

**MEETING OF THE BOARD OF DIRECTORS (PART 1, PUBLISHED ITEMS)
TUESDAY, 9TH MARCH 2021, AT 1:00PM – 3:30PM
HELD VIA VIDEO-CONFERENCE, DUE TO COVID-19 PANDEMIC RESTRICTIONS**

A G E N D A

Apologies: Alison Kelly, Director of Nursing & Quality/Deputy Chief Executive

In attendance: Melanie Kynaston, Deputy Director of Nursing

PART A					
FORMAL BUSINESS				Lead:	Decision Required/ purpose:
1:00pm	1.	Welcome & Apologies		Chair	
1:00pm	2.	Declarations of Conflicts of Interest with agenda items		Chair	
1:00pm	3.	To receive a patient story – Joanne’s Story: https://www.youtube.com/watch?v=V4dAOyHE5mo&feature=youtu.be&ab_channel=CountessofChesterHospital		Deputy Director of Nursing	To Note
1:05pm	4.	Minutes of the meeting held on 19 th January 2021 (attached)		Chair	To Approve
1:05pm	5.	To consider any matters arising and action log (attached)		Chair	To Note
1:10pm	6.	Chief Executive Officer’s Report (attached)		Chief Executive Officer	To Note
1:25pm	7.	Board Assurance Framework – Quarter 4, 2020/21 (attached)		Interim Governance Consultant	To Approve
SAFE					
1:40pm	8.	Quality & Safety Committee Chair’s Report – 10 February 2021 (attached)		Quality & Safety Committee Chair	For Assurance
EFFECTIVE					
1:55pm	9.	Finance: (a) Finance Report – Month 10 2020/21 (attached) (b) Capital Program 20/21 Update (attached)		Director of Finance	For Assurance
2:10pm	10.	Integrated Performance Report – January 2021 (attached)		Chief Operating Officer/ Executives	For Assurance
2:35pm- 2:45pm		COMFORT BREAK			
2:45pm	11.	Audit Committee Chair’s Report – 16 February 2021 (attached)		Audit Committee Chair	For Assurance

WELL LED				
2:55pm	12.	Workforce Equality items (attached): (a) Workforce Equality Analysis Report (WEAR) (b) Equality Delivery System 2 (EDS2) (c) Gender Pay Gap (GPG) - Follow up workshop Feedback and resulting action plan	Director of HR & OD	To Approve
3:10pm	13.	Board Business cycle 2021/22 (attached)	Interim Governance Consultant	To Approve
		PART B <i>See separate Part B public papers (Items 14a-14c are referenced within the Q&S Committee Chair's report in Part A).</i>		
3:20pm	14.	a. Mortality/Learning From Deaths Report	Chair	To Note
		b. Infection Control Board Assurance Framework		To Note
		c. IPC formal report following NHSE/I visit (27th November 2020)		To Note
3:20pm	15.	Minutes for noting and receipt:- <u>Sent under separate cover:</u> a. Approved minutes of the Quality & Safety Committee – 15 December 2020 b. Approved minutes of the Audit Committee – 18 November 2020 <i>The Finance & Performance Committee meeting scheduled for 26 January 2021 was cancelled due to operational pressures and focus on critical business.</i>	Chair	To Note
3:25pm	16.	Any Other Business	Chair	
3:30pm	17.	Closing remarks and review of the meeting	Chair	
	18.	Date & Time of next meeting: The next public meeting of the Board of Directors is scheduled on 20 May 2021, to be held at 9:30am, via Teams video conference. An extra-ordinary meeting of the Board of Directors is proposed on 8th June at 9:30am-10:30am to receive the 2020-21 Annual Report and Accounts and related items.	Chair	



MINUTES OF THE PUBLIC BOARD OF DIRECTORS
(PART 1, PUBLISHED ITEMS)
HELD ON TUESDAY, 19TH JANUARY 2021,
AT 1:00PM-2:45PM,
VIA VIDEO-CONFERENCE DUE TO
THE COVID-19 PANDEMIC RESTRICTIONS

		Attendance	
Chair	Ms C Hannah	<input checked="" type="checkbox"/>	
Non-Executive Director	Mr A Higgins	<input checked="" type="checkbox"/>	
Non-Executive Director	Mr D Williamson	<input checked="" type="checkbox"/>	
Non-Executive Director	Mr M Adams	<input checked="" type="checkbox"/>	
Non-Executive Director	Ms R Fallon	<input checked="" type="checkbox"/>	
Non-Executive Director	Ms B Fletcher	<input checked="" type="checkbox"/>	
Non-Executive Director	Mr P Jones	<input checked="" type="checkbox"/>	
Non-Executive Director	Mr K Gill	<input checked="" type="checkbox"/>	
Chief Executive Officer	Dr S Gilby	<input checked="" type="checkbox"/>	
Executive Medical Director	Dr D Kilroy	<input checked="" type="checkbox"/>	
Director of Finance	Mr S Holden	<input checked="" type="checkbox"/>	
Director of Nursing & Quality/Deputy Chief Executive	Mrs A Kelly	<input checked="" type="checkbox"/>	
Director of Human Resources and Organisation Development	Mrs A Hall	<input checked="" type="checkbox"/>	
Chief Digital Information Officer	Ms C Williams	<input checked="" type="checkbox"/>	
Chief Operating Officer	Mr D Coyle	<input checked="" type="checkbox"/>	

In attendance:

Ms A Campbell, Associate Non-Executive Director
 Mr K Haynes, Interim Governance Consultant
 Mrs D Bryce, Lead for Governance Improvement
 Ms S Hunter, Equality & Diversity Manager

PART A

FORMAL BUSINESS

B132/01/
20-21

WELCOME AND APOLOGIES

The Chair welcomed Ken Gill as the recently appointed Non-Executive Director of the Board of Directors. Governors and four members of the public were welcomed as observers of the meeting. The Chair acknowledged the truncated agenda to reflect the current unprecedented COVID-19 pandemic pressures the hospital faced. On behalf of the Board, thanks were expressed to all staff for their dedication, support and resilience during the pandemic response and the Chair expressed her support for the messages included in the recent Chief Executive Officers 'Weekly Feedback circulated to all staff on the issue.

The Board noted that no apologies had been received for the meeting.



B133/01/
20-21

DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflicts of interest with agenda items.

B134/01/
20-21

TO APPROVE THE MINUTES OF MEETING HELD ON 1ST DECEMBER 2020

The minutes of the meeting held on 1st December 2020 were approved subject to a change to section B121/12/20 from 'gone live' to 'gone past the 'go'/'no go' milestone' in relation to the Electronic Patient Record Programme.

B135/01/
20-21

TO CONSIDER ANY MATTERS ARISING AND ACTION LOG

In relation to action 14/20 on the action log, the Chief Digital Information Officer confirmed that temperature monitoring had been included within the IM&T workplan and was being progressed. There were no other matters arising.

B136/01/
20-21

CHIEF EXECUTIVE OFFICER'S REPORT (VERBAL)

The Chief Executive provided a verbal report due to the rapidly changing current position relating to the Covid-19 surge in admissions, with a business critical and local matters focus; including the following:

- A North West regional leaders' briefing had been held before the Board meeting and the position across the North West was reported as of increasing concern due to hospital admission and critical care admission numbers. The North West has established 230 critical care beds above its normal 540 bed establishment and there is a possibility of reaching the maximum capacity and being required to transfer patients to other regions.
- In relation to COVID-19 infection numbers, Liverpool city region has the highest number and Chester is close in numbers to this area..
- The Cheshire West area has experienced very high hospital admissions.
- The Countess of Chester has 285 inpatients currently being treated for COVID-related disease, which equates to seven whole wards. Total critical care patients are at 28 in number.
- Significant pressures have arisen during the COVID-19 surge and alternative provisions have been put in place. The Trust operates the South Mersey arterial treatment service for vascular disease and has been unable to treat category two patients recently; support has been provided from Liverpool Heart and Chest Hospital, with patients being treated there. The paediatric inpatient service has also been transferred to Wirral University Teaching Hospital, with reduced numbers than previously. Thanks were expressed to the staff that had transferred from their usual clinical areas to care for patients in priority areas during the pandemic. Maxilla facial surgery has also moved to Liverpool University Hospitals at the Aintree site. As a result of the changes and staff redeployment, the Trust has been able to maintain cancer services.
- There is concern regarding the longer term impacts of the pandemic on staff well-being and various support mechanisms have been put in place.
- Some significant changes to the configuration of wards have been made recently following oxygen flow issues and decisions made are risk assessed and are within the context of the unprecedented challenges being experienced. There is sufficient supply and the capacity of the oxygen pipe system to cope with the demand is being constantly reviewed by the Estates team.
- The Trust is a first wave vaccination hub and started the delivery of the Pfizer Biontech vaccine on 8th December 2020 and have vaccinated 13,000 people since then, which represents a significant achievement and something that the Trust should be justifiably proud of. There is a high level of confidence that the vaccine



stretch target will be achieved by mid-February.

The Board noted the Chief Executive Officer's verbal report.

B137/01/
20-21

COVID-19 BUSINESS CRITICAL ARRANGEMENTS

The Interim Governance Consultant highlighted the Trust's response to the 11th January 2021 North West Executive Regional Director's letter, including the proposed arrangements for Board and Committee meetings, noting that the situation remained under review.

The Board noted and approved the business critical arrangements set out in the paper.

SAFE

B138/01/
20-21

QUALITY & SAFETY COMMITTEE CHAIR'S REPORT – 15TH SEPTEMBER & 10TH NOVEMBER 2020

With reference to her paper, Non-Executive Director and chair of the committee, Ms Fallon, highlighted the following:

- That a further discussion would be held at the next meeting of the Quality & Safety Committee in relation to the CQC temperature monitoring action.
- That a peer review had been undertaken in relation to Nosocomial (hospital acquired) infections. The full report had not yet been received at the committee but the actions were progressing.
- The committee had acknowledged and received an update on the significant investment in domestic services and estates work in relation to infection prevention and control.
- Since writing the Chair's report, the Ockenden maternity report had been published, with an intention for the committee to follow up the actions from this at a future meeting.

In response to an enquiry made by Non-Executive Director, Ms Fletcher with regard to nosocomial infections, estates issues and isolation pods, the Director of Nursing & Quality confirmed that the full peer review report had now been received and an improvement plan had been developed which included provision for additional cleaning. In addition, pods to support isolation facilities have also been received.

There was a discussion, prompted by Non-Executive Director, Mr Williamson, regarding section 6 of the paper and the high number of COVID-19 related deaths relative to other trusts. The Board were informed that NHS England/Improvement (NHSE/I) were content with the improvement plan progress. In relation to the number of deaths relative to other trusts, the Executive Medical Director explained that this was accounted for by the Trust being one of the busiest in the region.

The Board noted the Quality & Safety Committee Chair's Report, the Health & Safety Annual Report and the Mortality Indicators Report and ratified the Quality & Safety Committee Terms of Reference.

B139/01/
20-21

MATERNITY SERVICES ASSURANCE ASSESSMENT TOOL - IN RESPONSE TO THE OCKENDEN REPORT

The Chair acknowledged the short notice work that had been undertaken on this issue at the end of December and asked the Board to consider if any further assurance is currently



required on the matter, acknowledging it as a priority issue for the organisation and the NHS in general.

The Director of Nursing and Quality referred to the 25 clinical points in the report, the 12 urgent clinical priorities, and highlighted the requirement for a Non-Executive champion for maternity services, with a recommendation that this be undertaken by Ms Ros Fallon. In addition, the areas of required further work were raised, acknowledging that some are dependent on regional workstreams, with a further submission due in February, and progress to be overseen by the Quality & Safety Committee.

There was a discussion on Board oversight and the Director of Nursing & Quality referred to the new appendix at the end of the integrated performance report for maternity metrics, to enable Board oversight.

Following an enquiry made by Non-Executive Director, Ms Fletcher, regarding culture, transparency and leadership in the maternity unit, the Director of Nursing & Quality explained that the opportunity had been taken to review the Morecambe Bay/Kirkup Report and its recommendations, noting the links between both reports and in particular in relation to progress in raising concerns. It was explained that whilst work is underway with NHSE/I on the safety collaborative and the Trust has scored well on this, however there is still more work that can and will be done.

Non-Executive Director, Mr Adams noted some non/partial compliance areas and enquired if the organisation had more work to do than other trusts. In response, the Director of Nursing and Quality explained that the network arrangements would assist in benchmarking and that the gap analysis had been presented at a regional meeting in December, with sharing of practice. Going forward, there would be a monthly assurance meeting to help ensure consistency across the region.

The Board noted the contents of the first Ockenden Report and agreed that there would be further consideration of the report in a separate Board session relating to the Trust's progress in implementing the report's recommendations and the submissions which it had made in response to NHSE/I requirements.

The Board approved that Ros Fallon should be appointed as the Non-Executive lead in support of maternity services and progression of the Ockenden Report work.

EFFECTIVE

B140/01/
20-21

A. FINANCE REPORT - MONTH 8, NOVEMBER 2020

The Director of Finance confirmed that the report related to month 8 (November 2020) and that the £400k overspend on allocation referred to in the previous month 7 report had continued in month 8, resulting in an £800k cumulative overspend. It was outlined that restoration funding was included within the allocation and that restoration expenditure had reduced in December, with more being spent on COVID-19 response and vaccination. In addition, that the current position made it difficult currently, to identify/allocate costs, with a number of ward changes adding to the complexity. However, the current focus on patient safety and front-line staff was noted, along with the detail available within the paper including risks, the elective incentive scheme and staff sickness.

An enquiry was made by non-Executive Director, Mr Gill, as to the Welsh activity financial impact of approximately £300k per month and if the impact might actually be larger than this. In response, the Director of Finance confirmed that the figure was correct and the risk is approximately £300k per month, for six months.



The Board noted the Month 8 Finance Report and the detail within the recommendations.

B. CAPITAL REPORT

Referring to the exceptional year, the Director of Finance explained that the traditional capital programme normally equals the Trust's depreciation figure of approximately £5m, but that the capital programme in 2020-21 currently totals £22m due to receipt of additional funding and the associated pandemic response. Approval to spend the 2020-21 funding came in October 2020 and it was highlighted that the estates and procurement functions had been strengthened to ensure the capital expenditure in-year.

The Board considered the request to ratify the substitutions made to the capital programme and the Chair sought Non-Executive Director, Mr Higgins' view on approving delegation for further substitutions to the capital programme. In response, Mr Higgins, informed the Board that earlier in the year urgent and necessary capital items had been identified and this decision had been delegated to the Executive team with accountability to the Board, and he views the current situation to replicate this and expressed contentment with the governance and accountability in place.

In response to an enquiry made by Non-Executive Director, Mr Gill on the £7m allocation for the Same Day Emergency Care Centre and if this had been referred to the external auditor to seek their view, the Director of Finance confirmed that a procurement process had been undertaken and that, in line with a national procurement process, arrangements are in place regarding the bond, with a similar item having been used previously, and passed audit scrutiny.

The Board noted the report and the detail within the recommendations and approved:

- **The proposed substitutions and other changes since the last capital update to the Trust Board; in particular changes to IM&T plans to support remote working and additional Respiratory Support Unit (RSU) investment of £700k.**
- **The delegation of any further decisions on changes to the capital programme to the Executive Team to ensure the capital programme is maximised in year in response to the current changing operating environment.**

B141/01/
20-21

INTEGRATED PERFORMANCE REPORT – NOVEMBER 2020

The Chief Operating Officer made the Board aware of his main areas of concern within the performance report, as follows:

- The Emergency Department (ED) performance which is below the national standard at 81.2% in November, together with the impact of the COVID-19 challenges non-COVID patient challenges, particularly cancer patients
- The Referral To Treatment (RTT) 18 week target and the overall 48% achievement which has been significantly affected from the onset of COVID-19 and the associated restrictions. And the recently received directive to stop all non-urgent work, with just under 26,000 patients on the waiting list who require overview/treatment, and a significant amount of over 52 week waiters for which the Trust is an outlier.
- The diagnostic performance of 25%, against a target of 1%; noting that work is underway to improve this.
- Endoscopy activity is challenging the 62 day cancer standard achievement as the Trust has taken over the Endoscopy area to accommodate additional critical care



patients. In relation to cancer, the Trust has outsourced some plastic surgery activity to Whiston Hospital, the regional plastic surgery centre, and consideration is being given to a solution which secures compliance with the 62 day cancer standard.

The Chair remarked on the exceptional times which the Trust was having to deal with and the self-evident impact on many performance standards which in due course will each need to be addressed and recovered.

In discussion, Non-Executive Director, Mr Adams noted the position in relation to falls and in response the Chief Operating Officer that this was partially accounted for by an increasing number of patients in side rooms, explaining that this was a nationally recognised issue.

The Director of Nursing & Quality made the Board aware of her area of concern in relation to workforce issues and care hours per patient per day which had significantly fallen, with a resulting realignment of staffing ratios, as per guidance, along with supplementing workforce numbers with other professional groups, e.g. paediatric nurses supporting adult nurses. The potential impact of staffing on some of the safety metrics was noted.

Following a comment raised by Non-Executive Director, Ms Fletcher, regarding reports in the press that cancer patients will be treated with the same focus as COVID-19 patients, the Chief Operating Officer informed that the Trust is aiming to achieve this and has recently approached NHSE/I requesting total access to a private hospital for the remainder of the financial year, with an aim to increase endoscopy provision which links to the cancer pathway.

In discussion, the Chief Executive Officer acknowledged the significant risk that the Trust faced in relation to its waiting list performance, with 10% of patients on the waiting list waiting more than 52 weeks and deteriorating cancer performance, and the impact of tertiary referral centres under pressure in their support on the cancer pathways. The need to recover the Trust's performance in relation to cancer treatment remained vital and as part of this a request has been submitted to manage the endoscopy waiting list as a whole across the region. Recent confirmation has been received that the region will ask the Cancer Alliance to support this work. The Chief Executive Officer reminded the meeting that the task for the Trust was to ensure that its waiting list performance was recovered as soon as possible and that, in the meantime, this risk remained very real and significant. The Chair agreed with and endorsed these comments, acknowledging that this was not an issue which can be addressed by a single organisation and there was a need to work across the whole of the Cheshire & Mersey system collaboratively on the restoration and recovery challenges.

The Board reviewed and noted the November 2020 Integrated Performance Report.

B142/01/
20-21

AUDIT COMMITTEE CHAIR'S REPORT – 18 NOVEMBER 2020

Questions on the report were sought and Non-Executive Director, Mr Higgins requested that the Board ratify the updated terms of reference.

The Board noted the Audit Committee Chair's Report and ratified the Audit Committee terms of reference.

B143/01/
20-21

DIGITAL AND DATA STRATEGY (2021-26)

The Chief Digital Information Officer described the journey to develop the strategy over a number of months, which will sit alongside other Trust strategies, highlighting the following:



- In relation to the timing of the strategy, a rapid digital adoption had taken place during the pandemic, for example, digital clinics and home working.
- Work continues with migration to a Cerner Electronic Patient Record (EPR).
- It is important to have a digital strategy to add value to the work of the trust and to link to decisions on investments.
- There are five themes and underlying principles within in the document; (1) people; (2) intelligent health -to recognise data as an asset; (3) safe and secure - in relation to cyber security; (4) the way in which we innovate; and (5) digital foundations -our approach to technology.
- Work has been underway with partners across the Integrated Care Partnership strategically.

In response to an enquiry raised by Non-Executive Director, Mr Higgins, as to the impetus to the plans and the scale of the investment required, the Chief Digital Information Officer informed that the investment figure cannot be confirmed yet as substantial business cases are involved, but that the strategy gives direction to assess against when business cases arise.

Non-Executive Director, Ms Fletcher questioned if more utilisation could be made of the digital strategy in relation to a patient/user view point and also intellectual property of clinical staff and solving patients' problems. In addition, if a communication programme around the strategy was planned to give the staff an easy to understand message, along with the transformation involved. The Chief Digital Information Officer acknowledged the work to do on communicating the strategy and confirmed that she envisaged the strategy sitting alongside the Trust's Continuous Improvement Strategy.

There was further discussion, prompted by Non-Executive Director, Mr Williamson as to the plan to bring together the pillars of all Trust strategies to a transformational road map to indicate how the various strategies interlink, costs and value to the organisation. The Chief Executive Officer acknowledged the strength of having the Chief Digital Information Officer as a full board director, the excellent data strategy and indicated that the next phase would be to describe how the strategy was enacted, along with business cases.

The Board approved the Digital and Data Strategy (2021-26).

CARING

B144/01/
20-21

EQUALITY DUTY ASSURANCE REPORT (EDAR)

The Board noted that the impact of COVID-19 had been incorporated on the Trust's equality obligations this year and the Director of Human Resources and Organisation Development invited any questions, noting the presence of the Equality & Diversity Manager who had worked to develop the report.

In response to an enquiry made by Non-Executive Director, Mr Gill with regards to metrics underpinning this work and progress, the Director of Human Resources and Organisation Development referred to plans to receive a People Strategy at a future Board meeting and plans for people metrics, including equality and diversity.

The Board noted and approved the EDAR document for publication in line with the requirements of the Public Sector Equality Duty (PSED) under the Equality Act 2010.



WELL LED

B145/01/
20-21

In the Board's role as Corporate Trustee:
CHARITABLE FUNDS COMMITTEE CHAIR'S REPORT

The Charitable Funds Annual Accounts were recommended to the Board and the Director of Finance confirmed that they had been audited and received appropriate assurance through the Charitable Funds Committee.

Non-Executive Director and chair of the committee, Mr Jones, referred to the M&G investment fund and the decision to take independent professional advice. He also referred to the Corporate Trustee training session held with Board members on 18th January 2021. The Interim Governance Consultant acknowledged the plan for individual Corporate Trustee meetings to be held in future, linking to the discussion at the training session regarding developing a Charitable Funds Strategy and refocusing the Committee's work via its new terms of reference.

The Corporate Trustee noted the contents of the Chair's report, and:

- **Approved the Charitable Fund Accounts for 2019/20;**
- **Noted and agree the investment performance/fund course of action, as outlined within the paper; and**
- **Approved the revised terms of reference of the Charitable Funds Committee.**

PART B

B146/01/
20-21

a. It was noted that the Board had ratified the revised Terms of Reference of the Quality & Safety Committee within section B138/01/ 20-21.

b & c. The Board noted the Mortality Indicators Report and Health & Safety Annual Report in section B138/01/ 20-21.

d. The Board noted the Ockenden Report – Independent review of maternity services at the Shrewsbury & Telford Hospitals NHS Trust

e. The Board noted the contents of the Council of Governors Report – 11 December 2020

f. The Board noted the updated Board business cycle.

MINUTES FOR NOTING AND RECEIPT

The Board noted the following: -

- a. Approved minutes of the Quality & Safety Committee – 10 November 2020
- b. Draft minutes of the Finance & Performance Committee – 17 November 2020
- c. Draft minutes of the Audit Committee – 18 November 2020

B147/01/
20-21

ANY OTHER BUSINESS

There was no other business raised.

B148/01/
20-21

REVIEW OF THE MEETING

The chair welcomed feedback on the meeting.

B149/01/
20-21

DATE AND TIME OF NEXT MEETING

The next meeting of the Board of Directors is scheduled on **9 March 2021, at the revised time of 1:00pm, via Teams videoconference.**



Board of Directors Public Action Log 2020-21 (9th March 2021)

Action no.	Board date	Allocated to	Action detail	Action update/outcome	Due date	Status
14/20	01.12.20	Non-Executive Director, Ms Fallon	CQC temperature monitoring progress – to be progressed off-line with the Chief Digital Information Officer.	<p>Progress update provided at 15 December Quality & Safety Committee.</p> <p>Update provided 19.01.21: Temperature monitoring has been included within the IM&T workplan and is being progressed.</p>	30.03.21	Ongoing
16/20-21	19.01.21	Director of Nursing & Quality & Trust Chair	There will be further consideration of the Ockenden report in a separate Board session relating to the Trust's progress in implementing the report's recommendations and the submissions which it had made in response to NHSE/I requirements.	Consideration underway	30.04.21	Ongoing

Meeting	9th March 2021	Board of Directors				
Report	Agenda item 6	Chief Executive Officer's Report				
Purpose of the Report	Decision		Ratification		Assurance	Information x
Accountable Executive	Susan Gilby			Chief Executive Officer		
Author(s)	Susan Gilby			Chief Executive Officer		
Board Assurance Framework	Q1 Q3 P3 E4	Quality & Safety Infection Prevention & Control Staff Engagement Access, Waiting times, care pathways and Constitutional standards				
Strategic Aims	-					
CQC Domains	Well Led					
Previous Considerations	N/A					
Summary	<p>The purpose of this report is:</p> <ul style="list-style-type: none"> Provide an overview of relevant local regional and national matters which may have impact on the Trust's strategic objectives. 					
Recommendation(s)	<p>The Board is asked to:-</p> <ul style="list-style-type: none"> Note and consider the contents of this report. 					
Corporate Impact Assessment						
Statutory Requirements						
Quality & Safety	Covered within the report					
NHS Constitution						
Patient Involvement						
Risk						
Financial impact						
Equality & Diversity						
Communication	Document to be published on Trust's website					

Chief Executive Officer's Report

National issues

1. Earlier this month, Prime Minister Boris Johnson outlined his four-step strategy that could see restrictions fully lifted by 21 June. In the first step of his roadmap, all pupils in England's schools are expected to return to class from 8 March, with mass testing and wider use of face masks in secondary schools. There will be a further easing on 29 March, with groups of up to six people or two households allowed to gather in parks and gardens. Shops, hairdressers, gyms and outdoor hospitality, as well as self-contained holiday accommodation, could reopen on 12 April. A review of international leisure travel restrictions could also be announced. From 17 May, two households or a group of six may be able to meet indoors in a pub or other hospitality venue such as restaurants. Cinemas, museums, hotels, performances and sporting events will also reopen, with up to 30 people able to attend weddings, receptions, funerals and wakes. The final step from 21 June will potentially see all legal limits on social contact removed, with the final closed sectors of the economy reopened. The Prime Minister stressed that continued progress along the schedule will depend on four tests: the success of the vaccine rollout, evidence of vaccine efficacy, an assessment of new variants, and keeping infection rates below a level that could put unsustainable pressure on the NHS. As each of these phases of relaxation of restrictions is enacted, we will need to be vigilant as to their impact on the NHS. We will be dealing with the COVID-19 disease for years to come, possibly permanently and it is imperative that no one assumes that we are returning to life in the NHS as it was prior to the pandemic.
2. In positive news, the COVID-19 vaccine rollout in England entered its second phase in February, after the Secretary of State for Health and Social Care announced that a vaccination has been offered to everyone in the UK's top four priority groups. As of March 2, more than 20 million people in the UK had had their first dose of a vaccine. The rollout in England has been expanded to the over-65s and younger people in at-risk groups. Mr Hancock said there was still "some way to go" before leaving lockdown. However, take-up of the vaccination varies, with only about two-thirds of social care staff receiving the vaccine, he added. On 26 February, the Joint Committee on Vaccination and Immunisation (JCVI) said the following groups should be prioritised in the next phase of the roll-out, once all at-risk groups in phase one have been offered at least one dose of the vaccine (by mid-April): all those aged 40-49 years; all those aged 30-39 years; all those aged 18-29 years. It strongly advises some particular groups to take up a vaccine as soon as it is offered. They are: men; people from black, Asian and minority ethnic communities; people with a BMI over 30; people living in poorer neighbourhoods.
3. There is increasing evidence of the efficacy and safety of all approved vaccines and growing evidence of their ability to reduce transmission of the virus. This latter news is important as it indicates the potential for the vaccine roll out to have a more rapid impact on ending the pandemic than if it prevented infection in the recipient alone. Recent reports also suggest that a single shot of either the Oxford-AstraZeneca or the Pfizer-BioNTech COVID-19 vaccine reduces the chance of needing hospital treatment by more than 80%, which should have a significant impact in reducing the number of serious cases being admitted to hospital and reducing pressure on the NHS.
4. A further cohort of 850,000 citizens have been added to the extremely clinically vulnerable group and advised to shield. This follows the development of an algorithm called QCovid, developed by the University of Oxford which provides a living risk calculation for death and hospitalisation from COVID-19 infection. These individuals have been added to the priority list for vaccination. This demonstrates the effective use of data as we learn more about the impact of the virus.

