)	1 x 3 (3)	Averse
ID02 Inability to restore NHS services inclusively with the aim of protecting the most vulnerable people in our communities	Quality & Safety Committee	<ul style="list-style-type: none"> <li>Inequity of access and experience and outcomes for all groups in our community resulting in exacerbation of health inequalities</li> </ul>	Engaged Populations  Safe Care & Support every time	<del>4 x 4</del> <del>(16)</del> 3 x 4 (12)	2 x 4 (8)	Averse
ID03 Non-compliance with statutory, regulatory and professional standards	Quality & Safety Committee	<ul style="list-style-type: none"> <li>Harm to people</li> <li>Reputational damage and lack of public confidence</li> </ul>	Engaged Populations  Effective & Innovative  Safe Care & Support every time	2 x 4 (8)	1 x 4 (4)	Averse
ID04 The right partnerships are not developed and maintained to support the success of Provider Collaboratives within the place where the Trust operates i.e. Wirral and other (e.g. St Helens, Mid-Cheshire)	Finance & Performance Committee	<ul style="list-style-type: none"> <li>Poor service user access, experience and outcomes</li> <li>Non-compliance with Duty to Collaborate</li> <li>Negative reputational impact across ICPs and in wider ICS</li> </ul>	Align the Trust's structure with current national policy	3 x 2 (6)	1 x 2 (2)	Cautious

Principal Risk Description	Committee oversight	Consequence	Link to Work Plan 2021-22	Current risk rating (LxC)	Target risk rating (LxC)	Risk Appetite
		<ul style="list-style-type: none"> <li>Poor contract performance - financial implications (Trust and system)</li> </ul>				
ID05 Future system funding regime negatively impacts on system and Trust financial position and sustainability	Finance & Performance Committee	<ul style="list-style-type: none"> <li>Financial sustainability impact</li> <li>Negative reputational impact</li> </ul>	Align the Trust's structure with current national policy	3 x 3 (9)	2 x 3 (6)	Cautious
ID06 IM&T infrastructure fails to maintain effective cyber defences affecting Trust security and reputation	Finance & Performance Committee	<ul style="list-style-type: none"> <li>Cyber attack</li> <li>Negative reputational impact</li> <li>IG breaches - loss of data</li> <li>Regulatory action</li> <li>Financial</li> </ul>	Ensure core infrastructure is performant, resilient and complies with relevant cyber standards	3 x 3 (9)	1 x 3 (3)	Averse
ID07 Our people's health, wellbeing and morale are significantly affected by the long-term impact of the pandemic combined with the demands arising from reset and recovery and significant transformation.	Education & Workforce Committee	<ul style="list-style-type: none"> <li>Increase in sickness absence levels, lack of availability of staff, reduced staff engagement</li> <li>reputation impact leading to poor health and care outcomes</li> <li>Poor staff survey results</li> </ul>	Wellbeing & Recovery	3 x 4 (12)	2 x 4 (8)	Cautious
ID08 Lack of collaboration across the ICP ( <i>health &amp; social care providers</i> ) to implement an effective and complimentary workforce plan resulting in modern, agile, integrated working practices not being established	Education & Workforce Committee	<ul style="list-style-type: none"> <li>Increase in sickness absence levels, lack of availability of staff, reduced staff engagement, reputation impact leading to poor health and care outcomes</li> <li>Poor staff survey results</li> <li>Poor staff retention</li> </ul>	Transformation of the organisation	3 x 4 (12)	1 x 4 (4)	Cautious

Principal Risk Description	Committee oversight	Consequence	Link to Work Plan 2021-22	Current risk rating (LxC)	Target risk rating (LxC)	Risk Appetite
		<ul style="list-style-type: none"> <li>Inability to attract new workforce</li> </ul>				
ID09 The Trust's Inclusion intentions are not delivered; the workforce is not representative of its communities and people are not able to thrive as employees of our Trust	Education & Workforce Committee	<ul style="list-style-type: none"> <li>Poor outcomes for the people working in the Trust</li> <li>Poor working environment for staff</li> <li>Failure to meet the requirements of the Equality Act 2010</li> </ul>	Culture	3 x 3 (9)	1 x 3 (3)	Averse
ID10 High staff turnover creating gaps in service provision	Education & Workforce Committee	<ul style="list-style-type: none"> <li>Poor staff retention</li> <li>Inability to attract and recruit appropriately skilled staff</li> <li>Low staff morale</li> </ul>	Develop Capability and Talent	3 x 3 (9)	2 x 3 (6)	Averse
<p><b><i>Risk suspended until ICP governance workshop in October 2021 to further review and determine the specific scope for the Trust.</i></b></p> <p>ID11 The Trust's corporate governance does not remain effective in providing a framework for the Trust's business, within the developing governance framework of the system</p>	Board of Directors	<ul style="list-style-type: none"> <li>Poor quality or slow decisions are made</li> <li>Poor reputation and losing appropriate influence in the system</li> </ul>	All	(2x4) 8		Open



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



## Principal risks for 2021-22 with oversight at Quality & Safety Committee

The Quality & Safety Committee has oversight of three strategic risks managed through the Board Assurance Framework and provides updates to the Board of Directors at each meeting for further discussion on the mitigations and controls in place.

