



Appendix 1

Board Assurance Framework 2020-21

Top Risks - as at November 2020

Risk ID	Executive Owner	Principal risk	C X L		Rating
ID02	Chief Nurse	Inability to measure equity of access, experience and outcomes for all groups in our community	4	4	16
ID06	Chief Nurse	Failure to restore NHS services inclusively to protect the most vulnerable	4	4	16

The highest current risk ratings are ID02 and ID06 rated 16 and shown above.

Six risks currently have a risk rating of 12, these are ID01, ID03, ID05, ID07, ID11, ID12 and ID13

The remaining risk ratings are ID04 risk of 6, ID08 risk of 8, and ID09 and ID10 have a risk of 9.

Board Assurance Framework 2020-21

The Board Assurance Framework (BAF) focus only on the key strategic risks and for 2020-21 have also been purposefully aligned to the priorities of the NHS Phase 3 response to COVID-19. The current risk ratings are as at November 2020.

Summary Table

NOTE: Under emergency governance arrangements the weekly NED assurance meeting will maintain oversight of risks otherwise monitored through suspended committees.

Risk ID	Executive Owner	Principal Risk	Current Rating (CXL) Consequence x Likelihood = Rating			Target Rating (CXL) Consequence x Likelihood = Rating			Oversight via...
			C	L	Rating	C	L	Rating	
ID01	Chief Nurse	Delivery of sub-optimal quality services negatively affecting citizens health and wellbeing	4	3	12	4	1	4	Quality & Safety Committee
ID02	Chief Nurse	Inability to measure equity of access, experience and outcomes for all groups in our community	4	4	16	4	3	12	Quality & Safety Committee
ID03	Chief Nurse	Non-compliance with statutory, regulatory and professional standards	4	3	12	4	1	4	Quality & Safety Committee
ID04	Chief Nurse	Low uptake of staff flu and covid-19 (when it becomes available) vaccination programmes	3	2	6	3	1	3	Quality & Safety Committee
ID05	Chief Operating Officer	Failure to restore community services in line with the NHS Third Phase response including crisis responsiveness and discharge to assess processes	4	3	12	4	2	8	Quality & Safety Committee
ID06	Chief Nurse	Failure to restore NHS services inclusively to protect the most vulnerable	4	4	16	4	2	8	Quality & Safety Committee
ID07	Chief Nurse	Failure to deliver to the expansion of NHS111 First by agreed local timeframes	4	3	12	4	1	4	Quality & Safety Committee

ID08	Director of HR & OD	Inability to safely meet the requirements of the NHS Third Phase response due to lack of availability of staff and reduced staff motivation (due to on-going COVID-19 pressures)	4	2	8	4	2	8	NED assurance meeting
ID09	Director of HR & OD	Failure to fully implement the requirements of the NHS People Plan to include an effective system approach to workforce planning and transformation	3	3	9	3	2	6	NED assurance meeting
ID10	Director of HR & OD	Failure to effectively deliver on the Trust's Inclusion intentions (and those set out in the NHS Third Phase response) through lack of representation in the workforce of all communities we serve	3	3	9	3	2	6	NED assurance meeting
ID11	Chief Strategy Officer	Failure to establish and effectively manage the right partnerships to support the development of the regional Integrated Care System and Wirral's local Integrated Care Partnership	4	3	12	4	2	8	NED assurance meeting
ID12	Chief Finance Officer	A loss of funding and increased cost have a detrimental effect on the financial sustainability of the Trust post COVID-19	4	3	12	4	2	8	NED assurance meeting
ID13	Chief Strategy Officer	Failure to maintain effective cyber defences affects Trust reputation and causes IG breaches	4	3	12	4	2	8	Audit Committee NED assurance

Risk summary grid

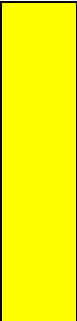
Risk score
as at
November
2020

Likelihood

5 Almost certain					
4 Likely			ID09, ID10	ID02, ID06	
3 Possible			ID09, ID10	ID01, ID03, ID05, ID07, ID11, ID12, ID13	
2 Unlikely			ID04	ID08	
1 Rare					
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
	Consequence				

Strategic Theme: Our Populations

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID01	Delivery of sub-optimal quality services negatively affecting citizens health and wellbeing	Chief Nurse	November 2020	January 2021	Quality & Safety Committee

	Consequence	Likelihood	Rating			Key Consequence
Initial	4	3	12	Risk Appetite - averse		Key consequences include: <ul style="list-style-type: none"> • Significant harm to patient/service user • Loss of public confidence in the service • Poor experience patient/service user • Difficulties with retention of staff • Requires improvement or inadequate CQC rating and associated reputational damage • Claims and complaints • Regulatory notices and contractual consequences
Current (Nov 2020)	4	3	12			
Target	4	1	4			

The current target outcomes are the delivery of the priorities set out in the NHS phase 3 response letter issued on 31 July 2020, together with minimising the levels of covid 19 infections in the communities we serve and in our workforce.

The mitigations in place to address this principle risk are shown on the next page.

Mitigations for ID01 Delivery of sub-optimal quality services negatively affecting citizens health and wellbeing

Structure	Process	External/Independent Assurance
<p>Trust covid emergency governance arrangements, including:</p> <ul style="list-style-type: none"> • New emergency governance arrangements in place • Board meetings continue • Q&SC meetings continue, plus SAFE steering group and clinical risk management group • Audit Committee meetings continue • ELT • Additional meetings including weekly NED assurance, weekly strategic command group and daily tactical command group 	<ul style="list-style-type: none"> • The Scheme of Delegation and Standing Financial Instructions remain in place • Emergency governance arrangements in place and these are reviewed and approved by the Board every few months. Focus on quality and the Q&SC has continued to meet, with a broad agenda 	<p>MIAA review gave substantial assurance on the Trust’s governance arrangements</p>
<p>QSC ToR and sub-group reporting arrangements:</p> <ul style="list-style-type: none"> • Safeguarding Strategic Group • IPC Group • IG Group • Professional Standards Group • Medicines Management Group • Learning from Deaths <p>Quality Forum with CoG and Healthwatch</p> <ul style="list-style-type: none"> • Patient engagement group ‘Your Voice’ 	<p>Governance and Assurance reports:</p> <ul style="list-style-type: none"> • CQC action plans progress • Monthly Quality and Patient Experience • Quality Strategy Assurance Report • Complaints and concerns • Clinical Audit • QI Programme • Learning from deaths • Claims <p>Shared learning strategy outputs, particularly from:</p> <ul style="list-style-type: none"> • Clinical audit • Complaints and concerns • Claims 	<p>Annual Quality Report and Trust Annual Report well received</p> <p>Positive ASC Peer Review Report</p> <p>Positive CQC system-wide Safeguarding Children Report</p> <p>Positive feedback received by service users</p>

Structure	Process	External/Independent Assurance
	<ul style="list-style-type: none"> • Learning from deaths • Patient experience 	
<ul style="list-style-type: none"> • CQC Review and Recommendations received • MUST DO and SHOULD DO action plans in place • CQC compliance officer appointed internally • Board oversight through QSC and EWC reporting 	<ul style="list-style-type: none"> • Regular engagement meetings with CQC lead and relationship manager • All MUST DO and SHOULD DO actions complete and verified <p><i>Gaps in assurance:</i></p> <ul style="list-style-type: none"> • <i>Further testing of CQC self-assessments at service and divisional level through SAFE</i> • <i>Well led-self-assessment by the Board completed and action planning underway</i> 	<ul style="list-style-type: none"> • Enhanced CQC quality monitoring discontinued • QRP review meetings with CCG, NHSI, CQC discontinued due to assurance • Strong Annual Audit Report Opinion • NHSI Single Oversight Report – Category 1
<p>Establish and run a SAFE Quality Process:</p> <ul style="list-style-type: none"> • SAFE system procured • SAFE Steering Group established • SAFE ToR and SOP approved • Reporting to OMB and through QSC to Board • Clinical SAFE Programme Manager appointed 	<p>Divisional report on modules:</p> <ul style="list-style-type: none"> • CQC action plans and foundation standards self-assessments • Procedural documentation • Inspection • Health and Care Audit • NICE guidance • NHSI Well Led <p>Tracking systems in place for each Minutes and exception reports to Q&SC All divisional self-assessments complete Clinical incident and risk analysis</p>	<p>MIAA Audit of SAFE Quality Process:</p> <ul style="list-style-type: none"> • Substantial Assurance
<p>Strengthened Divisional QPER arrangements</p>	<p>Quality review triangulation</p> <ul style="list-style-type: none"> • Monthly QPER review intelligence with TIG 	