5. The Government has now published its 'Integration and Innovation: working together to improve health and social care for all' White Paper. The document sets out the Government's legislative plans to reform the health and social care system through the Health and Care Bill. Central to the White Paper is the idea of the integration of health and social care - a practical and cultural distinction which has for a long-time been subject to criticism. As the population of the UK ages and grows, the need for social care has been ever increasing. However, some say that social care has neither had enough investment nor has it been appropriately integrated into the wider structures of care. The stated main aims of the reforms are to: Integrate care for everyone in England; Reduce bureaucracy and create flexibility; and Improve accountability and enhance public confidence. The Government's current plan is that the legislative proposals will begin to be implemented in 2022. The board will be considering the implications of this paper together with partners across the system in the coming weeks and months.
6. There were concerning findings from England's largest ever study of health inequalities in BAME communities, which showed that the health impact of belonging to some ethnic minority groups is equivalent to being 20 years older than your actual age. Not only are people from these groups often poorer and more likely to suffer from underlying health conditions, they are also more likely to report worse treatment when visiting their GP surgery, and insufficient support from local services, such as housing and social care. The study, which surveyed almost 1.4 million adults aged over 55, provides fresh insights into why people of black and south Asian ethnic backgrounds have a greater risk of death from COVID-19 than white people. A key priority at the Trust remains ensuring that everyone can have access to the highest levels of care regardless of race, gender, or age. COVID-19 has simply been a revealer of inequalities associated with the wider determinants of health and we are committed to working with partners across our system to address these issues.

Regional & local issues

1. In January and early February, the Trust faced unprecedented pressures due to the growth in COVID-19 community cases and hospital admissions. We had the highest percentage of inpatients with COVID of any trust in the North west and were one of the hardest hit nationally. The Trust implemented extraordinary measures to deal with the challenges posed by the second peak in infections, including transferring our paediatric inpatient service to Arrowe Park, our most urgent elective vascular cases to the Liverpool Heart and Chest Hospital and urgent maxillofacial services to Aintree Hospital – with paediatric staff supporting their colleagues on adult wards. Throughout this period, colleagues worked with the highest levels of professionalism, skill and compassion to provide the best care for our patients. It is also a testament to their skill and commitment that we managed to maintain cancer services during this period of acute pressure, albeit within some limitations. This is really important, and I am grateful that when other hospitals were cancelling cancer surgery, our programme was still able to continue.
2. Whilst these pressures are subsiding and the situation has significantly stabilised, some areas of our hospitals are still experiencing challenges relating to COVID-19. It does seem that we have passed the peak in terms of hospital admissions. However, it is essential that we avoid complacency and continue to maintain the highest levels of COVID awareness and preparedness. That is why I am pleased to report the start of the roll-out of our new asymptomatic testing programme, which commenced on Monday 22 February. LAMP testing is much more accurate but less invasive than lateral flow testing, and should act as another important part of our strategy to protect our colleagues and patients through the early detection of any cases of the virus among staff.
3. As an update on the local vaccine roll-out, members of the public will no longer be asked to come to the Countess to receive a first vaccine dose, and will instead receive first doses at the new mass vaccination centre at Chester Racecourse or at their Primary care network hub or community

pharmacy. We will continue providing second vaccine doses to those who received their first vaccination at the Trust. As our vaccination programme winds down, I want to stress how proud I am of all colleagues whose commitment and professionalism ensured an efficient and timely roll-out of the vaccine to over 15,000 people. This incredible effort has allowed us to increase protection against the virus within our local communities and save lives.

4. The trust is now facing a very long road to recovery in terms of elective work. As can be seen in the integrated performance report, the numbers of people waiting over a year for routine treatment is escalating and referral to treatment times across the board for the least urgent treatments are well below statutory requirements. We are mindful of the individuals who sit behind this data and are experiencing the very real impact of our inability to carry out elective work in a timely way. In Cheshire and Merseyside, trusts are in the early stages of working together to address the waiting lists on the basis of equity of access, prioritising the most clinically urgent cases. In April the centre will be issuing guidance on recovery along with clarification of funding for activity to address the demand. The limiting factor will of course be workforce capacity.
5. The Trust is now firmly on the road to introducing a new electronic patient record system this year, which will replace our current Meditech system. Our Connecting Care Epr+ will modernise and improve the way that we admit, care for and discharge our patients. The epr+ system will be simpler to use and far more comprehensive, giving our clinical teams and community based health professionals all the information they need to care for our patients. All colleagues who need to use it will be trained prior to go-live and there will be a wealth of information available to colleagues, including videos and training sessions tailored to specific roles.
6. In other good news, we have continued to expand our Continuous Improvement (CI) Programme, which supports colleagues by providing the tools and techniques to help embed positive change and improvements across the Trust. The CI programme is helping us to further improve our patient care and processes whilst cutting across different services and disciplines, ensuring a holistic approach to improving the quality of care throughout the Trust. In particular, our Health Records team recently benefitted from a bespoke improvement week which resulted in 13 significant improvements to make them more efficient. The CI team has also put in place a range of training for staff at all levels across the trust.
7. In February, the Trust celebrated LGBTQ+ history month by holding a number of virtual bitesize sessions on a range of topics, organised by the Equality, Diversity and Inclusion team at NHSE and NHS Improvement North West to celebrate and share best practice from across the region. We also introduced our new LGBTQ+ Staff Network Lead Gareth Barnes, a staff nurse in ED. He has recently taken up the post and will be working to promote issues and provide advice to staff on a range of LGBTQ+ issues.
8. In late January, the Trust featured in various media, including the Chester Chronicle, BBC Radio Merseyside, local and national radio on LBC and BBC North West Tonight. The first BBC NWT piece highlighted our Intensive Care Unit, and I was proud to see how well everyone on the unit spoke with honesty and integrity about their work at the Trust. The second report on BBC 1 focused on the wider impact of the pandemic on the rest of the hospital. I also spoke to BBC Radio Merseyside, stressing how difficult the situation was at that time, but also how well we were working with the wider healthcare system and our partners to treat patients.

Meeting	9th March 2021	Board of Directors					
Report	Agenda item 7	Board Assurance Framework (BAF) Quarter 4, 2020/21					
Purpose of the Report	Decision	x	Ratification		Assurance	X	Information
Accountable Executive	Susan Gilby				Chief Executive Officer		
Author(s)	Keith Haynes				Interim Governance Consultant		
Board Assurance Framework		All areas of the Board Assurance Framework					
Strategic Aims	Includes all strategic areas						
CQC Domains	Well Led						
Previous Considerations	Board of Directors July 2020, December 2020, January 2021 (in private)						
Summary and Key Points	<p>Since the revised Board Assurance Framework (BAF) was originally considered at the Board of Directors meeting in July 2020 a number of changes have been made and the revised and updated BAF is attached with this cover paper. The Board of Directors reviewed the quarter 3 BAF in private session in January 2021 and considered how it could be further improved, agreeing that the BAF should be utilised, and would improve through use and further amendment over time.</p> <p>In particular, the structure of the BAF has been changed to reflect the more usual structure/contents of a BAF and during February the Executive Directors have begun to assign expected timeframes to actions, which have been aligned with gaps in controls/assurance.</p> <p>The quarter 3 BAF benefited from input from each of the Executive Director leads. It was also shared in a Non-Executive Director briefing session in which there was an opportunity to explore and better understand the purpose and context of the BAF/Strategic Risk Register.</p> <p>In quarter 4, Executive Director input has been gained for most areas of the BAF, with the exception of some of the Quality & Safety risks as a result of operational pressures. These specific risks will be updated for the next iteration of the BAF (i.e. quarter 1, 2021/22) and in order that it can be reviewed at the meeting of the Quality & Safety Committee on 20th April 2021.</p> <p>The top four residual risks, following the implementation of mitigating actions, within the BAF/Strategic Risk Register, all with a residual total risk score of 16 are:</p>						

	<ul style="list-style-type: none"> • E4 - Access, Waiting Times, Care Pathways and Constitutional Standards • Q3 - Safety - Infection Prevention & Control • Q4 - Safety - Nursing & Midwifery Workforce • P5 – Workforce capacity <p>It is intended that the BAF will remain subject to ongoing review and development.</p>
Recommendation(s)	<p>The Board is asked to;</p> <ul style="list-style-type: none"> • Review the BAF/Strategic Risk Register and consider if the top risks reflect the current knowledge and understanding of strategic risks within the organisation; and • Approve the Quarter 4, 2020/21 Board Assurance Framework.
Corporate Impact Assessment	
Statutory Requirements	Meets the Trust compliance with Foundation Trust Status
Quality & Safety	Improved patient safety
NHS Constitution	Improves overall assurance on key strategic objectives
Patient Involvement	
Risk	Alignment with corporate risk register
Financial impact	
Equality & Diversity	
Communication	

Board Assurance Framework (BAF) Quarter 4, 2020/21

BACKGROUND

1. A Board Assurance Framework (BAF) outlines the key risks to achievement of an organisation's strategic objectives.
2. Since the revised BAF was originally considered at the Board of Directors meeting in July 2020 a number of changes have been made.
3. The Board of Directors reviewed the quarter 3 BAF in private session in January 2021 and considered how it could be further improved, agreeing that the BAF would be utilised and could develop further over the next 12 months.
4. The quarter 4 BAF has benefitted from further Executive Director input and further improvement to the structure and format.

PURPOSE

5. The purpose of this paper is to seek agreement on the quarter 4, 2020/21 BAF and make the Board aware of the top risks to achievement of the organisations strategic objectives.

UPDATES TO THE BAF STRUCTURE

6. The more specific recent updates to the BAF structure include:
 - a more granular presentation of the organisations key strategic risks – enabling a debate and shared understanding of the organisations top strategic risks;
 - in keeping with the revised structure, the identification of initial, residual and target risk scores (helping identify our risk appetite);
 - action plan where there are gaps in controls;
 - alignment to lead committees, signalling the need to review the relevant dimensions of the BAF within those Committees;
 - the inclusion of new additional risks – safeguarding, infection prevention control, information governance, etc.
 - expected timeframes assigned to actions, where available
 - actions aligned (via relevant numbering) with gaps in controls/assurance, where available; and
 - The residual total risk column now follows the assurance column, as this enables a logical read across the BAF.

CHANGES TO BAF RISKS SINCE QUARTER 3

7. The following changes have been made to the BAF risk scores in quarter 4 2020/21 since quarter 3:

BAF risk reference	Risk area	Initial risk score	Residual risk score	Target risk score	Movement
E2	Uncertainty of financial funding	-	Decrease from 3x3=9 to 3x2=6	Change from 2x3=6 to 3x2=6.	↓
E4	Access, waiting times, care pathways	Increased from 4x4=16 to 4x5=20	Increased from 4x3=12 to 4x4=16	Increased from 2x2=4 to 3x3=9	↑
E5	Business continuity - pandemic	-	-	Increased from 3x2=6 to 3x3=9.	↑
E8	Electronic Patient Record (EPR)	Increase from 4x3=12 to 4x4=16	-	-	↑
P1	Recruitment	-	-	Decrease from 3x3=9 to 3x2=6	↓
G2	Information Governance	Increase from 4x4=16 to 4x5=20	Increase from 3x4=12 to 3x5=15	Increase from 3x3=9 to 3x4=12	↑

TOP RISKS FOLLOWING MITIGATING ACTIONS

8. The following are the **top four risks**, following the implementation of mitigating actions, within the BAF/Strategic Risk Register, **all with a residual total risk score of 16**:

- E4 - Access, Waiting Times, Care Pathways and Constitutional Standards
- Q3 - Safety - Infection Prevention & Control
- Q4 - Safety - Nursing & Midwifery Workforce
- P5 – Workforce capacity.

9. These top four risks are closely followed by **two further risks** which have a **residual total risk score of 15**, as follows:

- E7 – Cyber security (Digital Strategy)
- G2 – Failure to ensure appropriate Information Governance.



RECOMMENDATION

The Board is asked to:

- Review the BAF/Strategic Risk Register and consider if the top risks reflect current knowledge and understanding of organisational strategic risks within the organisation; and
- Approve the Quarter 4, 2020/21 Board Assurance Framework.

Board Assurance Framework & Strategic Risk Register 2020/21 - Quarter 4 Summary

BAF Risk ID	Work Programme linked to Strategy	Initial total risk score (C x L)	Residual total risk score (C x L)	Action plan	Target total risk score (C x L) Q4	Change in risk score since previous quarter
Strategic Aim: People - attract and retain talented people with the right skills and attitude to create a positive environment with a shared sense of pride and ambition for everyone Lead Executive Director: Alyson Hall, Director of Human Resources & Organisation Development / Lead Assurance Committee: Finance & Performance Committee						
P1	Recruitment	4x4=16	4x2=8	Some progress now being made in this area with robust recruitment strategies and controls in place to fill gaps in clinical roles. Strategic Workforce Group set up and meeting regularly to report and monitor workforce gaps and associated costs. Capacity issues within Resourcing team identified and plans put in place to address these going forward. Recruitment branding to be developed.	3x2=6	Decrease in residual risk score from 3x4=12 to 4x2=8. Decrease in target risk score from 3x3=9 to 3x2=6 ↓
P2	Retention	4x3=12	3x3=9	Retention performance within the Trust falls within or above acceptable rates for comparable sized Trust but more activity is required through the development and implementation of a comprehensive Employee Engagement Strategy. Work has commenced to address this identified need.	2x3=6	
P3	Staff Engagement	4x4=16	3x4=12	Trust National Employee Survey scores from 219 improved but further work is required to continue the improvement. This is being addressed through the development and implementation of an Employee Engagement Strategy. This work has now commenced.	3x3=9	
P4	Education and Training	4x3=12	4x3=12	Whilst there is good provision of technical training and development programmes within the Trust to provide assurance in relation to clinical capability and competency, there is no similar provision to address supervisory, management and leadership capability. This requires extensive review of capacity to address long term under investment in the development of internal talent at all levels across the Trust.	3x3=9	
P5	Workforce capacity	4x5=20	4x4 = 16	Psychological first aiders to be put in place, as part of review of staff psychological provision and in conjunction with CWP to provide psychological interventions for health care workers at risk. Continue international recruitment. Focus on retention. Work in all areas commenced.	2x3=6	
Strategic Aim: Quality & Safety - To deliver safe care and treatment Lead Executive Director: Darren Kilroy, Executive Medical Director & Alison Kelly, Director of Nursing & Quality/Deputy Chief Executive / Lead Assurance Committee: Quality & Safety Committee						
Q1	Quality & Safety	5x4 = 20	4x3 = 12	Good progress is being made. However, given the current challenges of operationally managing the Trust during the Covid pandemic, despite monitoring of standards via the Ward Accreditation Programme (with improving results), the impact of the pandemic on clinical workforce, poor estates infrastructure, nosocomial infection rates and high hospital occupancy has increased risk to patients.	3x3 = 9	
Q2	Safety - 'Think Family' - Safeguarding Adults & Children	4x4 = 16	4x3 = 12	Improvement Plan in place and new governance infrastructure in place with a partially implemented integrated model for safeguarding and complex care. Some concerns raised regarding management of Section 42 safeguarding cases, education and training continues. Additional resource required to ensure full implementation of the service model.	3x3 = 9	
Q3	Safety - Infection Prevention & Control	5x4 = 20	4x4 = 16	Director of Nursing & Quality is the Director of Infection Prevention and Control. Additional resource provided to increase the size and leadership in the IPC team. Improvement plans in place and Board sighted regularly on IPC risks and actions being progressed. Trust continues to have high occupancy and high rates of Covid cases (including nosocomial transmission).	4x3 = 12	

BAF Risk ID	Work Programme linked to Strategy	Initial total risk score (C x L)	Residual total risk score (C x L)	Action plan	Target total risk score (C x L) Q4	Change in risk score since previous quarter
Q4	Safety - Nursing & Midwifery Workforce	5X4= 20	4X4= 16	Good systems and processes in place, robust recruitment and retention strategy in place . However, sickness absence (covid and non covid), current vacancies and staff redeployed to support other services across the Trust during the pandemic escalation is having a significant impact on safe nurses staffing levels. This is monitored on a shift by shift basis and risks escalated accordingly.	4X3 = 12	
Q5	Patient safety -failure to identify preventable clinical harm and preventable avoidable death	4X3 = 12	4X2 = 8		3X2 = 6	
Q6	Failure to provide an adequately trained and skilled medical workforce to support the services we provide	5X4= 20	4X3 = 12		3X2 = 6	
Strategic Aim: Effectiveness - Providing efficient and financially sustainable services. Lead Executive Director: Simon Holden, Director of Finance/ David Coyle, Chief Operating Officer & Cara Williams, Chief Digital Information Officer / Lead Assurance Committee: Finance & Performance Committee						
E1	Underlying Long Term Trust Financial Sustainability	4X3 = 12	4X2 = 8	1-3 & 7. Develop a financial plan that reflects activity and restoration plans - by June 2021. 1-3 & 7. Await national guidance to be published and then complete budget setting process for 2021/22 within timescales - June 2021 1 & 7. Continued engagement with Healthcare partnership and Cheshire system to identify opportunities for waste reduction, along with internal engagement - June 2021 1-4. Close monitoring and forecasting of 2020/21 against agreed deficit plan - by March 2021. 4. Continue to work with NHSE/I and Wales health boards to agree financial risk arrangements - by June 2021 5. Work with medical workforce team to understand job plans in relation to budget setting - by 31st March 2021 6. Work with HR and nurse management teams regarding gaps in over-establishment process - by 31st March 2021 1-3 & 7. Link with transformation team and EPR team regarding business planning cycle to ensure financial plans reflect transformation plans and are affordable - by June 2021 9. Re-establish Capital Steering Group - by April 2021 8. Develop long term financial plan and commence reporting of underlying financial position to the Board - by June 2021 10. Regularise workforce establishment reporting - by June 2021	3X2 = 6	
E2	Uncertainty of financial funding and consequences of breaching control total under current Covid-19 financial regime	4X3 = 12	3X2 = 6	1, 3 & 4. Develop a financial plan that reflects activity and restoration plans - by June 2021. 1. Close monitoring and forecasting of 2020/21 against agreed deficit plan - by March 2021. 1. Await national guidance to be published and then complete budget setting process for 2021/22 within timescales - June 2021 1. Ensure financial plans reflect national guidance and policy and trust operational plans - by June 2021 1. Continue to work with NHSE/I to agree financial risk arrangements in local health system- by March 2021 4. Develop Board report to show health of the underlying deficit position - by June 2021	2X3 = 6	Decrease in residual risk score from 3x3=9 to 3x2=6
E3	Financial Ledger System stability	4X3 = 12	3X3 = 9	1. Pursue appetite with partners within HCP/ICS for collaborative procurement of new financial system - by 31st March 2021 1. Undertake options appraisal to remain with existing system or procure new system - by September 2021 2. Identification of resource requirements as part of the budget setting process - by September 2021	2X3 = 6	

BAF Risk ID	Work Programme linked to Strategy	Initial total risk score (C x L)	Residual total risk score (C x L)	Action plan	Target total risk score (C x L) Q4	Change in risk score since previous quarter	
E4	Access, Waiting Times, Care Pathways and Constitutional Standards	4X5=20	4X4 = 16	<p>1 & 2. Implementation of key actions identified in action plan Increased clinical engagement & oversight - clear objectives for cancer manager. Relaunch cancer committee - relaunched.</p> <p>1& 2. Development of actions to address 18 weeks and longest waiters, Validation of wait lists ongoing. We are aiming to increase theatre productivity. Validation and education programme has commenced as part of the RTT.</p> <p>1-9. Covid-19 restoration programme based on Phase 3 requirements continues; trajectory re-submission December 2021 completed. Close working with Right Care and NHSI continues to identify available support and mutual aid within the North West system. In terms of controlling the effects of Covid-19 we have a dedicated swabbing unit; we are one of seven vaccination hubs in the North West where we intend to vaccinate a large number of our most vulnerable staff as quickly as possible to reduce Covid-19 incidence.</p> <p>4 & 5. Divisional support to develop workforce plans & alternative roles to be+J8 presented via medical staffing meeting & Nursing & midwifery workforce group - ongoing work which has been pause due to Covid-19 disruption has been reinstated. Successful bids made to HEE to appoint ACP and ANP training schedules. Ongoing medical and nursing workforce focus to ensure adequate cover at all levels to achieve constitutional standards.</p> <p>6. EPR upgrade currently preparing for cross over in May 2021.</p> <p>7. ED - Whole system approach to hospital avoidance and supported primary care function. Submission of capital plans for new Urgent Emergency Care service implementation. Specialised respiratory unit commissioned and aim to go live April 2021. T-Block conversion, ED reconfiguration and Modular Ward continue with the majority of changes completed.</p> <p>8. Endoscopy activity reduced due to high critical care activity and as part of the action plan reinvigorating endoscopy activity via the ISP (Independent Service Provider), via insourcing and in the endoscopy unit itself. Intensive focus on Endoscopy to increase activity is ongoing. Endoscopy new scope room was appointed January 2021. Critical Care have now moved out of Endoscopy unit (mid-Feb 2021). New CT scanner for Ellesmere Port Hospital April 2021. Liaison with local CCG to ensure a robust triage filtration system for primary care referrals, particularly in certain specialities.</p> <p>9. Increasing primary care/demand for diagnostics and hospital requires senior oversight, education & training.</p>	3X3=9	<p>Increase in initial risk score from 16 to 20.</p> <p>Increase in residual risk score from 12 to 16.</p> <p>Increase in target risk score from 4 to 9.</p>	↑
E5	Business Continuity - Pandemic Flu / Virus	5X4= 20	4x4=16	<p>1. CoCH vaccination programme targeting its over 80's, care home staff and acute front line staff. Vaccination Hub now targeting additional cohorts of over 70's and CEV (clinical extremely vulnerable) people, thus pre-procedural patients such as cancer and haematology.</p> <p>2 & 3. National instruction via local and Trust system commands.</p> <p>3. Local initiatives to reduce risk of Covid transmission including lock down of hospital, access, introduction of one way system at entrance, no visiting unless by permission for end of life patients, increased security presence and target communications to staff: Hands, Face, Space.</p>	3x3=9	<p>Increase in target risk score from 3x2=6 to 3x3=9.</p>	↑
E6	EU Exit transition	4X3 = 12	3X3 =9	<p>1. Reporting and escalation of supplier status through SRO & Silver control.</p> <p>1. Operation of usual Medicines shortages procedures which include up to six weeks stock piling of key supplies and medications.</p>	2X3 = 6		
E7	Cyber security (Digital Strategy)	5X4 = 20	5X3 = 15	<p>1-4. Developing the business plan for 2021-22 for IM&T including priority on cyber activity - by 31st March 2021</p> <p>2. Progressing the target operating model for IM&T including cyber security team - by 31st March 2021</p> <p>5. Complete annual DSPT review - June 2021</p> <p>5 & 6. Progress action plans from previous cyber security audits - March 2022</p>	4X3 = 12		