At each meeting of the committee, a review of the strategic risks is considered particularly in the context of escalated organisational risks and other agenda items.

When considering the mitigations and structures in place for each strategic risk, the committee recognises the following standing mitigations which constitute the quality governance framework in place across the Trust.

### Corporate Governance

- The Quality & Safety Committee meets on a bi-monthly schedule with an agreed annual workplan in place
- The committee has Terms of Reference in place, reviewed annually
- The Chief Nurse is the Executive Lead for the committee
- The Chief Nurse is also the Trust lead for addressing health inequalities
- The committee completes a self-assessment against its work in respect of the agreed Terms of Reference
- In accordance with the Trust's Risk Policy, the committee receives a report on high-level organisational risks, and can access all operational risk status through the SAFE on-line system, to monitor actions to mitigate risks and determine any impact on strategic risks being managed through the BAF
- The Chair of the committee meets with the governor chair of the Governor Quality Forum to provide a briefing after each meeting of the committee

### Quality Governance

- The quality governance structure in place provides clarity on the groups reporting to the committee
- The committee contributes to the development of the annual quality plan and priorities and receives quarterly assurance on implementation
- The committee receives the minutes from group meetings for noting
- The committee receives a briefing from the trust-wide Standards Assurance Framework for Excellence (SAFE) Assurance group at each meeting
- The committee contributes to the development of, and maintains oversight on the implementation of the annual quality priorities
- The committee reviews and approves the Trust's annual quality report
- The committee ensures that processes are in place to systematically and effectively respond to reflective learning from incidents, complaints, patient/client feedback and learning from deaths

### Monitoring quality performance

- The committee receives a quality report providing a summary of all quality performance metrics at each meeting
- The members of the committee have access to the Trust Information Gateway, which covers Trust health and social care services, to monitor quality performance and to access the Audit Tracker Tool to monitor progress
- The committee contributes to, and receives the annual quality improvement audit programme and tracks implementation
- The committee receives regular updates live from the SAFE on-line (compliance) system on regulatory compliance including local audits and procedural documents

<b>ID01 Failure to restore and evolve community services safely and responsively to reflect the needs of the population as we move out of the pandemic and understand its impact better</b>			Quality & Safety Committee oversight
Link to Work Plan 2021-22 - Safe Care & Support every time			
Consequence; - Poor experience of care resulting in deterioration and poor health and care outcomes			
<b>Current risk rating (LxC)</b>	<b>Risk appetite</b>	<b>Target risk rating (LxC)</b>	
2 x 3 (6)	Averse	1 x 3 (3)	
<b>Mitigations (i.e. processes in place, controls in place)</b>	<b>Gaps</b>	<b>Outcomes/Outputs (i.e. proof points that the risk has been mitigated)</b>	<b>Trajectory to mitigate and achieve target risk rating</b>
<ul style="list-style-type: none"> <li>- All services completed reset and restore assessments, documenting evidence of completion in SAFE</li> <li>- Tracking of waiting lists and any associated safety risks through Operational Performance Groups at local level and Operational Oversight Group (OOG)</li> <li>- All incidents of deterioration are reported via the Datix system and an appropriate review is undertaken</li> <li>- All complaints associated with waiting lists and restored services are tracked through Clinical Risk Management Group to identify any learning</li> </ul>	Availability of: <ul style="list-style-type: none"> <li>- quality outcomes framework to measure impact of safe restoration of all community services (<i>mitigation through development of IPR</i>)</li> <li>- health inequalities data and evaluation aligned to service provision in the context of COVID-19 (link to ID02)</li> </ul>	<ul style="list-style-type: none"> <li>- Testing and auditing of reset and restore assessments reporting to SAFE</li> <li>- Effective waiting list management</li> <li>- Positive patient and service user feedback</li> <li>- Reduction in complaints and concerns associated with access to services/waiting lists</li> <li>- Organisational design implementation demonstratively responding to staff concerns and suggestions</li> </ul>	<ul style="list-style-type: none"> <li>- By March 2022</li> </ul>