Structure	Process	External/Independent Assurance
<ul style="list-style-type: none"> • Divisional reps from Quality Team 	<ul style="list-style-type: none"> • Self-review tools and improvement plan • Divisional Review panels 'deep dive' on self-assessments • Weekly Clinical Risk Management Group • Weekly quality and ops huddle <p>Monthly reports to SAFE</p>	
<p>EWC ToR and sub-group reporting agreed:</p> <ul style="list-style-type: none"> • Freedom to Speak up Guardian and Team • Inclusion Strategy approved by Board • Good compliance against mandatory and service specific training (inc. e-learning) <p>Representation on Queen's Nursing Institute Community nursing exec group</p> <p>Implementation of key professional/clinical leadership roles across operational services</p>	<p>Governance and Assurance Reports:</p> <ul style="list-style-type: none"> • Clinical supervision • Professional revalidation • Recruitment plan to reduce vacancy rates thus reducing requirements for temporary staff solutions 	

Structure	Process	External/Independent Assurance
<p>Quality governance processes in place including</p> <ul style="list-style-type: none"> • weekly clinical risk management group, clinical audit, monthly clinical incident and risk analysis, quality improvement programme, quality strategy delivery plan, patient experience intelligence • Process in place for reviewing and implementing NICE and other evidence based practice • Clinical policies and procedures based on best practice in place • Reflections and learning bulletin • CQC self-assessment by all clinical services • QIA & EIA processes in place 	<p>Monthly reporting to SAFE Quarterly complaints & concerns report including a summary of key issues Monthly Quality & Patient Experience Report to Q&SC including never events exception reporting</p> <p>Monthly reporting to SAFE</p> <p>Monthly review of clinical policies at Divisional SAFE</p> <p>Bi-monthly Quarterly</p>	<p>Friends and Family Test score and national benchmarking</p>
<p>Strategy and system work streams:</p> <ul style="list-style-type: none"> • Strategic focus on population health, early intervention and prevention • System covid governance - health and care cell and discharge cell 	<p><i>Gaps in assurance:</i></p> <ul style="list-style-type: none"> • <i>Engage with key stakeholders to review and refresh Quality Strategy and associated Quality improvement Operational Plan</i> <p>Representation on Clinical Senate and joint working on clinical leadership across system</p>	<p>Quarterly Quality Strategy Assurance Report to Q&SC</p>

Strategic Theme: Our Populations

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID02	Inability to measure equity of access, experience and outcomes for all groups in our community	Chief Nurse	November 2020	January 2021	Quality & Safety Committee

	Consequence	Likelihood	Rating
Initial	4	4	16
Current (Nov 2020)	4	4	16
Target	4	3	12

Risk Appetite - Cautious	
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Key Consequence
<p>Key consequences include:</p> <p>If the Trust does not respond to the needs of the population then service users, patients and commissioners may lose confidence in the service delivery and either choose to be referred outside of the Wirral (patients/service users) and decommission or tender out services (commissioners).</p> <p>Inability to provide high quality services may lead to adverse or sub-optimal outcomes of the population we serve.</p> <p>Reputational damage if for instance the FFT scores reduce.</p> <p>Potential for staff to leave if they feel that they are unable to provide a service that addresses health inequalities (linked to our values)</p>

The current target outcomes are the delivery of the priorities set out in the NHS phase 3 response letter issued on 31 July 2020, together with minimising the levels of covid 19 infections in the communities we serve and in our workforce.

The mitigations in place to address this principle risk are shown on the next page.

Mitigations for ID02 Inability to measure equity of access, experience and outcomes for all groups in our community

Structure	Process	External/Independent Assurance
<p>Trust covid emergency governance arrangements, including:</p> <ul style="list-style-type: none"> • New emergency governance arrangements in place • Board meetings continue • Q&SC meetings continue, plus SAFE steering group and clinical risk management group • Audit Committee meetings continue • ELT • Additional meetings including weekly NED assurance, weekly strategic command group and daily tactical command group 	<ul style="list-style-type: none"> • The Scheme of Delegation and Standing Financial Instructions remain in place • Emergency governance arrangements in place and these are reviewed and approved by the Board every few months. Focus on quality and the Q&SC has continued to meet, with a broad agenda • Operational risk register in place and monitored regularly by ELT, and risks >10 escalated to Committees • QIA and EIA processes embedded within partial sept down and reset of services • 	<p>MIAA review gave substantial assurance on the Trust’s governance arrangements</p>
<p>QSC ToR and sub-group reporting arrangements:</p> <ul style="list-style-type: none"> • Safeguarding Strategic Group • IPC Group • IG Group • Professional Standards Group • Medicines Management Group • Learning from Deaths <p>Quality Forum with CoG and Healthwatch</p> <p>Patient engagement group ‘Your Voice’</p>	<p>Governance and Assurance reports:</p> <ul style="list-style-type: none"> • CQC action plans progress • Monthly Quality and Patient Experience • Quality Strategy Assurance Report • Complaints and concerns • Clinical Audit • QI Programme • Learning from deaths • Claims <p>Shared learning strategy outputs, particularly from:</p> <ul style="list-style-type: none"> • Clinical audit • Complaints and concerns • Claims • Learning from deaths 	<p>Annual Quality Report and Trust Annual Report well received</p> <p>Positive ASC Peer Review Report</p> <p>Positive CQC system-wide Safeguarding Children Report</p> <p>Positive feedback received by service users</p>

Structure	Process	External/Independent Assurance
	<ul style="list-style-type: none"> • Patient experience 	
Business intelligence <ul style="list-style-type: none"> • Health inequalities group 	<ul style="list-style-type: none"> • Acuity & dependency modelling to support caseload management and workload capacity in community nursing • Population health data utilised to target provision e.g. covid virtual ward • Working with system partners to better understand inequalities that exist with borough • Working with PCN partners to target proactive support to vulnerable groups • • <i>Gaps in assurance:</i> • <i>Development of risk stratification tool</i> 	
Workforce <ul style="list-style-type: none"> • Integrated team development supporting flexible workforce • Introduction of Quality Leads with responsibility for safety, engagement and effectiveness 	<ul style="list-style-type: none"> • Less than 1% of staff (WTE) remain reassigned to services in line with business needs- covid and winter planning • NHS staff survey underway • Trust values development underway • <i>Gaps in assurance:</i> • <i>Management and Leadership</i> • <i>restructure with alignment to system reconfiguration</i> • <i>High levels of sickness absence occurring in some teams due to staff isolation and covid infections, action plans in place</i> 	
Quality & corporate governance processes in place including System covid governance structure <ul style="list-style-type: none"> • SCG and TCG 	<ul style="list-style-type: none"> • Development of an assurance module within the SAFE system, to monitor progress of services and teams as they prepared to restart and stepped down services. • All services continue to work within new working patterns that include elements of face to face and virtual 	<ul style="list-style-type: none"> • Patient Engagement Group ('Your Voice') expanded membership

Structure	Process	External/Independent Assurance
	<p>consultations.</p> <ul style="list-style-type: none"> • All QIA that support decisions on what areas of services can partially stop have been completed • As Covid rates remain high in north west, the trust has increased the pace of step-down procedures and the supporting QIA review. This is to respond to any potential mutual aid or new initiatives that could support the Wirral system and the C&M STP • Recommencement of continuing healthcare funding (nationally) not a trust service, but forms part of the restart plans for the area and supports those with significant primary health care needs • TCG daily review of operational delivery, pressures and development plans including <ul style="list-style-type: none"> • Maintenance, expansion or reduction of services • Prioritisation of patients based on needs, in line with national guidance • Review of waiting lists and prioritisation of patients based on needs • Developing face to face clinics for shielding patients in line with guidance • Admissions avoidance initiatives including integrated community nursing pathways, covid virtual ward, enhanced infection prevention support to care homes, NHS 11, discharge cell, supporting emergency beds, falls prevention • Trust winter plans fully developed • Trust developing an intermediate care bedded unit at the Clatterbridge Cancer Centre site <p><i>Gaps in assurance:</i></p>	

