



We are
WHH



Warrington and
Halton Hospitals
NHS Foundation Trust

SUPPLEMENTARY PACK

For

WHH Board of Directors

Meeting Part 1

Wednesday 27 MARCH 2019
9.30am-1.15pm
Trust Conference Room



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Appendices to support:

BM/19/03/27 - Equality, Diversity & Inclusion Strategy




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Appendix 1 Public Engagement Invitation & Programme – Equality, Diversity and Inclusiveness: What Matters to Me – addressing my individual needs?



**Equality, Diversity and Inclusiveness:
What Matters to Me - addressing my individual needs?**

FEB
14

What Matters to Me - addressing my individual needs?

by Warrington and Halton Hospitals NHS Foundation Trust

Free

Description

Equality, Diversity and Inclusion: What Matters to Me and MY Individual Needs?

We are keen to hear from our service users, carers and advocates on how we can better address your individual needs so we can make a significant difference to your experiences at our hospitals.

This will be an informal workshop with lots of opportunity to meet new friends and learn more about some of our plans for the future, including our new hospital plans for Warrington and for Halton and our exciting new Midwifery Led Unit coming to Warrington Hospital.

At this end of this session your valuable input will help us set out our patient pledges in our Equality, Diversity and Inclusion Strategy as well as further developing our Carers' Strategy.

Event Plan

9:00 Arrival, refreshments, market place

9:30 Kimberley Salmon Jamieson, Chief Nurse - Welcome and introduction/ Lucy Gardner Director of Strategy - Our new WHH Strategy 'Being Outstanding for our Patients, Our Communities and Each Other' and Michelle Cloney, Director of HR&OD - Equality, Diversity and Inclusion: What Matters to Me in addressing my individual needs?

10:00 Informal working sessions and feedback

12:30 Wrap up and agree next steps

12:45 Buffet lunch and networking

14:00 Close

The venue will be fully accessible and BSL support will be provided. Do request any additional support to attend this event such as a translator/interpreter and in which language by emailingwhh.communications@nhs.net or telephoning 01925662114.

Space is limited to 100 places to ensure that we are able to capture everyone's voice.

Date And Time

Thu, 14 February 2019
09:00 - 14:00 GMT
[Add to Calendar](#)

Location

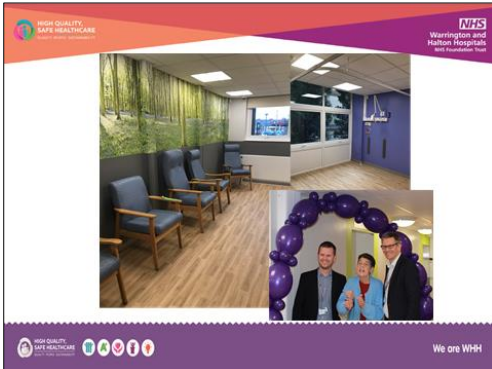
Whitecross Community Centre
Lexden St
Off Lovely Lane
Warrington
WA5 1PT
[View Map](#)



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Our new Hospitals - Warrington

- Agreement with Warrington Borough Council and Warrington CCG that we need a new hospital in Warrington
- 10-15 year timeframe
- Appointment of project lead – this Friday!

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Cheshire and Merseyside Eastern Sector Cancer Hub

- Warrington is geographically strategic
- Population predicted to increase by 20% in next 18 years – one of fastest growing towns in Northern England
- Growing influence of Clatterbridge – repatriate Cheshire patients closer to home

Urgency Priority
To provide new sustainable homes to people who are most in need.

Reason for this priority
• Increased population to over 222,000 by 2025 and to 252,400 by 2037 (increase of almost 25%)
• New homes to support Warrington's needs for the future

★ Existing Future C&M Cancer Hub

Caring for our Carers

John Goodenough, Deputy Chief Nurse

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What do we mean by a Carer?

A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help due to illness, disability, old age/frailty, mental ill health or a substance misuse problem

Carers..... ...Often don't see themselves as carers

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WHH commitment to Carers

- To support patients who are carers
- To support carers of patients
- To support staff who are carers



Throughout the morning, please visit go to the 3 flip charts and tell us "What matters to you as a Carer?"

- What is my current experience like?
- What barriers or omissions do I experience?
- What my perfect experience would be?

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- What is my current experience like?
- What barriers or omissions do I experience?
- What my perfect experience would be?

Together

.....we will develop an action plan to make your ideas happen.....

- To make sure that you as a carer
 - Feel valued
 - Involved
 - Communicated with and Listened to
 - Aware of advice and support available

Equality, Diversity and Inclusion:

What Matters to Me - addressing my individual needs?

Michelle Cloney, Director of Human Resources & Organisation Development

Public Sector Equality Duty

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not



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Equality Delivery System for the NHS (EDS2)

2017 EDS2:
Rated "Achieving" in 16 and "Excelling" in 2 out of 18

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Building blocks in place

High Quality, Safe Healthcare
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Your Views Matter.....

We aim to ensure that our engagement is:

- **Meaningful** - a genuine part of the decision-making process and timed so as to facilitate this happening
- **Representative** - based upon a proper cross-section of views as to whether the policy is likely to have a differential impact on any of the nine 'Protected Characteristics'
- **Effective** - having a genuine impact
- **Appropriate** - for the topic and groups involved
- **Feedback** - to inform participants of outcomes and impacts

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Let's get to know each other

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Session 1: My Individual Needs
Thinking about having to come to hospital...

What matters to me in an emergency?

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Session 2: My Individual Needs

What Matters to Me - Going into hospital for planned care?

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Session 3: My Individual Needs

What Matters to Me - Getting support to manage my own health and wellbeing?

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Wrap up and next steps

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Wrap up and next steps

Buffet lunch and networking – visit the marketplace!

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Appendix 3 Public Engagement Invitation & Programme – Feedback

What Matters to Me.....in an emergency situation?		
Group One	Priority One	What would success look like?
	Communication	Communication between everyone: community services, hospital, carers, patient, families
		Using 'real' language that is understandable
		Knowing what is going on / plan / what's happening next
		Signpost to most appropriate service
	Priority Two	What would success look like?
	Patient having a say on their journey	Everyone knowing about it
		Wider conversation
		Listen to wishes
		Feedback - Stories / how do we know about it?
	Priority Three	What would success look like?
	Respecting dignity	Listen to carers as well as patient
Compassionate - using language that is plain, caring		
Respect that it feels like an emergency		
Respect wishes		
Group Two	Priority One	What would success look like?
	Clear communication	Reassurance
		Introductions
		Be seen in a timely manner
		Regular updates on waiting times and the plan for care



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	Priority Two	What would success look like?
	Accessible services for all (age, gender, nationality etc)	Trained staff - online etc, including non-clinical
		Access to specialists e.g. Mental Health Nurse / interpreters - quickly and reliably
	Priority Three	What would success look like?
	Clear communication on my health plan	No jargon
		Empathy
		See me as an individual / person
		Explain tests / medication
	Check understanding	

Group Three	Priority One	What would success look like?
	Good communication	Qualified interpreters
		24/7 access to interpreters
		Accessible quickly in emergency situation
		Reliable
	Priority Two	What would success look like?
	Staff deaf awareness and training	All staff having basic skills / understanding
		Reception poster / information available which advises the correct interpreter to contact or gives choices of needs that can be pointed out / identified quickly
		Sign language trained staff available
		Staff considering individual needs
Priority Three	What would success look like?	
Environment	Comfortable	



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		Quiet space for patients who feel overwhelmed
		Clear signage

Group Four	Priority One	What would success look like?
	Accessibility: Car Parking / Signage / Pain Management	Maternity Patients access to labour ward directly rather than ED
		Not driving around looking for a car space
		Clear information and direction of where to go
		Patient advocate in the waiting areas e.g. could mediate / support / liaise between patient and staff
	Priority Two	What would success look like?
	Reception and communication i.e. triage (First Point of Contact)	Customer care - eye contact, manage expectations
		Customer service triage - continued updates
Priority Three	What would success look like?	
People not processes - Pathways & Flow	Similar to 'straight to test' for ED	

Group Five	Priority One	What would success look like?
	Appropriate communications - Adapting	Adapting to the individual - having and checking understanding
		With relatives
		Time to be seen - Callers
	Priority Two	What would success look like?
	Privacy / Dignity / Compassion	Having space for dignity / privacy
Hello my name is..... To be consistent		



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		Smile
		Customer care
	Priority Three	What would success look like?
	Individuality	To provide basic needs for partners and carers and mental health - protected characteristics

Comments - What Matters to Me.....in an emergency situation?