<b>ID02 Inability to restore NHS services inclusively with the aim of protecting the most vulnerable people in our communities</b>			Quality & Safety Committee oversight
Link to Work Plan 2021-22 - Engaged Populations, Safe Care & Support every time			
Consequence; - Inequity of access and experience and outcomes for all groups in our community resulting in exacerbation of health inequalities			
<b>Current risk rating (LxC)</b>		<b>Risk appetite</b>	<b>Target risk rating (LxC)</b>
3 x 4 (12)		Averse	2 x 4 (8)
<b>Mitigations (i.e. processes in place, controls in place)</b>	<b>Gaps</b>	<b>Outcomes/Outputs (i.e. proof points that the risk has been mitigated)</b>	<b>Trajectory to mitigate and achieve target risk rating</b>
<ul style="list-style-type: none"> <li>- On-going work with system partners (system health inequalities group) to improve identification of minority and vulnerable groups within the population, ensuring that we reach into these communities and make it as easy as possible for people to access appropriate care when required</li> <li>- Restoration of services is aligned to appropriate capacity to areas of the Borough that have the most actual and potential need</li> <li>- Waiting list management takes account of health inequalities and vulnerability</li> <li>- Organisational design is based on addressing health inequalities by deploying capacity appropriately across the localities</li> </ul>	<ul style="list-style-type: none"> <li>- Availability of health inequalities data aligned to service provision and as part of personalised care assessment processes</li> <li>- Lack of staff confidence in accessing and interpreting health inequalities data</li> <li>- Review of QIA and EIA processes and updated SOP for trust-wide adoption</li> <li>- Re-establish QIA/EIA approval process within the reset of governance arrangements</li> </ul>	<ul style="list-style-type: none"> <li>- Measures of equity of access demonstrated through patient/service user data and experience</li> <li>- Staff confident in delivering culturally sensitive care</li> <li>- All reasonable adjustments are made to facilitate most effective care delivery</li> <li>- Reset and restore QIA and EIA assessments completed for all services with evidence documented on SAFE</li> <li>- Assurance from QIA/EIA panel to QSC and EWC</li> </ul>	<ul style="list-style-type: none"> <li>- Tracking system in place by December 2021</li> <li>- Staff cultural competency measured by Q4 2021-22</li> <li>- QIA and EIA processes, updated SOP and approval processes - Q3 2021-22</li> </ul>

<b>ID03 Non-compliance with statutory, regulatory and professional standards</b>			Quality & Safety Committee oversight
Link to Work Plan 2021-22 - Engaged Populations, Effective & Innovative and Safe Care & Support every time			
Consequence; <ul style="list-style-type: none"> <li>- Harm to people</li> <li>- Reputational damage and lack of public confidence</li> </ul>			
<b>Current risk rating (LxC)</b>		<b>Risk appetite</b>	<b>Target risk rating (LxC)</b>
2 x 4 (8)		Averse	1 x 4 (4)
<b>Mitigations (i.e. processes in place, controls in place)</b>	<b>Gaps</b>	<b>Outcomes/Outputs (i.e. proof points that the risk has been mitigated)</b>	<b>Trajectory to mitigate and achieve target risk rating</b>
<ul style="list-style-type: none"> <li>- Robust programme of work implemented through the Quality Strategy and Regulatory Delivery Group (QSRDG), reporting to SAFE Assurance Group to ensure consistent full compliance of CQC regulations and Social Care Employer Standards</li> <li>- Bi-weekly position and assurance report to ELT</li> <li>- Risk policy updated with enhanced risk management processes</li> <li>- Targeted mitigation in place with quality, governance and dedicated operational support for areas that require strengthening</li> <li>- External well led review commissioned</li> <li>- Systems of assurance adapted to on-going operational design</li> <li>- Ensure full delivery of quality strategy priorities to enhance regulatory compliance</li> </ul>	<ul style="list-style-type: none"> <li>- External evaluation has not yet been undertaken</li> <li>- External validation of well-led through developmental review (in progress)</li> </ul>	<ul style="list-style-type: none"> <li>- Full delivery of quality strategy priorities to enhance regulatory compliance</li> <li>- Staff awareness and confidence in evidencing all regulatory requirements - tested through service reviews</li> <li>- CQC reinspection with overall Good or Outstanding rating</li> <li>- Governance reset effectively embedded from Board to local level, from September 2021</li> <li>- Full implementation of action plan from well-led review</li> </ul>	<ul style="list-style-type: none"> <li>- Revised Risk Policy approval – October 2021</li> <li>- External well-led review completing by January 2022</li> <li>- Action plan implementation by March 2022</li> <li>- By March 2022 (quality strategy priorities to be reported in Quality Report)</li> <li>- Trust-wide and local governance reset from September 2021 and by end of Q3 2021-22</li> </ul>



## Principal risks for 2021-22 with oversight at Finance & Performance Committee

The Finance & Performance Committee has oversight of three strategic risks managed through the Board Assurance Framework and provides updates to the Board of Directors at each meeting for further discussion on the mitigations and controls in place.

