

Board Assurance Framework (BAF) - February 2022

Meeting	Board of Directors		
Date	09/02/2022	Agenda item	11
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 <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>	
Purpose			
<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 January and February 2022.</p>			
Executive Summary			
<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 December 2021 and during January and February 2022 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>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 the following;</p> <ul style="list-style-type: none"> - Risk mitigations (based on processes and structures in place across the Trust) - Outcomes and trajectories to determine risk reduction - Target risk ratings - Gaps in mitigations - Cumulative impact of organisational risks as reported through Risk Reports - Any new or emerging strategic risks to escalate to the Board of Directors <p>The BAF includes 9 strategic risks; no risk is currently scoring above RR12, and no risk has achieved its target risk rating.</p> <p>During January and February 2022, the committees have considered the current risk rating and the controls and mitigations in place and any existing or emerging gaps in the context of the Level 4 incident declared across the NHS. The Finance & Performance Committee reviewed relevant risks with no direct escalation to the Board of Directors this month.</p> <p>At the meeting of the Quality & Safety Committee in January 2022, the members reviewed the risk rating of ID01- <i>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</i> and agreed a proposed increase from RR6 to RR9 (increase in likelihood) as a result of the impact of the NHS Level 4 incident on the restoration of services.</p> <p>The Education & Workforce Committee has considered the strategic workforce risks following the recommendation supported at the last Board of Directors meeting and subsequent discussions and review at the informal board session in January 2022. At its meeting on 2 February 2022, the committee agreed three key strategic workforce risks to track through the Board Assurance Framework for Board approval.</p>			

These are:

Risk ID and description	Current risk rating	Target risk rating	Risk appetite
ID07 Our people's health, wellbeing and morale are significantly affected by the long-term impact of the pandemic	RR12 (3 x 4)	RR8 (2 x 4)	Cautious
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	RR9 (3 x 3)	RR3 (1 x 3)	Averse
ID10 The optimum workforce level is not achieved resulting in gaps in service provision	RR9 (3 x 3) RR12 (4 x 3)	RR6 (2 x 3)	Averse

The previous workforce risk ID08 - *Lack of collaboration across the ICP (health & social care providers) to implement an effective and complimentary workforce plan resulting in modern, agile, integrated working practices not being established* has been suspended from the BAF 2021-22 and will be reconsidered for the new financial year as the ICS establishes. The impact of this risk has been identified as a gap (highlighted in red in appendix 2) in relation to ID10 which relates to achieving optimum workforce levels and will be monitored as such.

The members of the Education & Workforce Committee also reviewed the risk rating of ID10 and given the current response to the Level 4 incident and the residual impact on staffing and service delivery, a proposed increase in risk rating from RR9 to RR12 (increase in likelihood) was agreed.

The Board Assurance Framework reflects the priority areas of focus in each of the committees of the Board and is driving discussion and appropriate escalation to the Board of Directors.

Following the Phase 1 review of the BAF by MIAA, there some enhancements and recommendations to be considered to the structure of the BAF. These actions have not yet been concluded due to the Level 4 incident and the priority on operational delivery. The members of the Board are asked support further discussion at a forthcoming informal board session.

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.

<input type="checkbox"/> Our Populations - outstanding, safe care every time	<input type="checkbox"/> Our People - enhancing staff development	<input type="checkbox"/> Our Performance - increase efficiency of all services
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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
 To approve the proposed increase in risk rating for ID01
 To approve the revised strategic workforce risks and the increased risk rating for ID10

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"> - was assured of the review and focus on principal risks at the committees of the Board - received the summary of risk themes for 2021-22 as determined by the committees - was assured of the process to finalise these through the committees and the Informal Board session in July 2021
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).
Board of Directors	06/10/21	The Board of Directors received the update provided in relation to the strategic risks managed through the BAF and noted the current risk rating, mitigations in place and identified gaps. The Board of Directors was assured of the oversight and management of strategic risks through the sub committees of the Board.
Informal Board	03/11/21	An interim review of the Board Assurance Framework was completed with the Director of Corporate Affairs noting the findings from the phase 1 internal audit Assurance Framework Review.
Board of Directors	08/12/21	The Board of Directors received the update provided in relation to the strategic risks managed through the BAF and noted the current risk rating, mitigations in place and identified gaps. The Board of Directors approved the revised risk description for ID10 and

		supported the recommendation from the Education & Workforce Committee to review the workforce strategic risks through an informal board session.
Informal Board	05/01/22	The informal board session reviewed and agreed revisions to the strategic workforce risks managed through the BAF to be formally reported to EWC in February 2022.