BAF Risk ID	Work Programme linked to Strategy	Initial total risk score (C x L)	Residual total risk score (C x L)	Action plan	Target total risk score (C x L) Q4	Change in risk score since previous quarter
E8	EPR+ Programme	4X4 = 16	4X3 = 12	1. Further develop benefits identification and tracking, including benefits owners - by March 2021 2. Operational Readiness Board being set up - March 2021 3. Target operating model proposal being discussed at EDG - by March 2021 1 & 5. Include realisation of benefits in benefits tracking - by March 2021. 4. Agree approach to re-procurement of RTT validation - March 2021	4X2 = 8	Increase in initial risk score from 4x3 = 12 to 4X4 = 16 ↑
To collaboratively innovate and transform the Trusts Clinical Services Lead Executive Director: Darren Kilroy, Medical Director & Alison Kelly, Director of Nursing & Quality/Deputy Chief Executive / Lead Assurance Committee: Finance & Performance Committee						
C1	Failure to progress implementation plan of the clinical services strategy	3X3 = 9	3x2 = 6	1. Reorganise organisational challenge in the operational delivery of key services (i.e. Max/Fax/Plastics).	2X2 = 4	
Strategic Aim: Good Governance - To develop and improve corporate governance Lead Executive Director: Chief Executive Officer and Director of Corporate Affairs. Lead Assurance Committee: Finance & Performance Committee						
G1	Failure to progress implementation of the governance improvement plan	3X4 = 12	3X3= 9	1. Paused governance training to progressed at a suitable time in 2021, post-pandemic 3. FPPT to be reviewed by end April 2021 4. BAF being updated for Q4 and then further monitoring and review in Q1 6. Review of Board effectiveness to be scheduled by May 2021 7. Charitable Funds investment strategy to be further developed by end Q2 (Sept)	2X2 = 4	
G2	Failure to ensure appropriate Information Governance	4X5 = 20	3X5 = 15	3 & 5. The Data Security and Protection toolkit review is undertaken/reviewed annually. 1&3. Increased ask for resources within M&T to support faster implementation of technical controls as part of DSPT	3X4= 12	Increase in initial risk score from 4x4=16 to 4x5=20. Increase in residual risk score from 3x4=12 to 3x5=15. Increase in target risk score from 3x3=9 to 3x4=12 ↑

BAF Risk ID	Work Programme linked to Strategy	Initial total risk score (C x L)	Residual total risk score (C x L)	Action plan	Target total risk score (C x L) Q4	Change in risk score since previous quarter
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Risk Score Matrix

Risk Scoring Matrix	Likelihood Rating				
	1	2	3	4	5
Consequence Rating	Rare	Unlikely	Possible	Likely	Almost Certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Risk description:	
1 to 5	Very low
6 to 8	Low
9 to 14	Moderate
15 to 25	High

Board Assurance Framework & Strategic Risk Register 2020/21 - People



BAF Risk ID	Work Programme linked to Strategy (what the organisation aims to deliver, and Executive Lead)	Risk Description Cause - what has led up to the risk being possible Impact - immediate effect on services, service users, staff, projects Consequence - longer term concerns	Initial total risk score (C x L)	Controls (Actions taken to manage the risk).	Assurance (Where can the organisation gain evidence that its controls/systems on which it places reliance are effective, e.g. internal audit, reviews, data).	Residual total risk score (C x L)	Gaps In Controls (Identified weaknesses in current management arrangements) AND Gaps In Assurance (Identified weaknesses in how we gain evidence to assure ourselves - or lack of scrutiny)	Target total risk score (C x L)	Action plan
<p>Strategic Aim: People - attract and retain talented people with the right skills and attitude to create a positive environment with a shared sense of pride and ambition for everyone Lead Executive Director: Alyson Hall, Director of Human Resources & Organisation Development / Lead Assurance Committee: Finance & Performance</p>									
P1	Recruitment	<p>Cause: If the Trust is unable to recruit sufficient numbers of clinical staff due to reduced availability and increased competition then this will impact the quality of patient care and safety. - Recruitment of Consultants and Registered Nurses is a national issue.</p> <p>Impact: - reduction in job satisfaction and staff morale - loss of workforce productivity arising from a reduction in discretionary effort amongst a substantial proportion of the workforce - workforce fatigue and increased absenteeism - loss of experienced staff</p> <p>Consequence Possibility of extended unplanned suspension of services Poor clinical outcomes and experience for large numbers of patients resulting in an increased risk of harm Potential for the Trust to fail to achieve its constitutional standards Potential for workloads to become unmanageable leading to increased costs to cover sickness absence, higher agency pay/overtime</p>	4x4=16 (Jan 2021)	<p>Strategic Level Participation in National and STP Workforce Planning Joint collaborative working with other Trusts in Cheshire and Mersey including International Nurse Recruitment. Review of Nursing establishment carried out and implemented with Health Rostering system</p> <p>Operational Level Strategic Workforce and Nursing & Midwifery Workforce Groups established; Workforce Hub aligned with Staffing Solutions Recruitment strategy implemented to over recruit up to the Trusts' attrition rate of 8% for RNs Senior management and Executive oversight of clinical rotas and gaps. Weekly meetings of Transformation and Resourcing Panel Staff escalation process in place to ensure minimum levels are met. Strong Out of Hours Clinical manager and Clinical Director process. Development of workforce plans at Directorate level Bank and Temporary workforce process in place Relaunching Retire and Return Policy Trust People Strategy in draft International recruitment commenced</p>	<p>Reported to Board (Date) - Integrated Performance Report (monthly)</p> <p>Reported Elsewhere (Date) - Strategic Workforce Group (Monthly) - Finance and Performance Group - (Monthly) - Divisional Quality Performance Review meetings - Nursing, Midwifery & AHP workforce Group (monthly) - Finance & Performance Committee (bi-monthly)</p>	4x2=8 (Jan 2021: 3x4=12)	<p>Gaps in control: 1. Pressures on staffing have required the utilisation of agency staff off framework on occasion</p> <p>Gaps in assurance: 3. Failure to be able to recruit in some key speciality areas</p>	3x2=6 (Jan 2021 was 3x3= 9. Decreased March 2021) (target Q3 2021/22)	<p>1. Secure Framework Agreements with Recruitment Agencies to secure additional nurses to fill identified gaps in workforce - ongoing during Covid period and progress made in this area in December 2020 with view to refinement.</p> <p>2. Capacity issues within Resourcing team identified and plans put in place to address these going forward - by Q2 2021/22.</p> <p>3. Develop a brand strategy/recruitment offer/why come and work here - by Q3 2021/22</p>
P2	Retention	<p>Cause: The Trust is unable to retain sufficient numbers of clinical staff</p> <p>Retention of Consultants is a national issue. Retention of registered nurses is a national issue. Geographic location of Trust services. Limited agency cover available</p> <p>Impact: Trust-wide it will negatively affect the safety and quality of the services provided including the ability of the Trust to meet its targets around access, waiting times and care pathways.</p> <p>Consequence Possibility of extended unplanned suspension of services Poor clinical outcomes and experience for large numbers of patients resulting in an increased risk of harm Potential for the Trust to fail to achieve its constitutional standards Potential negative impact upon staff morale leading to further attrition and Potential for workloads to become unmanageable leading to increased costs to cover sickness absence, higher agency pay/overtime</p>	4x3=12 (Jan 2021)	<p>Strategic Level Participation in National and STP Workforce Planning. On-going discussions with Commissioners. Board, Executive and Board Committee review Safer Staffing Report. On-going work with Universities.</p> <p>Operational Level Senior management and Executive oversight of staff rotas. Bank and Temporary workforce process in place. Implementing appraisal and supervision training for all managers to ensure good quality employee experience across Trust. Transfer Window for Band 5 Clinicians agreed and implemented. Agreed and enhanced support for newly qualified staff (Band 5 Nurse Preceptors). Launching Admin Conference. Relaunching Flexible Retirement Policy. Development of a Trust Organisational Development Strategy and Employee Engagement Strategy Junior doctors forum, succession and talent planning, international recruitment commenced, Transformation and resource panel (weekly)</p>	<p>Reported to Board (Date) - Integrated Performance Report (Monthly) - Safer Staffing - Staff Survey (May 20)</p> <p>Reported Elsewhere - Finance and performance Committee (Workforce Assurance Report) - Divisional Quality Performance Reviews - Divisional Governance Meeting (Monthly HR Reports) - NHSI report - benchmarking information shows how Trust performs against national and regional trusts. Bank and temporary workforce audit. Annual GMC Survey</p>	3x3=9 (Jan 2021)	<p>Gaps in control: 1. Retention Strategy to meet the 1% improvement target.</p> <p>2. Health & Wellbeing Programme initiated to enable better retention of staff.</p> <p>Gaps in assurance: 3. Data quality requires improvement and training for staff in use of ESR</p>	2x3=6	<p>1. Retention performance within the Trust falls within or above acceptable rates for comparable sized Trusts but more activity is required through the development and implementation of a comprehensive Employee Engagement Strategy. Work has commenced to address this identified need. (On-going)</p> <p>2. Health and Wellbeing Strategy to be drafted and implemented (Q2)</p> <p>3. Make the data count- review data collection methods and develop a package of proposals to increase and improve our analysis, understanding and reporting of retention information (Ongoing)</p>
P3	Staff Engagement	<p>Cause: The Trust loses the engagement of a substantial proportion of its workforce due to ineffective leadership or inadequate management practice Lack of availability/equity of access to appropriate training and development Inability to attract / retain good quality staff</p> <p>Impact: - Reduction in staff morale - Less effective team work - Reduced compliance with policies - Increased levels of absence - Increased levels of turnover - Inability to attract high quality staff Poor reputation</p> <p>Consequence: Poor clinical outcomes and experience for large numbers of patients resulting in an increased risk of harm Potential for the Trust to fail to achieve its constitutional standards Increased risk of reputational damage for the Trust</p>	4x4=16 (Jan 2021)	<p>Strategic Level Organisational and Local Staff Engagement: - Continuous Improvement Strategy - Employee Engagement Strategy - Chief Executive Briefings - Executive Back to the Floor sessions - Staff Side Partnership Forum / Joint Local Negotiation and Consultation - Freedom to Speak Up - Occupational Health and Wellbeing Service - Talent Management and Succession Planning processes - HR Policies which reflect best practice and relevant employment legislation - Workforce reviews, workforce metrics - Feedback from Quality and Safety Committee on workforce related matters - Staff Recognition and Achievement of Excellence Awards Improved comms (daily covid briefing, whole hospital meeting)</p> <p>Operational Level - Managers' briefing and newsletters - Staff Appraisal - Exit Interviews (query quality and effectiveness, and location of data)</p>	<p>Reported to Board (Date) - Integrated Performance Report (Monthly) - Staff Survey (May 20)</p> <p>Reported Elsewhere - Strategic Workforce Group (Qrtly) - Finance and Performance Committee - Divisional Governance Meetings - Monthly HR Reports</p>	3x4=12 (Jan 2021)	<p>Gaps in control: 1. People Strategy in draft 2. Lack of Trust wide Employee Engagement Strategy</p> <p>Gaps in assurance: 3. Further improvement required in staff response rates to national Staff Survey</p>	3x3=9	<p>1 & 2. Trust outcomes for the National Employee Survey have improved since 2019 but still requires further improvement. This is being addressed through the development and implementation of an Employee Engagement Strategy. This work has now commenced (On-going)</p> <p>1. People Strategy 2021-25 in draft and due to be implemented Q1 2021</p>
P4	Education and Training	<p>Cause: Unable to deliver an effective and attractive programme of training and development opportunities for our staff due to inadequate resource, inadequate IT infrastructure and capacity leading to: - a lack of availability of appropriate supervisory, management and leadership skills at all levels across the Trust - reduced ability to release staff to attend mandatory training</p> <p>Impact: Declining standards of performance due to lack of management skill and capability - inability to attract / retain good quality staff - Staff feel there is a lack of development opportunities that provide a career pathway - Inability to provide sufficient capacity for undergraduate healthcare students due to re-design of services during pandemic. Poor learning experience for students; Students unable to meet curricula requirements; Delays in attainment of registration for students. - Managers within the Trust do not fully understand their responsibilities to their staff i.e. appraisals, talent management, succession planning</p> <p>Consequence: Potential of reputational damage to the Trust Increased indiscipline and grievance leading to increased risk of legal challenge/fee and costs, Reduced safety, reduced capability, Non-compliance with CQC standards and Statutory requirements e.g. compliance with mandatory training Multiple complaints and patient care and experience adversely affected.</p>	4x3=12 (Jan 2021)	<p>Strategic level: Review of Education and Training structure as part of the broader HR Review Engagement with NHS Leadership Academy SLG Talent and Succession Mapping exercise Continuous Improvement Strategy Review of Trust workforce policies development of business case for the procurement of a learning Management system that is fit for purpose.</p> <p>Operational Level: Interview outcomes and performance of internal candidates suitability for promotion Staff appraisals Capability and Performance Management process monitoring Monitoring of grievances Freedom to Speak Up Exit Interviews Delivery of Matrons Development Programme linked to the Matrons Handbook Development of Leadership Development Programme, due for implementation. Provision of training through alternative methods e.g. eLearning, zoom. Development of a training directory. Closely working with universities across the region to look at pinch points; Working with regional group on placement expansion programme; capacity planning with Associate Directors of Nursing; Commencing a pilot of virtual reality simulation to improve learning and skills acquisition; Member of regional project - Place Based Tariff; Member of regional group for Enhancing Learning Environment project.</p>	<p>Reported to Board; N,MW & AHP (monthly) - Integrated Performance Report (Monthly) - Staff Survey (2020)</p> <p>Reported Elsewhere - Strategic Workforce Group (Workforce Assurance Report) - Finance and Performance Committee - Divisional Governance Boards - Monthly HR Reports</p>	4x3=12 (Jan 2021)	<p>Gaps in control: 1. Lack of formal annual Training Needs Analysis (TNA) undertaken in the Trust 2. No formal People Strategy 3. Lack of transparent tracking of income & expenditure against Learning and Development activities</p> <p>Gaps in assurance: 4. No formal Learning and Development KPIs</p>	3x3=9	<p>1. Whilst there is good provision of technical training and development programmes within the Trust to provide assurance in relation to clinical capability and competency, there is no similar provision to address supervisory, management and leadership capability. Management development programme to be developed and implemented (2020/21)</p> <p>2. This requires extensive review of capacity to address long term under investment in the development of internal talent at all levels across the Trust. HR and OD Operating Model to be drafted for consideration by the Trust (Q4 20/21)</p> <p>3. Budget responsibility to move under the Head of Education, Development and Training. (Q1 21/22)</p> <p>4. KPIs to be developed (Q4 2021)</p>

BAF Risk ID	Work Programme linked to Strategy (what the organisation aims to deliver, and Executive Lead)	Risk Description Cause - what has led up to the risk being possible Impact - immediate effect on services, service users, staff, projects Consequence - longer term concerns	Initial total risk score (C x L)	Controls (Actions taken to manage the risk).	Assurance (Where can the organisation gain evidence that its controls/ systems on which it places reliance are effective, e.g. internal audit, reviews, data).	Residual total risk score (C x L)	Gaps In Controls (Identified weaknesses in current management arrangements) AND Gaps In Assurance (Identified weaknesses in how we gain evidence to assure ourselves - or lack of scrutiny)	Target total risk score (C x L)	Action plan
P5	Workforce Capacity	<p>Cause: Balancing the operational need for the delivery of safe patient care with the resilience and wellbeing of our workforce due to COVID-19. Covid-19 impact on staff capacity and availability and other non- illness related issues such as child care or other domestic issues. National constraints for managing ER issues</p> <p>Impact: short notice absences and sickness absence/non-attendance, self-isolation and shielding</p> <p>Consequence: staff burnout, long covid, PTSD, shortfalls in staffing below that considered to be safe or ensure the effective delivery of services both frontline and in support areas.</p>	<p>4x5=20 (Jan 2021)</p>	<p>Routine testing. Staff track and trace. National guidance is implemented. Fast track recruitment & checks, increased bank and agency use, Lateral Flow implementation, vaccination programme (Both Flu and Covid-19), risk assessment inc BAME focus, central nursing workforce team siting staff, silver control and medical staffing</p> <p>Developing health and wellbeing framework. Occupational health resources supporting psychological support, part of Cheshire collaborative</p> <p>Recruitment and effective vacancy management (international nurses)</p> <p>Utilisation of students, tactical meeting, roster compliance, working time directive compliance</p>	<p>Daily sitreps on Covid absence</p> <p>STP and regional sitreps for staffing monitor via Strategic Workforce Group</p> <p>Monitored via Nursing & Midwifery workforce group which reports into F&P Committee</p>	<p>4x4 = 16 (Jan 2021)</p>	<p>Gaps in control:</p> <ol style="list-style-type: none"> 1.No mechanism for reporting for non-sickness absence, e.g. urgent annual leave or urgent domestic leave. 2. Always a lag in ESR in relation to sickness absence other than nursing reporting from e-roster. <p>Gaps in assurance:</p>	<p>2x3=6</p>	<p>1. Psychological first aiders to be put in place, as part of review of staff psychological provision and in conjunction with CWP to provide psychological interventions for health care workers at risk.</p> <p>Continue international recruitment</p> <p>Focus on retention to support staff wellbeing. (Commenced and Ongoing)</p>

Board Assurance Framework & Strategic Risk Register 2020/21 - Quality & Safety



BAF Risk ID	Work Programme linked to Strategy (what the organisation aims to deliver, and Executive Lead)	Risk Description Cause - what has led up to the risk being possible Impact - immediate effect on services, service users, staff, projects Consequence - longer term concerns	Initial total risk score (C x L)	Controls (Actions taken to manage the risk)	Assurance (The mechanisms we know the controls are working - reports, scrutiny meetings, committees, internal & external audits and reviews)	Residual total risk score (C x L)	Gaps in Controls (Identified weaknesses in current management arrangements) AND Gaps in Assurance (Identified weaknesses in how we assure ourselves - or not enough information or lack of scrutiny)	Target total risk score (C x L)	Action plan
<p>Strategic Aim: Quality & Safety- To deliver safe care and treatment Lead Executive Director: Darren Kilroy, Medical Director & Alison Kelly, Director of Nursing & Quality/Deputy Chief Executive / Lead Assurance Committee: Quality & Safety</p>									
<p>Safety (Director of Nursing & Quality & Executive Medical Director)</p>									
Q1	Quality & Safety (Director of Nursing & Quality & Executive Medical Director)	<p>Cause: - Failure to ensure the Trust has sufficient systems and processes and clinical policies in place - Failure of staff to comply with agreed systems and processes and clinical policies. - Failure to escalate non-compliance with systems and processes</p> <p>Impact: - Unsafe care leading to avoidable harm - Detrimental effect on safety culture</p> <p>Consequence: - Regulatory sanctions - Increased complaints and Reputational damage and increased external scrutiny - Poor staff survey and inpatient survey results</p>	5x4 = 20 (Jan 2021)	<p>Strategic Level - Monthly CQC/Exec engagement meetings - Partnership working with safety – related external agencies - STEIS reporting of significant incidents; MIAA audits of key quality & safety measures. - Board and Sub-Board committee oversight - Assigned Director Portfolios, structures and teams - Implementation of External Governance Review (progress reduced due to Covid);</p> <p>Operational Level - Weekly executive led Serious Incident Panel - Safety Summits and targeted staff comms - Quality Governance Group and Learning from Deaths Group - Monthly Divisional Governance Group meetings. Divisional Performance Management meetings paused but to be recommenced in Q4 (20/21). - Ward to Board reporting, structures and teams; - 7 day working for Matrons; - Patient Experience operational Group; -Safeguarding Children & Adults Team and processes; - Infection Prevention & Control Strategy Group meetings & sub groups; - Risk Management Strategy; - Incident reporting, SI/ Never Event Reporting, Claims & Inquest reporting; - Annual Quality Priorities; CQUIN & Quality Contract monitoring, Deteriorating Patient Group; Medicines Safety Group; National Surveys; NICE, Clinical Audit & HSIB monitoring; Engagement with GIRFT Programme; Patient Experience Strategy (under review); Maternity CNST; MatNeo Safety Collaborative; Ward Accreditation Programme; Clinical Audit Strategy; Staff Mandatory Training; Internal Serious Escalation Plan in place; Reconfiguration of ED pathways, systems and processes completed in 2020. Regular MADE events in place to support patient discharge; regular review of 7, 14 and 21 LOS patients. COVID: Daily Tactical/Command & Control Reporting and structures in place; Silver Control established</p>	<p>Reported to Board (Date) - Trust monthly integrated performance report - Annual Infection Prevention & Control Report - National Survey reports; CQC Inspection/Review reports - Quarterly & Annual Mortality Report - Annual Quality Account; Patient Experience & Complaints Annual Report; Health & Safety Annual Report; Safeguarding Adults/Children's Annual Report (Think Family); CQC compliance updates Reported Elsewhere (Date): Quality & Safety Committee & Quality Governance Group & Senior Leaders Group meetings - Triangulation report (complaints, incidents, claims) - Annual Medicines Management report - Infection Prevention & Control Strategy Meeting - Divisional Governance Group Assurance Chairs reports - 'Think Family' Strategy Group (safeguarding); Monthly Serious Incident Report; Safer Nurse Staffing Report; Mortality/Learning From Deaths Reports; Patient Safety reports as indicated; Maternity/Neonatal Reports; Clinical Audit Reports; CQC compliance update reports. QIA's signed off by Medical Director & Director of Nursing & Quality; Matrons Audits; Covid Operational Dashboard; Daily Covid Workforce dashboard; Daily Covid data shared; Daily Covid specific comms & weekly Trust comms; CEO weekly message; Weekly Trust Teams Meeting; Twice weekly Nursing & midwifery Teams briefing with DoN; Review of financial impact.</p>	4x3 = 12 (Jan 2021)	<ol style="list-style-type: none"> Quality Governance at Divisional level requires further strengthening Gaps in knowledge at ward & department level re risk management processes Formal risk management group requires establishment Lack of up to date risk management Strategy Lack of trust wide audit programme to consistently audit CQC standards Lack of Patient Safety Strategy (in line with national plans) Lack of resource in Quality Governance team to be able to support overarching QG agenda - temp risk management resource in Womens & Children's - this requires substantive resource going forward 	3x3 = 9	Centralised Workforce processes in place for medical & nursing workforce (see People BAF and nurse staffing actions below); Infection rates/Covid (see separate actions below); Safeguarding risks (see separate actions below) Mortality Group reviews mortality data on monthly basis, improved mortality Data available via Dr Foster; Covid death analysis underway. NHSE/I regional support in place to support Access/Cancer target improvement; Patient Harm Review data to be collated in line with national guidance. Specific data validation team in place (also supporting implementation of EPR). Plans to update the Risk management Strategy Q1 (2021/22); Proposal for increased resource (including women's & children's cover) to support Quality Governance team planned in Q1 (2021/22) to support regulatory requirements and implementation of a new Patient Safety Strategy (in line with the National Patient Safety Strategy). Revisit all CQC framework standards across Trust (planned CQC assessment being arranged for Women's & Children's services in Q4 2020/21). Discharge processes & planning is a key focus (involving national lead on this), programme of work to be delivered via MD, DoN & COO. Focus on further development of system wide working to expedite discharges to avoid unintentional patient harm. Ockenden Review Gap Analysis underway
Q2	Safety - 'Think Family' - Safeguarding Adults & Children (Director of Nursing & Quality)	<p>Cause: Failure to 'Think Family' i.e. not taking a holistic approach to safeguarding. Failure to ensure the Trust has sufficient systems and processes and policies in place to safeguard vulnerable adults and children. Failure of staff to comply with agreed systems and processes above. Failure to escalate non-compliance with systems and processes .</p> <p>Impact: Vulnerable adults or children may come to harm. There may be missed opportunities in avoiding harm to adults or children .</p> <p>Consequence: Regulatory sanctions . Increased complaints and reputational damage and increased external scrutiny . Legal Action: The Trust has a legal responsibility to safeguard children and adults in line with their human rights and the requirements are set out within the Health and Social Care Act (2008).</p>	4x4 = 16 (Jan 2021)	<p>Strategic Level - Engagement in Local Adults Safeguarding Board & Children's Partnership Board - Attendance at local Safeguarding forums re: LD/Domestic abuse/child exploitation/Training & Development/Quality Assurance/Dementia/PREVENT. - Monthly reviews a submission of commissioning standards with CCG Safeguarding Lead - Attendance at national Strategic Safeguarding Training for Executives; - Engagement with CQC re ongoing improvements; Engagement with University of Chester;</p> <p>Operational Level - Ward Accreditation Programme in place incorporating safeguarding standards - Operational systems and processes in place to support referrals and management of safeguarding cases - Matron oversight of safeguarding cases within operational Divisions - Partially implemented new integrated model of 'Think Family' and Complex Care Team in place led by an Interim Lead Nurse for Safeguarding - Plans to present the final elements of the model for financial support Q4 (2021/22). - Specific Dementia nurses integrated into Ward teams. - Multi-professional (including external agencies) table top review undertaken when themes/trends/concerns highlighted; Multi-professional training in place L1-L4; - Independent Domestic Abuse advocate (IDVA) employed in the Trust in partnership with LA;</p>	<p>Reported to Board (Date) - Think Family/Safeguarding Annual Report - Annual Quality Account</p> <p>Reported Elsewhere (Date): Quality and Safety Committee & Quality Governance Group - CCG Quality Contract Meeting (Monthly) - Think Family Strategy Group in place (with external partners attending); - 6 operational sub groups in place; Minutes from Think Family Strategy Meeting received at QGG; - Safeguarding Improvement Plan shared with CCG and reviewed at each internal meeting (including previous MIAA audit actions); - Safeguarding input into Pressure ulcer & falls reporting; - Local and national Serious case reviews reported through Trust meeting structure re learning. Safeguarding and Domestic Abuse Policies in place</p>	4x3 = 12 (Jan 2021)	<ol style="list-style-type: none"> 'Think Family' Strategy not finalised, incorporating Children's Safeguarding, Adult Safeguarding, PREVENT, DA, LD/Autism, Mental Health, Delirium & Dementia. Implement final elements of integrated model, for approval in Q4 2021/22; Revised training programme not finalised (in line with Covid restrictions); Revised audit programme to be finalised (in line with new meeting structure and improvement plan) - delayed due to Covid; Implications of the pending implementation of the Liberty Protection Safeguards has not been shared across the Board and Trust. Systems and processes are not consistently implemented/followed (e.g. section 42 cases) 	3x3 = 9	<ol style="list-style-type: none"> Improvement Plan in place outlining all actions to meet gaps in assurance. Key action will be to gain the resource in order to formally integrate the model of safeguarding thus avoiding duplication, streamlining processes and having a co-ordinated approach in dealing with all cases. & 3. Table top exercises undertaken with CQC, LA and CCG regarding learning from section 42 cases - focus on learning and training for staff undertaken, however more awareness required; With BI team agree how safeguarding metrics will be presented in the Board IPR going forward. MCA/Dols training to be a focus in training plans; Dementia Strategy in development. Safeguarding training and awareness (including LPS) is planned for the Board on 9th March 2021.
Q3	Safety - Infection Prevention & Control (Director of Nursing & Quality)	<p>Cause: - Failure to ensure the Trust has sufficient systems and processes and policies in place to Infection Prevention & Control - Failure of staff to comply with agreed systems and processes above - Failure to escalate non-compliance with systems and processes</p> <p>Impact: - Unsafe Care leading to avoidable harm/death - Detrimental effect on safety culture; Poor staff morale and culture</p> <p>Consequence: - Regulatory sanctions - Reputational damage and increased external regulatory scrutiny - Media attention</p>	5x4 = 20 (Jan 2021)	<p>Strategic - Membership of NorthWest Director of Infection & Control (DIPC) Forum - Membership of Cheshire Local Health Protection Board - Engagement with monthly CQC meetings & NHSE support and review meetings</p> <p>Operational - Matron oversight and leadership of IPC agenda at Ward level - IPC Link Practitioners in place on each clinical area with roles & responsibilities; Business case approved for additional IPC resource - all posts recruited to (not all have commenced in post) - IPC Audit Programme in place - Spot Matron Audits; Fit Testing Programme, systems and processes established; - IPC included in daily tactical calls - IPC policies, procedures and SOP's in place - COVID risk register in place; workplace risk assessments undertaken re social distancing and screens/facilities put in place to mitigate risks - Established covid swabbing service in place (with SOPs) for patients and staff - Established Vaccination service in place with relevant SOP/guidance</p>	<p>Reported to Board (Date) - Trust Integrated Board Report - Annual Infection Prevention & Control Report - Annual Quality Account (featuring IPC section re objectives) - IPC Board Assurance Framework - CQC review of COVID</p> <p>Reported Elsewhere (Date): IPC Strategy Group with sub groups reporting into this Group: Water Safety, Antibiotic Stewardship; Respiratory Support Group etc. Regular review of IPC data (including regional benchmarking); NHSE/I visit action plan COVID improvement plan to Q&S Committee Surgical Site Infection (SSI) surveillance & HCAI's incidence monitoring. Ward Accreditation Programme via Quality Governance Group Space Utilisation Group</p>	4x4 = 16 (Jan 2021)	<ol style="list-style-type: none"> Poor estate and infrastructure impacting on compliance with IPC guidance - Ward environments require upgrading Full implementation of additional cleaning not yet in place Lack of isolation facilities IPC Strategy not finalised (due to Covid) Backlog of root cause analysis investigations (re Covid Outbreaks); Lack of 2 metre spacing between patients due to infrastructure and increased occupancy; Trust occupancy >98% impacting on IPC risk; use of increased temporary/agency staff; Lack of effective ventilation systems in place; Cleaning data results not easily available to triangulate with IPC audits; High rates of nosocomial infections requiring daily focus on compliance with IPC practices; IPC discussions at Divisional Meetings variable; sharing Learning not always consistent. 	4x3 = 12	<ol style="list-style-type: none"> Estates Strategy to be drafted (to support Corporate Strategy) to articulate future site plans Ward estate maintenance and upgrade planned via Capital Planning for 2021/22 IPC Strategy in draft but requires amendment - Comprehensive Covid BAF in place but further national updated version expected; Covid Improvement Plan in place (monitored at IPC Strategy Group); standardise divisional IPC agenda items to inform IPC Strategy Group; IPC Training Programme to be revised (considering virtual and practical education); Ventilation assessment to be completed; Isolation PODs submission for NHSE/I monies submitted Dec 20 (awaiting outcome); Recovery Plan developed to address RCA backlog re outbreaks; Focus on improving discharge processes to reduce occupancy; Cleaning data to be incorporated into IPC data align bed to ward accreditation programme.