How long will I be in hospital?
Pathways
Expectations
Signpost to relevant organisations
Training staff
Overwhelmed!
Plan language that I can understand
Take time
Compassion
Communicate
Signpost to relevant organisations
Don't assume
Communication : What's the plan; What happens next; What support will I get
To be listened to of my concerns
Communication
To be seen quickly
To be compassionate



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To be involved with treatment planning
Reassurance
Correct treatment
Dignity and respect
Improved working with community services
Awareness and empathy
First time partner was in hospital - not able to reassure
Being communicated with - in real terms
Information
Knowing what is happening
Patient has a say on their pathway and everyone knowing about it
Compassion - understanding how message should be delivered
Respect and dignity
Give them time to comprehend and respect wishes
Career support
In an emergency - To know where to go to get advice
In an emergency - Communication - to include carers / family if appropriate
In an emergency - To be listened to
In an emergency - Informed of what is happened
In an emergency - Offer support
Communication, communication, communication!
Person centred approach
All about me!
Improved pathways for end of life in your own home and nursing homes to A&E
Information, advice offered to carers / families
Staff to know where to refer to



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Processes within the emergency department
How long do I need to what?
Compassion
Who to contact when someone falls, and you need help to life them - carer may feel they can't call an ambulance
Listen to the carer as well as the patient
Most problems lead back to lack of communication
Make sure notes are read correctly
Most problems lead back to lack of communication
Communication
Health plan!
Culture / specialists etc
That my voice would be heard and not talk to my carer
Learning disabilities taken into consideration
Isolation due to left on a trolley in the corridor with strangers they don't know for long periods - very frightening
Interpreters
Sign language
Physical disabilities- what are their needs and also what is important to them
"Hello my name is...." - personalise to make the patient feel they have been taken serious
Environment - colour etc regarding dementia
Sometimes pictures are required to show certain procedures and explained on a one to one basis to absorb the information
Paperwork kept up to date - example of miscommunication causing distress to family and trauma
Treated with dignity and compassion
Signage and really good information sheets before e.g. maternity or scheduled operations
To be informed of what is going to happen in layman's terms - no jargon!
Empathy
Direction to most appropriate urgent care



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Staff training in mental health; safeguarding etc
Clear communication
Environment
Reliability
What is the plan for my care?
Car Parking
Reassurance
Accelerated access to ED services if already sent / seen by GP
We are patients not 'customers / clients'
Facilities - water machines
Clear signage
Inclusive for all nationalities e.g. access to interpreters
Support for carers
Be informed of what to do in an emergency situation
Inclusion
Mental Health
Accessibility - Parking / Signage / Managing expectations
Communication - No jargon
Communication: Between partners
Communication - Good; quality; accessible; 24/7
Dignity - names
Individuality - Approach that works for the individual
Patient voice, wishes and choices
Best interest of the patient in decisions]
Capacity decisions - range of needs / good understanding . Good information available including reception staff
Reliable



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Check the persons understanding
Environment - cater for additional needs / appropriateness
Staff awareness and training
Looking about and being aware of those who look lost
Accepting everyone
Reliable
Smile, comforting touch
Reassurance
Don't make assumptions about people
No jargon, simple language
First impressions - smile; introduce self; tidy and clean department
Speed
Reassurance
Information updating - reason for delays
Referral
Being seen initially
Reassurance
Communication
Honest
Clear signage
Environment for particular needs e.g. autism; mental health issues
Joined up care - nursing homes etc
Clear communication
Waiting room visual display for names being called
Transport response
Communication



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Service delivery
What I expect
What I receive
Security
Clear signage
Reliability of interpreters turning up when requested
Experience of interpreters
Receptions are often glass fronted - hard to lip read through glass
Staff taking time to understand individual needs of patients - not assumed
Quality of interpreters skills important - to make sure messages are clear
Sign languages is different in regions
Staff knowing how to access the service on every occasion
Staff don't seem to understand importance of support
Hard to understand name being called when deaf or English is not your first language
Shouldn't have to rely on lip reading
Staff having basic skills to communicate especially out of hours
Charges for interpreters are not standard, sometimes get someone not qualified
Accessible
Communication
Text to access 999
Access to interpreter as soon as possible
Interpreter services not necessarily available 24/7
Would like to be able to choose my own interpreter to choose my own interpreters to choose my own interpreters as the dialect is region
Preferred interpreter needs to be registered with DRC
Environment - often busy and confusing difficult for people with autism etc
Quiet space for people with disabilities



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Clear essential communication
Basic British Sign Language (BSL) / gesture skills
Back channelling - check understanding
Service with smile
Gender specific interpreter for gender specific health issues i.e. gynaecology
If I am transgender how will I be treated? Will it be respectful?
Flow!
Signage
Quiet area if my child is distressed - sensory area
Food & drink available
Information
Communication
Quiet area to discuss issues that are private
That as a carer I am listened to and not ignored
Something to eat and drink - vending machines available
Quiet area
Signage
Parking (maternity)
Police - somewhere to take statements
Communicator
Space to sit- warm and comfortable
Pain relief
First point of contact communicates expectations for the visit
Effective triage
No more 'back and forth' between departments
Access to information e.g. waiting times



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Human information
Consistent service throughout the week at all times
Staff attitude e.g. reception and greeting
Compassion
Information in the waiting areas
Professional reception (smile)
Effective triage
Family and right people are contacted
Initial reception / greeting all important
Staff attitude
People in great pain - appropriate space / room set aside
Just because its been communicated doesn't mean its been understood
Patient advocate (volunteers)
Staff available
Clear signage
Family waiting room
Information available - not just screens
Staff able to identify mental health needs and provide appropriate support - direct / refer to appropriate services
Time to be seen
Treated with dignity and respect when most vulnerable
Explain what is happening - not jargon!
Introducing yourself
Hello my name is Inform my loved ones
Meet my basic needs e.g. drinks, toilet
Check my understanding
Compassion, care



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Communication
Calm staff
Being listened to
Being acknowledged in a timely fashion!
Personal ability - individual
Language - lay persons terms
Customer care being considered - anxious
Re-assurance from staff
Communication with relatives
Care and dignity
Understanding and communication
Privacy for family and emotions



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Appendix 4 Trust Board Development Session – Equality, Diversity and Inclusiveness

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**WHH EQUALITY, DIVERSITY AND INCLUSION STRATEGY
2019-2022**

**Trust Board Engagement
27 February 2019**

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PROUD
to make a difference

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Session Overview

- Where Are We Now?
- Developing the Draft Strategy: Engagement and Consultation
- Discussion Point:
 - Patient Pledges
 - Staff Pledges
- What Does Success Look Like?
- What Are Our Priority Work Streams?

People
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PROUD
to make a difference

We will... Be the best
places to work with a
diverse, engaged &
workforce that is fit for
the future.

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Public Sector Equality Duty

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
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Equality Delivery System for the NHS (EDS2)

- 2017 EDS2: Rated "Achieving" in 16 and "Excelling" in 2 - out of 18

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Building blocks in place

Equality & Diversity Strategy 2013 - 2017

Communication & Awareness Accessible and Equitable Services

Internal Governance Data Quality & Reports Community Engagement

Data Quality & Reports
Adhered to all Statutory reports
Positive EDS2 Outcomes
Maintained high reporting of Ethnicity Status

Our new strategy for 2019-2022 aims to build on our previous achievements and focus on areas for further ambition based on our current context.....

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**Where Are We Now:
Our Workforce**

- The Trust has achieved **positive Equality Delivery System 2 Results**, which will offer the platform to improve further and develop under this Strategy.
- The Trust has maintained **high reporting levels for staff ethnicity**, and is largely reflective of the local populations, though we have higher numbers of staff identifying as Indian, Pakistani and Other Asian, compared to our local population.
- Our reporting for protected characteristics varies, though is mainly in line with the local population; many individuals **do not disclose their disability** which is evident for both staff and our local population. The Trust also has a **higher non-disclosure rate** than the North West Region for **Sexual Orientation**.

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Engagement and Consultation

- Equality Delivery System 2 – Feb 2019
- Workforce Race Equality Analysis
- Gender Pay Gap Report
- Workforce Focus Groups
- Community Engagement Event – 14 February 2019
- Critical Friend – Central Manchester NHS FT



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Where Are We Now: Our Patients

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- The local population reflects the Trust staff age profile with over **60% being over the age of 40** (both staff and local population). This is also reflective of there being **36,861 carers** within the Warrington and Halton population, with the data indicating that those aged between **45 and 64 are at peak age for providing unpaid care**.
- The number of carers is also likely reflective of the number of those identifying as having a **disability in the local population (19.96% across Warrington & Halton – though the data indicates this number is much higher)**.

Our Equality & Diversity Objectives

DRAFT WHH Strategic Equality, Diversity & Inclusion Objectives

At Warrington and Halton Hospitals NHS Foundation Trust our strategic aim for our patients and staff is to be committed to **improving the health and wellbeing** of the people we serve and employ, aiming to be a **leading organisation for promoting Equality, Diversity and Inclusion (EDI)**.

PATIENTS

- Better Health Outcomes for All**
We will work to reduce health inequalities and ensure that our services meet the needs of all our patients.
- Improved Patient Access & Experience**
We will provide equal access to our services and improve the experience of our patients with protected characteristics.

WORKFORCE

- Empowered, Engaged & Well Supported Staff**
We will build and maintain a diverse and representative workforce that is empowered, engaged and supported to demonstrate inclusive behaviours.
- Inclusive Leadership at all Levels**
We will work to ensure that the Trust has inclusive and diverse leadership across all levels of the workforce.

Our **Equality, Diversity & Inclusion Strategy** sets out what each of these objectives mean for our patients and our workforce, how we will deliver them and what success looks like.

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Discussion Point: Our EDI Pledges

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What Are our EDI pledges?

- Discussion Point:
 - Patient Pledges x 4
 - Staff Pledges x 4

People
We are WHH & We are **PROUD** to make a difference
We want to be the best place to work with a diverse, engaged workforce that is fit for the future.

Identified as a priority within the **People Strategy 2018-2021**

Can you see the golden thread?
Objective, Pledge, Priority and Success Measures

Patients – Any suggestions, gaps, omissions
Staff – Any suggestions, gaps, omissions

What Would Success Look Like?

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What would it look like for our patients and our staff if we delivered our Equality, Diversity and Inclusion pledges?

?

What Are Our Priorities?

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What are the priority work streams that will deliver our pledges?

?



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Appendices to support:

BM/19/03/28 – Educational Quality Monitoring Review

Action Plan – Postgraduate Educational Monitoring Visit

Warrington & Halton Hospitals NHS Foundation Trust

Date of Visit:	29 June 2018
Date Action Plan required:	30 April 2019
Response compiled by:	
Please return to:	Martin.smith@hee.nhs.uk

Please do not embed any documents. Documented evidence should be referenced in the action plan and made available on request. Requirements 1 and 2 have already been set as Patient Safety requirements.