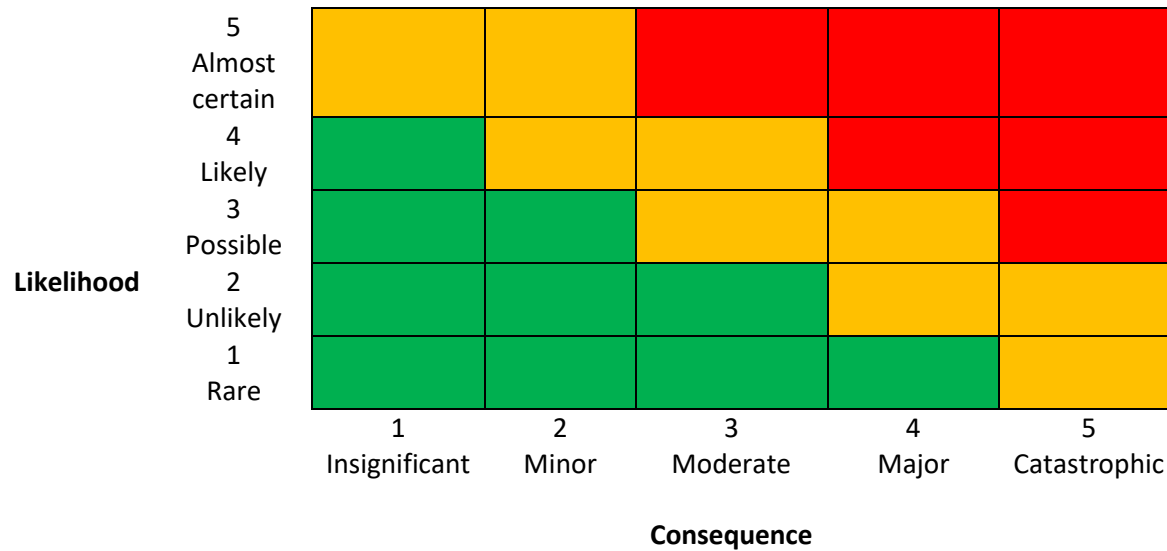
Appendix 1 - Principal risks for 2021-22

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"> Poor experience of care resulting in deterioration and poor health and care outcomes 	Safe Care & Support every time	2 x 3 (6) 3 x 3 (9)	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"> Inequity of access and experience and outcomes for all groups in our community resulting in exacerbation of health inequalities 	Engaged Populations Safe Care & Support every time	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"> Harm to people Reputational damage and lack of public confidence 	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"> Poor service user access, experience and outcomes Non-compliance with Duty to Collaborate Negative reputational impact across ICPs and in wider ICS 	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"> Poor contract performance - financial implications (Trust and system) 				
ID05 Future system funding regime negatively impacts on system and Trust financial position and sustainability	Finance & Performance Committee	<ul style="list-style-type: none"> Financial sustainability impact Negative reputational impact 	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"> Cyber attack Negative reputational impact IG breaches - loss of data Regulatory action Financial 	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.	Education & Workforce Committee	<ul style="list-style-type: none"> 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 	Wellbeing & Recovery	3 x 4 (12)	2 x 4 (8)	Cautious
<p><i>Risk suspended following EWC on 2.2.22 and a review of strategic workforce risks. Focus of ID08 identified as a gap to ID10.</i></p> <p>ID08 Lack of collaboration across the ICP (<i>health & social care providers</i>) to implement an effective and complimentary workforce plan resulting in modern, agile, integrated working practices not being established</p>	Education & Workforce Committee	<ul style="list-style-type: none"> 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 Poor staff retention 	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"> Inability to attract new workforce 				
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"> Poor outcomes for the people working in the Trust Poor working environment for staff Failure to meet the requirements of the Equality Act 2010 	Culture	3 x 3 (9)	1 x 3 (3)	Averse
ID10 The optimum workforce level is not achieved resulting in gaps in service provision	Education & Workforce Committee	<ul style="list-style-type: none"> Poor staff retention Inability to attract and recruit appropriately skilled staff Low staff morale 	Develop Capability and Talent	3 x 3 (9) 4 x 3 (12)	2 x 3 (6)	Averse
<p><i>Risk suspended as Place-Based Partnership governance arrangements are confirmed to determine the specific scope of the risk for the Trust.</i></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"> Poor quality or slow decisions are made Poor reputation and losing appropriate influence in the system 	All	(2x4) 8		Open