BAF Risk ID	Work Programme linked to Strategy (what the organisation aims to deliver, and Executive Lead)	Risk Description Cause - what has led up to the risk being possible Impact - immediate effect on services, service users, staff, projects Consequence - longer term concerns	Initial total risk score (C x L)	Controls (Actions taken to manage the risk)	Assurance (The mechanisms we know the controls are working - reports, scrutiny meetings, committees, internal & external audits and reviews)	Residual total risk score (C x L)	Gaps In Controls (Identified weaknesses in current management arrangements) AND Gaps In Assurance (Identified weaknesses in how we assure ourselves - or not enough information or lack of scrutiny)	Target total risk score (C x L)	Action plan
Q4	Safety - Nursing & Midwifery Workforce (Director of Nursing & Quality)	<p>Cause:</p> <ul style="list-style-type: none"> - The Trust is unable to consistently deliver safe care due to the lack of available workforce (exacerbated by Covid pandemic) - Lack of training and education around the fundamentals of care - Failure to listen/engage with patients and their families/careers <p>Impact:</p> <ul style="list-style-type: none"> - Poor standards of care are delivered - Compromised staff morale - Friends and Family results deteriorate - Non-compliance with regular standards <p>Consequence</p> <ul style="list-style-type: none"> - Reputational damage - Increased external scrutiny +/- sanction - CCG contract sanctions - Poor recruitment and retention rates 	5X4= 20 (Jan 2021)	<p>Strategic Level</p> <ul style="list-style-type: none"> - Membership of Cheshire & Merseyside N&M Workforce Programme - NHSE/I Retention Collaborative - Membership of Director of Nursing/University of Chester forum - Part of Cheshire & Merseyside International recruitment collaborative <p>Operational Level</p> <ul style="list-style-type: none"> - Weekly Matron Quality and Safety checks - Ward accreditation monitoring of standards (facilitated by Quality Matron) - Centralised Nursing Workforce team in place, co-ordinating all workforce requests and monitoring risk producing shift by shift SitRep. - Safer Staffing Policy (currently under review) - Cheshire & Merseyside Revised Guidance on Staffing during Covid Pandemic in place - 7 day working for Matrons; - Daily Tactical ops meeting in place reviews staffing risks; Daily Nurse staffing Ops meeting chaired by Deputy Director of Nursing; - Successful international recruitment achieved, 40 nurses recruited to date - Electronic rostering in place with management information re fill rate data - Daily nursing & midwifery workforce dashboard re Covid absences - Workforce data produced monthly re vacancies, recruitment & retention rates - Nursing & midwifery workforce sub groups being established: Recruitment (including student placement and recruitment), Retention, wellbeing, education and workforce data; Practice Development Team in place facilitating international nurses and newly qualified nurse development. 	<p>Reported to Board (Date)</p> <ul style="list-style-type: none"> - Trust Integrated Performance report (monthly) - Bi-Annual Safe Staffing Report (including midwifery) <p>Reported Elsewhere (Date)</p> <ul style="list-style-type: none"> - Quality and Safety Committee (bi-monthly) - Quality Governance Group (monthly) - Nursing, Midwifery & AHP Workforce Group reporting into Strategic Workforce Group - N&M Establishment review (Quality & Safety Committee) - N&M Workforce data presented at N/M/AHP Workforce Group - Nursing & Midwifery Resource Paper (SLG) - over-establishment agreed to N&M turnover 	4X4= 16 (Jan 2021)	<p>Gaps In Controls</p> <ol style="list-style-type: none"> 1. Centralised Nursing Workforce Team (CNWT) not substantively established - currently staffed on redeployed staff 2. Workforce and HR nursing & midwifery data not fully aligned 3. Escalation areas not established 4. No established backfill for redeployed staff during Covid; 5. Plan regarding Nurse Apprentice not agreed; 6. E-Roster KPI's not agreed; 	4X3 = 12	<p>Action plan</p> <ol style="list-style-type: none"> 1. Centralised Nursing Workforce Team (CNWT) not substantively established - proposed model in draft (incorporating Trusts internal Bank service) - plan requires approval of resources going forward; 1. Nurse Staffing Policy to be updated in light of Covid; Recent Acuity audit requires analysis; N&M Workforce Programme Plan in place but requires updating; retention strategy in place (currently achieving @8-9% retention); workforce sub-groups require strengthening - paused due to Covid; Nurse apprenticeship plan drafted for discussion and approval; 6. Plans for new E-Roster upgrade in place for March 21 (KPI's to be revisited when new module implemented)
Q5	Patient safety -failure to identify preventable clinical harm and preventable avoidable death (Executive Medical Director)	<p>Cause:</p> <ul style="list-style-type: none"> - inaccurate coding correct methodologies are not necessarily in place Impacted by Covid-19 <p>Impact:</p> <ul style="list-style-type: none"> - high HSMR rate impacted by small numbers <p>Consequence:</p> <ul style="list-style-type: none"> potential harm to patients 	4X3 = 12 (Jan 2021)	<p>Strategic level:</p> <ul style="list-style-type: none"> Dr Foster clinical benchmarking software system and early alert system with clinician level data LFD Group oversight Quality & Safety Committee oversight Monthly mortality reports and monitoring <p>operational level:</p> <ul style="list-style-type: none"> Controls - clinical staff coding training programme; specific assigned clinical coders to specialty teams; clinical benchmarking engagement sessions; spot-check clinical note quality inspections; clinical staff memoranda and reminders concerning the importance of quality note-keeping; notes scrutiny by Medical Examiner (from April 2021). 	<p>Reported to Board (Date)</p> <ul style="list-style-type: none"> Integrated performance report (monthly) via Q&S Committee Chair's report (bi-monthly) and mortality indicators report. <p>Reported Elsewhere (Date)</p> <ul style="list-style-type: none"> Learning from Deaths Group; Quality Governance Group; Quality and Safety Committee; Integrated Performance Report. Scheduled Mortality Reports and ad-hoc deep dive reports as indicated by emergent or anticipated trends in mortality date (e.g. Covid 19). 	4X2 = 8 (Jan 2021)	<p>Gaps in Controls -</p> <ol style="list-style-type: none"> 1. Education and training of bank and agency medical staff in high-quality clinical documentation; 2. ensuring adequate training of new and returning medical staff; 3. provision of sufficient coding staff; impact of unanticipated clinical stressors e.g. Covid-19; 	3X2 = 6	
Q6	Failure to provide an adequately trained and skilled medical workforce to support the services we provide (Executive Medical Director)	<p>Cause:</p> <ul style="list-style-type: none"> Failure to recruit, train and retain sufficient numbers of medical staff to enable safe and effective care to be delivered at all times and with sufficient agility to accommodate sudden changes in demand. <p>Impact:</p> <ul style="list-style-type: none"> Inadequate or poor quality clinical care at a patient level; near-miss or actual clinical harm; poor patient or family experience. <p>Consequence:</p> <ul style="list-style-type: none"> Increased numbers of complaints and critical incidents; reputational damage; regulatory scrutiny or sanction; poor recruitment; poor retention. 	5X4= 20 (Jan 2021)	<p>Controls:</p> <ul style="list-style-type: none"> Full participation in HEE regional training programmes for all relevant specialties; collaborative partner with Universities of Liverpool and Chester for undergraduate teaching and training in order to maximise graduate workforce supply; pro-active ongoing medical staff vacancy advertisement programme; rolling medical staff educational programmes at all levels; staff education and development database; weekly deployment meetings within the medical staffing team; established educational line management programme; established appraisal and revalidation programme; dedicated clinical lead for appraisal; dedicated appraisal and revalidation manager. 	<p>Reported to Board (Date)</p> <ul style="list-style-type: none"> GMC trainee survey (annual) Board via Integrated Performance Report (appraisal and vacancy rates) - monthly <p>Reported Elsewhere (Date)</p> <ul style="list-style-type: none"> Educational programme attendance database; appraisal and revalidation database; GMC revalidation external submission data; ; HEE engagement and performance meetings; Quality and Safety Committee via Integrated Performance Report (appraisal and vacancy rates); GMC engagement meetings (quarterly); 	4X3 = 12 (Jan 2021)	<p>Gaps in Controls -</p> <ol style="list-style-type: none"> 1. Insufficient trainee supply from HEE regional specialty training schools; 2. poor uptake from external advertisements; 3. operational pressures leading to compromised staff training and continuing professional development; 4. resignation and retirement in hard-to-fill specialties. 	3X2 = 6	

Board Assurance Framework & Strategic Risk Register 2020/21 - Effectiveness



BAF Risk ID	Work Programme linked to Strategy (what the organisation aims to deliver, and Executive Lead)	Risk Description Cause - what has led up to the risk being possible Impact - immediate effect on services, service users, staff, projects Consequence - longer term concerns	Initial total risk score (C x L)	Controls (Actions taken to manage the risk)	Assurance (The mechanisms we know the controls are working - reports, scrutiny meetings, committees, internal & external audits and reviews)	Residual total risk score (C x L)	Gaps in Controls (Identified weaknesses in current management arrangements) AND Gaps in Assurance (Identified weaknesses in how we assure ourselves - or not)	Target total risk score (C x L)	Action Plan
Strategic Aim: Effectiveness - Providing efficient and financially sustainable services. Lead Executive Director: Director of Finance/ Director of Clinical Operations & Chief Digital Information Officer / Lead Assurance Committee: Finance & Performance									
E1	Underlying Long Term Trust Financial Sustainability (Director of Finance)	<p>Cause: The Trust operates in an increasingly challenging financial environment in line with the national position for acute providers. This is driven by:</p> <ul style="list-style-type: none"> - Increase in non elective activity delivered at premium costs; - Reduction in activity and associated loss of PBR income (only applicable when PBR in operation) - High numbers of medically optimised and delayed transfers of care for which costs are not fully reimbursed; - Costs associated with medical and nurse agency usage; - Non compliant medical rotas; - Identification and delivery of Cost Reduction Savings (CRS); and - The need to continue to invest in safety. - Lack of internally generated Capital resource <p>Impact: The Trust is unable to achieve a sustainable financial balance & achievement of recurrent efficiencies for 2020/21 and beyond & deliver its strategic objectives</p> <p>Consequence:</p> <ul style="list-style-type: none"> - Current Trust strategy development will be threatened. - Continued deficit position will exacerbate the lack of cash already experienced by the Trust to fund the capital programme and create potential revenue liquidity issues. - Inability to maintain safe and effective local services. - Increased external scrutiny from NHSE/. - Adversely effect the financial position of the Cheshire & Merseyside System. 	4X3 = 12 (Jan 2021)	<p>Strategic Level:</p> <ul style="list-style-type: none"> Participation in National and Regional NHS I/E financial workshops Active member of the Cheshire and Mersey Health and Care Partnership Active member of the Cheshire Financial Recovery Programme Active member of Cheshire and Mersey collaboration at scale (i.e. pathology, pharmacy, estates etc.) Executive board committee review financial information including benchmarking Development of long term financial plan linked to strategic planning objectives <p>Operational Level</p> <ul style="list-style-type: none"> Senior management and executive oversight of performance Escalation processes in place to ensure minimal levels of performance are met Divisional Board Report Finance & Performance Working Group Monthly Robust contract monitoring information (reduced contract monitoring arrangement in place under Level 4 emergency response) Capital requirements prioritised through the ERPE process. Workforce planning and international recruitment. E-Roster. Internal audit reviews / assessments. Daily cash flow monitoring. 	<p>Reported to Board</p> <ul style="list-style-type: none"> Trust board monthly information Finance Performance Working Group Audit Committee Council of Governors <p>Reported Elsewhere</p> <ul style="list-style-type: none"> Executive Director Group Senior Leadership Group Cheshire System Betsi Cadwaladr Health Board Transformation Group NHSI via monitoring returns and weekly telephone calls Divisional Boards (Monthly) 	4X2 = 8 (Jan 2021)	<p>Gaps in Controls:</p> <ol style="list-style-type: none"> 1. Gap and high risk nature of efficiency (waste reduction) Plans 2. Inability to control volumes of medically optimised patients due to external factors 3. Failure to deliver agreed activity levels and associated loss of income to the Trust 4. Strategic Partnership with Wales and different financial regimes to NHS England 5. Lack of information on junior doctor rota gaps 6. Requirement to improve workforce recruitment processes 7. Retaining focus and management of risks with regards to delivery of large transformation programmes 8. Long term financial plan aligned to strategy <p>Gaps in assurance:</p> <ol style="list-style-type: none"> 9. Lack of Capital Steering Group 10. Lack of regular workforce establishment reporting 	3X2 = 6 (by 31.03.23)	<ol style="list-style-type: none"> 1-3 & 7. Develop a financial plan that reflects activity and restoration plans - by June 2021. 1-3 & 7. Await national guidance to be published and then complete budget setting process for 2021/22 within timescales - June 2021 1 & 7. Continued engagement with Healthcare partnership and Cheshire system to identify opportunities for waste reduction, along with internal engagement - June 2021 1-4. Close monitoring and forecasting of 2020/21 against agreed deficit plan - by March 2021. 4. Continue to work with NHSE/ and Wales health boards to agree financial risk arrangements - by June 2021 5. Work with medical workforce team to understand job plans in relation to budget setting - by 31st March 2021 6. Work with HR and nurse management teams regarding gaps in over-establishment process - by 31st March 2021 1-3 & 7. Link with transformation team and EPR team regarding business planning cycle to ensure financial plans reflect transformation plans and are affordable - by June 2021 9. Re-establish Capital Steering Group - by April 2021 8. Develop long term financial plan and commence reporting of underlying financial position to the Board - by June 2021 10. Regularise workforce establishment reporting - by June 2021
E2	Uncertainty of financial funding and consequences of breaching control total under current Covid-19 financial regime (Director of Finance)	<p>Cause: Emergent financial guidance and developing pandemic and policy response. Uncertainty regarding Cross-border arrangements</p> <p>Impact: financial uncertainty and impact of operationally led response.</p> <p>Consequence: year-end performance and the ability to plan ahead. Impact on Underlying Future years' financial performance due to decisions taken under Emergency response levels out of local control</p>	4X3 = 12 (Jan 2021)	<p>Strategic level:</p> <ul style="list-style-type: none"> Working within the HCP system and NHSI/E. Financial planning and control, e.g. budget setting Maintenance of current Governance arrangements <p>Operational level:</p> <ul style="list-style-type: none"> Financial controls and reporting Authorisation controls balancing financial risk with service delivery Procurement controls to ensure value for money 	<p>Reported to Board</p> <ul style="list-style-type: none"> Trust board monthly information Finance Performance Working Group Audit Committee Council of Governors <p>Reported Elsewhere</p> <ul style="list-style-type: none"> Executive Director Group Senior Leadership Group Cheshire System Betsi Cadwaladr Health Board Transformation Group NHSE/ via monitoring returns and frequent telephone calls Divisional Boards (Monthly) 	3X2 = 6 (Jan 2021 = 3x3=9. Reduced March 2021. N.B. risk will increase in 21-22 due to uncertainty in financial regime)	<p>Gaps in controls:</p> <ol style="list-style-type: none"> 1. Policy set nationally with limited influence (command and control Level 4 National Emergency). 2. Speed of operational response in response to clinical demand. <p>Gaps in Assurance:</p> <ol style="list-style-type: none"> 3. Recurrent activity and recurrent run rate 4. Implications of recurrent spend and productivity partly due to Infection Prevention and Control measures. 5. Lack of benchmarking data. 	3X2 = 6 (Jan 2021: 2x3=6) (by 31.03.21)	<ol style="list-style-type: none"> 1, 3 & 4. Develop a financial plan that reflects activity and restoration plans - by June 2021. 1. Close monitoring and forecasting of 2020/21 against agreed deficit plan - by March 2021. 1. Await national guidance to be published and then complete budget setting process for 2021/22 within timescales - June 2021 1. Ensure financial plans reflect national guidance and policy and trust operational plans - by June 2021 1. Continue to work with NHSE/ to agree financial risk arrangements in local health system - by March 2021 4. Develop Board report to show health of the underlying deficit position - by June 2021
E3	Financial Ledger System stability (Director of Finance)	<p>Cause: The finance and procurement system is practically reliant on a single local server supported by an individual. Should the hosting service cease unexpectedly the IMT department do not believe they have the capability to step in and maintain the key elements of the system hosting in order to facilitate a managed transfer to an alternative provider.</p> <p>Impact: The finance and procurement systems will be unavailable for an extended period of time and manual procedures will need to be implemented.</p> <p>Consequence: During this time there will be a decreased level of service to the organisation, and the risk of stock-outs, fraud and error will increase.</p>	4X3 = 12 (Jan 2021)	<p>Operational level:</p> <ul style="list-style-type: none"> The management of the database is now carried out by the software provider supported by dedicated in-house resource 	<p>External audit review reported to Audit Committee 2020 and action plan in place, with follow up audit planned.</p>	3X3 = 9 (Jan 2021)	<p>Gaps in controls:</p> <ol style="list-style-type: none"> 1. Potential single point of failure 2. Identification of resource 	2X3 = 6 (by 31.03.22)	<ol style="list-style-type: none"> 1. Pursue appetite with partners within HCP/ACP for collaborative procurement of new financial system - by 31st March 2021 1. Undertake options appraisal to remain with existing system or procure new system - by September 2021 2. Identification of resource requirements as part of the budget setting process - by September 2021
E4	Access, Waiting Times, Care Pathways and Constitutional Standards (Chief Operating Officer)	<p>Cause: Unable to meet the demand for services within available resources Impact of continuing Covid-19 pressures and IPC requirements</p> <p>Impact: Increasing patient waits for access to services. Failure to meet key targets Failure to meet regulation requirements</p> <p>Consequence: Sub-optimal service provision Potential extrapolated harm to patients due to slowing down of service provision Potential risk of an increase in complaints from family, friends and carers. Potential reputational damage to the Trust.</p>	4X5=20 (Jan 2021: 4x4=16)	<p>Insourcing for Endoscopy and general surgery</p> <ul style="list-style-type: none"> Maximise use of independent providers Increased lists of challenged specialities such as ophthalmology, urology and colorectal Mutual aid for Plastic Surgery with Whiston Requested ECIST support from NHSI for referral to treatment (RTT) Increased theatre and outpatient productivity focus Patient Initiated follow up (PIFU) implementation remote clinical establishment using Attend Anywhere Accelerated IT equipment programme to facilitate remote working Capital acquisitions of equipment that increase productivity Increased recruitment in challenged areas, particularly endoscopy, radiology and anaesthesia RTT delivery specialist on an interim contract Temporary validation team to mitigate Meditech legacy issues Improved reporting to demonstrate actual picture <p>Strict trajectory setting for Divisions and performance management against these trajectories</p>	<p>Reported to Board (Date)</p> <ul style="list-style-type: none"> Integrated Performance Report to Board Integrated Performance Report to Finance and Performance Committee <p>Reported Elsewhere (Date)</p> <ul style="list-style-type: none"> Executive Director Group Senior Leadership Group Cheshire System (HCP) National reporting of constitutional performance standards <p>Management Review meetings to be re-established with increased frequency - end Feb 2021</p>	4X4 = 16 (Jan 2021: 4x3=12)	<p>Gaps in Controls:</p> <ol style="list-style-type: none"> 1. Gaps in managerial awareness of RTT and process compliance 2. Gaps in understanding appropriate business rules in the RTT arena 3. Meditech is not an RTT management platform 4. Clinician availability to perform lists 5. Gaps in workforce planning to mitigate vacancies 6. Predicted reduction in productivity due to EPR implementation 7. historical poor understanding of flow and discharge requirements to enable whole hospital safety 8. Endoscopy activity affected by critical care surge activity. 9. Pandemic causing fluctuating levels of referral activity from primary care <p>Gaps in assurance:</p> <ol style="list-style-type: none"> 10. Requires ongoing fixing of business information reports to identify an accurate picture 	3X3=9 (Jan 2021 was 2x2=4)	<ol style="list-style-type: none"> 1 & 2. Implementation of key actions identified in action plan Increased clinical engagement & oversight - clear objectives for cancer manager. Relaunch cancer committee - relaunched 18 & 2. Development of actions to address 18 weeks and longest waiters. Validation of wait lists ongoing. We are aiming to increase theatre productivity. Validation and education programme has commenced as part of the RTT. 1-9. Covid-19 restoration programme based on Phase 3 requirements continues; trajectory re-submission December 2021 completed. Close working with Right Care and NHSI continues to identify available support and mutual aid within the North West system. In terms of controlling the effects of Covid-19 we have a dedicated swabbing unit; we are one of seven vaccination hubs in the North West where we intend to vaccinate a large number of our most vulnerable staff as quickly as possible to reduce Covid-19 incidence. 4 & 5. Divisional support to develop workforce plans & alternative roles to be J8 presented via medical staffing meeting & Nursing & midwifery workforce group - ongoing work which has been pause due to Covid-19 disruption has been reinstated. Successful bids made to HEE to appoint ACP and ANP training schedules. Ongoing medical and nursing workforce focus to ensure adequate cover at all levels to achieve constitutional standards. 6. EPR upgrade currently preparing for cross over in May 2021