Number	HEE Quality Standards	Requirements WHH_20180629_03	Risk Score: 2
3	2.1, 2.2, 2.5	<p>a) The Trust must investigate the reasons for the poor GMC Survey results in core medical training through their quality control mechanisms and share findings with HEE and the School of Medicine.</p> <p>b) The Trust must plan an appropriate response to address the concerns and share the action plan with HEE and the School of Medicine.</p>	
<p><i>The Trust have already shared detailed actions to meet the above requirements, which we have referred to in the body of the November 2019 report. In the light of the actions taken and the improvements we heard of during the November review, we have adjusted the risk score to a level 2. We appreciate the rapid and detailed approach taken.</i></p> <p><i>Please add any additional updated information to the section below if you wish.</i></p>			
<p>Interim update – as above actions taken have reduced the risk. The Developing Junior Doctors Experience and Junior Doctors Forums continue to be undertaken to have oversight of all required actions that are currently being undertaken, please see enclosed action plans. Medical Education have also liaised with all CBU's with regards to expectations with deadlines that are monitored via these forums, including attending the CBU Managers meetings. Dr Crowe also addresses through the Medical Cabinet. A detailed draft response will be ready for Dr Crowe to review by 8th April 2019 to allow a full review and any actions or amendments to be made before the deadline of the 30.4.19.</p>			

Action for sustained improvement	How will you monitor quality improvement?	Timeline	Responsibility
HEE Feedback			

Number	HEE Quality Standards	Requirements	Risk Score:
		WHH_20180629_04	2
4	1.6, 2.3	The Trust must review handover in the light of comments made by trainees.	
Trust response			
<p>Interim update – as above actions taken have reduced the risk. The Developing Junior Doctors Experience and Junior Doctors Forums continue to be undertaken to have oversight of all required actions that are currently being undertaken, please see enclosed action plans. This specifically covers this point which has now been addressed in the action plans. Medical Education have also liaised with all CBU's with regards to expectations with deadlines that are monitored via these forums, including attending the CBU Managers meetings. Dr Crowe also addresses through the Medical Cabinet. A detailed draft response will be ready for Dr Crowe to review by 8th April 2019 to allow a full review and any actions or amendments to be made before the deadline of the 30.4.19.</p>			
Action for sustained improvement	How will you monitor quality improvement?	Timeline	Responsibility
HEE Feedback			

Number	HEE Quality	Requirements	Risk Score:
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	Standards	WHH_20180629_05	2	
5	1.2, 1.6, 5.1	<p>a) The Trust must improve rota management to ensure that rotas are responsive to the learning needs of trainees.</p> <p>b) The Trust must pay particular attention to trainees in core, GP and foundation trainees working in medicine to ensure that their placements offer stimulating and engaging learning experiences suited to their respective curricula.</p>		
Trust response				
<p>Interim update – as above actions taken have reduced the risk. The Developing Junior Doctors Experience and Junior Doctors Forums continue to be undertaken to have oversight of all required actions that are currently being undertaken, please see enclosed action plans. The action plans specifically cover these points and have focused on ensuring that rotas are responsive and timely through the role of the MUM, and the appropriate teaching is being provided for the mentioned staff groups. Medical Education have also liaised with all CBU's with regards to expectations with deadlines that are monitored via these forums, including attending the CBU Managers meetings. Dr Crowe also addresses through the Medical Cabinet. A detailed draft response will be ready for Dr Crowe to review by 8th April 2019 to allow a full review and any actions or amendments to be made before the deadline of the 30.4.19.</p>				
Action for sustained improvement		How will you monitor quality improvement?	Timeline	Responsibility
HEE Feedback				

	HEE Quality Standards	Requirements	Risk Score:	
		WHH_20180629_06	2	
6	3.4	<p>a) The Trust must review standards of induction in medicine to ensure that trainees have the necessary resources and are well informed enough to safely carry out their work.</p> <p>b) The Trust must continue to ensure that all trainees have inductions prior to beginning their placements.</p>		

Trust response			
<p>Interim update – as above actions taken have reduced the risk. The Developing Junior Doctors Experience and Junior Doctors Forums continue to be undertaken to have oversight of all required actions that are currently being undertaken, please see enclosed action plans. This includes ensuring that both Trust and Local are fit for purpose with all CBU's being issued instructions on standards that must be met along with guidance. Medical Education have also liaised with all CBU's with regards to expectations with deadlines that are monitored via these forums, including attending the CBU Managers meetings. Dr Crowe also addresses through the Medical Cabinet. A detailed draft response will be ready for Dr Crowe to review by 8th April 2019 to allow a full review and any actions or amendments to be made before the deadline of the 30.4.19.</p>			
Action for sustained improvement	How will you monitor quality improvement?	Timeline	Responsibility
HEE Feedback			

Number	HEE Quality Standards	Requirements	Risk Score:
		WHH_20180629_07	1
7	1.2, 2.4, 3.3	The Trust must ensure that all staff are fully aware of issues regarding equality and diversity and are empowered to appropriately challenge any unfair or intolerant treatment of staff and patients based on their protected characteristics.	
Trust response			
<p>Interim update – as above actions taken have reduced the risk. The Developing Junior Doctors Experience and Junior Doctors Forums continue to be undertaken to have oversight of all required actions that are currently being undertaken, please see enclosed action plans. This includes providing training on a number of key aspects, including Freedom to Speak Up. Medical Education have also liaised with all CBU's with regards to expectations with deadlines that are monitored via these forums, including attending the CBU Managers meetings. Dr Crowe also addresses through the Medical Cabinet. A detailed draft response will be ready for Dr Crowe to review by 8th April 2019 to allow a full review and any actions or amendments to be made before the deadline of the 30.4.19.</p>			

Action for sustained improvement	How will you monitor quality improvement?	Timeline	Responsibility
HEE Feedback			

Number	HEE Quality Standards	Requirements	Risk Score:
		WHH_20180629_08	3
8	2.1, 2.2, 2.5, 4.4	<p>a) The Trust must continue to develop and sustain educational governance and quality control mechanisms to ensure that concerns can be raised and appropriately addressed.</p> <p>b) The Trust must continue to develop educational governance mechanisms to identify areas of good practice which can be spread to areas needing improvement.</p> <p>c) The Trust must continue to monitor areas of concern to ensure that working solutions are sustained.</p> <p>d) The Trust must continue to engage trainees and educators so that they are empowered to raise concerns and offer solutions.</p>	
Trust response			
<p>Interim update – as above actions taken have reduced the risk. The Developing Junior Doctors Experience and Junior Doctors Forums continue to be undertaken to have oversight of all required actions that are currently being undertaken, please see enclosed action plans. These forums are a process to take an overview of CBU good practice and share this across other CBU's within the organisation. Medical Education have also liaised with all CBU's with regards to expectations with deadlines that are monitored via these forums, including attending the CBU Managers meetings. Dr Crowe also addresses through the Medical Cabinet. A detailed draft response will be ready for Dr Crowe to review by 8th April 2019 to allow a full review and any actions or amendments to be made before the deadline of the 30.4.19.</p>			

Action for sustained improvement	How will you monitor quality improvement?	Timeline	Responsibility
HEE Feedback			

Number	HEE Quality Standards	Requirements WHH_20180629_09	Risk Score: 2
9	1.2, 2.4, 3.3	The Trust must ensure that trainees feel empowered to raise concerns where conflicts arise, and action must be taken to address such concerns so that trainees feel supported and safe in their work.	
Trust response			
<p>Interim update – as above actions taken have reduced the risk. The Developing Junior Doctors Experience and Junior Doctors Forums continue to be undertaken to have oversight of all required actions that are currently being undertaken, please see enclosed action plans. This includes providing training on a number of key aspects, including Freedom to Speak Up, People Champions, Guardian of Safe Working and others. Medical Education have also liaised with all CBU's with regards to expectations with deadlines that are monitored via these forums, including attending the CBU Managers meetings. Dr Crowe also addresses through the Medical Cabinet. A detailed draft response will be ready for Dr Crowe to review by 8th April 2019 to allow a full review and any actions or amendments to be made before the deadline of the 30.4.19.</p>			
Action for sustained improvement	How will you monitor quality improvement?	Timeline	Responsibility
HEE Feedback			

Number	HEE Quality Standards	Requirements	Risk Score:
		WHH_20180629_10	1
10	2.1, 5.1, 5.2	The Trust must review the role of Clinical Business Units (CBUs) and report back to HEE on the impact, positive or negative, that these have on education and training.	
Trust response			
<p>Interim update – as above actions taken have reduced the risk. The Developing Junior Doctors Experience and Junior Doctors Forums continue to be undertaken to have oversight of all required actions that are currently being undertaken, please see enclosed action plans. Medical Education have also liaised with all CBU's with regards to expectations with deadlines that are monitored via these forums, including attending the CBU Managers meetings. Dr Crowe also addresses through the Medical Cabinet. A detailed draft response will be ready for Dr Crowe to review by 8th April 2019 to allow a full review and any actions or amendments to be made before the deadline of the 30.4.19.</p>			
Action for sustained improvement		How will you monitor quality improvement?	Timeline
HEE Feedback			

Number	HEE Quality Standards	Requirements	Risk Score:
		WHH_20180629_11	2
11	4.1, 4.2, 4.4	<p>a) The Trust must support clinical supervisors in medicine, especially those new to the educator role, continue to develop as educators.</p> <p>b) The Trust must ensure that supervisors are aware of all relevant curricula, particularly for GP trainees.</p>	

Trust response			
<p>Interim update – as above actions taken have reduced the risk. The Developing Junior Doctors Experience and Junior Doctors Forums continue to be undertaken to have oversight of all required actions that are currently being undertaken, please see enclosed action plans. The Trust has undertaken a review to ensure it has sufficient numbers of clinical and educational supervisors and that they have all received required training and communications have been issued on roles and responsibilities which is continuously available on the Trust Intranet. Medical Education have also liaised with all CBU's with regards to expectations with deadlines that are monitored via these forums, including attending the CBU Managers meetings. Dr Crowe also addresses through the Medical Cabinet. A detailed draft response will be ready for Dr Crowe to review by 8th April 2019 to allow a full review and any actions or amendments to be made before the deadline of the 30.4.19.</p>			
Action for sustained improvement	How will you monitor quality improvement?	Timeline	Responsibility
HEE Feedback			

Number	HEE Quality Standards	Requirements	Risk Score:
		WHH_20180629_12	2
12	1.3, 1.6, 3.1, 3.2, 4.5	<p>The Trust must improve learning experiences for foundation trainees, particularly in medicine placements, to include:</p> <ul style="list-style-type: none"> • Frequency and quality of teaching; • Access to their supervisors, with regular assessment and feedback; • Activities appropriate to the grade and curriculum which are educationally stimulate and encourage learning. 	
Trust response			

Interim update – as above actions taken have reduced the risk. The Developing Junior Doctors Experience and Junior Doctors Forums continue to be undertaken to have oversight of all required actions that are currently being undertaken, please see enclosed action plans. This includes undertaking a review of teaching to ensure that the required hours and subject matter is being provided and that Trainees have protected teaching. Medical Education have also liaised with all CBU's with regards to expectations with deadlines that are monitored via these forums, including attending the CBU Managers meetings. Dr Crowe also addresses through the Medical Cabinet. A detailed draft response will be ready for Dr Crowe to review by 8th April 2019 to allow a full review and any actions or amendments to be made before the deadline of the 30.4.19.