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



Appendix 2 - Board Assurance Framework

As of January 2022, the Trust established streamlined governance arrangements in response to the Level 4 incident declared across the NHS. Whilst committees remain in place, other groups in the governance structure have been temporarily paused with a command structure established. The Silver Command is meeting three times per week with an escalation as required to Gold Command, but weekly briefings to the Executive Leadership Team. This position should therefore be considered when reviewing the strategic workforce risks.

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 Integrated Performance Board is the highest operational group in the Trust and maintains oversight and scrutiny of performance to provide assurance to 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
- All operational risks associated with workforce are also monitored through the Programme Management Group before the Integrated Performance Board
- The committee receives an update on trust-wide policies related to the duties of the committee (via SAFE) and on the implementation of recommendations from internal audit reviews (via TIG - Audit Tracker Tool)
- 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 receives the Terms of Reference for the groups reporting to it
- 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

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 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			
Current risk rating (LxC)	Risk appetite	Target risk rating (LxC)	
3 x 3 (9)	Averse	1 x 3 (3)	
Mitigations (i.e. processes in place, controls in place)	Gaps	Outcomes/Outputs (i.e. proof points that the risk has been mitigated)	Trajectory to mitigate and achieve target risk rating
<ul style="list-style-type: none"> - All services completed reset and restore assessments, documenting evidence of completion in SAFE - Tracking of waiting lists and any associated safety risks through Operational Performance Groups at local level and Operational Oversight Group (OOG) - All incidents of deterioration are reported via the Datix system and an appropriate review is undertaken - All complaints associated with waiting 	<ul style="list-style-type: none"> - Impact of new Level 4 incident declared on service delivery and restoration of services (i.e., prioritisation of community services) - Delays in implementation of organisational design Availability of: <ul style="list-style-type: none"> - quality outcomes framework to measure impact of safe restoration of all community services (<i>mitigation through</i> 	<ul style="list-style-type: none"> - Testing and auditing of reset and restore assessments reporting to SAFE - Effective waiting list management - Positive patient and service user feedback - Reduction in complaints and concerns associated with access to services/waiting lists - Organisational design implementation demonstrably responding to staff concerns and 	<ul style="list-style-type: none"> - Assurance provided to SAFE following testing of reset and restore assessments by December 2021 - pending - Tracking of waiting lists against trajectory at IPB by January 2022 – pending due to streamlined governance arrangements - End of year review of patient experience and complaints associated with the restoration of services by April 2022