Structure	Process	External/Independent Assurance
	<ul style="list-style-type: none"> • <i>Further QIAs are planned for the review of waiting list management, due for completion in early December</i> • <i>Trust working with local partners to review plans in response the national winter plan for social care, and actions required to fill any identified gaps</i> • <i>Liaising with other services to identify if low priority patients can be signposted/referred to other areas for earlier intervention</i> 	
<p>Strategy and system work streams:</p> <ul style="list-style-type: none"> • WCHC strategy and strategy refresh describing neighbourhood care and aligning to system- wide strategic intention and NHS Long Term Plan in progress • Development of relationships with GP Feds, Primary Care Networks, VCF sector, CWP, WUTH, domiciliary care and residential providers via regular meetings and through the governance structure of Health Wirral • Independent Chair appointed to Healthy Wirral Partners Board with governance agreed and in place • System health inequalities group 	<ul style="list-style-type: none"> • System wide winter planning well developed • System health inequalities strategy under development <p><i>Gaps in assurance:</i></p> <ul style="list-style-type: none"> • <i>To develop an understanding of the cultural shift required across the system</i> • <i>3-year system reconfiguration plan not agreed</i> 	

Strategic Theme: Our Populations

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID03	Non-compliance with statutory, regulatory and professional standards	Chief Nurse	November 2020	January 2021	Quality & Safety Committee

	Consequence	Likelihood	Rating		Key Consequence
Initial	4	3	12	Risk Appetite - Averse	Key consequences include: <ul style="list-style-type: none"> • Significant harm to patient/service user • Loss of public confidence in the service • Poor experience and retention of staff • Requires improvement or inadequate CQC rating and associated reputational damage • Claims and complaints • Regulatory notices and contractual consequences
Current (Nov 2020)	4	3	12		
Target	4	1	4		

The current target outcomes are the delivery of the priorities set out in the NHS phase 3 response letter issued on 31 July 2020, together with minimising the levels of covid 19 infections in the communities we serve and in our workforce.

The mitigations in place to address this principle risk are shown on the next page.

Mitigations for ID03 Non-compliance with statutory, regulatory and professional standards

Structure	Process	External/Independent Assurance
<p>Trust covid emergency governance arrangements, including:</p> <ul style="list-style-type: none"> • New emergency governance arrangements in place • Board meetings continue • Q&SC meetings continue, plus SAFE steering group and clinical risk management group • Audit Committee meetings continue • ELT • Additional meetings including weekly NED assurance, weekly strategic command group and daily tactical command group 	<ul style="list-style-type: none"> • The Scheme of Delegation and Standing Financial Instructions remain in place • Emergency governance arrangements in place and these are reviewed and approved by the Board every few months. Focus on quality and the Q&SC has continued to meet, with a broad agenda • Operational risk register in place and monitored regularly by ELT, and risks >10 escalated to Committees 	<p>MIAA review gave substantial assurance on the Trust's governance arrangements</p>
<p>QSC ToR and sub-group reporting arrangements:</p> <ul style="list-style-type: none"> • Safeguarding Strategic Group • IPC Group • IG Group • Professional Standards Group • Medicines Management Group • Learning from Deaths <p>Quality Forum with CoG and Healthwatch</p> <ul style="list-style-type: none"> • Patient engagement group 'Your Voice' 	<p>Governance and Assurance reports:</p> <ul style="list-style-type: none"> • CQC action plans progress • Monthly Quality and Patient Experience • Quality Strategy Assurance Report • Complaints and concerns • Clinical Audit • QI Programme • Learning from deaths • Claims <p>Shared learning strategy outputs, particularly from:</p> <ul style="list-style-type: none"> • Clinical audit • Complaints and concerns • Claims • Learning from deaths 	<p>Annual Quality Report and Trust Annual Report well received</p> <p>Positive ASC Peer Review Report</p> <p>Positive CQC system-wide Safeguarding Children Report</p> <p>FFT scores high with strong benchmarking</p>

Structure	Process	External/Independent Assurance
	<ul style="list-style-type: none"> • Patient experience 	
<ul style="list-style-type: none"> • CQC Review and Recommendations received • MUST DO and SHOULD DO action plans in place • CQC compliance officer appointed internally • Board oversight through QSC and EWC reporting 	<ul style="list-style-type: none"> • Regular engagement meetings with CQC lead and relationship manager • All MUST DO and SHOULD DO actions complete and verified • CQC draft Strategy outlining future evaluation processes reviewed • Clear framework achieving minimum of Good in the next CQC review under development <p><i>Gaps in assurance:</i></p> <ul style="list-style-type: none"> • <i>Further testing of CQC self-assessments at service and divisional level through SAFE</i> • <i>Well led-self-assessment by the Board completed and action planning underway</i> • <i>Board development session to be delivered in relation to CQC future strategy</i> 	<ul style="list-style-type: none"> • Enhanced CQC quality monitoring discontinued • QRP review meetings with CCG, NHSI, CQC discontinued due to assurance • Strong Annual Audit Report Opinion • NHSI Single Oversight Report – Category 1
<p>Establish and run a SAFE Quality Process:</p> <ul style="list-style-type: none"> • SAFE system procured • SAFE Steering Group established • SAFE ToR and SOP approved • Reporting to OMB and through QSC to Board • Clinical SAFE Programme Manager appointed 	<p>Divisional report on modules:</p> <ul style="list-style-type: none"> • CQC action plans and foundation standards self-assessments • Procedural documentation • Inspection • Health and Care Audit • NICE guidance • NHSI Well Led <p>Tracking systems in place for each</p>	<p>MIAA Audit of SAFE Quality Process:</p> <ul style="list-style-type: none"> • Substantial Assurance

Structure	Process	External/Independent Assurance
	Minutes and exception reports to Q&SC All divisional self-assessments complete Clinical incident and risk analysis	
Strengthened Divisional QPER arrangements <ul style="list-style-type: none"> • Divisional reps from Quality Team 	Quality review triangulation <ul style="list-style-type: none"> • Monthly QPER review intelligence with TIG • Self-review tools and improvement plan • Divisional Review panels 'deep dive' on self-assessments • Weekly Clinical Risk Management Group • Weekly quality and ops huddle Monthly reports to SAFE	
EWC ToR and sub-group reporting agreed: <ul style="list-style-type: none"> • Freedom to Speak up Guardian and Team • Inclusion Strategy approved by Board • Good compliance against mandatory and service specific training (inc. e-learning) Representation on Queen's Nursing Institute Community nursing exec group Implementation of key professional/clinical leadership roles across operational services	Governance and Assurance Reports: <ul style="list-style-type: none"> • Clinical supervision • Professional revalidation • Recruitment plan to reduce vacancy rates thus reducing requirements for temporary staff solutions 	
Quality governance processes in place including <ul style="list-style-type: none"> • weekly clinical risk management group, clinical audit, monthly clinical incident and risk analysis, 	Monthly reporting to SAFE Quarterly complaints & concerns report including a summary of key issues	Friends and Family Test score and national benchmarking

Structure	Process	External/Independent Assurance
<p>quality improvement programme, quality strategy delivery plan, patient experience intelligence</p> <ul style="list-style-type: none"> • Process in place for reviewing and implementing NICE and other evidence based practice • Clinical policies and procedures based on best practice in place • Reflections and learning bulletin • CQC self-assessment by all clinical services • QIA & EIA processes in place 	<p>Monthly Quality & Patient Experience Report to Q&SC including never events exception reporting</p> <p>Monthly reporting to SAFE</p> <p>Monthly review of clinical policies at Divisional SAFE</p> <p>Bi-monthly Quarterly</p>	
<p>Strategy and system work streams:</p> <ul style="list-style-type: none"> • Strategic focus on population health, early intervention and prevention <p>system covid governance – health and care cell and discharge cell</p>	<p>Representation on Clinical Senate and joint working on clinical leadership across system</p> <p><i>Gaps in assurance:</i></p> <ul style="list-style-type: none"> • <i>Engage with key stakeholders to review and refresh Quality Strategy and associated Quality improvement Operational Plan</i> 	<p>Quarterly Quality Strategy Assurance Report to Q&SC</p>

Strategic Theme: Our People

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID04	Low uptake of staff flu and covid-19 (when it becomes available) vaccination programmes	Director of Nursing	November 2020	January 2021	Quality & Safety Committee

	Consequence	Likelihood	Rating
Initial	3	2	6
Current (Nov 2020)	3	2	6
Target	3	1	3

Risk Appetite - cautious	
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Key Consequence
<p>Key consequences include:</p> <ul style="list-style-type: none"> • reduction in infection control and prevention due to reduced uptake of flu vaccine or the covid-19 vaccine • Increased risk of flu or covid-19 spreading and staff /patient/service users developing flu or covid-19 • Increased risk of complications if staff, patient/service users develop covid 19 infection with flu • Loss of public confidence in the service • Poor experience and retention of staff • Potential shortages in staffing due to increased sickness absence due to flu and or covid 19 infections

The current target outcomes are the delivery of the priorities set out in the NHS phase 3 response letter issued on 31 July 2020, together with minimising the levels of covid 19 infections in the communities we serve and in our workforce.