At each meeting of the committee, a review of the strategic risks is considered particularly in the context of escalated organisational risks and other agenda items.

When considering the mitigations and structures in place for each strategic risk, the committee recognises the following standing mitigations which constitute the quality governance framework in place across the Trust.

### Corporate Governance

- The Finance & Performance Committee meets on a bi-monthly schedule with an agreed annual workplan in place
- The committee has Terms of Reference in place, reviewed annually
- The Chief Finance Officer is the Executive Lead for the committee
- The committee completes a self-assessment against its work in respect of the agreed Terms of Reference
- In accordance with the Trust's Risk Policy, the committee receives a report on high-level organisational risks, and can access all operational risk status through the TIG on-line system, to monitor actions to mitigate risks and determine any impact on strategic risks being managed through the BAF

### Financial and Operational Governance

- The governance structure in place provides clarity on the groups reporting to the committee
- The committee contributes to the development of the annual financial plan (including oversight of CIP) and the IM&T workplan and receives quarterly assurance on implementation
- The committee receives the minutes from group meetings for noting
- The committee reviews and approves the Trust's financial and operational plans prior to submission to the regulators

### Monitoring performance

- The committee receives a finance report providing a summary of all financial performance metrics at each meeting
- The committee receives a report on progress to achieve Cost Improvement Programmes across the Trust
- The committee receives an operational performance report providing a summary of all operational performance metrics (national, regional and local) at each meeting
- The members of the committee have access to the Trust Information Gateway to monitor performance and to access the Audit Tracker Tool to monitor progress

<b>ID04 The right partnerships are not developed and maintained to support the success of Provider Collaboratives within the place where the Trust operates i.e. Wirral and other (e.g. St Helens, Cheshire East and Knowsley (from 2022))</b>	Finance & Performance Committee oversight
--	---

Link to Work Plan 2021-22 - Align the Trust’s structure with current national policy

Consequence;

- Poor service user access, experience and outcomes
- Non-compliance with Duty to Collaborate
- Negative reputational impact across ICPs and in wider ICS
- Poor contract performance - financial implications (Trust and system)

<b>Current risk rating (LxC)</b>	<b>Risk appetite</b>	<b>Target risk rating (LxC)</b>
6 (3 x 2)	Cautious	2 (1 x 2)

<b>Mitigations (i.e. processes in place, controls in place)</b>	<b>Gaps</b>	<b>Outcomes/Outputs (i.e. proof points that the risk has been mitigated)</b>	<b>Trajectory to mitigate and achieve target risk rating</b>
<ul style="list-style-type: none"> <li>- Healthy Wirral Partnership Board with Chair, CEO and CFO attendance linking to wider system governance</li> <li>- Wirral ICP Delivery Group (CFO leadership); building and establishing governance infrastructure for the new ICP</li> <li>- Joint CEO sponsor of the ICP Delivery Group with WUTH CEO</li> <li>- C&amp;M Provider CEOs</li> <li>- Task and finish group looking at system pressures, and the formation of Provider Collaboratives across C&amp;M</li> <li>- Memorandum of Understanding for the C&amp;M Mental Health, Learning Disability and Community Provider Collaborative (formerly C&amp;M Out of Hospital CEOs) approved by Boards of member organisations</li> </ul>	<ul style="list-style-type: none"> <li>- Confirmation of place arrangements and Trust role outside of Wirral in other systems through 0-19 contract delivery</li> <li>- Recommendations from stakeholder engagement review</li> </ul>	<ul style="list-style-type: none"> <li>- Clarity and agreement on ICP governance across the Wirral system (following governance workshop)</li> <li>- Implementation of new governance system with clear lines of delegation and authority</li> </ul>	<ul style="list-style-type: none"> <li>- Governance workshop across the system in <u>October 2021</u></li> <li>- Internal Audit Plan - stakeholder engagement review <u>October - December 2021</u></li> <li>- Trust 5-year strategy - <u>March 2022</u></li> </ul>