<p>lists and restored services are tracked through Clinical Risk Management Group to identify any learning</p> <ul style="list-style-type: none"> - Waiting list management oversight at OOG and IPB - Patient experience volunteer recruitment to support waiting list management - NHS funding support - Streamlined governance arrangements in response to Level 4 incident maintain quality governance framework to ensure safe delivery of services - Prioritisation of service delivery across Cheshire & Merseyside to respond to current population needs (i.e., admission avoidance, discharge, urgent care) 	<p><i>development of IPR)</i></p> <ul style="list-style-type: none"> - health inequalities data and evaluation aligned to service provision in the context of COVID-19 (link to ID02) 	<p>suggestions</p>	
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ID02 Inability to restore NHS services inclusively with the aim of protecting the most vulnerable people in our communities		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			
Current risk rating (LxC)		Risk appetite	Target risk rating (LxC)
3 x 4 (12)		Averse	2 x 4 (8)
Mitigations (i.e. processes in place, controls in place)	Gaps	Outcomes/Outputs (i.e. proof points that the risk has been mitigated)	Trajectory to mitigate and achieve target risk rating
<ul style="list-style-type: none"> - 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 - Restoration of services is aligned to appropriate capacity to areas of the Borough that have the most actual and potential need - Effective engagement between public health colleagues and senior Trust staff leading to a review of priorities for the Health Inequalities and Inclusion strategy - Restoration of services and refresh of health inequalities data through TIG 	<ul style="list-style-type: none"> - Impact of new Level 4 incident declared on the restoration of services (i.e., prioritisation of community services) - Delays in implementation of organisational design - Availability of health inequalities data aligned to service provision and as part of personalised care assessment processes - Lack of staff confidence in accessing and interpreting health inequalities data - Review of QIA and EIA processes and updated SOP for trust-wide adoption - Re-establish QIA/EIA approval process within the reset of governance arrangements - Review of health inequalities 	<ul style="list-style-type: none"> - Measures of equity of access demonstrated through patient/service user data and experience - Staff confident in delivering culturally sensitive care - All reasonable adjustments are made to facilitate most effective care delivery - Reset and restore QIA and EIA assessments completed for all services with evidence documented on SAFE - Assurance from QIA/EIA panel to QSC and EWC 	<ul style="list-style-type: none"> - Embedding of health inequalities dashboard across all services and testing through performance framework - Q4 2021-22 - pending - Health Inequalities and Inclusion Strategies by April 2022 - QIA and EIA processes, updated SOP and approval processes - Q3 2021-22 - pending following review at SAFE Assurance Group with some amends to be made to ensure it is fit for purpose.

<p>dashboard (in development) evidences the delivery of culturally sensitive care</p> <ul style="list-style-type: none">- Active engagement through the Partnership Forum with multiple groups/agencies across Wirral (e.g., Wirral Change, Mencap, LGBT, veterans) supporting close links with our communities and positively influencing participation and involvement- Waiting list management takes account of health inequalities and vulnerability- Organisational design is based on addressing health inequalities by deploying capacity appropriately across the localities- Streamlined governance arrangements in response to Level 4 incident maintain quality governance framework to ensure safe delivery of services- Prioritisation of service delivery across Cheshire & Merseyside to respond to current population needs (i.e., admission avoidance, discharge, urgent care)	<p>and inclusion training to support delivery of culturally sensitive care</p>		
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ID03 Non-compliance with statutory, regulatory and professional standards			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"> - Harm to people - Reputational damage and lack of public confidence 			
Current risk rating (LxC)	Risk appetite	Target risk rating (LxC)	
2 x 4 (8)	Averse	1 x 4 (4)	
Mitigations (i.e. processes in place, controls in place)	Gaps	Outcomes/Outputs (i.e. proof points that the risk has been mitigated)	Trajectory to mitigate and achieve target risk rating
<ul style="list-style-type: none"> - 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 - Bi-weekly position and assurance report to ELT - Risk policy updated with enhanced risk management processes - Targeted mitigation in place with quality, governance and dedicated operational support for areas that require strengthening - External well led review commissioned - Systems of assurance adapted to on-going operational design - Ensure full delivery of quality strategy 	<ul style="list-style-type: none"> - External evaluation has not yet been undertaken - External validation of well-led through developmental review (in progress) 	<ul style="list-style-type: none"> - Full delivery of quality strategy priorities to enhance regulatory compliance - Staff awareness and confidence in evidencing all regulatory requirements - tested through service reviews - CQC reinspection with overall Good or Outstanding rating - Governance reset effectively embedded from Board to local level, from September 2021 - Full implementation of action plan from well-led review 	<ul style="list-style-type: none"> - Revised Risk Policy approved and published - External well-led review completing in Q4 2021-22 - pending due to impact of Level 4 incident - Action plan implementation by March 2022 - By March 2022 quality strategy priorities to be reported in Quality Report - Trust-wide and local governance reset from September 2021 and by end of Q3 2021-22 – completed but testing required and impact of Level 4 incident and streamlining of governance to be considered