The mitigations in place to address this principle risk are shown on the next page.

Mitigations for ID04 Low uptake of staff flu and covid-19 (when it becomes available) vaccination programmes

Structure	Process	External/Independent Assurance
<p>Trust covid emergency governance arrangements, including:</p> <ul style="list-style-type: none"> • New emergency governance arrangements in place • Board meetings continue • Q&SC meetings continue, plus SAFE steering group and clinical risk management group • Audit Committee meetings continue • ELT • Additional meetings including weekly NED assurance, weekly strategic command group and daily tactical command group 	<ul style="list-style-type: none"> • The Scheme of Delegation and Standing Financial Instructions remain in place • Emergency governance arrangements in place and these are reviewed and approved by the Board every few months. Focus on quality and the Q&SC has continued to meet, with a broad agenda 	<p>MIAA review gave substantial assurance on the Trust’s governance arrangements</p>
<ul style="list-style-type: none"> • Assurance to the Q&S Committee • IPC Group • Seasonal Flu Groups – WCHC and System • Board oversight of monitoring arrangements • NED assurance meetings under workforce sit rep agenda item 	<ul style="list-style-type: none"> • Infection Prevention and Control policies and procedures • Planning underway to prepare the Trust to deliver the covid-19 vaccine to staff • Contingency plans for Influenza and winter viruses • Annual plan for influenza outbreak • Set a target 95% • Monitoring arrangements in place to report actual performance against target • Raised on the risk register • Extensive promotion if the free flu vaccination to staff • Flu vaccination clinic offered at multiple sites • Staff can have their flu vaccination elsewhere and record this at the trust, so a full picture of staff vaccination is gathered 	<p>No recent external review of infection prevention</p>

Structure	Process	External/Independent Assurance
	<ul style="list-style-type: none">• Weekly prize drawer for staff to win £50 voucher• Regular monitoring and reporting of staff sickness absence and cause including flu	

Strategic Theme: Our Populations

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID05	Failure to restore community services in line with the NHS Third Phase response including crisis responsiveness and discharge to assess processes	Chief Operating Officer	November 2020	January 2021	Quality & Safety Committee

	Consequence	Likelihood	Rating		Key Consequence
Initial	4	3	12	Risk Appetite - averse	Key consequences include: <ul style="list-style-type: none"> • Significant harm to patient/service user • Loss of public confidence in the service • Lack of coordination of care • Reduced effectiveness of crisis response and discharge to assess processes, resulting in an increase in avoidable hospital admissions, and an increase in delayed discharge of patients who are able to leave hospital • Poor patient/service user experience • Claims and complaints
Current (Nov 2020)	4	3	12		
Target	4	2	8		

The current target outcomes are the delivery of the priorities set out in the NHS phase 3 response letter issued on 31 July 2020, together with minimising the levels of covid 19 infections in the communities we serve and in our workforce.

The mitigations in place to address this principle risk are shown on the next page.

Mitigations for ID05 Failure to restore community services in line with the NHS Third Phase response including crisis responsiveness and discharge to assess processes

Structure	Process	External/Independent Assurance
<p>Trust covid emergency governance arrangements, including:</p> <ul style="list-style-type: none"> • New emergency governance arrangements in place • Board meetings continue • Q&SC meetings continue, plus SAFE steering group and clinical risk management group • Audit Committee meetings continue • ELT • Additional meetings including weekly NED assurance, weekly strategic command group and daily tactical command group • 	<ul style="list-style-type: none"> • The Scheme of Delegation and Standing Financial Instructions remain in place • Emergency governance arrangements in place and these are reviewed and approved by the Board every few months. Focus on quality and the Q&SC has continued to meet, with a broad agenda • Operational risk register in place and monitored regularly by ELT, and risks >10 escalated to Committees 	<p>MIAA review gave substantial assurance on the Trust's governance arrangements</p>
<p>Quality & corporate governance processes in place including</p> <ul style="list-style-type: none"> • Healthy Wirral governance (HWPG, SCT, WIPPB, Portfolio group) • SCG and TCG • Patient Engagement Group ('Your Voice') expanded membership 	<ul style="list-style-type: none"> • Development of an assurance module within the SAFE system, to monitor progress of services and teams as they prepared to restart and stepped down services. • All services continue to work within new working patterns that include elements of face to face and virtual consultations. • All QIA that support decisions on what areas of services can partially stop have been completed • As Covid rates remain high in north west, the trust has increased the pace of step down procedures and the supporting QIA review. This is to respond to any potential mutual aid or new initiatives that could 	<ul style="list-style-type: none"> • Rates of delayed discharge remain within target • FFT scores high with strong benchmarking

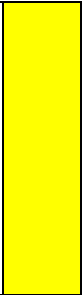
Structure	Process	External/Independent Assurance
	<p>support the Wirral system and the C&M STP</p> <ul style="list-style-type: none"> • Recommencement of continuing healthcare funding (nationally) not a trust service, but forms part of the restart plans for the area and supports those with significant primary health care needs • TCG daily review of operational delivery, pressures and development plans including <ul style="list-style-type: none"> • Maintenance, expansion or reduction of services • Prioritisation of patients based on needs, in line with national guidance • Review of waiting lists and prioritisation of patients based on needs • Developing face to face clinics for shielding patients in line with guidance • Admissions avoidance initiatives including integrated community nursing pathways, covid virtual ward, enhanced infection prevention support to care homes, NHS 11, discharge cell, supporting emergency beds, falls prevention • Trust winter plans fully developed and reported to ELT every other month. As the plans are fully developed assurance at ELT no longer required. Plans are progressing as demand increasing which is business as usual • ELT receive every other week a Reset and Restart paper to provide assurance. • Trust developing an intermediate care bedded unit at the Clatterbridge Cancer Centre site <p><i>Gaps in assurance:</i></p>	

Structure	Process	External/Independent Assurance
	<ul style="list-style-type: none"> • <i>QIAs are underway for the review of waiting list management, and are due to be completed in early December.</i> • <i>Trust working with local partners to review plans in response the national winter plan for social care, and actions required to fill any identified gaps</i> 	
<p>QSC ToR and sub-group reporting arrangements:</p> <ul style="list-style-type: none"> • Safeguarding Strategic Group • IPC Group • IG Group • Professional Standards Group • Medicines Management Group • Learning from Deaths <p>Quality Forum with CoG and Healthwatch</p> <p>Patient engagement group 'Your Voice'</p>	<p>Governance and Assurance reports:</p> <ul style="list-style-type: none"> • CQC action plans progress • Monthly Quality and Patient Experience • Quality Strategy Assurance Report • Complaints and concerns • Clinical Audit • QI Programme • Learning from deaths • Claims <p>Shared learning strategy outputs, particularly from:</p> <ul style="list-style-type: none"> • Clinical audit • Complaints and concerns • Claims • Learning from deaths • Patient experience 	<p>Annual Quality Report and Trust Annual Report well received</p> <p>Positive ASC Peer Review Report</p> <p>Positive CQC system-wide Safeguarding Children Report</p> <p>FFT scores high with strong benchmarking</p>
<p>Business intelligence</p>	<ul style="list-style-type: none"> • Acuity & dependency modelling to support caseload management and workload capacity in community nursing <p><i>Gaps in assurance:</i></p> <ul style="list-style-type: none"> • <i>target operating model based around population cohorts under development</i> • <i>Acuity & Dependency model to be applied to other disciplines.</i> 	

Structure	Process	External/Independent Assurance
	<ul style="list-style-type: none"> • <i>Development of risk stratification tool</i> 	
<p>Workforce</p> <ul style="list-style-type: none"> • Integrated team development supporting flexible workforce 	<ul style="list-style-type: none"> • Less than 1% of staff (WTE) remain reassigned to services in line with business needs- covid and winter planning • NHS staff survey underway • Trust values development underway <p><i>Gaps in assurance:</i></p> <ul style="list-style-type: none"> • <i>Management and Leadership</i> • <i>restructure with alignment to system reconfiguration</i> • <i>High levels of sickness absence occurring in some teams due to staff isolation and covid infections, action plans in place</i> 	
<p>Strategy and system work streams:</p> <ul style="list-style-type: none"> • WCHC strategy and strategy refresh describing neighbourhood care and aligning to system- wide strategic intention and NHS Long Term Plan in progress • Development of relationships with GP Feds, Primary Care Networks, VCF sector, CWP, WUTH, domiciliary care and residential providers via regular meetings and through the governance structure of Health Wirral • Independent Chair appointed to Healthy Wirral Partners Board with governance agreed and in place 	<ul style="list-style-type: none"> • System wide winter planning well developed <p><i>Gaps in assurance:</i></p> <ul style="list-style-type: none"> • <i>To develop an understanding of the cultural shift required across the system</i> • <i>3-year system reconfiguration plan not agreed</i> 	

Strategic Theme: Our Populations

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID06	Failure to restore NHS services inclusively to protect the most vulnerable	Chief Nurse	November 2020	January 2021	Quality & Safety Committee

	Consequence	Likelihood	Rating			Key Consequence
Initial	4	4	16	Risk Appetite - averse		Key consequences include: <ul style="list-style-type: none"> • Significant harm to patient/service user • Loss of public confidence in the service • Lack of coordination of care • Poor patient/service user experience • Claims and complaints
Current (Nov 2020)	4	4	16			
Target	4	2	8			

The current target outcomes are the delivery of the priorities set out in the NHS phase 3 response letter issued on 31 July 2020, together with minimising the levels of covid 19 infections in the communities we serve and in our workforce.