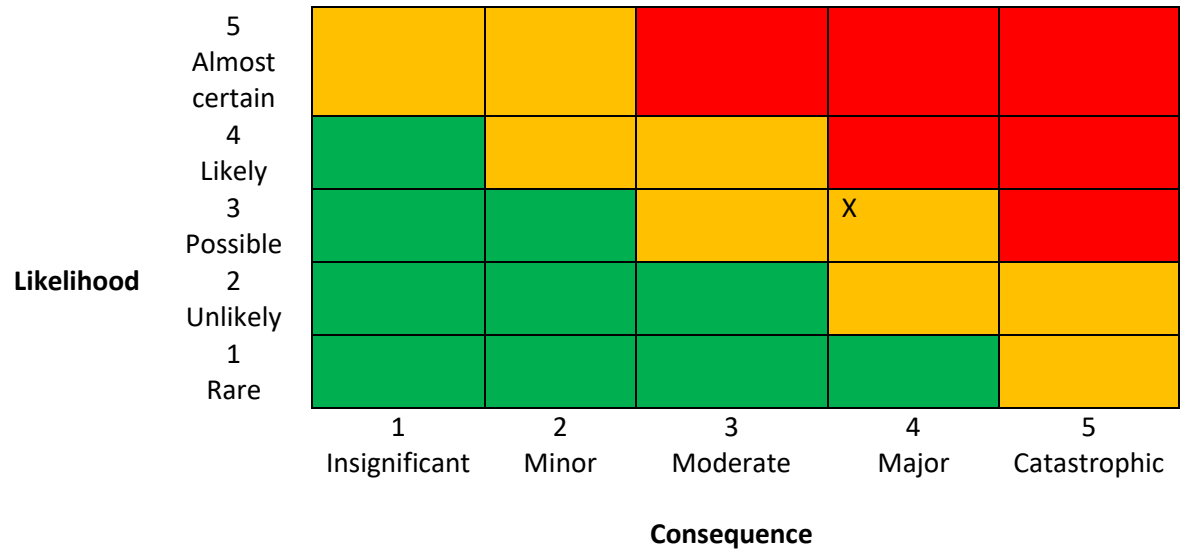
<ul style="list-style-type: none"><li>- Internal Audit Plan 21-22 stakeholder engagement to evaluate and support the Trust preparedness to work in collaboration / partnership at a system and place level</li><li>- Board level representation at system meetings (e.g. Chief Strategy Officer attendance at PLACE forum in St Helens, Cheshire East and engagement with commissioners and stakeholders in Knowsley) across places we serve</li><li>- Alignment of Service Directors to localities and PCNs</li><li>- 5-year strategy development plan including invitation to partners and stakeholders to get involved and shape the future of the Trust</li></ul>			
---	--	--	--

<b>ID05 Future system funding regime negatively impacts on system and Trust financial position and sustainability</b>			Finance & Performance Committee oversight
Link to Work Plan 2021-22 - Align the Trust's structure with current national policy			
Consequence;			
<ul style="list-style-type: none"> <li>Financial sustainability impact</li> <li>Negative reputational impact</li> </ul>			
<b>Current risk rating (LxC)</b>		<b>Risk appetite</b>	<b>Target risk rating (LxC)</b>
9 (3 x 3)		Cautious	6 (2 x 3)
<b>Mitigations (i.e. processes in place, controls in place)</b>	<b>Gaps</b>	<b>Outcomes/Outputs (i.e. proof points that the risk has been mitigated)</b>	<b>Trajectory to mitigate and achieve target risk rating</b>
<ul style="list-style-type: none"> <li>CFO local, regional and national forums</li> <li>Sound financial controls for H1 continuing into H2</li> <li>Progress made with CIP for 2021-22 (and reported regularly to committee)</li> </ul>	<ul style="list-style-type: none"> <li>Confirmation of H2 funding allocation</li> <li>Clarity on new financial regime</li> <li>Recurrent v non-recurrent gaps on Cost Improvement Programme</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of financial plan 21-22</li> <li>Delivery of required CIP</li> <li>Unqualified audit position</li> <li>Continued forecast to achieve plan</li> </ul>	<ul style="list-style-type: none"> <li>Current and projected position to be reported to FPC in October 2021</li> <li>Confirmation of H2 funding due in <u>September 2021</u></li> </ul>