<p>priorities to enhance regulatory compliance</p> <ul style="list-style-type: none">- On-going engagement with CQC in response to Level 4 incident to understand regulatory process activity			
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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 Integrated Performance Board is the highest operational group in the Trust and maintains oversight and scrutiny of performance to provide assurance to the committee
- 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
- All operational risks associated with finance & performance are also monitored through the Programme Management Group before the Integrated Performance Board
- The committee receives an update on trust-wide policies related to the duties of the committee (via SAFE) and on the implementation of recommendations from internal audit reviews (via TIG - Audit Tracker Tool)
- The committee completes a self-assessment against its work in respect of the agreed Terms of Reference (following emergency governance arrangements and the re-establishment of the committee, this self-assessment will be completed in January 2022)

Financial and Operational Governance

- The governance structure in place provides clarity on the groups reporting to the committee
- The committee receives the Terms of Reference for the groups reporting to it
- 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 (via TIG)
- 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 (via TIG)
- The members of the committee have access to the Trust Information Gateway to monitor performance

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))	Finance & Performance Committee oversight
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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)

Current risk rating (LxC)	Risk appetite	Target risk rating (LxC)
6 (3 x 2)	Cautious	2 (1 x 2)

Mitigations (i.e. processes in place, controls in place)	Gaps	Outcomes/Outputs (i.e. proof points that the risk has been mitigated)	Trajectory to mitigate and achieve target risk rating
<ul style="list-style-type: none"> - Healthy Wirral Partnership Board with Chair, CEO and CFO attendance linking to wider system governance - Wirral ICP Delivery Group (CFO leadership); finalising governance infrastructure for the new ICP - progressing well with shadow arrangements forming for Q1, 2022-23 - Joint CEO sponsor of the ICP Delivery Group with WUTH CEO - C&M Provider CEOs - Task and finish group looking at system pressures, and the formation of Provider Collaboratives across C&M - Memorandum of Understanding for the C&M Mental Health, Learning Disability and Community Provider Collaborative (formerly C&M Out of Hospital CEOs) 	<ul style="list-style-type: none"> - Delay in national legislation impacting on date for formal establishment of ICS - Confirmation of place arrangements and Trust role outside of Wirral in-Cheshire East - Recommendations from internal audit stakeholder engagement review 	<ul style="list-style-type: none"> - Establishment of ICP (place) governance across the Wirral system (in shadow form from Q1, 2022-23) - Clarity on ICP governance arrangements in Cheshire East, St Helens and Knowsley to determine Trust position - emerging with Trust representation at key forums 	<ul style="list-style-type: none"> - Governance workshop across the system in <u>October 2021</u> (complete) - Internal Audit Plan - stakeholder engagement review <u>October - December 2021</u> - delayed - Trust 5-year strategy - <u>April 2022</u>

<p>approved by Boards of member organisations</p> <ul style="list-style-type: none">- 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- Alignment of Service Directors to localities and PCNs- 5-year strategy development plan including invitation to partners and stakeholders to get involved and shape the future of the Trust - in final stages of development- Trust attendance at Health & Wellbeing Boards in St Helens, Cheshire East and Knowsley- Executive attendance agreed at Knowsley's Shadow Integrated Partnership Board and St Helen's People Board.			
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ID05 Future system funding regime negatively impacts on system and Trust financial position and sustainability			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"> Financial sustainability impact Negative reputational impact 			
Current risk rating (LxC)	Risk appetite	Target risk rating (LxC)	
9 (3 x 3)	Cautious	6 (2 x 3)	
Mitigations (i.e., processes in place, controls in place)	Gaps	Outcomes/Outputs (i.e., proof points that the risk has been mitigated)	Trajectory to mitigate and achieve target risk rating
<ul style="list-style-type: none"> CFO local, regional and national forums Sound financial controls for H1 achieved position H2 funding position received, and guidance implemented locally and at system-level Board approval for break-even position for H2 (November 2021) Oversight of CIP for 2021-22 through Chief Operating Officer and ELT - all Deputy Directors and Heads of Service taking collective responsibility for working together to develop achievable plans New formal CIP group established by Chief Operating Officer and co-ordinated by Head of PMO 	<ul style="list-style-type: none"> Clarity on new financial regime and confirmation of funding for 22-23 Confirmed CIP plans for 2022-23 Slippage on capital programme 	<ul style="list-style-type: none"> Delivery of H2 (21-22) break-even financial plan Delivery of required CIP for 21-22 Unqualified audit opinion - achieved for 20-21 Agreement of financial plan for 22-23 locally and at system-level 	<ul style="list-style-type: none"> Current and projected position to be reported regularly to FPC up to year-end (December 2021, February 2022) Confirmation of H2 funding due in <u>September 2021</u> - received 30 September 2021 H2 financial plan approved by Board of Directors and submitted to ICS and NHSE/I - <i>complete</i> From November 2021 COO established working group with Deputy Directors and Heads of Service for collective working on unidentified gap for 2021-22 and plan for 22-23 - report to FPC up to year-end and beyond (December 2021, February 2022) - group will be re-established from end of January 2022 following pause due to Level 4 incident