The mitigations in place to address this principle risk are shown on the next page.

Mitigations for ID06 Failure to restore NHS services inclusively to protect the most vulnerable

Structure	Process	External/Independent Assurance
<p>Trust covid emergency governance arrangements, including:</p> <ul style="list-style-type: none"> • New emergency governance arrangements in place • Board meetings continue • Q&SC meetings continue, plus SAFE steering group and clinical risk management group • Audit Committee meetings continue • ELT • Additional meetings including weekly NED assurance, weekly strategic command group and daily tactical command group 	<ul style="list-style-type: none"> • The Scheme of Delegation and Standing Financial Instructions remain in place • Emergency governance arrangements in place and these are reviewed and approved by the Board every few months. Focus on quality and the Q&SC has continued to meet, with a broad agenda • Operational risk register in place and monitored regularly by ELT, and risks >10 escalated to Committees 	<p>MIAA review gave substantial assurance on the Trust’s governance arrangements</p>
<p>QSC ToR and sub-group reporting arrangements:</p> <ul style="list-style-type: none"> • Safeguarding Strategic Group • IPC Group • IG Group • Professional Standards Group • Medicines Management Group • Learning from Deaths <p>Patient engagement group ‘Your Voice’</p>	<p>Governance and Assurance reports:</p> <ul style="list-style-type: none"> • CQC action plans progress • Monthly Quality and Patient Experience • Quality Strategy Assurance Report • Complaints and concerns • Clinical Audit • QI Programme • Learning from deaths • Claims <p>QIA/EIA process embedded in step down and reset of all services</p>	<p>Annual Quality Report and Trust Annual Report well received</p> <p>Positive ASC Peer Review Report</p> <p>Positive CQC system-wide Safeguarding Children Report</p> <p>FFT scores high with strong benchmarking</p>
<p>Inclusion Strategy</p> <ul style="list-style-type: none"> • Inclusion champions forum 	<ul style="list-style-type: none"> • EDS2 assessment completed annually with involvement of patient representatives 	<p>EDS2 submitted to Board for approval after scrutiny by Healthwatch</p>

Structure	Process	External/Independent Assurance
<ul style="list-style-type: none"> • Inclusion Partnership Forum • Inclusion Steering Group • Accessible Information Standard • EDS2 	<ul style="list-style-type: none"> • Self-generated agenda at Inclusion Partnership Forum to address key issues raised by community groups • Bi-annual Inclusion Assurance Report • Annual LD survey of patients • Mandatory inclusion training <p><i>Gaps in assurance</i></p> <ul style="list-style-type: none"> • <i>Inclusion dashboard for services in development – paused due to COVID, intended for use in QPERS/OMB</i> 	<p>Positive feedback from CCG regarding Inclusion work and support for EDS2 approach</p>
<p>Business intelligence</p> <ul style="list-style-type: none"> • Population health data • Public health data • Covid related data 	<p><i>Gaps in assurance:</i></p> <ul style="list-style-type: none"> • <i>Development of risk stratification tool</i> 	
<p>Workforce</p> <ul style="list-style-type: none"> • Integrated team development supporting flexible workforce 	<ul style="list-style-type: none"> • NHS staff survey underway • Trust values development underway <p><i>Gaps in assurance:</i></p> <ul style="list-style-type: none"> • <i>restructure with alignment to system reconfiguration</i> • <i>High levels of sickness absence occurring in some teams due to staff isolation and covid infections, action plans in place</i> 	
<p>Quality & corporate governance processes in place including</p> <ul style="list-style-type: none"> • Healthy Wirral governance () • SCG and TCG • System wide inequalities group 	<ul style="list-style-type: none"> • Development of an assurance module within the SAFE system, to monitor progress of services and teams as they prepared to restart and stepped down services. • All services continue to work within new working patterns that include elements of face to face and virtual consultations. 	<ul style="list-style-type: none"> • Patient Engagement Group ('Your Voice') expanded membership

Structure	Process	External/Independent Assurance
	<ul style="list-style-type: none"> • All QIA/EIAs that support decisions on what areas of services can partially stop have been completed . Protected characteristics are considered in EIAs. • Recommencement of continuing healthcare funding (nationally) not a trust service, but forms part of the restart plans for the area and supports those with significant primary health care needs • TCG daily review of operational delivery, pressures and development plans including <ul style="list-style-type: none"> • Maintenance, expansion or reduction of services • Prioritisation of patients based on needs, in line with national guidance • Review of waiting lists and prioritisation of patients based on needs • Developing face to face clinics for shielding patients in line with guidance • Admissions avoidance initiatives including integrated community nursing pathways, covid virtual ward, enhanced infection prevention support to care homes, NHS 11, discharge cell, supporting emergency beds, falls prevention • Trust winter plans fully developed • Trust developing an intermediate care bedded unit at the Clatterbridge Cancer Centre site <p><i>Gaps in assurance:</i></p> <ul style="list-style-type: none"> • <i>QIAs are underway for the review of waiting list management, and are due to be completed in early December</i> • <i>Trust working with local partners to review plans in response the national winter plan for social care, and</i> 	

Structure	Process	External/Independent Assurance
	<p><i>actions required to fill any identified gaps</i></p> <ul style="list-style-type: none"> • <i>Liaising with other services to identify if low priority patients can be signposted/referred to other areas for earlier intervention</i> 	
<p>Strategy and system work streams: System wide health inequalities group</p> <ul style="list-style-type: none"> • Development of relationships with GP Feds, Primary Care Networks, VCF sector, CWP, WUTH, domiciliary care and residential providers via regular meetings and through the governance structure of Health Wirral • Independent Chair appointed to Healthy Wirral Partners Board with governance agreed and in place 	<ul style="list-style-type: none"> • System wide winter planning well developed <p><i>Gaps in assurance:</i></p> <ul style="list-style-type: none"> • <i>To develop an understanding of the cultural shift required across the system</i> • <i>3-year system reconfiguration plan not agreed</i> 	

Strategic Theme: Our Populations

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID07	Failure to deliver to the expansion of NHS111 First by agreed local timeframes	Chief Operating Officer	November 2020	January 2021	Quality & Safety Committee

	Consequence	Likelihood	Rating		Key Consequence
Initial	4	3	12	Risk Appetite - cautious	Key consequences include: <ul style="list-style-type: none"> • Lack of coordination of care • Increased unscheduled attendance at A&E and walk in centres leading to delays in treatment • Poor patient/service user experience • Significant harm to patient/service user • Loss of public confidence in the service • Claims and complaints
Current (Nov 2020)	4	3	12		
Target	4	1	4		

The current target outcomes are the delivery of the priorities set out in the NHS phase 3 response letter issued on 31 July 2020, together with minimising the levels of covid 19 infections in the communities we serve and in our workforce.

The mitigations in place to address this principle risk are shown on the next page.