<b>ID06 IM&amp;T infrastructure fails to maintain effective cyber defences affecting Trust security and reputation</b>			Finance & Performance Committee oversight
Link to Work Plan 2021-22 - Ensure core infrastructure is performant, resilient and complies with relevant cyber standards			
Consequence;			
<ul style="list-style-type: none"> <li>• Cyber attack</li> <li>• Negative reputational impact</li> <li>• IG breaches - loss of data</li> <li>• Regulatory action</li> <li>• Financial</li> </ul>			
<b>Current risk rating (LxC)</b>		<b>Risk appetite</b>	<b>Target risk rating (LxC)</b>
9 (3 x 3)		Averse	3 (1 x 3)
<b>Mitigations (i.e. processes in place, controls in place)</b>	<b>Gaps</b>	<b>Outcomes/Outputs (i.e. proof points that the risk has been mitigated)</b>	<b>Trajectory to mitigate and achieve target risk rating</b>
<ul style="list-style-type: none"> <li>- DSPT submission - all standards met except for 7.3.6 (DSPT Cyber Essentials have been included and equivalence to Cyber Essential Plus is now gained when completion of the DSPT</li> <li>- Investment in IM&amp;T infrastructure and delivery of upgrade programmes</li> <li>- Oversight at IGDS</li> <li>- IGDS reporting to FPC</li> <li>- IM&amp;T network infrastructure plan to improve resilience across the Trust</li> <li>- Robust security patching in place across the estate</li> </ul>	<ul style="list-style-type: none"> <li>- DSPT assertion 7.3.6 improvement plan in place for remediation.</li> <li>- Unsupported Windows Operating software with a remediation plan in place</li> <li>- Full test of IT Business Continuity plans</li> <li>- Independent on-site assessment of Data Security &amp; Protection Toolkit (DSPT) to secure Cyber Essentials Plus</li> </ul>	<ul style="list-style-type: none"> <li>- Implementation of solution for immutable backups by end of December 2021.</li> <li>- Unsupported software remediation following successful delivery of upgrade programmes.</li> <li>- IT Continuity test plans tested and documented.</li> <li>- Substantial assurance from onsite assessment.</li> </ul>	<ul style="list-style-type: none"> <li>- DSPT assertion 7.3.6 improvement plan to be delivered by <u>31 December 2021</u></li> <li>- Unsupported Operating System by March 2022</li> <li>- Business continuity testing - <u>Q4 2021-22</u></li> <li>- DSPT on-site assessment - <u>March 2022</u></li> </ul>

<ul style="list-style-type: none"><li>- Strengthened skill and capability of IM&amp;T service (new Head of IT and IT Cyber Security Assurance role.</li><li>- IT Security group established to monitor operational improvement plan.</li><li>- Annual penetration tests</li><li>- Infrastructure monitoring in place</li><li>- Vendor support of hardware and software</li><li>- Standardisation of security platforms (Anti-virus / Advanced TP).</li><li>- Improved external collaboration with C&amp;M Cyber security group</li><li>- Increased cyber awareness through regular training and communication</li><li>- Existing business continuity plans in place across the Trust</li><li>- Emergency Planning Resilience and Response (EPRR) self-assessment completed, and substantial assurance received (submitted in accordance with national deadline).</li></ul>			
--	--	--	--

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



## Principal risks for 2021-22 with oversight at Education & Workforce Committee

The Education & Workforce Committee has oversight of three strategic risks managed through the Board Assurance Framework and provides updates to the Board of Directors at each meeting for further discussion on the mitigations and controls in place.

At each meeting of the committee, a review of the strategic risks is considered particularly in the context of escalated organisational risks and other agenda items.

When considering the mitigations and structures in place for each strategic risk, the committee recognises the following standing mitigations which constitute the quality governance framework in place across the Trust.

### Corporate Governance

- The Education & Workforce Committee meets on a bi-monthly schedule with an agreed annual workplan in place
- The committee has Terms of Reference in place, reviewed annually
- The Director of HR & Organisational Development is the Executive Lead for the committee
- The committee completes a self-assessment against its work in respect of the agreed Terms of Reference
- In accordance with the Trust's Risk Policy, the committee receives a report on high-level organisational risks, and can access all operational risk status through the Datix on-line system, to monitor actions to mitigate risks and determine any impact on strategic risks being managed through the BAF
- The Chair of the committee is the NED health and wellbeing lead for the Trust

### Workforce Governance

- The governance structure in place provides clarity on the groups reporting to the committee
- The committee receives the minutes from group meetings for noting
- The committee contributes to the development of the annual people plan and priorities and receives quarterly assurance on implementation
- The committee receives a briefing from the trust-wide Standards Assurance Framework for Excellence (SAFE) Assurance group at each meeting in relation to specific workforce metrics (i.e. safe staffing, mandatory and role essential training)
- The committee contributes to the development of, and maintains oversight on the implementation of the annual people/workforce priorities
- The committee reviews and approves the WRES and WDES annual reports and associated action plans
- The committee ensures that processes are in place to systematically and effectively respond to reflective learning from staffing incidents and employee relations cases
- The committee receives and approves the Trust's workforce plan

### Monitoring workforce performance

- The committee receives a workforce report providing a summary of all workforce performance metrics at each meeting
- The members of the committee have access to the Trust Information Gateway, to monitor workforce performance and to access the Audit Tracker Tool to monitor progress
- The committee receives regular updates live from the SAFE on-line (compliance) system on regulatory compliance including local audits and procedural documents