<ul style="list-style-type: none">- On target to achieve CIP 21-22 (72% non-recurrent)- Agreement of principles for CIP 22-23 and ELT development and scrutiny of plans			
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ID06 IM&T infrastructure fails to maintain effective cyber defences affecting Trust security and reputation	Finance & Performance Committee oversight
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Link to Work Plan 2021-22 - Ensure core infrastructure is performant, resilient and complies with relevant cyber standards

Consequence;

- Cyber attack
- Negative reputational impact
- IG breaches - loss of data
- Regulatory action
- Financial

Current risk rating (LxC)	Risk appetite	Target risk rating (LxC)
9 (3 x 3)	Averse	3 (1 x 3)

Mitigations (i.e. processes in place, controls in place)	Gaps	Outcomes/Outputs (i.e. proof points that the risk has been mitigated)	Trajectory to mitigate and achieve target risk rating
<ul style="list-style-type: none"> - DSPT 20-21 submission completed - DSPT assertion 7.3.6 workplan agreed and delivered ahead of plan - DSPT 21-22 submission action plan in place and tracking through IGDS and FPC - MiAA testing of DSPT 21-22 assertions - ToR agreed - Investment in IM&T infrastructure and delivery of upgrade programmes monitored through PMG - Oversight at IGDS - IGDS reporting to FPC 	<ul style="list-style-type: none"> - Unsupported Windows Operating software with a remediation plan in place - Full test of IT Business Continuity plans - Independent on-site assessment of Data Security & Protection Toolkit (DSPT) to secure Cyber Essentials Plus 	<ul style="list-style-type: none"> - Implementation of solution for immutable backups by end of December 2021 - completed - Unsupported software remediation following successful delivery of upgrade programmes. - IT Continuity test plans tested and documented. - Substantial assurance from onsite assessment of DSPT to secure Cyber Essentials. 	<ul style="list-style-type: none"> - DSPT assertion 7.3.6 improvement plan to be delivered by <u>31 December 2021</u> (completed). - Unsupported Operating System by March 2022 - Business continuity testing - <u>Q4 2021-22</u> - DSPT on-site assessment - <u>March 2022 (ToRs agreed)</u>

<ul style="list-style-type: none"> - IM&T network infrastructure plan to improve resilience across the Trust - Robust security patching in place across the estate - Strengthened skill and capability of IM&T service (new Head of IT and IT Cyber Security Assurance role). - IT Security group established to monitor operational improvement plan. - Annual penetration tests - Infrastructure monitoring in place - Vendor support of hardware and software - Standardisation of security platforms (Anti-virus / Advanced TP). - Improved external collaboration with C&M Cyber security group - Increased cyber awareness through regular training and communication - Existing business continuity plans in place across the Trust - Emergency Planning Resilience and Response (EPRR) self-assessment completed, and substantial assurance received (submitted in accordance with national deadline). - Refreshed IT security policies - IG23 General Security Policy 			
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<ul style="list-style-type: none">- Data Security and Protection Training Needs Analysis completed- Regular System Audits - Legitimacy and Same Surname Access BEST, SOEL Health, Excelicare, SystmOne, Liquid Logic reported to IGDS			
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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 Integrated Performance Board is the highest operational group in the Trust and maintains oversight and scrutiny of performance to provide assurance to the committee
- 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
- All operational risks associated with workforce are also monitored through the Programme Management Group before the Integrated Performance Board
- The committee receives an update on trust-wide policies related to the duties of the committee (via SAFE) and on the implementation of recommendations from internal audit reviews (via TIG - Audit Tracker Tool)
- The Chair of the committee is the NED health and wellbeing lead for the Trust
- The committee completes a self-assessment against its work in respect of the agreed Terms of Reference (following emergency governance arrangements and the re-establishment of the committee, this self-assessment will be completed in January 2022)