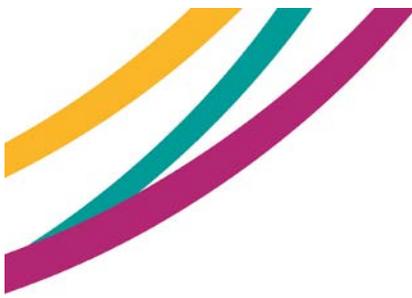
BAF Risk ID	Work Programme linked to Strategy (what the organisation aims to deliver, and Executive Lead)	Risk Description Cause - what has led up to the risk being possible Impact - immediate effect on services, service users, staff, projects Consequence - longer term concerns	Initial total risk score (C x L)	Controls (Actions taken to manage the risk)	Assurance (The mechanisms we know the controls are working - reports, scrutiny meetings, committees, internal & external audits and reviews)	Residual total risk score (C x L)	Gaps in Controls (Identified weaknesses in current management arrangements) AND Gaps in Assurance (Identified weaknesses in how we assure ourselves - or not)	Target total risk score (C x L)	Action Plan
E5	Business Continuity - Pandemic Flu / Virus (Chief Operating Officer)	Cause: A serious epidemic of much greater severity than the usual seasonal flu when a novel flu (Coronavirus) virus emerges with sustained human to human transmission. Impact: Up to 50% of the population may experience symptoms, which could lead to thousands of fatalities in total in the UK. The Trust will be expected to change the way in which it provides services to those infected and how they are isolated and how staff are also protected. Consequence Each pandemic is different and the nature of the virus and its impacts cannot be known in detail in advance. Based on understanding from previous pandemics, a pandemic is likely to occur in one or more waves, possibly weeks and months apart, each wave may last between 12-15 weeks. Up to half the population could be affected. All ages may be affected, but until the virus emerges, we cannot know which groups will be most at risk. This type of incident has the potential of significantly affecting our service users and staff, which will impact on service provision and demand.	3x4= 20 (Jan 2021)	Strategic Level Cascading information available from Public Health England in the event of a new pandemic strain being identified, and risk of cases in the UK. Activation of Silver Command which has remained in operation throughout the pandemic. Activation of a centralised medical and workforce team. Activation of focused communications via a floor walker team. Appointment of an experienced Emergency Preparedness, Resilience & Response (EPRR) Officer Appointment of an operational site lead Establishment of remote working expectations. Targeted pandemic team creation such as pandemic family support team. Establishment of a super surge critical care area with relevant redeployment of staff to support critical care. Changes in senior governance. - Board meetings held virtually without the public in attendance - Finance & Performance Committee amalgamated with Quality & Safety Committee April to June 2020 via Covid- terms of reference agreed by Board. Update meetings for Non-Executive Directors Established structure for linking into to senior operational and clinical Gold command and regional operational cells. Linking in with vaccination cells on national basis. Operational Level Coronavirus Priority Assessment Centre established In response to the pandemic, the governance structure was amended to reflect the guidance received in the 'Reducing the Burden' correspondence received from NHS England and the following changes were implemented:- - Variation to Standing orders approved by the Board	Trust Pandemic flu/virus plan approved by Trust at November 2019 The Trust has access to and supported the review of the STP resilience plan. Monthly updates to Board from Executive Team Establishment of EPRR Committee Monthly attendance at the regional EPRR group meeting	4x4=16 (Jan 2021)	1. No vaccine available in the early phase of a pandemic. (Control) Vaccine becoming available December 2020 with COCH being one of the first organisations to commence vaccination in the country. Vaccination programme commenced and ongoing; full impact of vaccination programme still under assessment. 2. Staff knowledge and experience to look after patients if acutely unwell and no available beds in acute hospitals during a pandemic situation although new methods of care have been proved to reduce morbidity. (Control) 3. Issues with staff not being able to access adequate PPE. (Control) 4. Staff and their families are as vulnerable to Pandemic infection as the patients. This may dramatically impact the availability of safe staffing. 5. Ongoing attrition to staff and services impacting upon resilience. 6. Ongoing increased levels of patients requiring critical care services, thus requiring additional staff from routine hospital operations.	3x3=9 (Jan 2021 was 3x2=6)	1. CoCH vaccination programme targeting its over 80's, care home staff and acute front line staff. Vaccination Hub now targeting additional cohorts of over 70's and CEV (clinical extremely vulnerable) people, thus pre-procedural patients such as cancer and haematology. 2 & 3. National instruction via local and Trust system commands. 3. Local initiatives to reduce risk of Covid transmission including lock down of hospital, access, introduction of one way system at entrance, no visiting unless by permission for end of life patients, increased security presence and target communications to staff: Hands, Face, Space.
E6	EU Exit transition (Chief Operating Officer)	Cause: Financial and operational sustainability post-Brexit/end of transition period 31st December 2021. Impact: Uncertainty of usual routes and cost of supplies & Pharmacy, EU staff to have EU settled status or to follow sponsorship route, different charging arrangements for EU patients Consequence: Lack of availability of drugs & supplies, increased cost of supplies, reduced ability to recruit & retain EU staff, possible loss of income for treating EU patients	4X3 = 12 (Jan 2021)	Strategic Level: - Review & action of all National/regional level plans - SRO and command & control structures in place - Contingency planning if data protection adequacy status is not granted - Engagement with national and regional supply forms Operational Level: - Re-assess all suppliers not being managed by DHSC - Adjust supply processes where predicted changes in lead time - Providing usage information to the Regional Procurement pharmacist - Follow established process for managing disruption in medicines supply including working with clinicians to agree suitable alternatives Monitoring of EU workforce starters & leavers	Reported to Board (Date) Trust board (December) Reported Elsewhere (Date) EPRR & Silver Control Senior Leadership Group Sitreps & National Reporting (as required)	3X3 =9 (Jan 2021)	Gaps in controls: 1. Policy set nationally with limited influence (command and control Level 4 National Emergency). Gaps in Assurance:	2X3 = 6	1. Reporting and escalation of supplier status through SRO & Silver control. 1. Operation of usual Medicines shortages procedures which include up to six weeks stock piling of key supplies and medications.
E7	Cyber security (Digital Strategy) (Chief Digital Information Officer)	Cause: Failure to invest sufficiently in secure digital infrastructure, systems, service and data to enable safe, effective clinical patient care and business operations Failure to adequately train staff in cyber security awareness Failure to recruit a cyber security team Impact: Insecurities within the systems and infrastructure with vulnerabilities that could be exploited through a cyber attack. Compromised systems and infrastructure would result in business continuity measures being put in place for staff and patients. Staff unaware of cyber risk Consequence Regulatory sanctions if personal data is lost Reputational damage Poor clinical outcomes and experience for large numbers of patients resulting in an increased risk of harm Potential for the Trust to fail to achieve its constitutional standards Potential for workloads to become heavy through more manual processing	3X4 = 20 (Jan 2021)	Strategic Level Digital Strategy approved by Board in January 2021 to address medium to long term investment plans in IM&T architecture and service, including cyber Review the IM&T organisational structure in order to develop a target operating model that accommodates cyber skills - under discussion February 2021. Audit of cyber security and NHS Data Security and Protection toolkit to review annual progress; reporting into Audit Committee via CDIO Staff awareness of cyber security practices through training - Pshing exercise Sept 2020 as part of initial assessment. Operational Level Ensuring staff awareness of cyber security practices through online training - training mandatory annually. IM&T Enterprise Architecture review on an annual basis as a health check on cyber Ensuring progress on the Cyber Tracker Action List from the annual DSP toolkit review Updating Cyber-related policies	Reported to Board - Digital Strategy (Draft - Jan 2021) - Cyber Tracker action list update to Audit Committee quarterly (July & Nov 2020) Reported Elsewhere - Finance and Performance Committee (Quarterly) - Informatics Steering Group (Quarterly) - SLG, as required - Executive Directors, as required	3X3 = 15 (Jan 2021)	Gaps in Controls 1. Cyber Security to become an agenda item for regular review by Executive Directors and SLG 2. Development of the target operating model within IM&T (investment required) to include dedicated cyber security team - in discussion February 2021 3. Lack of detailed policies and lack of up to date review 4. Reporting on staff take up of mandatory training Gaps in Assurance 5. Further reporting required on progress being made against identified IM&T vulnerabilities to governance in the Trust 6. Greater visibility of incident management through reporting to Exec Directors and SLG	4X3 = 12 (by 31.03.22)	1-4. Developing the business plan for 2021-22 for IM&T including priority on cyber activity - by 31st March 2021 2. Progressing the target operating model for IM&T including cyber security team - by 31st March 2021 5. Complete annual DSPT review - June 2021 5 & 6. Progress action plans from previous cyber security audits - March 2022
E8	EPR+ Programme (Chief Digital Information Officer)	Cause: - The Trust is unable to implement the new Electronic Patient Records System before November 2021 resulting in increased costs in system support and delayed benefits in terms of clinical and operational efficiencies. - The Trust is unable to implement the new EPR system by mid July 2021 resulting in a delay of 12 months before the supplier has sufficient resource to deliver the implementation. This could have financial implications for the Trust of c£5million. - The success of the EPR implementation is dependent on good quality patient pathway data Impact: - Impact of COVID19 in terms of timing of implementation - Contract renewal date of November 2021 for Meditech EPR system if the replacement Cerner EPR system is not live - Additional funding pressures emerging through gateway checks challenging the agreed business case - Trust-wide it will negatively affect the safety and quality of the services provided including the ability of the Trust to meet its clinical objectives. - Efficacy of the new EPR will be determined by the quality of patient pathway data. Consequence - Potential poor clinical outcomes and experience for large numbers of patients resulting in an increased risk of harm	4X4 = 16 (Jan 2021: 4x3=12)	- EPR governance in place and audited by MIAA. MIAA also attends the EPR assurance group. - EPR Programme placed in hibernation during June to Sept 2020 to accommodate the response to COVID19 pandemic. - Revised business case and financial forecasts approved by Board July 2020. - The Senior Responsible Officer for the programme is Darren Kilroy, Executive Medical Director	Reported to Board - Revised business case and delivery plans (Sept 2020) - Board updates (Quarterly) Reported Elsewhere (Date) - Finance and Performance Committee (bi-monthly) - Finance and Performance Group (monthly) - Exec Directors (regular standing item) - Programme run through a series of gateways prior to 'go live', allowing checkpoints to assess data readiness. - SLG - EPR Steering Group (monthly) as part of whole EPR programme governance	4X3 = 12 (Jan 2021)	Control: 1. Strengthening mechanism for identification and tracking of benefits under implementation. 2. Operational Readiness Board has not met owing to COVID pressures; these are being stood back up now. This Board is necessary to ensure that the trust is prepared for a system change. 3. Having an in house EPR team fit for purpose to support the EPR once it has gone live (included in target operating model request Feb 2021) 4. Requirement to re-procure the data validation team. Assurance 5. Recording benefits that have been realised - both cashable and non-cashable.	4X2 = 8	1. Further develop benefits identification and tracking, including benefits owners - by March 2021 2. Operational Readiness Board being set up - March 2021 3. Target operating model proposal being discussed at EDG - by March 2021 1 & 5. Include realisation of benefits in benefits tracking - by March 2021 4. Agree approach to re-procurement of RTT validation - March 2021

Board Assurance Framework & Strategic Risk Register 2020/21 - Partnership

BAF Risk ID	Work Programme linked to Strategy (what the organisation aims to deliver, and Executive Lead)	Risk Description Cause - what has led up to the risk being possible Impact - immediate effect on services, service users, staff, projects Consequence - longer term concerns	Initial total risk score (C x L)	Controls (Actions taken to manage the risk)	Assurance (The mechanisms we know the controls are working - reports, scrutiny meetings, committees, internal & external audits and reviews)	Residual total risk score (C x L)	Gaps In Controls (Identified weaknesses in current management arrangements) AND Gaps In Assurance (identified weaknesses in how we assure ourselves - or not enough information or lack of scrutiny)	Target total risk score (C x L)	Action plan
To collaboratively innovate and transform the Trusts Clinical Services Lead Executive Director: Darren Kilroy, Medical Director / Lead Assurance Committee: Quality & Safety									
C1	Failure to Progress implementation plan of the clinical services strategy (Executive Medical Director)	<p>Cause:</p> <ul style="list-style-type: none"> - Underdeveloped partnership working arrangements - Lack of clinical engagement to the required changes to pathways - Lack of reciprocal engagement in the wider health system (including Integrated Care Partnerships) - Clinical Consultants and drivers leading to compromised implementation <p>Impact:</p> <ul style="list-style-type: none"> - The Trust cannot achieve its strategic goals - Suboptimal patient pathways of care - Trust reputation - Trust continues to provide clinically unsustainable services <p>Consequence</p> <ul style="list-style-type: none"> - Resulting in possible harm to patients, poor experience, damaged external relations, failure to deliver the transformation programme and a long term threat to service sustainability - Poor patient outcomes - Issues with recruiting and retraining workforce 	3x3 = 9 (Jan 2021)	<p>Strategic Level</p> <ul style="list-style-type: none"> - Organisational implementation plan facilitated by the Transformation Team; - Commissioner discussions regarding future services; - Engagement with local Health care partnerships regarding services reconfiguration; - GIRFT programme engagement in relation to specialty-specific reconfigurations implicated in the clinical services strategy; - Liaison with external acute and community provider organisations in relation to services whose future provision predicated alternative provision of services; - Annual dialogue and reporting of progress to the Cheshire West Health and Wellbeing Board of the Local Authority; <p>Operational Level</p> <ul style="list-style-type: none"> - Divisional operational planning aligned to strategy (including national operational guidance) - Positive clinical engagement via established forums and structures - Trust wide Clinical Strategy event attended by numerous clinicians and support teams. - Divisional operational planning occurs in the context of the clinical services strategy; - Outpatient activity approvals are sanctioned in terms of their propensity to use non face-to-face methodology; - IT/PC equipment is procured and distributed to teams as requested to support non face-to-face clinical management of patients. 	<p>Reported to Board (Date) - Clinical Services Strategy agreed at Board September 2019</p> <p>Reported Elsewhere (Date) - Monthly reporting to Transformation Group and then up to Finance and Performance Committee Compliance with GIRFT Programme</p>	3x2 = 6 (Jan 2021)	<p>Gaps in controls:</p> <ol style="list-style-type: none"> 1. Continued effect of national command-and-control means that the real-terms ability of the Trust to execute improvement and change is of necessity compromised at this time; 2. The emergent strategic aims and objectives of neighbouring providers may have consequences for our own clinical services strategy which we cannot control. <p>Gaps in assurance:</p> <ol style="list-style-type: none"> 3. Visualisation of interdependencies to Board 	2x2 = 4	1. Reorganise organisational challenge in the operational delivery of key services (i.e. Max/Fax/Plastics).

Board Assurance Framework & Strategic Risk Register 2020/21 - Governance

BAF Risk ID	Work Programme linked to Strategy (what the organisation aims to deliver, and Executive Lead)	Risk Description Cause - what has led up to the risk being possible Impact - immediate effect on services, service users, staff, projects Consequence - longer term concerns	Initial total risk score (C x L)	Controls (Actions taken to manage the risk)	Assurance (The mechanisms we know the controls are working - reports, scrutiny meetings, committees, internal & external audits and reviews)	Residual total risk score (C x L)	Gaps In Controls (Identified weaknesses in current management arrangements) AND Gaps In Assurance (identified weaknesses in how we assure ourselves - or not enough information or lack of scrutiny)	Target total risk score (C x L)	Action plan
Strategic Aim: To develop and improve corporate governance Lead Executive Director: Chief Executive Officer / Director of Corporate Affairs / Lead Assurance Committee: Finance & Performance									
G1	Failure to Progress implementation of governance improvement plan (Chief Executive Officer & Director of Corporate Affairs)	Cause: - External governance review - CQC Well Led review - Lack of governance systems and processes Impact: - The Trust cannot achieve its strategic goals - Trust reputation and impact on quality of patient care Consequence - CQC rating - Compliance with Foundation Trust Code of Governance - Potential intervention	3X4 = 12 (Jan 2021)	Strategic Level - Reconstituted Committees of the Board and revised terms of reference agreed - Governance improvement plan facilitated by external governance support and internal support - External training roll out across the Trust - Board development programme underway and ongoing - Governor training November 2020 - Stakeholder engagement event held for corporate strategy development in February 2020 Operational Level - Enhanced management structure within area of quality governance - Positive clinical engagement - Trust wide training - Engagement on development of Board Assurance Framework (BAF) - Positive engagement with Governors and enhanced communication via small group sessions with Non-Executive Directors	Reported to Board (Date) - Governance Handbook agreed by Board Nov 2019. - Improvement update to F&P Committee March 2020 - Remuneration & Nomination Committee work plan agreed Oct 2020 - Refreshed Finance & Performance Committee terms of reference approved by Board July 2020 - Refreshed Quality & Safety Committee terms of reference scheduled for January 2021 Board. - Refreshed Constitution agreed with Board and Council of Governors in December 2020 - Charitable Funds training on role of Corporate Trustee was undertaken on 18th January 2021 - Board BAF session held 11th January 2021 Reported Elsewhere (Date) - Scheduled reporting to Finance & Performance Committee - Compliance with FT Code of Governance within Annual Report - Head of Internal Audit Opinion to Audit Committee April 2020 - Annual Governance Statement agreed May 2020 - NHS Provider License Self-Assessment - May 2020 Board - Conflicts of Interest Policy updated and agreed by Audit Committee Feb 2021	3X3 = 9 (Jan 2021)	1. Pause in governance training due to Covid 19 pandemic affecting Phase 2 of improvement plan. 2. Pause in conclusion and agreement of corporate strategy. 3. Review of Fit and Proper Person Policy. 4. Continued review and further updating of the Board Assurance Framework in light of helpful feedback 5. Need to improve quality assurance of Board papers which is dependent upon timely submission by authors. 6. Board effectiveness review delayed during Covid pause; need to reschedule. 7. Charitable Funds investment strategy required.	2X2 = 4	1. Paused governance training to progressed at a suitable time in 2021, post-pandemic 3. FPPT to be reviewed by end April 2021 4. BAF being updated for Q4 and then further monitoring and review in Q1 6. Review of Board effectiveness to be scheduled by May 2021 7. Charitable Funds investment strategy to be further developed by end Q2 (Sept)
G2	Failure to ensure appropriate Information Governance	Cause: Non-compliance with data security training and requirements of the data protection toolkit and other legislative/mandated requirements Impact: Staff unaware of IG and cyber security risks Lack of formal information asset ownership Consequence: Adverse impact on the Trust's reputation Regulatory sanctions if personal data is compromised Data breaches	4X5 = 20 (Jan 2021: 4x4=16)	Strategic Level - Information Governance and IT Security policies and procedures Identified and trained Caldicott Guardian and Senior Information Risk Owner Information Asset Ownership being sought by the IG across the Trust IG training for staff Operational Level - DPIAs and ISAs - IG training for staff - Data flow mapping - Information Asset Register - Information Asset Ownership	Reported to Board - Data protection toolkit audited and presented to Audit Committee. IG Annual Report to Finance & Performance Committee and Board - Minutes from IG Committee are escalated to Committee/Board where appropriate Reported elsewhere (date) Information Governance Committee (bi-monthly)	3X5 = 15 (Jan 2021: 3x4=12)	Gaps In Controls 1. Improve compliance with Information Asset Management and Data Flow mapping requirements. 2. Improve compliance with Information Governance Training Trust wide 3. Lack of compliance with Toolkit requirements Gaps In Assurance 4. Further development of the IG Annual Report required in 2021 5. Improved compliance with DSP toolkit required reporting by June 2021	3X4 = 12 (Jan 2021 was 3x3=9)	3 & 5. The Data Security and Protection toolkit review is undertaken/reviewed annually. 1&3. Increased ask for resources within M&T to support faster implementation of technical controls as part of DSPT



Meeting	9 March 2021	Board of Directors					
Report	Agenda item 8	Quality and Safety Committee Chair's Report					
Purpose of the Report	Decision		Ratification		Assurance	x	Information
Author(s)	Ros Fallon				Non-Executive Director and Chair of Quality & Safety Committee		
Board Assurance Framework	Q1	Quality & Safety.					
	Q3	Safety – Infection prevention and control.					
	Q4	Safety- Nursing and Midwifery workforce.					
	Q5	Failure to identify preventable clinical harm and preventable avoidable death.					
	P5	Workforce capacity					
	E4	Access, Waiting Times, Care Pathways and Constitutional Standards					
Strategic Aims	To deliver safe care and treatment						
CQC Domains	Safe & Well Led						
Previous Considerations	-						
Summary	The purpose of this report is: <ul style="list-style-type: none"> To provide an update on the business of the Quality & Safety Committee meeting held on 10 February 2021 						
Recommendation(s)	The Board is asked to: <ul style="list-style-type: none"> Note the content of this report Note the content of the Mortality Indicators and Learning from Deaths Report Note the content of the Infection Prevention and Control (IPC) Board Assurance Framework (BAF) Note the content of IPC Report following NHSE/I Peer Review in November 2020. 						
Corporate Impact Assessment							
Statutory Requirements	The Quality & Safety Committee is established as a formal committee of the Board of Directors to provide assurance						
Quality & Safety	Improved patient safety						
NHS Constitution							
Patient Involvement							
Risk	Quality & Safety Risks are considered by the Quality & Safety Committee						
Financial impact							
Equality & Diversity							
Communication							



1. Introduction

The purpose of this report is to provide the Board of the Countess of Chester NHS Foundation Trust with an overview of key items of business discussed at the Quality and Safety Committee on 10 February 2021. Following the recent letter from NHSE/I in relation to reducing the burden the committee considered some items of business that would usually be considered by the Finance and Performance Committee. Due to Covid restrictions the meeting was undertaken via Microsoft Teams.

2. Outstanding items from previous meetings

A notable outstanding action related to temperature monitoring for drug fridges. Whilst this has been an outstanding action for some time, and was highlighted in the most recent CQC inspection report, the committee is assured that there are mitigating actions in place. Weekly meetings are now taking place between the Trust IM&T Department and the supplier to resolve the issue. As yet there is no timescale for completion, however the Trust continues to request one.

3. Board Assurance Framework (BAF)

The Committee reviewed the revised BAF and confirmed that the risks and their risk scores reflected the current perception of the strategic quality and safety, and people risks within the Trust. The Committee considered specifically the quality and safety risks with the highest residual risk scores and requested some additional detail in relation to mitigating actions.

4. Covid 19 Infection Prevention and Control (IPC)

The Committee received an update on the IPC BAF. Overall there has been positive progress although a few areas have decreased in compliance and details were provided on how these areas are being addressed. The Committee considered the challenges relating to bed spacing and cleaning and the mitigating actions which included Perspex screens, enhanced cleaning and investment in cleaning staff. The outcome of Spot Check Audits were reviewed and IPC Champions have been put in place to address issues. Audit results will be included within the Ward Accreditation process and will be reported quarterly .

The Committee also reviewed the formal report following the Peer Review by NHSE/I. The report made 19 recommendations for improvement and these have been incorporated into the IPC BAF. The IPC BAF is monitored at the monthly IPC Strategy Group and 10 of the 19 recommendations have been fully implemented. All other actions are on track to be delivered by the end of March 2021.

It was highlighted during the discussion that the Estates Team requires investment to meet the demands of the service and funding has been approved to recruit additional Estates Officers.

5. Clinical Harm Review

The Committee received a report and approved the process for ensuring that any instances of harm are identified, reported and actioned for patients facing delays to their treatment.



6. RTT Waiting Time Update

The Committee received a report on trajectories for patients waiting for treatment. Inpatients waits have increased by 2500 since November 2020 due to the suspension of non urgent elective activity. The greatest area of concern is patients waiting over 52 weeks and the committee were advised that there would be a specific focus on these patients. The Trust has insourced capacity for Endoscopy and Cancer and utilised commissioned capacity at the Independent Sector. Critical Care capacity for elective activity remains a challenge due to the high numbers of Covid patients.

7. Integrated Performance Report

The Committee reviewed the Integrated Performance Report for December 2020 including workforce related metrics.

The Committee noted the positive progress in relation to Sepsis however it also noted the increase in patient falls. The increase in falls triangulates with a decrease in staffing levels, however it has not resulted in increased harm and will continue to be monitored closely.

It was noted that the number of nosocomial infection had reduced and work is underway to complete Root Cause Analyses (RCA) to identify underlying themes. Whilst this work has yet to be completed it is anticipated that high occupancy levels and restrictions on two metre distancing for staff and patients will be key themes.

The Trust has maintained 60 to 65% of Endoscopy activity and a plan is in place to recommence Endoscopy services as soon as is possible.

The figures relating to the Women and Children's Continuity were discussed as the metric relates to the number of women booked on to pathway, however the key metric will be how many women are followed along the whole pathway.

It was reported there are ongoing challenges with completing staff appraisals however it was noted the need to consider the way issues currently important to staff are discussed and the emphasis on emotional and psychological wellbeing.

Covid related sickness levels had been a challenge during December although they were better than other organisations. NHSE/I have requested that the Trust undertake a deep dive into the Trust processes to ascertain why the Countess is performing better than other organisations.

It was noted by the Committee that a detailed psychological assessment of staff working in the Intensive Care Unit (ICU) was undertaken following the first wave and is due for publication in the Journal of Intensive Care in March. It highlighted how staff were affected and as a result the Trust has been able to secure support to assess the team for Post Traumatic Stress Disorder (PTSD) referral if necessary.

It was also noted the importance of monitoring the general wellbeing of staff taking into account what is important to them and acknowledging that staff are also impacted by events at home. The Trust has started initiatives such as a weekly whole hospital meeting and is considering other potential opportunities for staff to raise issues.



It was also reported to the Committee that concerns have been raised by the midwifery clinical team in relation to potential inaccuracies in data reporting, inaccurate action plans and quality assurance issues regarding grading of incidents. Details were provided of the actions being undertaken to review the issue and it was noted that this may impact on the Trust's external reporting of data and that the CCG, CQC, and NHS England have been informed. Once the Trust has completed its own internal review, an independent external review will be undertaken.

8. Mortality Indicators and Learning from Deaths Report

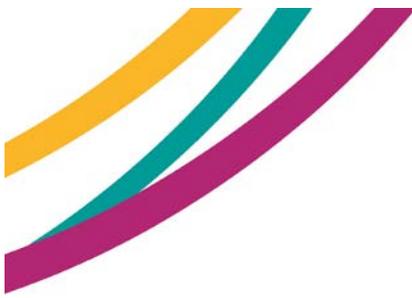
The Committee received the Mortality Indicators and Learning from Deaths Report which gave a comprehensive view of the Trust position. It was noted that work has been undertaken to improve coding and details were provided on the further work required to improve key categories. The committee were informed that whilst there is still further work to do on coding that consideration would now be given to specific pathways to identify opportunities for improvement. The report contains significant detail and it was agreed that Non Executive Directors would be invited to attend the Learning from Deaths Group as observers to understand how the report is used in practice.