<b>ID07 Our people’s health, wellbeing and morale are significantly affected by the long-term impact of the pandemic combined with the demands arising from reset and recovery and significant transformation.</b>	Education & Workforce Committee oversight
--	---

Link to Work Plan 2021-22 - Wellbeing & Recovery

Consequence;

- Increase in sickness absence levels, lack of availability of staff, reduced staff engagement
- Reputation impact leading to poor health and care outcomes
- Poor staff survey results

<b>Current risk rating (LxC)</b>	<b>Risk appetite</b>	<b>Target risk rating (LxC)</b>
12 (3 x 4)	Cautious	8 (2 x 4)

<b>Mitigations (i.e. processes in place, controls in place)</b>	<b>Gaps</b>	<b>Outcomes/Outputs (i.e. proof points that the risk has been mitigated)</b>	<b>Trajectory to mitigate and achieve target risk rating</b>
<ul style="list-style-type: none"> <li>– People Plan in place and action plan implementation is tracked regularly</li> <li>– Tracking of Staff Survey Team Intentions in SAFE on-line system</li> <li>– Workforce metrics agreed and tracked through TIG, Integrated Performance Board and reported to committee</li> <li>– Focus on Health &amp; Wellbeing in Pulse Survey and monthly Get Together (September 2021)</li> <li>– Breadth of health and wellbeing support on offer for all Trust staff</li> <li>– Team Intentions (from national staff survey) developed through service Plans on a Page</li> </ul>	<ul style="list-style-type: none"> <li>- Increase in pulse survey response rate to provide greater depth of representation</li> </ul>	<ul style="list-style-type: none"> <li>- Improvement on pulse survey response on wellbeing and motivation</li> <li>- Annual national staff survey - improvement on health &amp; wellbeing question responses</li> <li>- Reduction in % staff absence due to stress &amp; anxiety</li> <li>- Achieving key milestones on Organisational Design</li> </ul>	<ul style="list-style-type: none"> <li>- By February/March 2022, national staff survey results</li> </ul>

<b>ID08 Lack of collaboration across the ICP (<i>health &amp; social care providers</i>) to implement an effective and complimentary workforce plan resulting in modern, agile, integrated working practices not being established</b>	Education & Workforce Committee oversight
--	---

Link to Work Plan 2021-22 - Transformation of the organisation

Consequence;

- Lack of availability of staff, reduced staff engagement, reputation impact leading to poor health and care outcomes
- Poor staff survey results
- Poor staff retention
- Inability to attract new workforce

<b>Current risk rating (LxC)</b>	<b>Risk appetite</b>	<b>Target risk rating (LxC)</b>
12 (3 x 4)	Cautious	4 (1 x 4)

<b>Mitigations (i.e. processes in place, controls in place)</b>	<b>Gaps</b>	<b>Outcomes/Outputs (i.e. proof points that the risk has been mitigated)</b>	<b>Trajectory to mitigate and achieve target risk rating</b>
<ul style="list-style-type: none"> <li>- HRDs forum established</li> <li>- Wirral CEOs regular meetings for points of escalation</li> <li>- CEO joint CEO sponsor of the ICP Delivery Group with WUTH CEO</li> <li>- Healthy Wirral Partnership Board with Chair, CEO and CFO attendance linking to wider system governance</li> <li>- Strategic Workforce Development Group established as part of governance arrangements</li> <li>- ICP workforce group established led by CEO SRO</li> <li>- Trust participation in Regional International Nursing Collaborative</li> </ul>	<ul style="list-style-type: none"> <li>- System workforce digital strategy</li> <li>- Place-based workforce plan to address key workforce priorities</li> </ul>	<ul style="list-style-type: none"> <li>- Development of a place-based workforce plan identifying and addressing key workforce challenges</li> <li>- Staff buy-in and wider implementation of new ways of working</li> <li>- System-wide Digital Strategy</li> <li>- Digital technologies to support modern, agile working</li> </ul>	<ul style="list-style-type: none"> <li>- By February/March 2022 place-based workforce plan in place</li> <li>- By February/March 2022 system-wide digital strategy in place</li> </ul>



<b>ID09 The Trust's Inclusion intentions are not delivered; the workforce is not representative of its communities and people are not able to thrive as employees of our Trust</b>	Education & Workforce Committee oversight
--	---

Link to Work Plan 2021-22 - Culture

Consequence;

- Poor outcomes for the people working in the Trust
- Poor working environment for staff
- Failure to meet the requirements of the Equality Act 2010

<b>Current risk rating (LxC)</b>	<b>Risk appetite</b>	<b>Target risk rating (LxC)</b>
----------------------------------	----------------------	---------------------------------