Workforce Governance

- The governance structure in place provides clarity on the groups reporting to the committee
- The committee receives the Terms of Reference for the groups reporting to it
- 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

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 oversight
Link to Work Plan 2021-22 - Wellbeing & Recovery			
Consequence;			
<ul style="list-style-type: none"> • 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 			
Current risk rating (LxC)		Risk appetite	Target risk rating (LxC)
12 (3 x 4)		Cautious	8 (2 x 4)
Mitigations (i.e. processes in place, controls in place)	Gaps	Outcomes/Outputs (i.e. proof points that the risk has been mitigated)	Trajectory to mitigate and achieve target risk rating
<ul style="list-style-type: none"> - Wellbeing pledges signed off at Board of Directors in December 2021 - People Plan approved - Tracking of Staff Survey Team Intentions in SAFE on-line system - Workforce metrics agreed and tracked through TIG, Integrated Performance Board and reported to committee - Monthly pulse survey and Get Together - January Sli.do question on health and wellbeing actions (Pulse survey resumed in December 2021) - Health and wellbeing support available for all staff - Team Intentions (from national staff survey) developed through service Plans on a Page 	<ul style="list-style-type: none"> - Increase in pulse survey response rate to provide greater depth of representation (December = 203 responses) - Availability of qualitative data on the quality of wellbeing conversations - pending - Impact of Level 4 incident and subsequent reassignment of staff - Knowsley 0-25 transfer from 1 February 2022 and understanding of staff wellbeing and actions to be taken 	<ul style="list-style-type: none"> - Improvement on pulse survey response on wellbeing and motivation - Increase in pulse survey responses - Annual national staff survey - improvement on health & wellbeing question responses - Reduction in % staff absence due to stress & anxiety - Achieving key milestones on Organisational Design - Agreed actions from Sickness Absence Task & Finish group 	<ul style="list-style-type: none"> - Implementation of People Plan actions - regular reports to EWC and by March 2022 - By February/March 2022, national staff survey results and tracking of responses on health and wellbeing - Evidence (qualitative and quantitative) to support that wellbeing conversations are taking place - February 2022 (action from EWC) - pending due to impact of Level 4 - Quarterly monitoring of progress to achieve NW well-being pledges at EWC - e.g., February, June, October - pending due to impact of Level 4 - Implementation of actions from Sickness Absence Task & Finish group - Q4 2021/22 - pending due to impact of Level 4