Mitigations for ID07 Failure to deliver to the expansion of NHS 111 First by agreed local timeframes

Structure	Process	External/Independent Assurance
<p>Trust covid emergency governance arrangements, including:</p> <ul style="list-style-type: none"> • New emergency governance arrangements in place • Board meetings continue • Q&SC meetings continue, plus SAFE steering group and clinical risk management group • Audit Committee meetings continue • ELT • Additional meetings including weekly NED assurance, weekly strategic command group and daily tactical command group 	<ul style="list-style-type: none"> • The Scheme of Delegation and Standing Financial Instructions remain in place • Emergency governance arrangements in place and these are reviewed and approved by the Board every few months. Focus on quality and the Q&SC has continued to meet, with a broad agenda • Operational risk register in place and monitored regularly by ELT, and risks >10 escalated to Committees 	<p>MIAA review gave substantial assurance on the Trust's governance arrangements</p>
<p>Quality & corporate governance processes in place including</p> <ul style="list-style-type: none"> • Healthy Wirral governance (HWPG, SCT, WIPPB, Portfolio group) • SCG and TCG 	<ul style="list-style-type: none"> • Development of an assurance module within the SAFE system, to monitor progress of services and teams as they prepared to restart and stepped down services. • All services continue to work within new working patterns that include elements of face to face and virtual consultations. • Plans in place to roll out NHS 111 first, monitored at TCG and ELT • TCG daily review of operational delivery, pressures and development plans including <ul style="list-style-type: none"> ○ Admissions avoidance initiatives including integrated community nursing pathways, covid virtual ward, enhanced infection prevention support to care homes, NHS 	<p>All plans reviewed Regionally and then progressed nationally Waiting times for A&E and walk in services are within targets Uptake of NHS 111 first expansion in line with planned trajectory</p>

Structure	Process	External/Independent Assurance
	<p>111, discharge cell, supporting emergency beds, falls prevention</p> <ul style="list-style-type: none"> • Trust winter plans fully developed. NHS 111First is part of our winter plan which is due to go live 24 November 2020. • Full assurance documentation shared with Regional team who approved to go live as planned • 	
<p>Strategy and system work streams:</p>	<p>All plans on track</p>	
<p>QSC ToR and sub-group reporting arrangements:</p> <ul style="list-style-type: none"> • Safeguarding Strategic Group • IPC Group • IG Group • Professional Standards Group • Medicines Management Group • Learning from Deaths • Patient engagement group 'Your Voice' 	<p>Governance and Assurance reports:</p> <ul style="list-style-type: none"> • Monthly Quality and Patient Experience • Complaints and concerns • Clinical Audit • QI Programme • Learning from deaths • Claims 	<p>FFT scores high with strong benchmarking</p>

Strategic Theme: Our People

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID08	Inability to safely meet the requirements of the NHS Third Phase response due to lack of availability of staff and reduced staff motivation (due to on-going COVID-19 pressures)	Director of HR & OD	November 2020	January 2021	NED assurance meeting

	Consequence	Likelihood	Rating		Key Consequence
Initial	4	3	12	Risk Appetite - averse	Key consequences include: <ul style="list-style-type: none"> Inability to provide safe staffing levels in accordance with locally agreed plans, causing delays in care, risk to patient/service users, low staff morale and poor reputation
Current (Nov 2020)	4	2	8		
Target	4	2	8		

The current target outcomes are the delivery of the priorities set out in the NHS phase 3 response letter issued on 31 July 2020, together with minimising the levels of covid 19 infections in the communities we serve and in our workforce.

The mitigations in place to address this principle risk are shown on the next page.

Mitigations for ID08 Inability to safely meet the requirements of the NHS Third Phase response due to lack of availability of staff and reduced staff motivation (due to on-going COVID-19 pressures)

Structure	Process	External/Independent Assurance
<p>Trust covid emergency governance arrangements, including:</p> <ul style="list-style-type: none"> • New emergency governance arrangements in place • Board meetings continue • Q&SC meetings continue, plus SAFE steering group and clinical risk management group • Audit Committee meetings continue • ELT • Additional meetings including weekly NED assurance, weekly strategic command group and daily tactical command group 	<ul style="list-style-type: none"> • The Scheme of Delegation and Standing Financial Instructions remain in place • Emergency governance arrangements in place and these are reviewed and approved by the Board every few months. Focus on quality and the Q&SC has continued to meet, with a broad agenda • Operational risk register in place and monitored regularly by ELT, and risks >10 escalated to Committees • Workforce information provided to ELT Strategic Command Group relating to workforce capacity, including impact of sickness and annual leave • Regional COVID Workforce Report received weekly and reported monthly to SCG • COVID Workforce risk assessment process to assess individual staff capacity risks • Use of “bringing back staff” process to supplement existing staff base • QIA/EIA process to assess impact of service changes on staff/capacity • Pause on non-urgent employee relations activity in accordance with national SPF arrangements, superseded by local agreement with JUSS to review on a case by case basis • Guidance on homeworking for staff • Daily communications focus on staff wellbeing during pandemic, including CEO Vlog • Wellbeing resources on StaffZone 	<p>MIAA review gave substantial assurance on the Trust’s governance arrangements</p>

Structure	Process	External/Independent Assurance
	<ul style="list-style-type: none"> • Less than 1% of staff (WTE) remain reassigned to services in line with business needs- Covid and winter planning • Sickness absence plans in place for services with highest levels of absence/risk 	
<p>Education & workforce:</p> <ul style="list-style-type: none"> • People Strategy • Annual workforce plan reviewed by E&W Committee • Strategic Workforce Development Group developing strategic approach to workforce issues affecting recruitment and retention • Governance of workforce and recruitment through EWC, OMB, QPER/SCG • Divisional retention plans 	<ul style="list-style-type: none"> • Annual and interim appraisal (this has continued during COVID focussing on wellbeing of staff to support capacity) • Mandatory and service specific training monitoring (inc. e-learning) • Service skills matrices and compliance monitoring • Plan to increase student nurse and therapy numbers to the Trust – successfully increased capacity by over 25% for Quarter 4 placements, with an anticipated 100% increase over next 12-months • Apprenticeship programme • Development of new roles eg Nurse Associates, skill mix in WICs • Rotations and joint posts with partners – therapies, MLMP • Assessed and Supported Year in Employment programme for social workers • Reviews of staffing levels/temporary staffing at QPER meetings • Rollout of E-Roster providing detailed insight and business intelligence to inform and monitor staffing levels – delayed due to Covid • Development of NHS Cadet scheme as beta pilot site working in partnership with system partners – paused for Covid 	<p>Staff Story at Board of Directors</p> <p>Workforce information provided to Strategic Command Group relating to workforce capacity, including impact of sickness and annual leave is shared via NED Assurance Group</p> <p>Regional Workforce Report received weekly and reported monthly via NED Assurance Group</p> <p>Annual submission of plan for clinical training requirements to HENW</p> <p>Positive response from Pulse Survey regarding working arrangements</p> <p>Consistent level of response with previous years on national Staff Survey</p>

Structure	Process	External/Independent Assurance
	<ul style="list-style-type: none"> • Rollout of Direct Engagement model for improved temporary staffing management and efficiency – paused due to Covid • Pulse Survey conducted in July • NHS staff survey underway • Trust values development underway involving staff <p><i>Gaps in assurance:</i></p> <ul style="list-style-type: none"> • <i>Safe, sustainable and productive staffing guidance and process requires review - Task and Finish group established, developing process and service plans through divisions</i> • <i>Restructure with alignment to system reconfiguration</i> • <i>High levels of sickness absence occurring in some teams, action plans in place</i> 	
<p>Quality & corporate governance processes in place including</p> <ul style="list-style-type: none"> • Healthy Wirral governance (HWPG, SCT, WIPPB, Portfolio group) SCG and TCG 	<ul style="list-style-type: none"> • Development of an assurance module within the SAFE system, to monitor progress of services and teams as they prepared to restart and stepped down services. • All services continue to work within new working patterns that include elements of face to face and virtual consultations. • TCG daily review of operational delivery, pressures and development plans including review of staffing levels across services, and: <ul style="list-style-type: none"> • Maintenance, expansion or reduction of services • Prioritisation of patients based on needs, in line with national guidance • Review of waiting lists and prioritisation of patients based on needs • Developing face to face clinics for shielding 	

Structure	Process	External/Independent Assurance
	<p>patients in line with guidance</p> <ul style="list-style-type: none"> • Admissions avoidance initiatives including integrated community nursing pathways, covid virtual ward, enhanced infection prevention support to care homes, NHS 11, discharge cell, supporting emergency beds, falls prevention • Trust winter plans fully developed • Trust developing an intermediate care bedded unit at the Clatterbridge Cancer Centre site • Healthy Wirral People Programme being relaunched with focus on priority system recruitment and supporting wellbeing of staff 	

Strategic Theme: Our People

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID09	Failure to fully implement the requirements of the NHS People Plan to include an effective system approach to workforce planning and transformation	Director of HR & OD	November 2020	January 2021	NED assurance meeting

	Consequence	Likelihood	Rating
Initial	3	3	9
Current (Nov 2020)	3	3	9
Target	3	2	6



Key Consequence
<p>Key consequences include:</p> <ul style="list-style-type: none"> • Inability to provide safe staffing levels in accordance with locally agreed plans, causing delays in care, risk to patient/service users, low staff morale and poor reputation • Inability to develop and transform services to support system requirements due to lack of skills of community staff

The current target outcomes are the delivery of the priorities set out in the NHS phase three issued on 31 July 2020, together with minimising the levels of covid 19 infections in the communities we serve and in our workforce.