Action for sustained improvement	How will you monitor quality improvement?	Timeline	Responsibility
HEE Feedback			

Developing Junior Doctors Experience Group

Todays Date
3/21/2019

Work stream Name	Action Number	Actions	Named Lead	Original Planned Completion Date (dd/mm/yyyy)	Comments
Attendance at Clinics for CMT Trainees	1	Enable CMT Trainees to be released for OPD Clinics	Lesley Sala/Spencer Mckee	16.1.19	Complete :- There is now a tracking system in place with the MUM that Clinic attendance is recorded. According the the Just a Minute Survey - the results were unanimous that ALL CMT Trainees were getting to OPD Clinics Following feedback from CMT's - since the new appointment of the MUM, this aspect of the Trainees' requirement needs to be picked up and re-established. GY has advised that she has managed to find the the scheduling clinics template and that this rota goes up to the end of MARCH so this is covered. Confirmation email sent to May Moonann and Lisa Watters.
Local Induction	2	Medical Education to provide CBU's advice and instructions on requirements for local inductions	Lesley Sala/Spencer Mckee	06.02.19	Complete . Medical Education have issued advice and instructions to CBU's in advance of the February changeover to enable CBU's to ensure this is delivered in line with required standards. As at 13th Feb - It was suggested that Rheumatology Trainees received NO Local Induction/Orientation.
Educational Supervision	3	Confirmation requirements/standards with HEE NW being met	Lesley Sala/Spencer Mckee	16.1.19	Complete . Medical Education can confirm HEE NW standards/requirements consistently met and the Trust pro-actively plans to ensure training is provided to maintain required numbers
Medical Handover	4	Ensure Trainees have an appropriate Medical Handover Area	Dr Alex Crowe	01.02.19	Complete . The Medical Handover area is now in Ambulatory Care. Details have this have been communicated including in the new Medical Education Newsletter. Weekly email update to be distributed to ACT, consultants and Trainees
Datix Incidents Feedback	5	Ensure CBU's are aware that Trainees must receive feedback when raising a Datix	Prof Constable/Spencer Mckee	01.02.19	Complete . Communication issued to all CBU's with instructions that Trainees must receive feedback for any Datix's that are raised.
Datix Training	6	Provide further training opportunities for Trainees	Lesley Sala/Spencer Mckee	01/03/2019	Complete . Trainig sessions now underway and confirmed as part of Induction.
Educational/Clinical Supervision	7	Issue a communication to Educational and Clinical Supervisors providing information on roles/responsibilities	Dr Alex Crowe/Spencer Mckee	16.01.19	Complete . Communication issued and a robust system is in place within Medical Education with regards to accrediting and training of these roles.
New Starters Welcome Pack	8	Ensure new starters received WHH Welcome Pack	Spencer Mckee / Lesley Sala	06.02.2019	Complete . Medical Education and Medical HR together ensure new starters receive a Welcome Pack detailing key information.

WAST Trainees	9	Ensure educational governance is in place	Spencer Mckee / Lesley Sala	01.05.2019	<u>Complete</u> . Confirmation that both Educational/Clinical Supervision are provided along with E-portfolio, Teaching Programmes and both Trust and Local Induction. Review to take place in MAY 2019 - WHH to assess WAST Trainee cohorts.
Rotas	10	MUM Role Arrangements - Issue communication	CBU Manager/Clinical Directors	13.2.19	Complete
Electronic Rota System	11	Procuring an Electronic Rota System for WHH	Dr May Moonan	31.4.19	Update on progress to be given at next meeting to provide assurances required actions are on target
CT Head Update	12	Hilary Stenning to provide Dr Alex Crowe with update and Dr Crowe to update on next steps	Dr Alex Crowe/Hilary Stennings	31.3.19	Complete
Emergency Medicine HEE NW November Visit Actions	13	1) Confirm training provided to staff that GP Referrals must be DTA's. 2) Confirm triaging is being done by qualified staff. 3) Confirm that Nursing and Doctors provided with communication/training on roles/responsibilities and working together	Tom Liversedge/CBU CD	31.4.19	Update to be provided to Dr Crowe by deadline but assurances provided in February that work is well underway.
Protect Teaching Time	14	Review Protected Teaching, ensure compliance with HEE NW requirements	Dr Alex Crowe/CBU Managers/CD's/Educational Tutor Leads	The full academic Year per trainee	As at the 13th Feb - our "protected" teaching programmes are all achieving the required 70% compliance. The MED ED Dashboards Reports can evidence this.

Junior Doctors Forum Action Plan – Chair Dr Alex Crowe Director of Medical Education

N.B. Please note that Medical Education will now issue a regular newsletter and therefore updates can be provided via this platform where this is appropriate.

Action	Topic	Responsible Lead	By When	Comment/update
1	Medical Education Newsletter – Commence from January 2019	Dr Crowe, Spencer Mckee, Lesley Sala	End of January	Complete.
2	Medical Handover Room Re-location - Confirm and communicate details of the move	“	End of January	Complete.
3	Freedom to Speak Up Champion – Arrange speaker at next JDF 19 th March 2019 seeking Trainee representation	Spencer Mckee	19 th March 2019	Complete
4	People Champion – Arrange speaker at 21 st May Meeting, seeking Trainee representation	Spencer Mckee	21 st May 2019	Confirmed attendance.
5	Mental Health First Aider - Arrange speaker at next JDF 19 th March 2019 seeking Trainee representation	Spencer Mckee	19 th March 2019	Complete.
5	Accommodation – Spencer Mckee to meet with Dr Gethin Hopkin prior to next meeting and confirm A) Trust fulfilling mandatory requirement and B) Clarify what is available in addition for Trainees	Spencer Mckee	30 th April 2019	Date diarised to meet Junior Doctor Representation to discuss and report back to Dr Crowe by 19.04.2019.
6	Exception Reporting – Issue communication on roles, responsibilities and expectations to go to Trainees and Educational Supervisors	Mark Tighe	5 th February 2019	Complete.
7	Datix – Issue communication to CBU Clinical Directors, Business Managers and Lead Nurses with a reminder that whereby Trainees have raised a Datix it is an essential requirement to ensure Trainees receive feedback on each case	Spencer Mckee	5 th February 2019	Complete.

8	MUM Role Arrangements - Issue communication to Trainees advising on short and long term arrangements e.g. requests for annual leave etc.	Dr May Moonan	1 st February 2019	Complete.
9	Locum Representation at JDF – Confirm Trainee group are agreeable for Locum Representation at JDF	Dr Alex Crowe/Spencer Mckee	19 th March 2019	Agreed. Complete.
10	Locum Educational Supervision – Investigate whether Locums e.g. F3's can have Educational Supervision so to attract F3's and therefore see wider benefits for F3's but also Trainees Option Appraisal. Present findings with action plan with timeframes for delivery requirements at next JDF	Spencer Mckee/Lesley Sala	30 th April 2019	Analysis of cost and availability of supervisors underway that will be presented to Dr Crowe for advise on next steps.
11	Locum Doctor Lead – Issue a communication to all Locums informing them that Dr Colm Doherty is their lead representative	Spencer Mckee	1 st February 2019	Complete.
12	Overview of Locum Hours Worked – Dr Colm Doherty to arrange to meet with Spencer Mckee ahead of next meeting. Present findings with action plan with timeframes for delivery requirements by next JDF	Spencer Mckee	30 th April 2019	Analysis of hours work and cost underway that will be presented to Dr Crowe for advise on next steps.
13	CT Head Update – Provide update on pilot and Present findings with action plan with timeframes for delivery requirements by next JDF	Dr Alex Crowe	19 th March 2019	Complete.
14A	Critical care patients – Discuss and agree with Medical Cabinet confirming who to consult with and present findings with action plan with timeframes for delivery requirements by next JDF	Dr Alex Crowe	30 th April 2019	Progressing, further discussion at next Medical Cabinet Dr Crowe to then advise on next steps.
14B	Critical care patients – Dr Mark Forrest to arrange a meeting between Med Specialties and Critical Care 'in advance of next JDF'. Present findings with action plan with timeframes for delivery requirements by next JDF	Dr Mark Forrest	30 th April 2019	As above.

15	Safe staffing on twilight – Options appraisal to be undertaken and present findings with action plan with timeframes for delivery requirements by next JDF	Dr Alex Crowe	19 th March 2019	Complete.
17	Flexibility of FY's to leave post-take ward round at times of high escalation - Options appraisal to be undertaken and present findings with action plan with timeframes for delivery requirements by next JDF	Dr Alex Crowe	30 th April 2019	Dr Crowe taking personal lead oversight of work is underway and report back at next meeting.
18	Weekly rota distribution – Dr A Crowe to liaise with Martha Pearson and present findings with action plan with timeframes for delivery requirements by next JDF	Dr Alex Crowe	19 th March 2019	Complete.
19	Ambulatory Care / AMU Staffing - Options appraisal to be undertaken and present findings with action plan with timeframes for delivery requirements at next JDF	Dr Alex Crowe	30 th April 2019	This is now underway and therefore a report on progression will be provided at the next meeting.