<ul style="list-style-type: none">- Appraisal completion rate 87.3%- Wellbeing Champions to support wellbeing pledges- Wellbeing Guardian - NED lead appointed- Weekly pay option implemented for bank staff (Wagestream)- Staff Zone resources to support health and wellbeing			
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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 oversight	
Link to Work Plan 2021-22 - Culture			
Consequence;			
<ul style="list-style-type: none"> Poor outcomes for the people working in the Trust Poor working environment for staff Failure to meet the requirements of the Equality Act 2010 			
Current risk rating (LxC)		Risk appetite	Target risk rating (LxC)
9 (3 x 3)		Averse	3 (1 x 3)
Mitigations (i.e. processes in place, controls in place)	Gaps	Outcomes/Outputs (i.e. proof points that the risk has been mitigated)	Trajectory to mitigate and achieve target risk rating
<ul style="list-style-type: none"> People Plan and accompanying action plan - inclusive culture theme EDS2 assessment - inclusive leadership WRES and WDES action plans Staff network groups with Exec sponsorship agreed Reciprocal mentoring programme Development of new Inclusion and Health Inequalities Strategy New values and common purpose embedded through HR processes Leadership Qualities Framework and Development Programme Learning & Organisational Development workplan 	<ul style="list-style-type: none"> Trust/divisional Inclusion dashboards to include workforce KPIs e.g., numbers of discrimination ER cases and minority ethnic staff levels (in development) Improved data capture to assist monitoring 	<ul style="list-style-type: none"> EDS2 assessment report and outcomes Staff Survey results - improvement in inclusion questions in comparison to 2020 Delivery of the WRES and WDES action plans e.g., increase in representation in workforce Inclusion dashboard to be embedded in local governance arrangements e.g., SAFE, Operational Performance Groups providing evidence of data capture and analysis 	<ul style="list-style-type: none"> By February/March 2022, national staff survey results By March 2022 - increase in representation of protected groups in workforce e.g. BAME, Disabled March 2022 informal board discussion on DRAFT Inclusion and Health Inequalities Strategy By April 2022 Inclusion and Health Inequalities Strategy Inclusion and Health Inequalities dashboard - Q1, 2022/23

<ul style="list-style-type: none">- Organisational Design Oversight Group with HR attendance and leadership- Rising Through the Ranks event- Health Inequalities Task & Finish Group- Revised AIS format to improve data collection implemented on system1- Exec Team meeting with Director of Public Health to discuss approach to focus on Health Inequalities- Partnership Forum with system partners and staff representatives			
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ID10 The optimum workforce level is not achieved resulting in gaps in service provision	Education & Workforce Committee oversight
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Link to Work Plan 2021-22 - Develop Capability and Talent

Consequence;

- Lack of availability of staff with the right skills
- Inability to attract and recruit appropriately skilled staff
- Low staff morale

Current risk rating (LxC)	Risk appetite	Target risk rating (LxC)
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12 (4 x 3)	Averse	6 (2 x 3)
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Mitigations (i.e. processes in place, controls in place)	Gaps	Outcomes/Outputs (i.e. proof points that the risk has been mitigated)	Trajectory to mitigate and achieve target risk rating
<ul style="list-style-type: none"> - Silver Command and Gold Command arrangements established in response to Level 4 incident and tracking of workforce/staffing risks - NHSE/I guidance for community services implemented with appropriate staff reassignments enacted - VCOD implementation in progress - International nurses recruited and in post from February 2022 (CICC initially) - People Plan - L&OD plan - Recruitment action plans in areas with identified recruitment challenges - Apprenticeship target - Organisational Design Oversight Group 	<ul style="list-style-type: none"> - Place-based workforce plan to address key workforce priorities - Speed of recruitment - Workforce supply chain is compromised - lack of availability of staff with the right skills - Changing age profile of workforce based on increase in retirement - Increasing sickness levels (long-term) - Implications of VCOD on staffing to be fully understood - Robust monitoring of safe staffing metrics - Lack of collaboration across the ICP (health & social care providers) to implement an effective and complimentary workforce plan resulting in modern, agile, integrated working practices not being established 	<ul style="list-style-type: none"> - Development of a place-based workforce plan identifying and addressing key workforce challenges - Reduction in staff turnover rates and sickness absence levels - Increase in staff satisfaction response in national NHS staff survey - Increased availability of bank staff due to weekly pay option - Reduction in organisational risks related to workforce and staffing issues 	<ul style="list-style-type: none"> - Evidence of Safe Staffing metrics through SAFE Assurance Group - Q1, 22/23

<ul style="list-style-type: none"> - Pulse survey focus on Trust as a place to work and discussion at Get Together - Weekly pay for bank staff to address challenges of filling shifts - Programme of support and challenge to improve teams' use of rostering to improve efficiency and staff experience - Improved feedback and intelligence from exit interviews and other relevant data - Turnover rates benchmark well against system and community trusts 			
<p>Organisational risk</p> <ul style="list-style-type: none"> - ID2733 - Delayed recruitment in CICC and increase in sickness absence (RR16) - Reviewed via CICC programme board and Silver Command (under streamlined governance arrangements) - Considered at EWC in the context of reviewing the risk rating. 			