It was noted the processes the Trust has undertaken over recent months to better understand its current position. There had been issues in relation to mortality governance and the systems and processes that identified areas of concern. It was reported that this has been mostly resolved and that a deep dive will be undertaken in to the processes where the highest volumes of deaths occurred.

9. Recommendation

The Board is asked to:

- Note the content of this report
- Note the content of the Mortality Indicators and Learning from Deaths Report
- Note the content of the Infection Prevention and Control (IPC) BAF
- Note the content of IPC Report following NHSE/I Peer Review in November 2020.



Meeting	9th March 2021	Board of Directors					
Report	Agenda item 9(a)	Finance Report – Month 10, January 2021					
Purpose of the Report	Decision	Ratification		Assurance	X	Information	X
Accountable Executive	Simon Holden			Director of Finance			
Author(s)	Simon Holden Clare Barrow			Director of Finance Interim Deputy Director of Finance			
Board Assurance Framework	E1	Underlying Long Term Trust Financial Sustainability					
	E2	Uncertainty of financial funding and consequences of breaching control total under current Covid-19 financial regime					
Strategic Aims	Effectiveness - Providing efficient and financially sustainable services.						
CQC Domains	Safe, Caring, Responsive, Effective & Well Led.						
Previous Considerations	n/a						
Summary	<p>The purpose of this report is:</p> <p>To provide details of the Trust's financial position, as at 31st January 2021 (Month 10), including the latest forecast submission shared with NHSE/I; and</p> <p>To provide an update on the residual risk in achieving the planned deficit of £5.2m.</p>						
Recommendation(s)	<p>The Board is asked to note:</p> <ul style="list-style-type: none"> a) The £1.762m cumulative deficit reported as at January 2021 (Month 10), against the Trust's allocation; this being £1.789m better than original year to date plan; b) The main drivers of cost in the month being an additional annual leave accrual for staff working in corporate of £0.5m; also Medical & Nursing pay costs remain high in month; c) For month 9 reporting onwards, the Trust's activity is now valued using the recently published 2020/21 national tariffs. A local bed day tariff for COVID activity has been developed and used for reporting purposes. d) The impact on previously planned levels of activity, with the Trust being cumulatively 124,010 units of activity below plan, equating to a shortfall of £32.015m if Payment by Results was in place; e) The cash balances held at 31 January of £35.6m; f) That the Elective Incentive Scheme (EIS) will no longer 						



	<p>be applied at organisational level.</p> <p>g) The additional income anticipated for loss of non-commissioner clinical income of c£2.5m.</p> <p>h) The reduced forecast in respect of Independent Sector costs due to reimbursement outside of system envelope (£1.6m).</p> <p>i) The other risks identified, and currently being managed;</p> <p>j) The revised forecast outturn deficit position submitted to NHSE/I of £3.0m (likely case), (£0.5m) (best case), & £6.7m (worst case); and</p> <p>k) The commencement of the financial planning for 2021/22.</p>
a) Corporate Impact Assessment	
Statutory Requirements	Meets the Trust compliance with Foundation Trust Status
Quality & Safety	Seeks to address Quality & Safety issues across the Trust.
NHS Constitution	n/a
Patient Involvement	n/a
Risk	<p>In addition to the Risks outlined above the following more general risks should also be noted:</p> <ol style="list-style-type: none"> 1) There is an overarching risk that the Trust may lose financial control if governance standards are reduced. 2) There is a risk the planned deficit of £5.2m will be exceeded if operational plans are required to change in response to a further wave of Covid-19. 3) Underlying recurring revenue position worsens as a result of significant capital investments (to support expansion), requiring further stretch savings targets. 4) Increased Fraud Risk due to urgency of some of the spending, and also given the resources available to the Trust.
Financial impact	Control total of £5.2m potentially exceeded due to financial impact of surges in COVID activity.
Equality & Diversity	n/a
Communication	This report can be communicated publically.



Financial Performance January 2021 (Month 10)

Executive Summary

This report summarises the financial performance of the Trust for the period ending January 2021 (Month 10), and includes an update on the financial risk associated with achieving the revised forecast deficit of £5.2m. The Report also includes an update on the latest forecast outturn shared with Cheshire & Merseyside Healthcare Partnership which is based on Month 10 performance and emerging risks.

A summary of the financial performance as at January 2021, against the planned deficit can be found below:

Year to Date (YTD) M7-10			
Allocation Category	YTD NHSE/I Plan Surplus / (Deficit)	YTD Actual Surplus / (Deficit)	YTD Variance Surplus / (Deficit)
	£000s	£000s	£000s
Core Budget	1,370	(978)	(2,348)
Covid	(1,210)	14	1,224
Growth (Restoration)	(2,797)	(622)	2,175
Growth (Winter)	(914)	(176)	738
TOTAL	(3,551)	(1,762)	1,789

- The Trust continues to be monitored against a deficit of £5.2m.
- Year to date (YTD) cumulative deficit of £1.762m; resulting in YTD favourable variance of £1.789m against expected planned deficit of £3.551m (£5.2m for M7-12);
- Caused by lower than expected spend to date on Covid, restoration plans and winter costs;
- Annual leave accrual increased by £0.5m at M10 to include non-clinical staff previously excluded from calculations.
- Underperformance of 124,010 units of activity to Month 10 (normally equates to an income shortfall of £32.0m) – No adjustments in year due to Payment by Results (PbR) suspension; (Planned Care activity reductions)
- 2020/21 national tariffs have now been published so the 20/21 activity has now been valued used these tariffs. A local tariff has been developed and applied to COVID activity that does not have published tariff and has previously been reported as a nil value;

It has recently been confirmed that the Elective Incentive scheme will be suspended and will no longer apply in year. In addition the Trust has received confirmation it will be reimbursed for loss of non-block contract clinical income previous excluded from assumptions.



The latest forecast (likely) along with best and worst case scenarios have been incorporated into the Residual risks have been assessed and incorporated in to the forecast scenarios reported to the HCP per the table below:

Description	Best	Likely	Worst
	£000s	£000s	£000s
Starting Forecast	(4,946)	(4,946)	(4,946)
Reduction in Restoration Costs	1,923	0	0
Welsh Activity Marginal Rate for reduced activity	0	0	(1,250)
Additional Covid / Infection Prevention & Control Costs above envelope	0	0	(800)
Forecast based on November (M8) Surplus / (Deficit)	(3,023)	(4,946)	(6,996)
December run rate continues for Q4	1,455	1,455	1,455
Welsh Activity Marginal Rate for reduced activity	0	(1,250)	(1,250)
Independent Sector Costs included in Plan for Q4 - guidance confirmed	350	350	350
Delayed Insourcing Programme in January	297	297	0
Revised Annual Leave Accrual	0	(519)	(866)
Remove original assumption on restoration costs (included in adjustments above)	(1,923)	0	0
Revised Forecast based on December (M9) Surplus / (Deficit)	(2,844)	(4,613)	(7,307)
Adjustment to run rate based on M10 reported position	545	264	(86)
Welsh Activity Marginal Rate for reduced activity	0	1,250	1,250
Independent Sector Costs included in Plan for Q4 - guidance confirmed	1,627	1,627	0
Revised Annual Leave Accrual	0	0	347
Remove additional COVID / IPC Cost as included in Run Rate assumption	0	0	800
Technical Adjustment relating to Incomplete Spells	(480)	(480)	(480)
System Wide Mutual Aid	(250)	(250)	(400)
Equalisation of Pay for Medical Staff	(600)	(800)	(800)
Reimbursement of Loss Non-Commissioner Income	2,500	0	0
Revised Forecast based on January (M10) Surplus / (Deficit)	497	(3,003)	(6,676)

The updated forecast based on Month 10 performance shows there is an anticipated improvement in the likely deficit of £1.610m to an outturn position of £3.003m deficit.

The improvement is driven largely by the changes in assumptions on income received outside the system envelope for loss of non-block contract clinical income relating and further guidance around reimbursement of independent sector (IS) costs (+£1.6m). This is offset by an anticipated technical adjustment of £0.480m relating to incomplete spells, an estimate for the equalisation of pay for Medical staff and system wide mutual aid all of which remain under discussion.

The cash balance as at 31st January 2021 is £35.6m. The Trust has now been reimbursed in full for Covid Capital costs incurred in the first 6 months of the year totaling £1.8m. Final PDC drawdown of £21m will be made in March to cover significant capital schemes. (Further detail is provided within the Capital report on agenda today). The Trust does not anticipate any cash flow issues in delivering the in year financial performance.

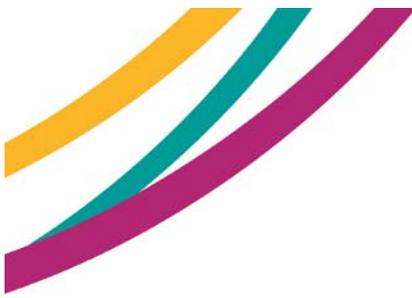


1.0 Background

- 1.1 This report summarises the financial performance of the Trust for the period ending January 2021 (Month 10) and provides an update on the financial risks associated with achieving the revised forecast deficit of £5.2m. The Report also includes an update on the latest forecast based on Month 10 performance and emerging risks.
- 1.2 The Trust will continue to operate under the national system level finance regime for the remainder of this financial year, with block contracts remaining in place for NHS activity based on historic values. The forecast deficit of £5.2m is the difference between the Trust's original additional funding plan submitted to NHSE/I (M7-12) of £25.7m, and the actual funding allocated via Cheshire & Merseyside Healthcare Partnership of £20.49m.
- 1.3 Additional information relating to the treatment of Independent Sector activity and cost reimbursements and Non-NHS income was made available in month 10 which has been used to derive the forecast outturn position. Adjustments will be made to the financial position from month 11 onwards following NHSE/I validation.
- 1.4 It has also recently been confirmed that the Elective Incentive Scheme will no longer apply in year.

2.0 Financial Summary

- 2.1 The Trust reported a year to date (YTD) cumulative deficit of £1.762m to January 2021 (Month 10), this is £1.789m less than anticipated when compared to the original YTD planned deficit of £3.551m.
- 2.2 It should be noted the Trust received a top up for M1-6 of £16.6m in line with interim financial arrangements, to meet direct Covid costs and support a break-even position for the NHS during this period.
- 2.3 The table below shows the January 2021 (Month 10) cumulative financial position under the current interim arrangements as reported to NHSE/I:



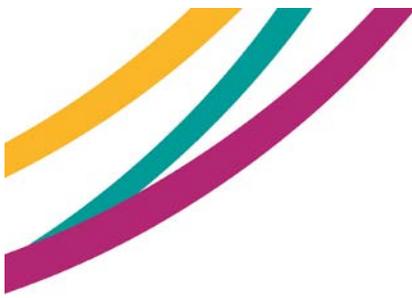
Financial Plan as per NHSI/E Template	January	January	January
	NHSI/E Plan	Actual Expenditure	Variance
	£k	£k	£k
Clinical Income	210,771	211,814	1,043
Non Clinical Income	(2,420)	(2,046)	374
Total Income	208,351	209,768	1,417
Pay Expenditure	167,867	168,631	764
Non Pay Expenditure	72,559	71,583	(976)
Total Expenditure	240,426	240,214	(212)
Operating Surplus / (Deficit)	(32,075)	(30,446)	1,629
Finance Income	18	14	(4)
Finance Expense	(555)	(392)	163
PDC	(1,239)	(1,238)	1
Total Finance Costs	(1,776)	(1,616)	160
Other gains / (losses) inc disposal of assets	(83)	(83)	0
Deficit Prior to Top Up	(33,934)	(32,145)	1,789
Projected Top Up (M1-M6)	9,660	9,660	0
Projected True Up / Retrospective Top Up (M1-M6)	7,059	7,059	0
Deficit / Growth / Covid Funding (M7-M12)	13,664	13,664	0
Net monthly surplus / (deficit)	(3,551)	(1,762)	1,789
Remove capital donations/grants I&E impact	(36)	(36)	0
Adjusted Financial Performance	(3,587)	(1,798)	1,789

2.4 The table above shows that against a planned deficit of £3.551m as at January 2021, the Trust has delivered a deficit of £1.762m, therefore performing £1.789m better than anticipated. The main cause of the improved position is lower than expected Covid, Restoration and Winter costs.

3.0 Variance Analysis

3.1 Divisional / Departmental Variances (to budget)

In the absence of the completion of the 2020/21 Financial Planning process, the Trust has adopted the NHSE/I Financial Plan, outlined above. The table below shows the Divisional / Departmental performance comparing actual expenditure to the 2019/20 recurrent budget inflated, for the pay award, and is provided as a comparator only. It does not currently include any adjustments for activity over, or under, performance:



Divisional Variances		JAN YTD Var	CRS YTD Var	Restoration & Winter Costs	Pressure YTD exc CRS, Restoration, & Winter Costs
		£000s	£000s		£000s
Planned Care	Favourable	(681)	2,134	703	(3,518)
Urgent Care	Adverse	5,569	992	558	4,019
ICP	Favourable	(127)	355	57	(539)
D&I	Adverse	1,968	863	1	1,104
Nurse Management	Adverse	658	77	0	581
Corporate Services	Adverse	3,210	336	21	2,853
Central Services	Adverse	1,448	(1,332)	72	2,708
Covid	Adverse	16,538		0	16,538
Exclude Donated Asset Transactions	Adverse	0			0
Total		28,583	3,425	1,412	23,746
Top Up M1-M6		(9,659)			
True Up M1-M6		(7,059)			
Deficit / Growth / Covid Funding (From M7)		(13,654)			
Revised Total		(1,789)			

The financial performance above is line with the following expectations:

- Planned Care underspend due to the elective programme being less than expected;
- Urgent Care overspend due to the operational pressures felt largely within this division;
- Diagnostic and Infrastructure overspend due to loss of car parking income, and Staff Restaurant receipts; and
- Additional £16.5m costs incurred due to Covid-19 to date, further details can be found in Section 4.0.

3.2 Subjective variances (comparison of Month 09 to Month 10 expenditure)

The table below, whilst not intended to be an exhaustive list, highlights a number of the material movements in actual expenditure between December (Month 9) and January (Month 10).

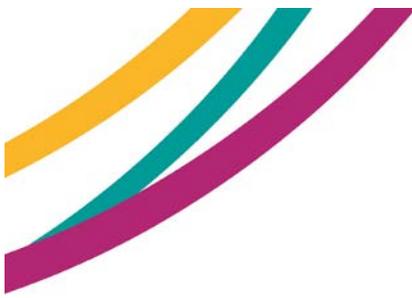


Variance Analysis - selected significant movements between December 2020 and January 2021

Description	M5	M6	M7	M8	M9	M10	Movement	Rationale	M1-10
	Actual	Actual	Actual	Actual	Actual	Actual	M9-M10		YTD
	£	£	£	£	£	£	£		£
Medical Staff	4,385,245	4,847,935	4,431,069	4,909,715	4,792,577	5,002,095	209,518	CEAs (full annual amount) paid in M2. Medical pay award for consultant & middles grades paid in M6 relating to M1-6 £420k.	46,405,472
Nursing/ Midwifery Staff	6,065,176	6,013,656	6,008,465	6,319,451	6,361,213	6,442,061	80,848		61,865,144
Admin & Clerical Staff	2,021,952	2,033,459	1,965,531	2,063,696	2,070,795	2,324,852	254,057	Annual leave accrual £283k in M10	20,632,863
Medical (Non Nhs)	201,455	111,711	217,226	102,719	197,140	111,752	(85,388)		1,608,360
Nursing & Midwifery (Non Nhs)	199,227	234,568	247,321	327,348	204,622	453,624	249,002		2,197,651
ries & Wages	16,387,328	16,787,042	16,743,464	17,211,663	17,275,272	18,095,967	820,695		168,631,190
Drugs (Including Gases)	1,472,290	1,664,985	1,702,371	1,808,204	1,923,319	1,873,747	(49,572)		16,665,502
Med & Surg Equip - Purchases	720,664	1,388,044	1,036,723	1,048,624	1,162,370	1,008,140	(154,230)		9,179,754
Lab Equipment - Purchases	472,553	421,407	348,789	415,401	553,859	485,834	(68,025)		4,518,811
Contract Hotel Services	39,539	49,299	50,491	58,897	67,523	52,722	(14,801)		534,049
Uniforms & Clothing	(16,814)	100,859	90,983	88,525	50,223	73,147	22,924	PPE purchases	1,414,564
Furniture, Office & Computers	910,424	518,695	598,925	455,377	419,476	574,491	155,015	EPR £32k, IMT £72k increase in month	5,842,735
Building & Eng Materials	98,922	43,621	138,335	111,353	122,160	89,691	(32,469)		922,699
Building & Eng Contractors	109,063	99,956	47,565	64,262	18,198	32,939	14,741		796,013
Estates - Maint Contracts	70,612	31,869	18,461	38,252	7,145	73,184	66,039	Fire alarm maintenance contract payment in M5. Inc £25k backlog mtce in M10	353,519
Ext Staffing/ Consultancy Fees	103,697	285,532	333,935	103,827	188,870	78,635	(110,235)	Cerner £207k capital to revenue adjustment	1,822,677
Services Received	413,914	253,218	223,574	449,696	518,062	140,397	(377,665)	ICP Prog Resource (£158k), ICP Non Executors (£98k) -9 months ICP costs accrued in M9. Int Nurses (£129k) - 3rd cohort now expected to be 7 nurses not 15	2,902,408
Total Non Pay Expenditure	6,953,132	7,587,150	7,606,233	7,486,871	8,025,212	7,291,724	(733,488)		71,665,903
TOTAL TRUE UP & TOP UP	(2,515,000)	(3,883,000)							(16,719,000)
DEFICIT / GROWTH / COVID FUNDING (From M7)			(3,416,000)	(3,416,000)	(3,416,000)	(3,416,000)			(13,664,000)

4.0 Covid/Restoration/Winter

4.1 The Trust has been required since April, to identify the costs incurred as a result of Covid-19 and report it to NHSE/I. The costs identified must be “proportionate and reasonable”, and each Trust will be subject to external scrutiny. To aid this process the Trust has set up a Covid-19 specific cost centre, and as at January 2021 has incurred £16.5m cumulative year to date expenditure as detailed in the table below:



Sum of YTD act	Column Labels		
Row Labels	Non Pay	Pay	Grand Total
Decontamination	£ 183,204		£ 183,204
Enhanced PTS	£ 492		£ 492
Existing workforce additional shifts		£ 9,748,704	£ 9,748,704
Expanding medical / nursing / other workforce	£ 83,146	£ 1,695,499	£ 1,778,645
Increase ITU capacity (incl Increase hospital assisted respiratory support capacity, particularly mechanical ventilation)	£ 1,721,567		£ 1,721,567
Other	£ 7,290	-£ 0	£ 7,290
Plans to release bed capacity	£ 1,059,814		£ 1,059,814
PPE - locally procured	£ 1,107,501		£ 1,107,501
PPE - other associated costs	£ 1,052		£ 1,052
Remote management of patients	£ 59,289		£ 59,289
Remote working for non patient activities	£ 459,455		£ 459,455
Segregation of patient pathways	£ 5,322		£ 5,322
Testing non included in outside envelope categories	£ 289,091		£ 289,091
Grand Total	£ 4,977,224	£ 11,444,203	£ 16,421,426

4.1 The tables below illustrates the year to date spend against Trusts original plan for COVID, Winter and Restoration following changes to the financial regime for M7-12:

Category	Budget M7-M10	Spend M7-M10	Var M7-M10
	£000s	£000s	£000s
Core Funding	(7,785)	(5,437)	2,348
Covid	6,302	5,078	(1,224)
Growth (Restoration)	3,411	1,236	(2,175)
Growth (Winter)	914	176	(738)
Holiday Pay Accrual	709	709	0
	3,551	1,762	(1,789)

4.2 Additional Covid costs totalling £5.078m have been incurred for M7-10, resulting in a YTD under-spend of £1.224m against the original plan of £6.302m (£9.453m M7-12).

4.3 Restoration costs total £1.236m year to date, which is lower than anticipated due to a pause in the planned care programme during the latest surge in Covid activity. The month 10 outturn assumes the original plan of c£5m will be spent before the end of the financial year, however this will be reviewed again at month 11 based on latest performance information; an adjustment has been included in the best case forecast scenario.

5.0 Cross Border Financial Arrangements

5.1 The key principles of the Welsh activity agreed nationally are as follows:



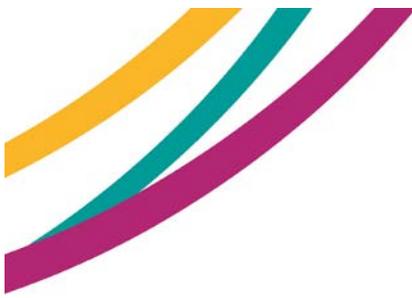
- Unless otherwise agreed, all block contracts with values below £2.5m (or £1.0m for Betsi Cadwaladr and Aneurin Bevan UHBs) will remain unchanged for the remainder of the year; and
- Unless otherwise agreed, the value of other contracts for M7-12 will be increased or decreased as soon as possible in line with the following:

Expected Over/Under Performance for Oct 20 to Mar 20 (M7-M12)	Increase / decrease in contract value compared to M1-6 value
0% to +/- 25%	0%
+/-25% to +/-30%	+/- 10%
+/-30% to +/- 50%	+/- 15%
Greater/less than +/- 50%	+/- 20%

- An adjustment will be made on a monthly basis against the agreed block contract values to reflect the actual usage of certain specialised high cost drugs and devices, in line with the financial arrangements for English commissioners.
- The value of any underperformance (or over performance) in 2020/21 will not be recouped from (or added to) the value of contracts in future financial years.
- Welsh patients will be given equal access to any additional capacity made available by English providers that is funded by their block contract income.
- It has been communicated to the Trust that this agreement is being reviewed nationally given the current Covid related pressures providers are experiencing.

5.2 For month 9 reporting onwards, the Trust’s activity is now valued using the recently published 2020/21 national tariffs. A local bed day tariff for COVID activity has been developed and used for reporting purposes.

5.3 The Trust currently receives circa £2.0m per month from Betsi Cadwaladr University Health Board. The table below (adjusted for 2020/21 tariffs) compares this block payment to the value of activity delivered and the associated adjustment to the block payment under the new financial arrangements in place for M7-M12 if they were in place throughout 2020/21:



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
2020/21 Block Value	2,080	2,080	2,080	2,080	2,080	2,080	2,080	2,080	2,080	2,080	20,797
2020/21 Outturn (at 20/21 Tariffs)	1,288	1,474	1,721	1,893	1,697	2,140	2,253	2,121	2,718	2,146	19,451
Variance to 2020/21 Block	(792)	(605)	(359)	(187)	(382)	61	173	41	638	67	(1,345)
% Variance to 20/21 Block	-38%	-29%	-17%	-9%	-18%	3%	8%	2%	31%	3%	-6%
YTD % Variance to 20/21 Block M1-M6	-38%	-34%	-28%	-23%	-22%	-18%					-18%
YTD % Variance to 20/21 Block M7-M12							8%	5%	14%	11%	11%
% Penalty that would have applied	-15%	-15%	-15%	-10%	-10%	0%	0%	0%	0%	0%	0%
Value of Penalty that would have applied M1-M6	(312)	(312)	(312)	(208)	(208)	0					(1,352)
Value of Penalty applied M7-M12							0	0	0	0	0

- 5.4 In the earlier part of the year when elective activity was reduced, the value of activity was between 18%-38% below the block payment. Under the new rules, this would equate to a nil adjustment to income received for this period.
- 5.5 For the month of October the value of activity was 4% above the block payment value and for November is 1% above the block payment. The activity pressures within the Trust during December have been shown in this performance as the value of activity was 31% above the block payment. The over performance has reduced back down to pre-surge levels in January with the value of activity being 3% above the block payment. The cumulative performance of +11% for October to January results in no adjustment to the income received.
- 5.6 There is a risk that restoration plans do not deliver sufficient activity which could result in a contract adjustment of between £0.2m - £0.4m per month. Performance will be monitored closely as part of routine process and the associated financial risk will continue to be assessed and reported both internally and externally to NHSE/I and the HCP.
- 5.7 It is anticipated that the Trust will be reimbursed for loss of non-block clinical income which has been estimated at c£1m for Welsh activity when compared to historic contract values. This does not precluded the application of the national thresholds which is based on the agreed contract value.

6.0 Forecast Scenario Update

- 6.1 The year-end forecast has been incorporated into the internal and external reporting cycle and has been updated following reviewing the January (Month 10) financial position. A summary of the revised forecast reported to NHSE/I is provided in the table below:



Funding Category	Revised Forecast Plan M7-12	Allocation Received / Adjustment	Surplus / (Deficit)
	£000s	£000s	£000s
Underlying Deficit	8,087	11,931	3,844
Covid	9,453	7,638	(1,815)
Growth (Restoration)	3,187	894	(2,293)
Winter	1,371	-	(1,371)
Holiday Pay Accrual	1,368	-	(1,368)
Total	23,466	20,463	(3,003)

6.2 As in previous months, the Trust was asked to provide the Cheshire & Merseyside HCP with a best, likely and worst case scenario forecast for reporting at a national level. The table below summarises the position reported to the HCP:

Description	Best	Likely	Worst
	£000s	£000s	£000s
Starting Forecast	(4,946)	(4,946)	(4,946)
Welsh Activity Marginal Rate for reduced activity	0	0	(1,250)
Run Rate Continues	2,000	1,719	1,369
Independent Sector Costs included in Plan for Q4 - guidance confirmed	350	350	350
Delayed Insourcing Programme in January	297	297	0
Revised Annual Leave Accrual	0	(519)	(519)
Independent Sector Costs included in Plan for Q4 - guidance confirmed	1,627	1,627	0
Technical Adjustment relating to Incomplete Spells	(480)	(480)	(480)
System Wide Mutual Aid	(250)	(250)	(400)
Equalisation of Pay for Medical Staff	(600)	(800)	(800)
Reimbursement of Loss Non-Commissioner Income	2,500	0	0
Revised Forecast based on January (M10) Surplus / (Deficit)	497	(3,003)	(6,676)

6.3 The Best case assumes there is slippage of £2.5m on planned restoration costs, resulting in a revised forecast surplus of £0.497m. The Likely case is based on the revised forecast deficit of £3.0m submitted on 15th February; and the Worst case is based on the assumption all restoration costs are incurred but not reimbursed outside of the envelope as expected and the risk regarding the cross border activity threshold materialises at 10% deduction.