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Appendices to support:

BM/19/03/30 – Board Assurance Framework

Board Assurance Framework

Board Assurance Framework

The Board Assurance Framework (BAF) focusses on the key strategic risks i.e. those that may affect the achievement of the Trust's Strategic Objectives

Risk ID	Executive Lead	Risk Description	Strategic Objective at Risk	Current Rating	Target Rating	Risk Appetite	Monitoring Committee
115	Kimberley Salmon-Jamieson	Failure to provide adequate staffing levels in some specialities and wards. Caused by inability to fill vacancies, sickness. Resulting in pressure on ward staff, potential impact on patient care and impact on Trust access and financial targets.	1	20 (5x4)	12 (4x3)	TBC	Trust Operations Board
134	Andrea McGee	Financial Sustainability a) Failure to sustain financial viability, caused by internal and external factors, resulted in potential impact to patient safety, staff morale and enforcement/regulatory action being taken. b) Failure to deliver the financial position and a surplus places doubt over the future sustainability of the Trust. There is a risk that current and future loans cannot be repaid and this puts into question if the Trust is a going concern.	3	20 (5x4)	10 (5x2)	TBC	Finance & Sustainability Committee
135	Phill James	Failure to provide adequate and timely IMT system implementations & systems optimisation caused by either increasing demands and enhanced system functionality which results in pressure on staff; potential in systems being poorly used resulting in poor data quality. Impact on patient access to services, quality of care provided, potential patient harm and financial & performance targets.	1	16 (4x4)	10 (5x2)	TBC	Trust Operations Board
117	Simon Constable	Failure to successfully counter the regulatory and contractual consequences, caused by the suspension of spinal services in September 2017, resulting in significant reputational damage.	1	16 (4x4)	8 (4x2)	TBC	Trust Operations Board
138	Phill James	Failure to provide timely information caused by increasing internal and external demands for datasets, implementation of new systems and a lack of skilled staff with capacity to respond. Resulted in a financial impact, external reputation damage and poor management decision making due to lack of quality data.	3	16 (4x4)	8 (4x2)	TBC	Trust Operations Board
224	Chris Evans	Failure to meet the emergency access standard caused by system demands and pressures. Resulting in potential risk to the quality of care and patient safety, risk to trust reputation, financial impact and below expected Patient experience.	1	16 (4x4)	8 (4x2)	TBC	Trust Operations Board

Board Assurance Framework

125	Chris Evans	Failure to maintain an old estate caused by restriction, reduction or unavailability of resources resulting in staff and patient safety issues, increased estates costs and unsuitable accommodation.	1	16 (4x4)	4 (4x1)	TBC	Trust Operations Board
701	Chris Evans	Failure to provide continuity of services caused by the scheduled March 2019 Brexit resulting in difficulties in procurement of goods and services, workforce and the associated risk of the increase in cost of supplies.	3	16 (4x4)	4 (2x2)	TBC	Trust Operations Board
145	Mel Pickup	Influence within Cheshire & Merseyside a. Failure to deliver our strategic vision, including two new hospitals and vertical & horizontal collaboration, and influence sufficiently within the Cheshire & Merseyside Healthcare Partnership and beyond, may result in an inability to provide high quality sustainable services may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position. b. Failure to fund two new hospitals may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position.	3	15 (5x3)	8 (4x2)	TBC	Trust Operations Board
123	Simon Constable	Failure to prevent harm to patients, caused by lack of timely and quality discharge summaries being sent to primary care, resulting in a lack of appropriate handover of care, with patient safety, Operational, financial and reputational consequences.	1	12 (4x3)	8 (4x2)	TBC	Quality Assurance Committee
143	Phill James	Failure to deliver essential services, caused by a Cyber Attack, resulting in loss of data and vital IT systems, resulting in potential patient harm, loss in productivity and Trust reputation	1	12 (4x3)	8 (4x2)	TBC	Trust Operations Board
414	Phill James	Failure to implement best practice information governance and information security policies and procedures caused by increased competing priorities due to an outdated IM&T workforce plan resulting in ineffective information governance advice and guidance to reduce information breaches.	3	12 (4x3)	8 (4x2)	TBC	Quality Assurance Committee
695	Kimberley Salmon-Jamieson	Failure to keep the national invasive cancer audit up to date to comply with NHS Cervical screening programme standards; which caused a backlog of cervical screening reviews which resulted in a non-compliance with the cervical screening specification 2018/2019.	1	9 (3x3)	6 (2x3)	TBC	Quality Assurance Committee
241	Alex Crowe	Failure to retain medical trainee doctors in some specialties by requiring enhanced GMC monitoring resulting in a risk service disruption and reputation.	2	8 (4x2)	8 (4x2)	TBC	Trust Operations Board

Board Assurance Framework

133	Michelle Cloney	Failure to successfully engage the Workforce, caused by the potential for an adverse working culture which resulted in the consequential loss of discretionary effort and productivity, or loss of talented colleagues to other organisations, which would impact patient care, staff morale and delivery of the Trust's strategic objectives	2	6 (3x2)	6 (3x2)	TBC	Strategic People Committee
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Strategic Objective 1: We will ... always put our patients first through high quality, safe care and excellent patient experience.

Strategic Objective 2: We will ... be the best place to work with a diverse, engaged workforce that is fit for the future.

Strategic Objective 3: We will ... work in partnership to design and provide high quality, financially sustainable services.

Board Assurance Framework

Risk ID:	115	Executive Lead:	Salmon-Jamieson, Kimberley	Rating	
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.				
Risk Description:	Failure to provide adequate staffing levels in some specialities and wards. Caused by inability to fill vacancies, sickness. Resulting in pressure on ward staff , potential impact on patient care and impact on Trust access and financial targets.			Initial:	20 (5x4)
				Current:	20 (5x4)
				Target:	12 (4x3)
Assurance Details:	<p>Recruitment and Retention strategy has been developed for nursing and is being operationalised</p> <p>Nursing Recruitment and Retention meetings held 3 weekly</p> <p>Nursing Recruitment Leads x 2 Matrons in place</p> <p>Business case developed to support Nursing recruitment and retention</p> <p>Senior staffing meeting put in place and processes at an operational level to ensure safe nurse staffing along with staffing checks at every capacity meeting</p> <p>Reporting on safe staffing monthly to Board and staffing will be reported on all wards in line with national requirements.</p> <p>Risk Management Systems allow for reporting of incidents re staffing and escalation of risk, when required</p> <p>Individual staffing action plans for high risk areas</p> <p>Review of skill mix and creating roles in teams e.g. pharmacy technicians to support medication administration</p> <p>With regards to Consultant Recruitment – an external company has been appointed to recruit at Consultant Level with a review of JD's/Marketing of our posts; supported by EXIT Interviews for Leavers.</p> <p>Staffing rates monitored on a shift by shift basis (actual versus planned numbers) and reported to the Board</p> <p>6 monthly acuity & Dependency review undertaken across all areas – Adults, Paediatric, Maternity & NICU. Results to be reported to Board.</p> <p>Incident data regarding staffing reviewed by Chief Nurse</p> <p>Escalation protocols in place – evidence of these being activated by nursing team</p> <p>We have recently been successful in appointing 4 Cardiology Consultants and are attending ES Training in due course and will be allocated Trainees as required.</p> <p>The Trust is ensuring safe medical staffing via use of long term locums in some specialities and also by breaking the cap, when required.</p> <p>There is an action plan in place following concerns raised by HENW/Deanery</p> <p>Approval for 7 Trust grades across the Acute Care division (3 appointed) , with a business case for additional 3 (Dec 17)</p> <p>3 speciality Drs recruited in acute care Division in past 6 months (Dec 17)</p> <p>-Daily nurse staffing report which forms part of the bed management reporting framework, underpinned with the staffing escalation process. This was audited in April 2018 with further Audit due October 2018.</p> <p>-Sickness pilot commenced in August 2018 for a period of three months. This is due for evaluation in March 2019.</p> <p>-Red Flag Events which relate to unmet care need due to staffing are now in place across the Trust and are responded to by the Lead Nurse or Matron on a daily basis.</p> <ul style="list-style-type: none"> •Undertaking 'itchy feet' conversations with staff who are thinking of leaving to improve retention. •Undertaking a staffing escalation audit in Oct to review the effectiveness of the staffing escalation plans. <p>- Joined cohort 4 of the NHSi retention improvement programme which commences in Nov 2018.</p> <p>- First meeting of the NHSi Retention Collaborative on 22nd November 2018</p> <p>– retention plan underway to include full data review and staff engagement.</p> <p>NHSi site meetings planned for February 2019 in relation to the Retention Collaborative</p> <p>Paediatric Staffing Review undertaken</p> <p>Birthrate + Business Case approved</p> <p>Staffing Update – January 2019</p> <p>-Full review of ward establishments in 2017/18</p> <p>-Approval of a staffing business case with 3 million investment in nurse staffing</p>			<p>A line chart with three data points: Initial (20), Current (20), and Target (12). The x-axis is labeled 'INITIAL', 'CURRENT', and 'TARGET'. The y-axis represents the rating score. The chart shows a horizontal line from 20 to 20, and then a downward slope from 20 to 12.</p>	