The mitigations in place to address this principle risk are shown on the next page.

Mitigations for ID09 Failure to fully implement the requirements of the NHS People Plan to include an effective system approach to workforce planning and transformation

Structure	Process	External/Independent Assurance
<p>Trust covid emergency governance arrangements, including:</p> <ul style="list-style-type: none"> • New emergency governance arrangements in place • Board meetings continue • Q&SC meetings continue, plus SAFE steering group and clinical risk management group • Audit Committee meetings continue • ELT • Additional meetings including weekly NED assurance, weekly strategic command group and daily tactical command group 	<ul style="list-style-type: none"> • The Scheme of Delegation and Standing Financial Instructions remain in place • Emergency governance arrangements in place and these are reviewed and approved by the Board every few months. Focus on quality and the Q&SC has continued to meet, with a broad agenda • Operational risk register in place and monitored regularly by ELT, and risks >10 escalated to Committees 	<p>MIAA review gave substantial assurance on the Trust's governance arrangements</p>
<p>Education & workforce:</p> <ul style="list-style-type: none"> • Annual workforce plan reviewed by E&W Committee • 	<ul style="list-style-type: none"> • Reviews of staffing levels/temporary staffing at QPER meetings • Rollout of E-Roster providing detailed insight and business intelligence to inform and monitor staffing levels • Less than 1% of staff (WTE) remain reassigned to services in line with business needs- covid and winter planning • Development of NHS Cadet scheme as beta pilot site working in partnership with system partners • Reviews of staffing levels/temporary staffing at QPER meetings • Plan to increase student nurse and therapy numbers to the Trust – successfully increased capacity by over 25% 	<p>Workforce information provided to ELT/SCG relating to workforce capacity and subsequently submitted to NED Assurance Group</p> <p>Annual submission of plan for clinical training requirements to HENW</p> <p>Clinical CPD plan submitted to HENW for approval</p> <p>Workforce returns submitted monthly/quarterly to NHSI</p>

Structure	Process	External/Independent Assurance
	<p>for Quarter 4 placements, with an anticipated 100% increase over next 12-months</p> <ul style="list-style-type: none"> • Apprenticeship programme • Development of new roles e.g. Nurse Associates, skill mix in WICs • Rotations and joint posts with partners – therapies, MLMP • Assessed and Supported Year in Employment programme for social workers • Assessment of Employer Standards for Social Workers • EDS2 annual assessment • Workforce Race Equality Standard (WRES) Action Plan • Workforce Disability Equality Standard (WDES) Action Plan • Development of Reverse Mentoring Programme for BAME staff (initially, then extending to other staff groups) • Staff networks for BAME/Disability/LGBTQ+/Faith • Board development programme • Development of QI framework • Relaunch of Healthy Wirral People Programme with focus on recruitment to priority system roles and staff wellbeing • Agile Working Programme • Benchmarking of performance within Cheshire and Wirral via HR network • Enhanced clinical CPD offer using national funding 	<p>Weekly agency usage submission to NSHI</p> <p>WRES/WDES data and action plans submitted to NSHI</p> <p>EDS2 scrutinised by HealthWatch and submitted to board</p>

Strategic Theme: Our People

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID10	Failure to effectively deliver on the Trust's Inclusion intentions (and those set out in the NHS Third Phase response) through lack of representation in the workforce of all communities we serve	Director of HR & OD	November 2020	January 2021	NED assurance meeting

	Consequence	Likelihood	Rating		
Initial	3	3	9	Risk Appetite - moderate	Key Consequence Key consequences include: <ul style="list-style-type: none"> • Loss of public confidence in the service • Poor patient/service user experience • Potential for sub optimum care for the patient/service user • Potential for difficulties in retaining staff • Lack of coordination of care • Claims and complaints
Current (Nov 2020)	3	3	9		
Target	3	2	6		

The current target outcomes are the delivery of the priorities set out in the NHS phase 3 response letter issued on 31 July 2020, together with minimising the levels of covid 19 infections in the communities we serve and in our workforce.

The mitigations in place to address this principle risk are shown on the next page.

Mitigations for ID10 Failure to effectively deliver on the Trust’s Inclusion intentions (and those set out in the NHS Third Phase response) through lack of representation in the workforce of all communities we serve

Structure	Process	External/Independent Assurance
<p>Trust covid emergency governance arrangements, including:</p> <ul style="list-style-type: none"> • New emergency governance arrangements in place • Board meetings continue • Q&SC meetings continue, plus SAFE steering group and clinical risk management group • Audit Committee meetings continue • ELT • Additional meetings including weekly NED assurance, weekly strategic command group and daily tactical command group 	<ul style="list-style-type: none"> • The Scheme of Delegation and Standing Financial Instructions remain in place • Emergency governance arrangements in place and these are reviewed and approved by the Board every few months. Focus on quality and the Q&SC has continued to meet, with a broad agenda • Operational risk register in place and monitored regularly by ELT, and risks >10 escalated to Committees 	<p>MIAA review gave substantial assurance on the Trust’s governance arrangements</p>
<p>Education & workforce:</p> <ul style="list-style-type: none"> • Annual workforce plan reviewed by E&W Committee • Strategic Workforce Development Group developing strategic approach to workforce issues affecting recruitment and retention • Governance of workforce and recruitment through EWC, OMB, QPER • Divisional retention plans 	<ul style="list-style-type: none"> • Risk assessment process during COVID focussing particularly on at risk factors e.g. BAME/pregnancy/disability/age/gender • EDS2 annual assessment • Workforce Race Equality Standard (WRES) Action Plan • Workforce Disability Equality Standard (WDES) Action Plan • Development of Reverse Mentoring Programme for BAME staff (initially, then extending to other staff groups) • Staff networks for BAME/Disability/LGBTQ+/Faith • Board development programme • Review and relaunch of Leadership programme in development 	<p>Quarterly Workforce Plan update</p> <p>Staff Story at Board of Directors</p> <p>EDS2 annual assessment and action plan scrutinised by HealthWatch and reported to Board</p> <p>Risk assessment compliance reported to Strategic Command Group and NED Assurance Group</p>

Structure	Process	External/Independent Assurance
	<ul style="list-style-type: none">• Relaunch of Healthy Wirral People Programme with focus on supporting disadvantaged groups within the population into employment• Annual and interim appraisal• Mandatory and service specific training (inc. e-learning)• Service skills matrices and compliance monitoring• NHS staff survey underway• Trust values development underway	

Strategic Theme: Our Performance

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID11	Failure to establish and effectively manage the right partnerships to support the development of the regional Integrated Care System and Wirral's local Integrated Care Partnership	Chief Strategy Officer	November 2020	January 2021	NED assurance meeting

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

Risk Appetite - moderate	
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Key Consequence
<p>Key consequences include:</p> <p>Partnerships and collaboration are a key theme of the Long Term Plan and our place in supporting both the local system and the wider STP/ICS is crucial. There are a number of consequences:</p> <ul style="list-style-type: none"> • The trust is not able to effectively influence the right partnerships resulting in community services not fully contributing to the regional and local integrated care system • Community services are not transformed to secure the best outcomes for patients and service users • Patients continue to receive care in inpatient settings when such care could be provided by community services. This impacts on the capacity of the acute sector and could also lead to reduced patient experience and satisfaction •

The current target outcomes are the delivery of the priorities set out in the NHS phase 3 response letter issued on 31 July 2020, together with minimising the levels of covid 19 infections in the communities we serve and in our workforce.

The mitigations in place to address this principle risk are shown on the next page.