6.4 The forecast scenarios are reviewed on a monthly basis and reported to HCP alongside the NHSE/I monitoring returns.



7.0 Budget Setting/Planning 2021/22

- 7.1 The national planning guidance for 2021/22 is expected to be published before the end of March 2021. Financial planning will be devolved to a system level and is expected to be scaled back due to the uncertainty of the impact of Covid moving in to the new financial year. There will be no requirement for a financial plan for Q1 and instead funding will be based on 2020/21 Q3 actuals, adjusted for known non-recurrent items e.g Annual Leave accrual.
- 7.2 Financial plans will be required to be developed for Q2 onwards aligned to operational plans.
- 7.3 Work has commenced internally to develop finance and operational and capital plans, and further updates will be provided once more detailed guidance becomes available.

8.0 Capital Expenditure

Due to the scale and complexity of Capital funding this year, a separate paper has been written to accompany the Board Report outlining the current position on Capital Expenditure. All capital funded by Urgent & Emergency PDC Capital has been drawn down in full with the MoU signed off in accordance with Department of Health & Social Care requirements.

9.0 Cash

- 9.1 In response to the Covid-19 pandemic and the interim financing arrangements, Trusts were paid one twelfth of the block income on 1st April 2020, and a further one twelfth on the 15th April thus securing Trust balances to eliminate potential cash flow issues and enable swift payments to be made to suppliers. A further one twelfth has been received monthly with a cash balance of £35.6m held as at the 31 January 2021. We have been notified that there will be no block payment in March, and that the April block payments will be made on 8th April. There are no immediate cash flow problems anticipated, but if the advance payment is not re-introduced then we will need to monitor the medium term cash flow requirements to ensure that any interim cash support that may be required is identified in good time.
- 9.2 Final Public Dividend Capital of £21m will be drawn-down in March to cover significant capital schemes. (Further detail is provided within the Capital report on agenda today).

10.0 Activity Monitoring

- 10.1 The graphs and tables in Appendix 1 provide an overview of the month on month trend in activity delivered by point of delivery, compared to performance for the same period in 2019/20, the COCH trajectory and the national target for the Covid recovery phase by Point of Delivery. The table below is provided for information only and compares the cumulative activity for April 2020 to January 2021, to April 2019 to January 2020 and associated income.



2020/21 national tariffs have now been published so the 20/21 activity has now been valued using these tariffs. A local tariff has been applied to COVID activity that does not have published tariff and have previously been reported as a nil value.

The information is provided for comparative purposes to assist in understanding the impact Covid-19 has had on Trust activity levels. Please note due to the block contract arrangements in place during 2020/21 there will be no contract performance adjustments in year mitigating the financial loss summarised in the table below:

Point of Delivery	January 2020 YTD Activity	January 2021 YTD Activity	Activity Variance	January 2020 YTD Value at 19/20 Tariffs	January 2021 YTD Value at 20/21 Tariffs	Value Variance
Daycases	30,158	17,103	(13,055)	£19,363,754	£10,868,451	(£8,495,303)
Elective Inpatients	3,576	2,059	(1,517)	£10,006,056	£5,755,764	(£4,250,292)
Non-Elective Inpatients (exc Maternity)	26,271	20,611	(5,660)	£57,490,814	£52,596,279	(£4,894,535)
Non-Elective Inpatients - Maternity	2,108	2,106	(2)	£5,634,843	£6,207,499	£572,656
First Outpatients	64,270	33,765	(30,505)	£10,089,449	£5,566,920	(£4,522,528)
Follow Up Outpatients	160,274	129,511	(30,763)	£12,445,596	£10,194,865	(£2,250,731)
Outpatient Unbundled & Procedures	68,258	40,144	(28,114)	£8,035,168	£4,003,948	(£4,031,220)
Maternity	7,704	7,285	(419)	£4,795,293	£4,753,089	(£42,204)
A&E Attendances	61,891	52,103	(9,788)	£7,074,714	£6,960,625	(£114,089)
Best Practice Adj'ts	0	0	0	£609,221	£387,637	(£221,584)
AMD	5,545	420	(5,125)	£4,827,317	£344,282	(£4,483,035)
Adult Critical Care	3,686	4,349	663	£5,621,926	£7,162,615	£1,540,689
Neonatal Critical Care	2,353	2,628	275	£1,521,552	£1,389,189	(£132,363)
Other Non PBR & CQUIN	0	0	0	£39,066,361	£38,375,513	(£690,847)
PBR & Non PBR Variance	436,094	312,084	(124,010)	£186,582,063	£154,566,676	(£32,015,387)

10.2 In response to the Phase 3 Recovery requirements from NHS England & Improvement, the Trust submitted activity trajectories for all elective points of delivery in September 2020. The ambition was to achieve a monthly incremental improvement in elective activity performance with the ultimate ambition to get back to delivering 90% of 2019/20 elective activity levels.

10.3 The requirement from the regulator was to achieve the following phased performance for all elective points of delivery:-

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
70%	80%	90%	90%	90%	90%	90%	90%

10.4 In addition to these aspirant levels of activity, NHSE/I introduced an Elective Incentive Scheme (EIS), which was intended to reward systems that over delivered, and penalised others where performance was below these levels. However, whilst this scheme has not formally been withdrawn, the Trust has been told to not accrue for any potential penalties in any financial forecasts (with the expectation that this scheme will either be withdrawn, or modified to take account of Covid cases within systems).

10.5 The table below gives an indication of what the penalties would be if the EIS was enforced:



Penalty by Point of Delivery	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Total
Daycase	(£43,031)	£20,228	£22,120	(£86,031)	(£143,748)	(£230,462)
Elective Inpatient	£3,644	(£19,300)	(£70,665)	(£1,518)	(£106,760)	(£194,600)
First Outpatient Attendances	(£27,818)	(£70,739)	(£57,169)	(£37,282)	(£109,715)	(£302,722)
Follow Up & Procedure Outpatient Attendances	£44,631	(£35,759)	£16,008	£36,483	(£88,300)	(£26,937)
Total	(£22,573)	(£105,569)	(£89,706)	(£88,349)	(£448,523)	(£754,720)

10.6 Activity Performance Summary

The summary position for January 2021 is further outlined below:

	Daycase	Elective Inpatients	Outpatient First Attendances	Outpatient Follow Up Attendances	Outpatient Procedures
Target January 2021	90%	90%	90%	90%	90%
Actual January 2021	50%	51%	42%	77%	54%
Variance January 2021	-40%	-39%	-48%	-13%	-36%

11.0 Key Financial Risks and Mitigations

The following residual risks and mitigations have been identified for the remainder of the financial year

11.1 There is an overarching risk that the Trust may lose financial control if governance standards are reduced. [Risk Score 2x3=6]

Established Financial Controls and Governance remain in place which has been reviewed and assessed by Mersey Internal Audit Agency.

11.2 There is a risk the planned deficit of £5.2m will be exceeded if operational plans are required to change in response to a further wave of Covid. [Risk Score 3x2=6]

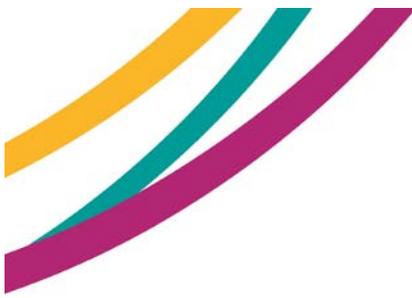
Established Financial Controls and Governance remain in place including operational performance monitoring.

11.3 Restoration activity is not controlled within the envelope available. [Risk Score 2x3=6]

Established Financial Controls and Governance remain in place including operational performance monitoring.

11.4 Costs incurred in response to further Covid activity surges are greater than planned; [Risk Score 2x3=6], resulting in

- The resultant pressure impacts on planned care activity performance invoking Elective Incentive Scheme penalties. [Risk Score 2x3=6]; and



- The Trust is unable to deliver the contracted level of activity for Betsi Cadwaladr NHS Trust, resulting in variable contract thresholds being exceeded and income reductions applied [Risk Score 3x3=9].

The Trust is closely monitoring its Covid expenditure which is being approved in line with standing financial instructions supported by Business Cases where necessary.

The trust is maximising the use of Independent Sector providers to deliver planned care activity where possible and has contracts in place with third parties to support delivery of its planned care trajectories to mitigate this risk.

11.5 Underlying recurring revenue position worsens as a result of significant capital investments (to support expansion), requiring further stretch savings targets. [Risk Score 3x3=9] namely:

- Additional CT Scanner, Ellesmere Port Hospital (£1,000,000);
- Additional Endoscopy Suite, Countess of Chester Hospital (£300,000); and
- Expansion Critical Care 7 beds, Countess of Chester Hospital (£500,000).

Capital expenditure is approved in line with standing financial instructions supported by business cases and only approved where urgent and necessary.

11.6 Increased Fraud Risk due to urgency of some of the spending, and also given the resources available to the Trust. [Risk Score 3x2=6]

- Given the urgency of some of the spending, and also given the resources available to the Trust, there is a heightened risk of fraud. – The Trusts Counter Fraud Service has been kept Informed throughout the Covid process, with proactive pieces of work undertaken (including raising awareness with the staff, and also targeted investigations);
- The NHS as a whole is mindful of the urge to “bend rules” during this reimbursement phase, and hence costs need to be proportionate and reasonable (in accordance with the new rules) – The NHS centrally has stated that there will be an Audit of Trust expenditure and returns, to ensure that rules have been applied consistently across all providers;

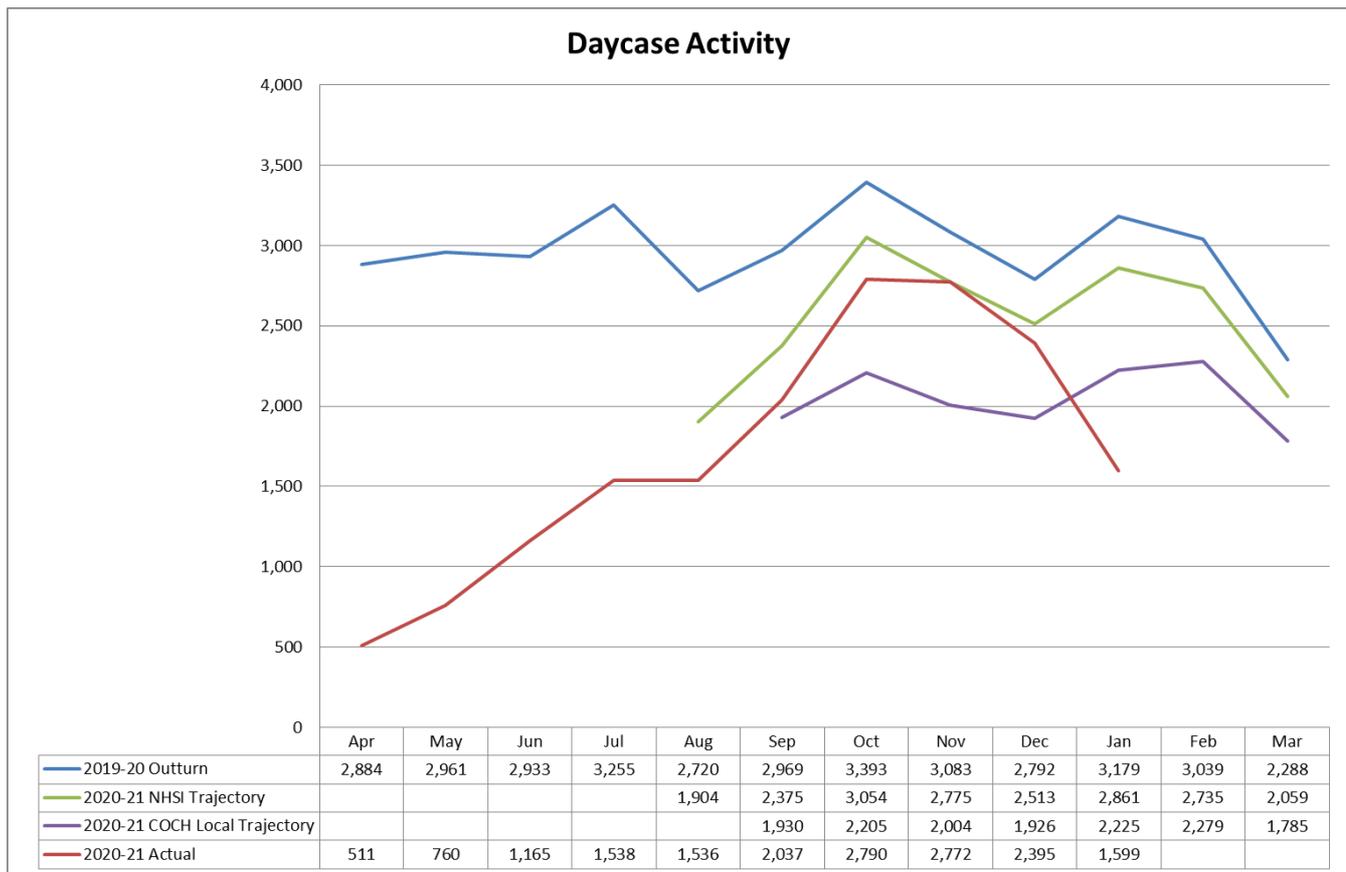
The Trust has recently reviewed its fraud risk in conjunction with the LCFS using the Trusts risk management policy. Fraud risks have been added to the local finance risk register and will be reviewed on a regular basis.



Appendix 1 – Month on Month Activity by Point Of Delivery (POD)

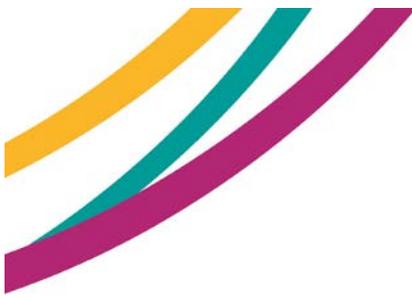
The graphs and tables in this report show that the month on month trend in activity delivered by point of delivery, compared to performance for the same period in 2019/20, the COCH trajectory and the national target for the Covid recovery phase by Point of Delivery.

a) Daycase Activity

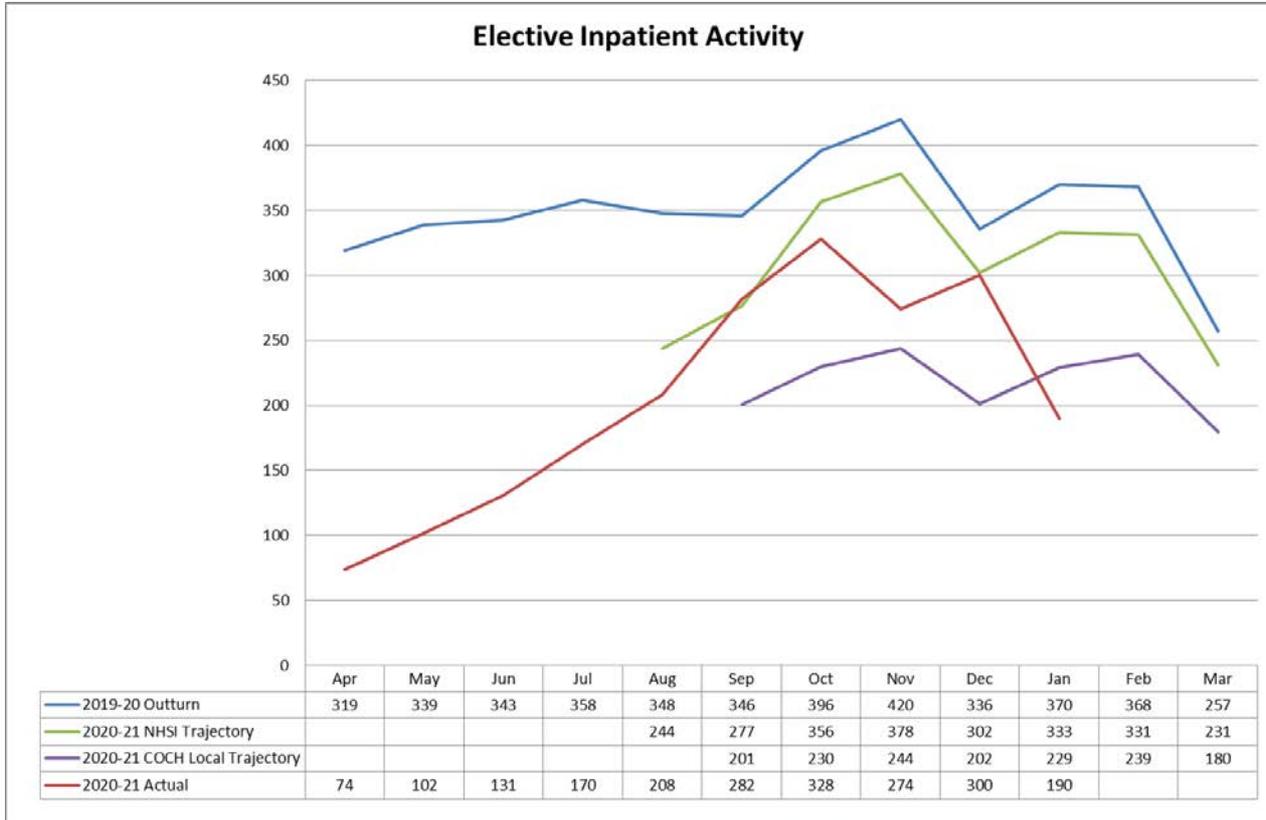


Daycases	Sep	Oct	Nov	Dec	Jan
19/20 Outturn	100%	100%	100%	100%	100%
NHSI Trajectory	80%	90%	90%	90%	90%
COCH Local Trajectory	65%	65%	65%	69%	70%
Actual Activity	69%	82%	90%	86%	50%
% Variance against NHSI Trajectory	-11%	-8%	-0%	-4%	-40%
% Variance against Local COCH Trajectory	4%	17%	25%	17%	-20%

The graph and table above show that Daycase activity in September was at 69% of 19/20 activity and therefore exceeded the Trust trajectory of 65%. Activity in October was at 82% and therefore above the local target of 65%. Activity in November was at 89% just below the 90% NHSI target and above the local trajectory of 65%. December activity was at 86% but has followed the traditional profile for December compared to historic levels of activity. Due the pressures experience by the Trust in January it is not surprising that the daycase activity trajectory has declined to 50%



b) Elective Inpatient Activity

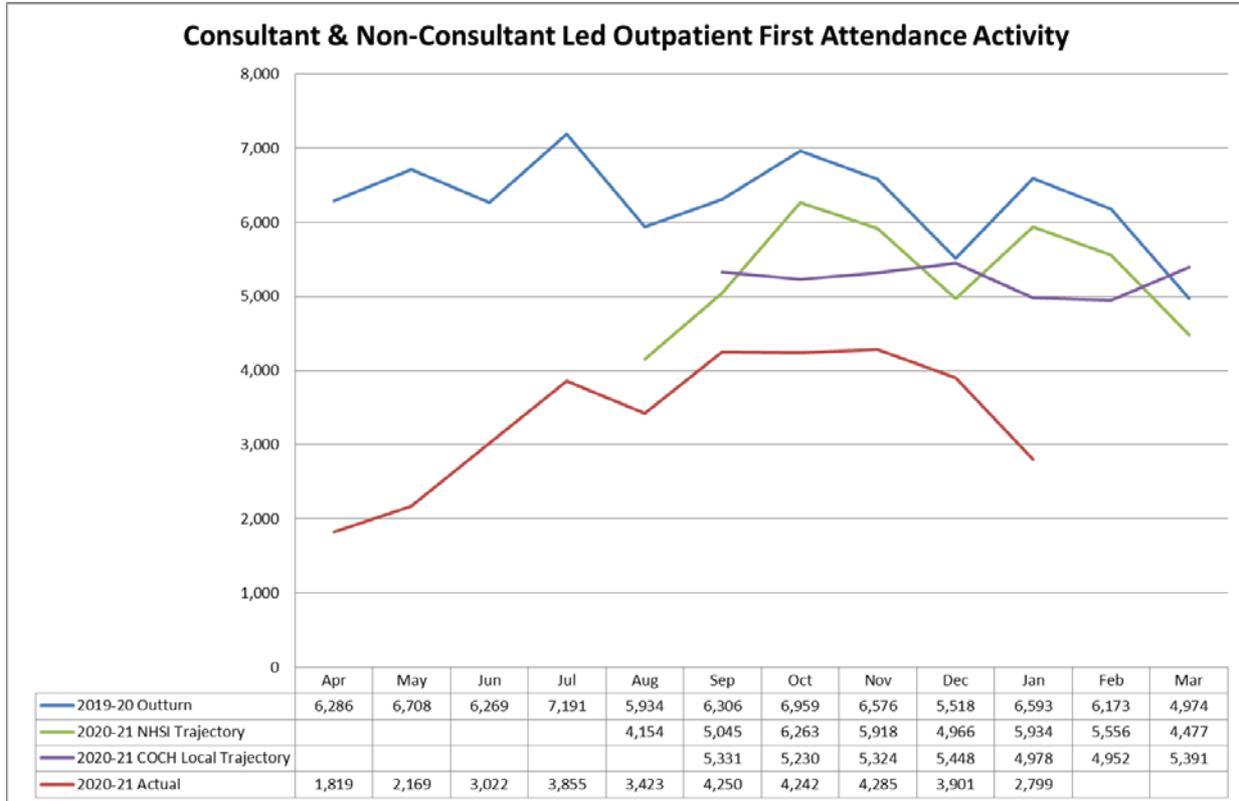


Elective Inpatients	Sep	Oct	Nov	Dec	Jan
19/20 Outturn	100%	100%	100%	100%	100%
NHSI Trajectory	80%	90%	90%	90%	90%
COCH Local Trajectory	58%	58%	58%	60%	62%
Actual Activity	82%	83%	65%	89%	51%
% Variance against NHSI Trajectory	2%	-7%	-25%	-1%	-39%
% Variance against Local COCH Trajectory	24%	25%	7%	29%	-11%

The graph and tables above show that elective inpatient activity in September was at 81% of 19/20 activity and therefore exceeded the Trust trajectory of 58% and the NHSI trajectory of 80%. Activity in October was at 82% and therefore above the local target of 58%. Activity in November has reduced to 65% so below the NHSI target of 90% but slightly above the local trajectory of 58%. Despite the operational pressures by the organisation in December elective activity has performed at 89% of 19/20 activity. This is a significant improvement on November's performance. Due to the pressures experienced by the Trust in January it is not surprising that the elective activity trajectory has declined to 51%.

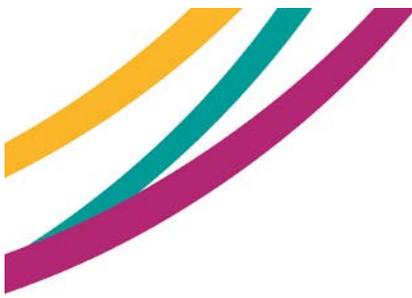


c) Outpatient First Attendances

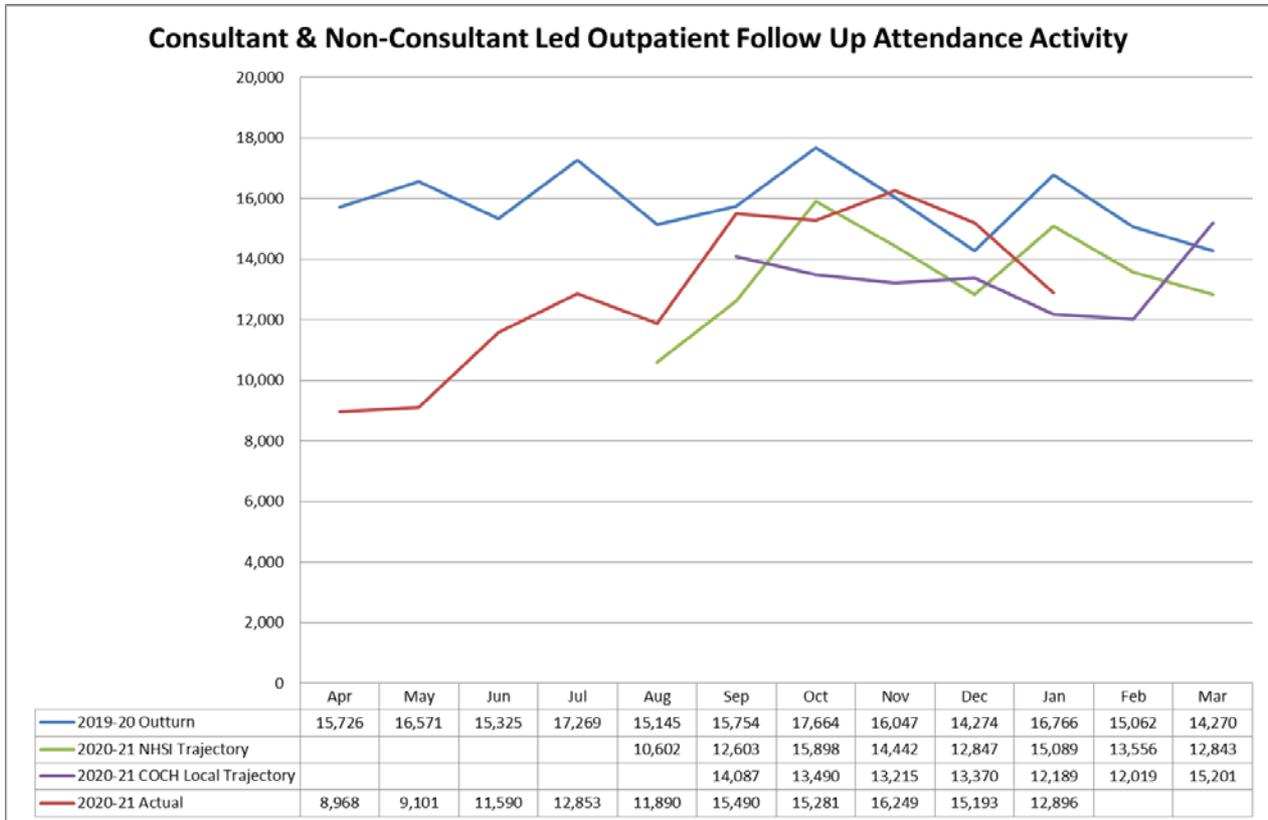


First Outpatient Appointments	Sep	Oct	Nov	Dec	Jan
19/20 Outturn	100%	100%	100%	100%	100%
NHSI Trajectory	80%	90%	90%	90%	90%
COCH Local Trajectory	85%	75%	81%	99%	76%
Actual Activity	67%	61%	65%	71%	42%
% Variance against NHSI Trajectory	-13%	-29%	-25%	-19%	-48%
% Variance against Local COCH Trajectory	-17%	-14%	-16%	-28%	-33%

The graph and tables above show that first outpatient attendance activity in September was at 70% of 19/20 activity and therefore below the Trust trajectory of 85% and the NHSI trajectory of 80%. Activity in October was at 64% and therefore below the local target of 75%. Activity in November was at 70% and therefore below the local trajectory of 81%. December activity shows an improvement on the previous month but still below the 90% NHSI trajectory. Due the pressures experience by the Trust in January it is not surprising that the first outpatient appointments activity trajectory has declined to 42%.