Board Assurance Framework

	<p>-Recruitment campaign for the uplift of establishment in registered nurses and health care assistants</p> <p>-Targeted recruitment campaigns for registered nurses, open days careers events both locally in the Trust and regionally with the Universities RCN and Nursing times – plan in place for the next 12months</p> <p>-Career advice events in local colleges and schools ‘steps to success’ focus groups for year 10’s</p> <p>Recruited 95 registered nurses and 92 health care assistants since the beginning of the 2018</p> <p>-Robust process in place for staffing escalation actions</p> <ul style="list-style-type: none"> • Daily staffing meeting • Monthly staffing operational meeting <p>Workforce Development as part of the retention campaign</p> <ul style="list-style-type: none"> • Strengthened preceptorship programme • Band 5 competency programme • Advance Practice Development programme 28 nurses currently in training • Registered Nurse with Specialist Interest – Nursing Times Workforce Awards Finalists • Introduction of Nursing Associates • Ward Managers Development Programme • Lead Nurse Development Programme <p>WHH are part of Cohort 4 Retention Collaborative with NHSI Joined in Dec 2018</p> <ul style="list-style-type: none"> • Staffing data review • Deep dive on retention • Developed a retention plan with implementation initiatives <p>-Nursing Retention and Recruitment Group in place to review track and monitor progress</p> <p>-Recruitment and Retention KPI dashboard in place and report monthly to the Recruitment and Retention Group</p> <p>-Monthly Safe Staffing Assurance Report to Board</p> <p>-6 monthly Safe Staffing Report to Board in March 2019</p> <p>-12monthly staffing review with Ward Managers undertaken by the Chief Nurse - reporting on 22nd March 2019</p> <p>Number of staff and workforce developments in place across the Trust.</p> <ul style="list-style-type: none"> • 28 staff currently undertaking the Advanced Clinical Practice Course • 3 Staff working with specialist teams as part of the Registered Nurse with Special Interest initiative • 8 Nursing Associates register in January 2019 and a further 8 are due to commence their training in March 2019 <p>First site meeting with NHSI in February 2019 – Plan to be submitted in March 2019</p> <p>Nursing & Midwifery Dashboard reviewed monthly at the Recruitment & Retention Group</p> <p>Retention Strategy Completed and will be presented on 15th March 2019</p> <p>Nursing and Midwifery Turnover monitored at the Recruitment & Retention Group and reduction is in line with the plan.</p> <p>Staffing escalation Audit Update. Staffing escalation audit was undertaken in October and presented to the Recruitment and Retention Group in November. Recommendations have been undertaken and a further audit will be undertaken in April 2019.</p>	
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Assurance Gaps:	<p>- Retention Strategy under development</p> <p>- Escalation beds open - additional staff required.</p>
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Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Undertake the Allocate Safer Nursing Care Acuity review to understand establishments with regard to acuity	Allocate Safer Nursing Care Acuity	Acuity / Dependency review undertaken in May 2017. Results being collated	Goodenough, John	30/06/2017	30/06/2017
Develop a risk assessment process for opening/closing beds/ward	Risk assessment	Develop a risk assessment process for opening/closing beds/ward	Goodenough, John	31/03/2017	31/03/2017
Monthly reporting of Recruitment and	Recruitment and Retention Strategy	Monthly reporting of Recruitment and	Salmon-Jamieson,	30/04/2018	30/04/2018

Board Assurance Framework

Retention Strategy to Strategic People Committee and Nursing and Midwifery Board.		Retention Strategy to Strategic People Committee and Nursing and Midwifery Board.	Kimberley		
Ensure a report is given to the Board of Directors regarding medical staffing in medical specialities, including a progress update of the action plan	Report for Board of Directors	Ensure a report is given to the Board of Directors regarding medical staffing in medical specialities, including a progress update of the action plan	Constable, Simon	31/03/2017	31/03/2017
Ensure a report is given to the Board on nurse staffing assurance processes	Report to the Board nurse staffing assurance processes	Ensure a report is given to the Board on nurse staffing assurance processes	Salmon-Jamieson, Kimberley	31/03/2017	31/03/2017
All areas to have risk assessed implications of IR35	All areas to have risk assessed implications of IR35	All areas to have risk assessed implications of IR35	Carmichael, Mark	28/04/2017	28/04/2017
Ensure a deep dive is undertaken of the risk regarding staffing and reported to Quality Committee	deep dive is undertaken of the risk regarding staffing	Ensure a deep dive is undertaken of the risk regarding staffing and reported to Quality Committee	Salmon-Jamieson, Kimberley	30/06/2017	30/06/2017
Ensure a monthly incident report on staffing incidents is presented to Patient Safety & Effectiveness Sub Committee	Monthly incident report	Ensure a monthly incident report on staffing incidents is presented to Patient Safety & Effectiveness Sub Committee	Martin, Ursula	30/06/2017	30/06/2017
Ensure practice reviews are undertaken across all areas reporting high staffing incidents to understand level of risk	Practice reviews are undertaken	Ensure practice reviews are undertaken across all areas reporting high staffing incidents to understand level of risk	Goodenough, John	30/11/2017	04/09/2018
Medical staffing dashboard to be in place	Medical staffing dashboard	Medical staffing dashboard to be in place	Constable, Simon	29/12/2017	29/12/2017
Develop Terms of Reference for Medical Staffing HR Group	Terms of Reference for Medical Staffing HR Group	Develop Terms of Reference for Medical Staffing HR Group	Constable, Simon	31/01/2017	31/01/2017
Identify KPIs to be monitored Development of e-rostering Dashboard Monitor implementation of KPIs and any subsequent improvements.	Roster Management	This is reviewed at the bi-weekly Operational Staffing Meeting. Review performance against the E-Rostering Guidance	Browning, Mrs Rachael	31/08/2018	31/07/2018

Board Assurance Framework

Risk ID:	134	Executive Lead:	McGee, Andrea	Rating	
Strategic Objective:	Strategic Objective 3: We will .. Work in partnership to design and provide high quality, financially sustainable services.				
Risk Description:	<p>Financial Sustainability</p> <p>a) Failure to sustain financial viability, caused by internal and external factors, resulted in potential impact to patient safety, staff morale and enforcement/regulatory action being taken.</p> <p>b) Failure to deliver the financial position and a surplus places doubt over the future sustainability of the Trust. There is a risk that current and future loans cannot be repaid and this puts into question if the Trust is a going concern.</p>			Initial:	20 (5x4)
				Current:	20 (5x4)
				Target:	10 (5x2)
Assurance Details:	<ul style="list-style-type: none"> •Core financial policies controls in place across the Trust •Revised governance structure within the Trust to enable strengthened accountability •Finance and Sustainability Committee (FSC) established overseeing financial planning •Monthly financial monitoring with NHSI •Regular review at Executive team meeting and development sessions •Annual plan development process •Performance monitoring in QPS meeting •Signed up to a Controlled Expenditure Programme (CEP) process with main Commissioners to support financial planning, sharing of risk and agreement of schemes that are in the interest of the whole local economy •Entered in to a Block Contract with Warrington & Halton CCGs for 2018/19 supported by an agreed set of principles under the CEP Lite Framework •Work with the Commissioners on QIPP and CIP schemes through the Collaborative and Sustainability Group to ensure the schemes have a positive impact on sustainability across the whole health economy •Monthly FRG meeting with CBU led by DoF •Corporate Trustee Charities Commission Checklist, reporting bi-annually through Board •Monitoring of charitable funds income, assessment of return on investment and controls on overhead ratios via quarterly financial reports •Regular updates to Executive Team, FSC and Trust Board •Regular updates to NHSI regarding the risks linked to the current financial position; including regular performance review meetings to discuss the current position and financial risk. These meeting have resulted in the Trust's change from segment three to segment two. •Accepted offer from NHSI of a revised control total which moves the forecast for 2018/19 from £24.4m deficit to £16.9m deficit, which includes access to £4.9m PSF and an interest rate of 1.5% on corresponding loans. This also exempts the Trust from national fines and penalties. •Transfer of resources in to operational teams to support CIP delivery at the front line. •Transfer of reporting of CIP to DoF •Trust teams are working within the place based teams to bid for additional STP monies to improve sustainability •Recruited agency staff and additional substantive staff to support clinical coding recovery. Trajectories have been set and are being monitored and are being overachieved. •Regarding the aged debt in dispute, a pack of evidence for each invoice is being collated in preparation for a joint legal actions with other providers. The matter has been escalated to NHSI & NHSE and financial support has been requested while this is under review by the regulators. •Legal advice obtained re: aged debt dispute <p>Control re employment legislation</p> <ul style="list-style-type: none"> - Sub group established for OT payments reporting through premium pay spend and review group - Commissioned an audit review of OT processes subject to Chair of Audit Chair Approval - Recommendation for internal OT processes to be presented to Exec Team - Introduced the Financial Resources Group (FRG)that reports to FSC 				