9 (3 x 3)	Averse	3 (1 x 3)
-----------	--------	-----------

<b>Mitigations (i.e. processes in place, controls in place)</b>	<b>Gaps</b>	<b>Outcomes/Outputs (i.e. proof points that the risk has been mitigated)</b>	<b>Trajectory to mitigate and achieve target risk rating</b>
<ul style="list-style-type: none"> <li>- People Plan and accompanying action plan - inclusive culture theme</li> <li>- EDS2 assessment - inclusive leadership</li> <li>- WRES and WDES action plans</li> <li>- Staff network groups</li> <li>- Reciprocal mentoring programme</li> <li>- Development of new Inclusion and Health Inequalities Strategy</li> <li>- New values and common purpose embedded through HR processes</li> <li>- Leadership Qualities Framework and Development Programme</li> <li>- Learning &amp; Organisational Development workplan</li> <li>- Organisational Design Oversight Group with HR attendance and leadership</li> </ul>	<ul style="list-style-type: none"> <li>- Trust/divisional Inclusion dashboards to include workforce KPIs e.g. numbers of discrimination ER cases and BME staff levels</li> <li>- Improved data capture to assist monitoring</li> </ul>	<ul style="list-style-type: none"> <li>- EDS2 assessment</li> <li>- Staff Survey results - improvement in inclusion questions in comparison to 2020</li> <li>- Delivery of the WRES and WDES action plans e.g. increase in representation in workforce</li> </ul>	<ul style="list-style-type: none"> <li>- By February/March 2022, national staff survey results</li> <li>- By March 2022 – increase in representation of protected groups in workforce e.g. BAME, Disabled</li> </ul>

<ul style="list-style-type: none"><li>- Rising Through the Ranks event</li><li>- Health Inequalities Task &amp; Finish Group</li><li>- Revised AIS format to improve data collection implemented on system1</li><li>- Exec Team meeting with Director of Public Health to discuss approach to focus on Health Inequalities</li></ul>			
--	--	--	--

<b>ID10 High staff turnover creating gaps in service provision</b>			Education & Workforce Committee oversight
Link to Work Plan 2021-22 - Develop Capability and Talent			
Consequence;			
<ul style="list-style-type: none"> <li>• Poor staff retention</li> <li>• Inability to attract and recruit appropriately skilled staff</li> <li>• Low staff morale</li> </ul>			
<b>Current risk rating (LxC)</b>		<b>Risk appetite</b>	<b>Target risk rating (LxC)</b>
9 (3 x 3)		Averse	6 (2 x 3)
<b>Mitigations (i.e. processes in place, controls in place)</b>	<b>Gaps</b>	<b>Outcomes/Outputs (i.e. proof points that the risk has been mitigated)</b>	<b>Trajectory to mitigate and achieve target risk rating</b>
<ul style="list-style-type: none"> <li>- People Plan</li> <li>- L&amp;OD plan</li> <li>- Recruitment action plans in areas with identified recruitment challenges</li> <li>- Apprenticeship target</li> <li>- Volunteer opportunities</li> <li>- Organisational Design Oversight Group</li> <li>- Quarterly Pulse survey includes Staff FFT questions - Recommendation as a Place to Work</li> <li>- Pulse survey focus on Trust as a place to work and discussion at Get Together</li> <li>- Plan for weekly pay for bank staff to address challenges of filling shifts</li> <li>- Programme of support and challenge to improve teams' use of</li> </ul>	<ul style="list-style-type: none"> <li>- Place-based workforce plan to address key workforce priorities</li> </ul>	<ul style="list-style-type: none"> <li>- Development of a place-based workforce plan identifying and addressing key workforce challenges</li> <li>- Reduction in staff turnover rates</li> <li>- Increase in staff satisfaction response in national NHS staff survey</li> </ul>	<ul style="list-style-type: none"> <li>- By February/March 2022 place-based workforce plan in place</li> </ul>

<p>rostering to improve efficiency and staff experience</p> <ul style="list-style-type: none"> <li>- International recruitment programme</li> <li>- Improved feedback and intelligence from exit interviews and other relevant data</li> </ul>			
<p>Organisational risk</p> <ul style="list-style-type: none"> <li>- <b>ID2689</b> - Staff recruitment in CICC (RR16)</li> <li>- Reviewed via CICC programme board and weekly ELT and Education &amp; Workforce Committee</li> <li>- No specific impact on strategic risk</li> </ul>			
<p>Organisational risk</p> <ul style="list-style-type: none"> <li>- <b>ID2690</b> - GPOOHs staffing capacity (RR16)</li> <li>- Reviewed via weekly ELT and Education &amp; Workforce Committee</li> <li>- No specific impact on strategic risk</li> </ul>			