Mitigations for ID11 Failure to establish and effectively manage the right partnerships to support the development of the regional Integrated Care System and Wirral's local Integrated Care Partnership

Structure	Process	External/Independent Assurance
<p>Trust covid emergency governance arrangements, including:</p> <ul style="list-style-type: none"> • New emergency governance arrangements in place • Board meetings continue • Q&SC meetings continue, plus SAFE steering group and clinical risk management group • Audit Committee meetings continue • ELT • Additional meetings including weekly NED assurance, weekly strategic command group and daily tactical command group 	<ul style="list-style-type: none"> • The Scheme of Delegation and Standing Financial Instructions remain in place • Emergency governance arrangements in place and these are reviewed and approved by the Board every few months. Focus on quality and the Q&SC has continued to meet, with a broad agenda • Operational risk register in place and monitored regularly by ELT, and risks >10 escalated to Committees 	<p>MIAA review gave substantial assurance on the Trust's governance arrangements</p>
<p>Strategy and system working</p> <ul style="list-style-type: none"> • Development of relationships with GP Feds, Primary Care Networks, VCF sector, CWP, WUTH, domiciliary care and residential providers via regular meetings and through the governance structure of Healthy Wirral • Representation and involvement in system-wide groups (Healthy Wirral Partnership Board, Clinical Senate, A&E Delivery Board, , Out of Hospital Cell, Healthy Wirral Digital group and Healthy Wirral Strategy group as well as the ICP network) 	<ul style="list-style-type: none"> • Development of cohort-based system Target Operating Model by AD Partnerships and Strategic Development working in partnerships with WUTH, CWP, general practice, care providers, Age UK, commissioners and others <p><i>Gaps in assurance:</i></p> <ul style="list-style-type: none"> • <i>Understanding of the cultural shift required across the system</i> • <i>Understanding the Implications of the Social Care Green Paper</i> 	<p>As part of the journey to becoming a mature Health Care Partnership and ultimately part of a Cheshire and Merseyside Integrated Care System the Wirral leadership team are exploring external support to facilitate this transition.</p>

Strategic Theme: Our Performance

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID12	A loss of funding and increased cost has a detrimental effect on the financial sustainability of the Trust post COVID-19 and delivery of the 20/21 required financial position.	Chief Finance Officer	November 2020	January 2021	NED assurance meeting

	Consequence	Likelihood	Rating		Key Consequence
Initial	4	2	8	Risk Appetite - cautious	Key consequences include: <ul style="list-style-type: none"> • The potential increased monitoring from regulators as it impacts on our overall financial risk rating; • Reputational impact particularly with main commissioners; and • Service redesign or change which impacts adversely on the service we deliver as service offer to patients and service users may have to reduce.
Current (Nov 2020)	4	2	8		
Target	4	2	8		

The current target outcomes are the delivery of the priorities set out in the NHS phase 3 response letter issued on 31 July 2020, together with minimising the levels of covid 19 infections in the communities we serve and in our workforce.

The mitigations in place to address this principle risk are shown on the next page.

Mitigations for ID12 A loss of funding and increased cost has a detrimental effect on the financial sustainability of the Trust post COVID-19 and delivery of the 20/21 required financial position.

Structure	Process	External/Independent Assurance
<p>Trust covid emergency governance arrangements, including:</p> <ul style="list-style-type: none"> • New emergency governance arrangements in place; • Board meetings continue; • Q&SC meetings continue, plus SAFE steering group and clinical risk management group; • Audit Committee meetings continue; • ELT and additional meetings including weekly NED assurance, weekly strategic command group and daily tactical command group. 	<ul style="list-style-type: none"> • The Scheme of Delegation and Standing Financial Instructions remain in place • Emergency governance arrangements in place and these are reviewed and approved by the Board every few months. Focus on quality and the Q&SC has continued to meet, with a broad agenda • Operational risk register in place and monitored regularly by ELT, and risks >10 escalated to Committees 	<p>MIAA review gave substantial assurance on the Trust’s governance arrangements</p>
<ul style="list-style-type: none"> • Financial position reported to NED assurance; • Financial position reported externally to regulators as required; • CFO presence at Healthy Wirral - Partnership Portfolio Management Group and system DOF meetings; • CEO and CFO involvement and attendance at system recovery meetings with CCG and Provider CEO’s and CFO’s; and • CFO part of the C&M DoF Financial Planning Group supporting the development of allocation methods of HCP funds to providers. 	<ul style="list-style-type: none"> • The Trust forecast financial position is on plan to deliver a breakeven position at year end; • Additional funding to support the impact of covid-19 has been secured thus mitigating increased costs; • SFIs and SOs regularly reviewed; • Financial Performance available for scrutiny and investigation on TIG to all Senior Managers; • Updates on the financial position are provided to the weekly NED Assurance Group on both the revenue and capital position. <p><i>Gaps in assurance:</i></p> <ul style="list-style-type: none"> • <i>Control of agency spend within the cap imposed by NHSI</i> • <i>CIP paused</i> • <i>PMB paused, restated November 2020</i> 	<p>Audit Committee MIAA annual audit plan and opinion Single Oversight Framework categorisation as segment 2 organisation Quarterly Wirral system recovery meetings with NHSI Track record of Trust achievement of PTF and control total</p>

Strategic Theme: Our Performance

Risk ID	Principal Risk	Executive Owner	Date of Last Review	Date of Next Review	Trust Board Oversight
ID13	Failure to maintain effective cyber defences affects Trust reputation and causes IG breaches	Chief Strategy Officer	November 2020	January 2021	NED assurance and Audit Committee

	Consequence	Likelihood	Rating		Key Consequence
Initial	4	3	12	Risk Appetite - averse	Key consequences include: <ul style="list-style-type: none"> Failure to keep pace with cyber security guidance could leave the Trust susceptible to cyber-attack with many and varied potential consequences.
Current (Nov 2020)	4	3	12		
Target	4	2	8		

The current target outcomes are the delivery of the priorities set out in the NHS phase 3 response letter issued on 31 July 2020, together with minimising the levels of covid 19 infections in the communities we serve and in our workforce.

The mitigations in place to address this principle risk are shown on the next page.

Mitigations for ID13 Failure to maintain effective cyber defences affects Trust reputation and causes IG breaches

Structure	Process	External/Independent Assurance
<p>Trust covid emergency governance arrangements, including:</p> <ul style="list-style-type: none"> • New emergency governance arrangements in place • Board meetings continue • Q&SC meetings continue, plus SAFE steering group and clinical risk management group • Audit Committee meetings continue • ELT • Additional meetings including weekly NED assurance, weekly strategic command group and daily tactical command group 	<ul style="list-style-type: none"> • The Scheme of Delegation and Standing Financial Instructions remain in place • Emergency governance arrangements in place and these are reviewed and approved by the Board every few months. Focus on quality and the Q&SC has continued to meet, with a broad agenda • Operational risk register in place and monitored regularly by ELT, and risks >10 escalated to Committees 	<p>MIAA review gave substantial assurance on the Trust’s governance arrangements</p>
<ul style="list-style-type: none"> • IM&T strategy and delivery plans in place • Mandatory Training target (90%) achieved including Data Security 	<ul style="list-style-type: none"> • Digital Strategy reviewed annually • MIAA Cyber Audit review action plan monitoring at FPC – now monitored at NED assurance • PMB monitoring of IT investment projects – restarted November 2020 • Registration with NHS digital and CareCert for immediate threat notification and action follow-up • Circa £1.5m IT investment each year via the capital programme • A Cyber Assurance role has been identified within the proposed ICT governance structure. This has been in place for 2 months on an acting up basis and is developing well. • The MIAA Cyber Audit has been brought forward to take 	<p>MIAA cyber audit – number of recommendations made including several high and medium risk MIAA follow up reviews relating to IM&T</p> <p>External review of capacity and capability in IM&T team</p>

Structure	Process	External/Independent Assurance
	<p>place ahead of Christmas, outputs of this will inform our DSPT compliance activity.</p> <ul style="list-style-type: none"> • A robust protocol is in place for processing and tracking CareCert notices • Action plan via NHS Digital to achieve Cyber Essentials Plus by 2021 in line with Cheshire & Mersey HCP aspirations - monitored at FPC – <i>gap in assurance - action plan monitoring to be received at NED assurance while FPC is paused</i> <p><i>Gaps in assurance:</i></p> <ul style="list-style-type: none"> • <i>External review of IM&T highlights action required to strengthen skills and capacity. Action plan submitted to ELT in December 2019 and investment agreed. Action plan to be monitored at ELT with Chief Strategy Officer as lead exec</i> • <i>Outstanding actions that remain from MIAA IM&T reviews are all past their due date. Action plans have previously been presented to FPC tri-annually, reporting now to go to NED assurance. Further work to address the recommendations is planned. The Audit action tracker tool is reported to the audit committee.</i> 	