Board Assurance Framework

	<ul style="list-style-type: none"> - CIP Workshops taking place to improve the CIP Position - Refreshing Financial Strategy - Memorandum of understanding agreed with Bridgewater Community Trust - WLI process reviewed and strengthened. <ul style="list-style-type: none"> • Winter Plan in place • Regular planning meetings in place with Commissioners. Activity plans agreed for 2019/20. • Workshop to be set up for Exec, CBU, Corporate review of 2019/20 cost pressures • Cheshire and Merseyside Healthcare Partnership Task and Finish Group setup to review and resolve the impact of VAT on Agency staff. Tax advice is being procured via the STP. Legal advice being obtained regarding potential termination of contract. Plus Us have an alternative model which may be introduced, 3-4 weeks implementation following decision to proceed. 				
Assurance Gaps:	<ul style="list-style-type: none"> • Failure to achieve Financial control total may result in loss of STF and worsening cash position. • Failure to manage fines and penalties and CQUIN which may result in loss of STF and worsening cash position • Risk to financial stability due to loss of income relating to STP changes • Inability to develop a strategic plan to deliver a break even position over the next 5 to 10 years • Loss of contracts due to competitive market which may result in Trust no longer being sustainable. There is a gap in Market analysis and Knowledge of our competitors • Loss of income through the failure of WHH Charity • Failure to repay existing loans leading to the inability to apply for future financial support and threat to the Trust as a going concern. • Increased risk relating to an aged debtor as continuing dispute regarding charges levied by the Trust are being challenged. • Risk of under delivery of CIP due to insufficient schemes identified to deliver the full program and the organisational ability to translate improvement work into financial improvement <ul style="list-style-type: none"> - CCG have made the Trust aware of their M6 financial position. After mitigations, they are currently working to close a potential gap. This may impact on the financial support available to the Trust to achieve our revised control total. - Extended Loan repayment due Nov 2018, awaiting confirmation of further extension from NHSi. Failure to fully comply with emerging national employment litigation resulting in additional pay costs or the trust receiving potential claims. <ul style="list-style-type: none"> • Medical Staffing pressures identified at budget settings have not all been addressed putting pressure on the financial position. • Halton additional capacity may not be able to close if the Commissioner's alternative community plans are not put in place by the end of February 2019 • There is currently a £9m gap between Trust & Commissioners income assessment for 2019/20. • In addition to the forecast underachievement of CIP, and inflationary pressure, there are currently £15m of other pressures identified at budget setting for 2019/20. • Currently not able to accept the control total for 2019/20 which would increase loan requirements by c£25m • No external funding support for Halton Healthy New Town or Warrington Hospital new build. • HMRC changed its view regarding the VAT treatment of the model of services provided by Plus Us with effect from 11 February 2019 resulting in the Trust paying VAT on Medical and AHP agency bookings. Financial impact c£100k per month. Service commenced August 2018. 				
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Continue to seek support from Commissioners	Continue to seek support from Commissioners	Continue to seek support from Commissioners	Hurst, Jane	31/12/2018	31/12/2018
Continue to seek support from NHSI approach to management and repayment of loans	Continue to seek support from NHSI approach to management and repayment of loans	Continue to seek support from NHSI approach to management and repayment of loans	Hurst, Jane	31/03/2019	
Development of a Market analysis of Trust competitors to understand imminent and future risk to income	Development of a Market analysis of Trust competitors to understand imminent and future risk to income	Development of a Market analysis of Trust competitors to understand imminent and future risk to income	Hurst, Jane	31/03/2019	
Review of a Financial Strategy (aligned to the Trust Strategy) with a sensitivity analysis of delivery	Review Financial Strategy (aligned to the Trust Strategy) with a sensitivity analysis of delivery	Reviewed strategy to be presented to Trust Board in February 2019	Hurst, Jane	27/02/2019	27/02/2019

Board Assurance Framework

Risk ID:	135	Executive Lead:	James, Phill	Rating	
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.				
Risk Description:	Failure to provide adequate and timely IMT system implementations & systems optimisation caused by either increasing demands and enhanced system functionality which results in pressure on staff; potential in systems being poorly used resulting in poor data quality. Impact on patient access to services, quality of care provided, potential patient harm and financial & performance targets.			Initial:	20 (5x4)
Assurance Details:	<p>IT Strategy in place</p> <p>Routine RAG reporting of IM&T projects to ePR Programme Board and upwards to Finance and Sustainability Committee</p> <p>Reviewing EPR system upgrade plans with suppliers and agreeing revised dates based around resource contention</p> <p>Working with CBUs to involve more admin and clinical staff for testing upgrades</p> <p>Reviewing contingency plans</p> <p>Cross training staff to increase leveraging of resources and minimise single points of failures</p> <p>Cross skilling help desk to strengthen first line support</p> <p>IG sub-group reviews contingency plans with Information Asset Owners from the CBUs</p> <p>Anti-virus has been added to IM&T Capital Shortlist for 17/18 and will be agreed at the next Capital Planning Group</p> <p>IT Seniors routinely act upon CareCERT information security bulletins released by NHS Digital's Data Security Centre. Actions performed in response to bulletins are documented.</p> <p>Information Security Management System reports to Information Governance and Corporate Records Sub-Committee to provide assurance on the effectiveness of controls</p> <p>Inspection by Trust's auditors on IT infrastructure security</p> <p>Capital paper submitted to secure funding for hardware to improve infrastructure in time for requisite Windows 10 migration</p> <p>Monitoring of Data Quality in systems implemented and reporting of DQ metrics via Data Quality and Management Steering Group</p> <p>Monitoring of external data quality reports such as the NHS Digital Data Quality Maturity index and benchmarking with other organisations</p> <p>Clear communications of upgrades changes</p> <p>Good user engagement for testing</p> <p>Monitoring of helpdesk tickets to understand trends after upgrades</p> <p>Assess hot stops from IMT Helpdesk calls</p> <p>Critical systems continuity plans identify key staff who will work to ensure systems return to normal as quickly as possible</p> <p>Capital programme spend reviewed by Capital group and F&S, hardware inventory maintained to ensure end user equipment remains fit for purpose.</p> <p>ePR programme Board reviews each project progress against Programme Plan expectations</p> <p>Internal IMT department progress recorded at Seniors meetings</p> <p>New diagnostic post being recruited linking to identifying single points of failure</p> <p>The Director of IT has undertaken a review regarding IT infrastructure risks, which may impact upon 24/7 availability of key services and systems and the capital programme has been updated to reflect these risks.</p> <p>Actions have been completed regarding commencement of a information and IT restructure. An additional diagnostic team member has been recruited.</p> <p>Regular analysis of data to show compliance with processes in place – Data Quality dashboard work and links back to Clinical Directors.</p> <p>A business case for ICE resilience has been approved by the Executive Team with the installation and configuration will be completed by the end of Oct 2018.</p> <p>A TNA analysis and plan is currently being developed for critical systems. The TNA for critical systems is now available and due to be published with supporting guidance for managers.</p>			Current:	16 (4x4)
				Target:	10 (5x2)
				<p>The chart displays a downward trend in the risk rating score. It starts at 20 for the Initial state, drops to 16 for the Current state, and is projected to reach 10 for the Target state. The x-axis is labeled with INITIAL, CURRENT, and TARGET, and the y-axis represents the rating score.</p>	

Board Assurance Framework

Assurance Gaps:		<ul style="list-style-type: none"> • Certification to the Cyber Essentials standard in quarter 1 Financial year 2017/18 is required. This was recommended in the National Data Guardian/CQC report of 2016. • Routine training for all staff, including Locums, on all Trust Key systems 			
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Work with other Trusts to share testing resources	Work with other Trusts to share testing resources	Work with other Trusts to share testing resources	Caisley, Sue	29/09/2017	29/09/2017
Invest in additional IMT staffing as workload increases, restructures based on work being reviewed with IMT management	Invest in additional IMT staffing	Invest in additional IMT staffing	Caisley, Sue	27/03/2018	27/03/2018
Comprehensively identify all single points of failure and assess risks surrounding each	Comprehensively identify all single points of failure and assess risks surrounding each	Comprehensively identify all single points of failure and assess risks surrounding each	Caisley, Sue	30/06/2017	30/06/2017
Test contingency plans regularly-development of a plan	Test contingency plans regularly-development of a plan	Test contingency plans regularly-development of a plan	Caisley, Sue	31/05/2017	31/05/2017
Routinely report all Cyber-attacks via Datix incident reporting system to ensure SIRO and Caldicott Guardian are sighted on the issues	report all Cyber-attacks via Datix incident reporting system	report all Cyber-attacks via Datix incident reporting system	Caisley, Sue	30/06/2017	30/06/2017
Include Cyber Security element in annual SIRO report	Include Cyber Security element in annual SIRO report	Include Cyber Security element in annual SIRO report	Caisley, Sue	28/04/2017	28/04/2017
IT Manager to produce a report detailing IT infrastructure risks which may impact upon 24/7 availability of key services and systems	IT Manager to produce a report detailing IT infrastructure risks	IT Manager to produce a report detailing IT infrastructure risks	Caisley, Sue	28/04/2017	28/04/2017
Continuous audit of IMT infrastructure-development of a plan	Continuous audit of IMT infrastructure-development of a plan	Continuous audit of IMT infrastructure-development of a plan	Caisley, Sue	31/05/2017	31/05/2017
Disaster recovery plan and its relevance to key IT systems to be reviewed	Disaster recovery plan and its relevance to key IT systems to be reviewed	Disaster recovery plan and its relevance to key IT systems to be reviewed	Caisley, Sue	31/08/2017	31/08/2017
Improve the disaster recovery for the ICE system (currently hosted on a physical server with limited resilience)	Improve the disaster recovery for the ICE system	Improve the disaster recovery for the ICE system Business case for ICE has been submitted to Execs Meeting(Complete) Obtain budget code (Complete) Submit tender waiver form (Complete) Scope of work discussed (Started - Sept 2018) Place order (Started - Sept 2018) Install and configure (Required Oct 2018)	Caisley, Sue	30/03/2018	07/09/2018
Undertake a Training Needs Analysis and assessment of training on Critical systems in the Trust and develop a plan as appropriate	Training Needs Analysis and assessment of training on Critical systems	Training Needs Analysis and assessment of training on Critical systems - 07/09/18 will be completed after additional staff start in the team.	Caisley, Sue	31/01/2019	07/02/2019