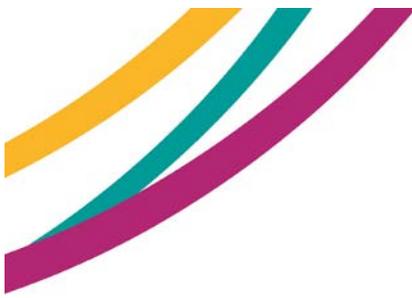


d) Outpatient Follow Up Attendances

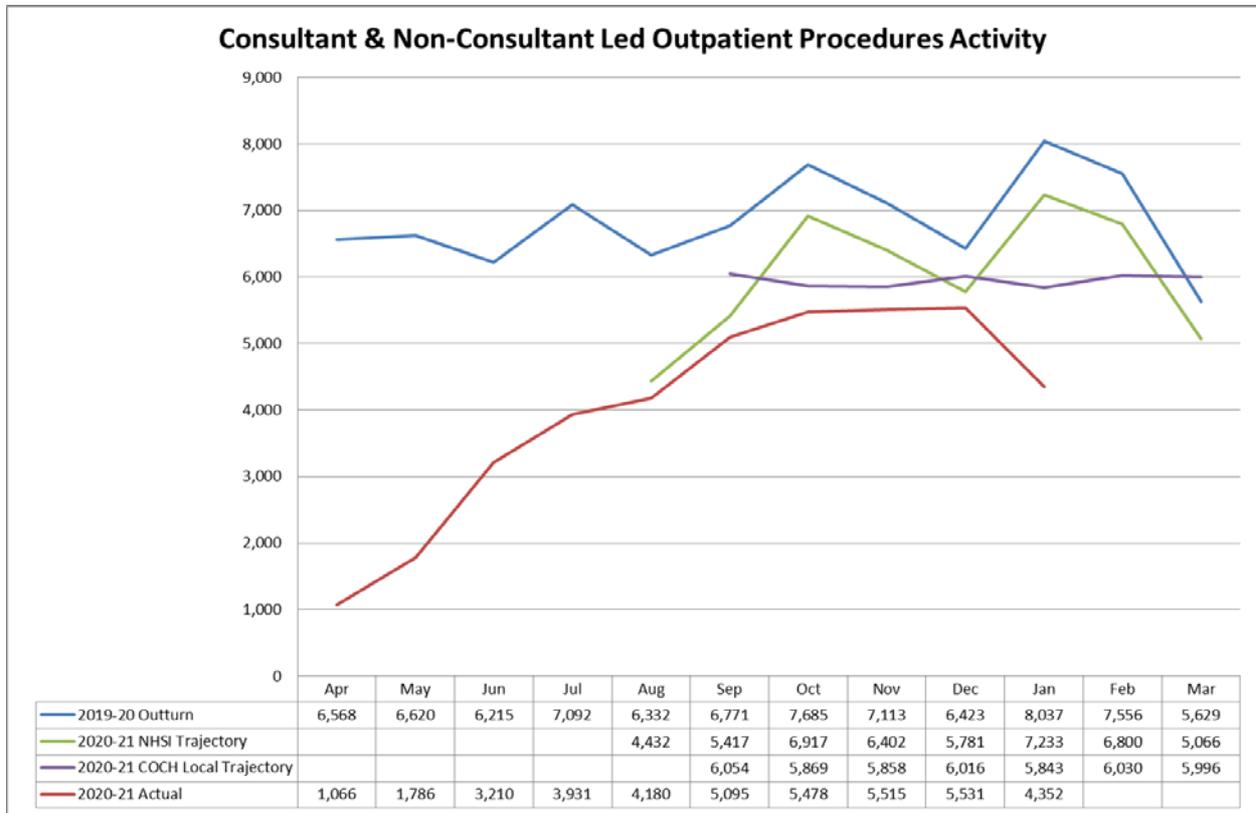


Follow Up Outpatient Appointments	Sep	Oct	Nov	Dec	Jan
19/20 Outturn	100%	100%	100%	100%	100%
NHSI Trajectory	80%	90%	90%	90%	90%
COCH Local Trajectory	89%	76%	82%	94%	73%
Actual Activity	98%	87%	101%	106%	77%
% Variance against NHSI Trajectory	18%	-3%	11%	16%	-13%
% Variance against Local COCH Trajectory	9%	10%	19%	13%	4%

The graph and tables above show that follow up outpatient attendance activity in September was at 96% of 19/20 activity and therefore exceeded the Trust trajectory of 89% and the NHSI trajectory of 80%. Activity in October was at 83% and therefore above the local target of 76%. Activity in November was at 97% and therefore above the NHSI target of 90% and above the local trajectory of 82%. December activity demonstrates that the Trust has achieved 100% of 19/20 activity levels which is 10% above the NHSI trajectory. Due the pressures experience by the Trust in January it is not surprising that the follow up outpatient appointments activity trajectory has declined to 77%.

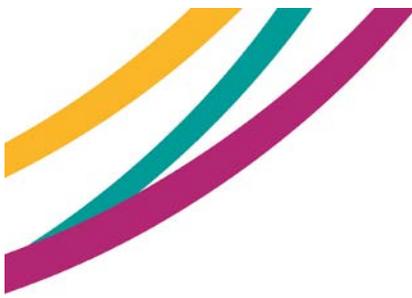


e) Outpatient Procedures

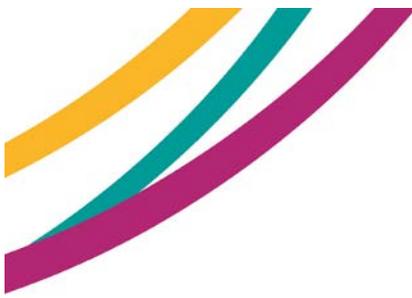


Outpatient Unbundled & Procedures	Sep	Oct	Nov	Dec	Jan
19/20 Outturn	100%	100%	100%	100%	100%
NHSI Trajectory	80%	90%	90%	90%	90%
COCH Local Trajectory	89%	76%	82%	94%	73%
Actual Activity	75%	71%	78%	86%	54%
% Variance against NHSI Trajectory	-5%	-19%	-12%	-4%	-36%
% Variance against Local COCH Trajectory	-14%	-5%	-5%	-8%	-19%

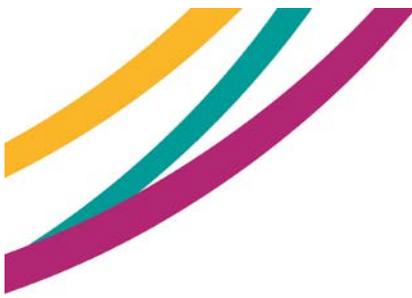
The graph and tables above show that unbundled and procedure outpatient attendance activity in September was at 73% of 19/20 activity and therefore was below the Trust trajectory of 89% and the NHSI trajectory of 80%. Activity in October was at 69% and therefore below the local target of 76%. Activity in November was at 75% and therefore below the NHSI target of 90% and the local target of 82%. Performance in December has improved to 83% of 19/20 activity levels but this is still below the NHSI and local trajectories. Due to the pressures experience by the Trust in January it is not surprising that the outpatient procedures appointments activity trajectory has declined to 54%.



Meeting	9th March 2021	Board of Directors					
Report	Agenda item 9(b)	Capital Program 20/21 Update – March 2021					
Purpose of the Report	Decision	Ratification		Assurance	X	Information	X
Accountable Executive	Simon Holden			Director of Finance			
Author(s)	Simon Holden			Director of Finance			
	Clare Barrow			Interim Deputy Director of Finance			
Board Assurance Framework	E1	Underlying Long Term Trust Financial Sustainability					
	E2	Uncertainty of financial funding and consequences of breaching control total under current Covid-19 financial regime					
Strategic Aims	Providing efficient and financially sustainable services.						
CQC Domains	Safe, Caring, Responsive, Effective & Well Led.						
Previous Considerations	n/a						
Summary	<p>The purpose of this report is:</p> <p>To provide an update on the Trust's Capital Program for 2020/21 including the identified risks and mitigations for delivery.</p>						
Recommendation(s)	<p>The Board is asked to note:</p> <ul style="list-style-type: none"> a) The details of the Trust's capital program of £22.8m and associated funding streams with the emergency Public Dividend Capital (PDC) requirement remaining static at £5.5m (confirmed); b) Details of the substitutions and other changes to the Capital Program since the last update to the Trust Board in January; (additional £823k taking total to £1.030m) c) Forecast capital spend for the year; d) The ongoing work underway to identify the full revenue implications; e) The risks of not spending / delivering the full capital program in 20/21 on both future service delivery and next year's capital program; and f) The reintroduction of the Capital Steering Group to oversee the successful implementation of the program going forward 						



a) Corporate Impact Assessment	
Statutory Requirements	Meets the Trust compliance with Foundation Trust Status
Quality & Safety	Seeks to address Quality & Safety issues across the Trust.
NHS Constitution	n/a
Patient Involvement	n/a
Risk	<p>The following risk to delivery of the Capital Program have been identified with actions outlined in the full report being put in place to mitigate:</p> <ol style="list-style-type: none"> 1) There is a risk the £7m national funding secured to finance the extension to the Emergency Department could be clawed back if not spent in full by the end of the year. To mitigate this Trust has agreed to make a payment on account to the contractor backed by supporting legal agreements for the work completed to by year end. It is likely the £7m will be incurred in construction costs at this point as this is stage 1 of a 2 year development requiring a further £8m investment in 2021/22. 2) Uncertainty regarding the ability to progress schemes totalling £3.2m which could result in an underspend against the Capital Program, placing pressure on next year's plan.
Financial impact	Delayed use of capital resources impact on capital program for 2021/22 when capital is constrained due to national requirements.
Equality & Diversity	n/a
Communication	This report can be communicated publically.



Capital Program 2020/21 Update - March 2021

1.0 Introduction

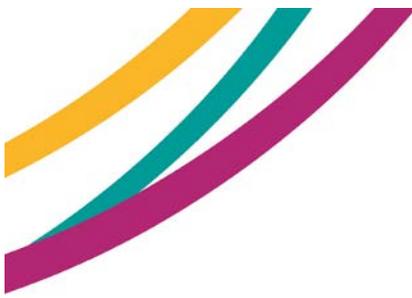
1.1 This report provides an update on 2020/21 Capital Program and notifies the Trust Board on any changes to the plan since previously reported.

2.0 Background

2.1 In January 2021, the Board approved a capital program of £21.771m for the financial year 2020/21. This was a combination of capital schemes brought forward from 2019/20, Business as Usual Capital Program (i.e. the normal Capital Program), Covid Capital plus a number of additional schemes supported by national funding.

2.2 Following approval of the program in January, additional funding of £322k was received for Covid, £547k for Breast Screening Mammography Equipment and a retraction of £75k for duplication of funding streams now corrected by NHSI/E. These adjustments increase the total Capital Program by £794k to £22.565m per the table below:

Expenditure	£000s
Capital Program	11,099
Covid Capital submissions 20/21	1,106
New Covid funding notified	322
Additional Critical Infrastructure Funding	407
Endoscopy (Analyser £75k, IT harmonisation £23k, scopes etc £353k)	451
CT Scanner (Eport)	1,038
Additional 7 Critical Care Beds	475
ED Phase 2	7,000
End of Life Firewalls	120
2 Breast Screening Mamography Equipment	547
Total Capital Program 20/21	22,565
Funding	
Critical Infrastructure Funding (CIF)	2,081
Cerner	300
Donated Assets	211
LED	115
Covid	1,106
Additional Covid Funding	322
20% B/Fwd capital from 19/20	1,980
Internally generated funding	1,362
Endoscopy - Cheshire & Mersey Cancer Alliance	451
CT Scanner (Eport) - Cheshire & Mersey Radiology Imaging Network	1,038
Additional 7 Critical Care Beds	475
ED Phase 2	7,000
End of Life Firewalls - NHS Digital	120
2 Breast Screening Mamography Equipment - Additional PDC	547
Sub Total	17,108
Emergency Public Dividend Capital (PDC) Requirement	5,457
Total Funding	22,565



3.0 Changes to Original Capital Program

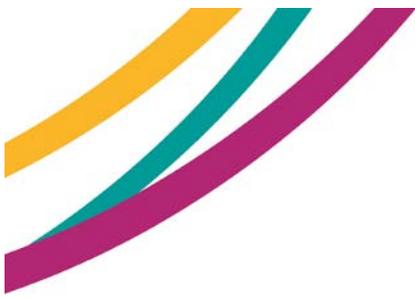
- 3.1 A further review of Capital plans was carried out during February to assess the risk to delivery of each scheme to ensure the scarce capital funding is maximised in year.
- 3.2 The latest revisions increase the overall capital program by £1.030m to £22.803m. This being £238k higher than capital funding. However, it is anticipated that this is likely to be mitigated through slippage on other schemes as procurement progresses and more certainty is gained on the actual cost of current plans.
- 3.4 Substitutions / other changes now amount to £1.030m (at the last update given to Board this figure stood at £0.207m, an increase of £823k). A summary of the net changes by division can be found in the table below:

Row Labels	Sum of Current Capital Programme 20/21	Sum of Substitution / Other	Sum of Updated Current Capital Programme 20/21
Central	-£ 98,428	£ 98,428	£ -
Covid Capital	£ 149,015		£ 149,015
D&I	£ 13,563,307	£ 754,301	£ 14,317,608
Estates	£ 0		£ 0
Finance	£ 115,000		£ 115,000
Finance	£ 210,000		£ 210,000
IM&T	£ 3,139,123	-£ 70,649	£ 3,068,474
Nursing	£ -	£ 11,514	£ 11,514
Pharmacy	£ 480,000		£ 480,000
Pharmacy	£ -		£ -
Planned Care	£ 2,281,879	£ 117,731	£ 2,399,610
Urgent Care	£ 1,932,927	£ 119,025	£ 2,051,952
Grand Total	£ 21,772,823	£ 1,030,350	£ 22,803,173

- 3.5 Full details on changes/substitution on a scheme by scheme basis (which the Trust Board is asked to approve) can be found in **Appendix 1**.

4.0 Forecast Spend

- 4.1 A final review of the likelihood of delivery / implementation of the schemes is currently being concluded alongside the operational/program leads and the procurement team.
- 4.2 All Memorandums of Understanding (MoUs) have been signed and returned and all Public Dividend Capital (PDC) cash has been drawn down to finance the program.



4.3 At the point of writing it is anticipated that all capital funding will be utilised in year. The table below demonstrates the amount of capital potentially at risk of being underspent which is being reviewed on a frequent basis.

Description	Amount £000s
Likely to deliver	19,526
Awaiting final update	3,277
Total	22,803

5.0 Associated revenue cost

5.1 The nature of capital funding streams in this current climate is fast paced, with the Trust given sometimes less than 24 hours to accept or decline capital resource. Further work is therefore required to identify the revenue implications with initial consideration given to the following: -

- Newer equipment, even when replacement generally attracts increased maintenance costs;
- Teletracking increased maintenance cost for newly occupied areas in the Trust e.g. Modular Ward, NNU, T Block, to date for these areas, increased costs are c £10k per annum;
- Increased depreciation costs due to new capital purchases;
- CT Scanner Ellesmere Port - enabling & commissioning costs, staffing requirements, maintenance and consumable costs;
- Endoscopy - staffing requirements, maintenance & consumable costs.
- Additional 7 Critical Care beds – staffing requirements, maintenance & consumable costs; and
- The associated opportunity (income offset) to deliver more work (which previously under Payment by Results would have been rewarded on a per diem basis)

6.0 Risks and Mitigation

6.1 The risks to the Capital Program for 2020/21 discussed in this paper are summarised below with potential mitigations currently being reviewed.

Risks

- 1) There is a risk the £7m national funding secured to finance the extension to the Emergency Department could be clawed back if not spent in full by the end of the year. To mitigate this Trust has agreed to make a payment on account to the contractor backed by supporting legal agreements for the work completed to by year end. It is

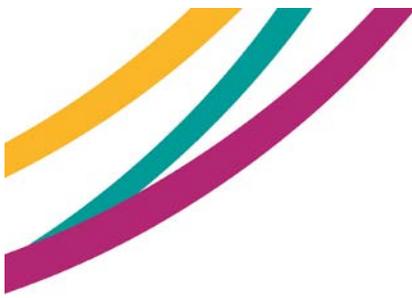


likely the £7m will be incurred in construction costs at this point as this is stage 1 of a 2 year development requiring a further £8m investment in 2021/22.

- 2) Uncertainty regarding the ability to progress schemes totalling £3.2m which could result in an underspend against the Capital Program, placing pressure on next year's plan.

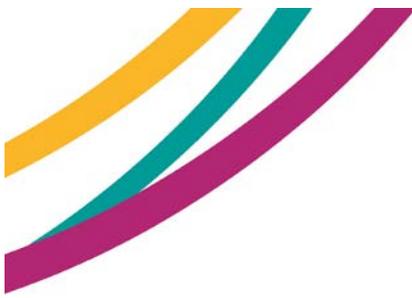
6.2 Mitigations

- 1) Regular weekly meetings have commenced between Finance, Procurement and Operational leads to ensure all parties are working closely to identify any issues impacting upon scheme delivery so solutions can be identified and implemented as necessary.
- 2) Now operational pressures have eased, the Capital Steering group will be re-established to oversee the capital program, going forward. Meetings will commence in March and updates will be provided to the Executive Team and formal committees on progress on a regular basis.
- 3) The group will also commence the work required to develop the capital plan for 2021/22 building on the current program and linking to the Trust clinical and corporate strategies.



APPENDIX A - FULL DETAILS OF CHANGES / SUBSTITIONS

Division	Specialty	Description of the Device / Equipment (pre-interim Emergency PDC Application)	Sum of Substitution / Other
Central	Central	Capital Contingency / Slippage	-£ 151,572
Central	Central	Capital VAT review for 19/20 & 20/21 estimated	£ 250,000
Central	Central	Additional Staffing Support - Procurement to accelerate capital program	£ -
Central Total			£ 98,428
D&I	B/fwd from 19/20	Replacement of laminar flow cabinet	£ 22,404
D&I	B/fwd from 19/20	Drug Fridge Electronic Monitoring system for Trust (Pharmacy) (plus funding from line above £31206)	£ 31,206
D&I	B/fwd from 19/20	Replacement of A&E Minors Mediwell unit (Pharmacy). This is slipped into 21/22 and replaced with the Refurbishment of the Aseptic Unit with a total cost of £100k	£ 70,000
D&I	B/fwd from 19/20	Jubilee Impact Damage	£ 20,000
D&I	Estates	3-4 Isolation Pods for CAU/CRAU. No longer progressing can be addressed with 5 Gama isolation Pods	£ -
D&I	Estates	Essential upgrade work in inpatient wards	-£ 372,500
D&I	Estates	Goods handling (fork lift & pump trucks)	-£ 6,500
D&I	Estates	Substation E Main Intake Substation Switchgear Electrical supply to the entire health park	£ 164,889
D&I	Estates	ED - Dirty Utility / Store & Waste Room	£ 59,232
D&I	Estates	Electrical Upgrades: Replacement of two emergency standby generators (SS "E" and SS "F") / 40 years and 38 years respectively / having obsolete parts and limited maintenance support	£ 312,400
D&I	Estates	Ward 48 / Ward 49 Air Flow & reconfiguration	-£ 276,363
D&I	Estates	Air Flow CRV - replaced with the purchase of 6 medical grade air purification units for ENT (maybe a further 4 for CRV, 2 for RSU & 4 GPU)	-£ 138,344
D&I	Estates	5 Gama Isolation Pods	£ 116,280
D&I	Facilities	2 x full ward curtains contingency	-£ 7,200
D&I	Pathology	2 Blood Gas Analysers for NNU & CLS	£ 30,000
D&I	Pharmacy	Drug fridge electronic monitoring system (c/fwd from 19/20) (combined with line below)	-£ 31,206
D&I	Radiology	3 Ultrasound Scanners	£ 168,241
D&I	Radiology	Breast Screening Mammography Equipment - Commissioning costs	£ 120,000
D&I	Radiology	2 Breast Screening Mammography Equipment	£ 546,762
D&I	Radiology	Ongoing support for workstations added into Managed Service Contract (Adopt & Adapt Funding)	-£ 75,000
D&I Total			£ 754,301



IM&T	B/fwd from 19/20	2008 Platform Migration - CCR	-£	40,800
IM&T	B/fwd from 19/20	2008 Platform Migration - Medcon (Cath Lab)	-£	70,213
IM&T	B/fwd from 19/20	2008 Platform Migration - Tomcat	-£	19,800
IM&T	B/fwd from 19/20	JAC Falsified Medicine Upgrade	-£	25,000
IM&T	B/fwd from 19/20	Safend Replacement	-£	75,000
IM&T	IM&T	10GB NICS	-£	5,000
IM&T	IM&T	3rd Tier PACS storage	£	30,000
IM&T	IM&T	Business Analysis - to assess clinical risk for EPR go live	£	40,000
IM&T	IM&T	CR3 Aircon under floor cooling	£	5,000
IM&T	IM&T	Cyber Work - Phishing / User awareness	-£	15,000
IM&T	IM&T	Cyber Work - SIEM	-£	43,000
IM&T	IM&T	Datacentre cable rewire Cat 6e	£	10,000
IM&T	IM&T	Load Balancers for remote access	£	33,000
IM&T	IM&T	Medical Image storage - ologies	-£	200,000
IM&T	IM&T	Network UPS	-£	15,000
IM&T	IM&T	Remote working - laptops / monitors/ keyboards / mice	£	120,000
IM&T	IM&T	SAN Data Centre switches capacity	-£	40,000
IM&T	IM&T	Server & Licence refresh	-£	50,000
IM&T	IM&T	Server investment to upgrade from W2008	£	50,000
IM&T	IM&T	Single Sign On - 1000 Users POC	-£	60,000
IM&T	IM&T	Skype - Digital improvement V&V	-£	10,000
IM&T	IM&T	Veeam Endpoints - Free. Veeam One / Universal licences	-£	60,000
IM&T	IM&T	Virtual Desktop POC	-£	70,000
IM&T	IM&T	Virtual Server replacement program	£	15,000
IM&T	IM&T	Wireless / Desk phone	-£	10,000
IM&T	IM&T	Resilient link for home and remote working - up to mar 21 - Providing a 1 GB resilient link - query is this a revenue pressure. NB: AB HAS A PROC ON CC 7814 FOR THIS OF £25K - IS IT A DUPLICATE OR ARE THERE 2?	£	20,000
IM&T	IM&T	Reporting Capability - Clikview. NB AB HAS AN ACRRUAL OF £25K IN REVENUE	£	25,000
IM&T	IM&T	Clinical printers related to EPR (increased by £60k from EPR+(Meditech) £60k as agreed by C Williams)	£	180,000
IM&T	IM&T	EPR+ (Meditech) - Funding moved to EPR Clinical Printers as agreed by C Williams	-£	60,000
IM&T	IM&T	PACs Breast Unit work - NS322059	£	11,760
IM&T	IM&T	Cerner	£	258,404
IM&T Total			-£	70,649
Nursing	Nursing	Portacount Machine	£	11,514
Nursing Total			£	11,514



Planned Care	B/fwd from 19/20	VNG/ENG System - should read Audiology ABR Equipment (VNG/ENG actually purchased in 19/20)	-£	18,421
Planned Care	B/fwd from 19/20	3 ENT workstations (DUE TO ADDITIONAL COVID IPC REQ COST HAS INCREASED SBAR TO SLG TO REQUEST BEING ALLOWED TO PURCHASE 2 AT A COST OF £188K	£	71,098
Planned Care	B/fwd from 19/20	Corneal Topographer	£	26,814
Planned Care	HSDU	Getinge 88 Turbo Washers	-£	92,400
Planned Care	Theatres	Operating lights Th's 1,2,3,4,9,A,B, - replaced with the purchase of 25 theatre trolleys & 3 Imaging Trolleys	-£	24,238
Planned Care	Theatres	Operating lights LA and Min Ops	£	6,078
Planned Care	(blank)	C Arm	£	148,800
Planned Care Total			£	117,731
Urgent Care	B/fwd from 19/20	CCU	£	119,025
Urgent Care Total			£	119,025
Grand Total			£	1,030,350