Board Assurance Framework

Risk ID:	117	Executive Lead:	Constable, Simon			Rating									
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.														
Risk Description:	Failure to successfully counter the regulatory and contractual consequences, caused by the suspension of spinal services in September 2017, resulting in significant reputational damage.					Initial:	20 (5x4)								
						Current:	16 (4x4)								
						Target:	8 (4x2)								
Assurance Details:	<p>The Trust proposed a voluntary suspension of the service whilst jointly commissioning (with commissioners) the Royal College of Surgeons to undertake a review of the service</p> <p>7 incidents have been/are being externally reviewed</p> <p>A weekly spinal meeting was initially established by the Medical Director to ensure there is an oversight of operational, patient experience, regulatory and contractual impacts to support the action from suspension.</p> <p>The Trust is working with commissioners and other spinal providers to ensure that there are alternative arrangements in place regarding ongoing patient care.</p> <p>Communications team working across commissioning and regulators to ensure patients and the public are kept up to date.</p> <p>Assurances:</p> <p>The service remains in suspension</p> <p>Ongoing discussions with commissioners regarding management of patients</p> <p>Governance process led by Medical Director</p> <p>06.09.2018</p> <p>a) The patients have now all been moved to alternative providers</p> <p>b) The Trust is working with Commissioners and other providers on a single service.</p> <p>c) The residual risk is reputational and from a regulatory (CQC) perspective</p> <p>-Honorary contracts at RLBUHY are in place for two remaining Consultants</p> <p>All Governance processes being finalised regarding 7 SI Cases</p> <p>CQC processes underway - Trust has submitted data and awaits outcome.</p>					<table border="1"> <thead> <tr> <th>Stage</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td>INITIAL</td> <td>20</td> </tr> <tr> <td>CURRENT</td> <td>16</td> </tr> <tr> <td>TARGET</td> <td>8</td> </tr> </tbody> </table>		Stage	Rating	INITIAL	20	CURRENT	16	TARGET	8
Stage	Rating														
INITIAL	20														
CURRENT	16														
TARGET	8														
Assurance Gaps:	Uncertainty about the outcome of the CQC processes.														
	Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date									
	Ensure that continued discussions are had with commissioners and alternative providers regarding patients (outpatients/follow ups/spinal injections) – ongoing and urgent	discussions are had with commissioners and alternative providers regarding patients	discussions are had with commissioners and alternative providers regarding patients	Constable, Simon	31/12/2018	30/04/2018									
	Ensure the Trust prepares for the forthcoming Royal College of Surgeons review – by 31st October 2017	Prepare for Royal College of Surgeons review	prepares for the forthcoming Royal College of Surgeons review	Halliwell, Mr Mark	31/10/2017	31/10/2017									
	Set up a weekly spinal governance meeting	Set up a weekly spinal governance meeting	Set up a weekly spinal governance meeting	Constable, Simon	29/12/2017	29/12/2017									
	Ensure additional capacity is put in place within the Trust to manage the outcome form the spinal review	additional capacity is put in place	Ensure additional capacity is put in place within the Trust to manage the outcome form the spinal review	Constable, Simon	29/12/2017	30/04/2018									
	Ensure a budget line is established for spinal service, to monitor and track associated costs	Budget line established for spinal service	Ensure a budget line is established for spinal service, to monitor and track associated costs	McGee, Andrea	29/12/2017	29/12/2017									

Board Assurance Framework

Develop an initial action plan regarding ongoing actions following on from Royal College Review	action plan from Royal College Review	Develop an initial action plan regarding ongoing actions following on from Royal College Review	Constable, Simon	30/11/2017	30/11/2017
WHH to partner with another Spinal Provider , for governance assurance.	Ongoing Spinal Suspension	Meet with Royal Liverpool to establish future working arrangements	Fields-Delaney, Sheila	28/02/2019	28/02/2019
Transfer risk to the Specialist Surgery CBU.	Risk transferred to SS CBU	Specialist Surgery CBU to manage risk and action plan.	Fields-Delaney, Sheila	29/03/2019	23/11/2018

Board Assurance Framework

Risk ID:	138	Executive Lead:	James, Phill	Rating		
Strategic Objective:	Strategic Objective 3: We will .. Work in partnership to design and provide high quality, financially sustainable services.					
Risk Description:	Failure to provide timely information caused by increasing internal and external demands for datasets, implementation of new systems and a lack of skilled staff with capacity to respond. Resulted in a financial impact, external reputation damage and poor management decision making due to lack of quality data.			Initial:	16 (4x4)	
Assurance Details:	<p>Controls:</p> <p>Prioritising work around BAU i.e. statutory and contractual dataset returns such as daily/weekly Sitreps, monthly Board reporting, FOI's, Ad-hoc information requests and CQC inspection.</p> <p>Providing regular updates to the project board and current plans, progress and risks/issues</p> <p>Recruited one temporary staff to cover Maternity datasets as replacement for one of the Band 6 staff that has left.</p> <p>Re-planned and allocated work to the team for other Band 6 staff that has now left.</p> <p>Recruiting for a Band 5 replacement that leaves end of March.</p> <p>Taking on the NVQ data quality staff from Lorenzo team. He will initially work 2/3 days per week from 27th Feb and permanently then once a DQ backfill has been recruited.</p> <p>Appointed new Head of Information that starts at the beginning of April</p> <p>Interim Head of Information re-developing plans and prioritising work</p> <p>Assurance:</p> <p>The key objective is to ensure all BAU work is being maintained i.e. statutory returns, adhoc and FOI's and support CQC inspection. Escalate to Exec level if any delays are likely</p> <p>Continue to Access reports via the BIS application, new reports are being made available all the time</p> <p>Continue to report progress, risks and issues through finance and project board meetings</p> <p>Recruited 4 Information analysts as part of business case who are supporting with timely statutory reporting and key Trust workstreams including maternity, theatres, delayed discharges, urgent care.</p> <p>Business Intelligence Development Roadmap produced and priorities will be agreed with key Execs to ensure prioritisation and Trust focused workstreams.</p> <p>Recruited to a Band 8a Business Intelligence Manager, who commenced with the Trust on 03/09/2018.</p> <p>Recruited to a Band 2 Data Quality Clerk, who commenced with the Trust on 20/08/2018.</p> <p>BI Manager commenced and work on the new Emergency Care Flow Dashboard has started in collaboration with an external supplier. This will provide automated, timely, current performance data for urgent care operational staff, CBU leads and Executives to monitor service demands and track adverse variances with a view to deploying measures to improve services accordingly. Data Quality checks on patient demographics and completeness and timely discharge letters continue with real time daily routines to ensure letters stranded in interfaces are submitted timely.</p> <p>The new ED patient flow dashboard has been developed which will support urgent care with monitoring urgent care patient flow and provide the means to respond in real time for some indicators. Currently awaiting the provision of a robust enough server to deploy the pilot dashboard for use prior to final adjustments and deployment.</p>			Current:	16 (4x4)	
				Target:	8 (4x2)	
				<p>The chart displays three data points: Initial (16), Current (16), and Target (8). The Initial and Current values are connected by a horizontal line, while the Current and Target values are connected by a downward-sloping line.</p>		
Assurance Gaps:	Provision of real time information for key operational areas					
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date	
Continue to work with the Business and clinical teams to help manage expectations and ensure work is prioritised around key objectives (BAU, CQC, etc) and then by the high priority datasets	Continue to work with the Business and clinical teams to help manage expectations	Continue to work with the Business and clinical teams to help manage expectations	Foster, Karen	31/12/2018	02/08/2018	
Establish new information reporting structure lead by the new Head of	Establish new information reporting structure lead by the new Head of	Establish new information reporting structure lead by the new Head of	Foster, Karen	29/09/2017	29/09/2017	

Board Assurance Framework

Information starts	Information starts	Information starts			
Develop interactive Business Intelligence system for end users for self-service to reduce demand for routine information enquiries	interactive Business Intelligence system	interactive Business Intelligence system	Foster, Karen	29/03/2019	

Board Assurance Framework

Risk ID:	224	Executive Lead:	Evans, Chris			Rating	
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.						
Risk Description:	Failure to meet the emergency access standard caused by system demands and pressures. Resulting in potential risk to the quality of care and patient safety, risk to trust reputation, financial impact and below expected Patient experience.					Initial:	16 (4x4)
						Current:	16 (4x4)
						Target:	8 (4x2)
Assurance Details:	<p>Trust Bed Meeting 2 hourly from 08:00 to 18:00</p> <p>Systemwide relationships including social care, community, mental health and CCGs</p> <p>Discharge Lounge/Patient Flow Team</p> <p>Red to Green - Discharge Planning</p> <p>ED Escalation Tool/2 Hourly Board Rounds ED Medical and Nursing Controller</p> <p>Red Cross and Chloe Care Transport</p> <p>FAU/Hub operational from June 2018 - Now operating 5 days per week.</p> <p>Discharge Lounge opened 26th November 2018</p> <p>Full ED business case approved for Q4 re: vision for ED Footprint creating assessment capacity.</p> <p>System actions agreed supporting the Winter Plan</p> <p>Warrington Together Board have asked for focussed work to take forward outputs from the Venn Work</p> <p>Regular monitored at the Mid Mersey A&E Board</p>					<p>A line chart with three data points: Initial (16), Current (16), and Target (8). The Initial and Current values are connected by a horizontal line, and the Current value is connected to the Target value by a downward-sloping line. The chart is set against a grid background.</p>	
Assurance Gaps:	<p>- fully embedding actions associated with system wide capacity & demand review undertaken by Venn Consulting</p> <p>Monitoring of utilisation of internal UC system i.e. GPAU, ED Ambulatory throughput.</p>						
	Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date	
	A Weekend Bed Meeting following the Discharge Ward Rounds to support Flow in the ED	Weekend Bed Meetings	Discuss with Trust SMT	Liversedge, Tom	29/03/2019	10/06/2018	
	Discharge Lounge available 24/7 to enhance Flow in the Hospital to aid Flow and Patient Journey in ED	Discharge Lounge	Discuss with Trust SMT	Palin, Bradley	30/11/2018	26/11/2018	
	RN is available on each Shift to Nurse Patients in the ED Escalation Area	RN Cover for Escalation Areas	ED off duty to be checked and Escalation procedure followed to ensure Staffing level matches demand	Smith, Rachel	27/07/2018	15/05/2018	
	Frailty Unit to assess up to Max 50 Patients weekly Mon - Fri 09:00 to 17:00 - has the potential to relieve pressure on the ED	Frailty Unit	To discuss with SMT	Liversedge, Tom	29/06/2018	10/06/2018	
	Discharged Lounge to be renovated.	Discharge Lounge	Discharge lounge approved for renovation; estimated date of completion is December 2018.	Liversedge, Tom	12/12/2018	26/11/2018	

Board Assurance Framework

Risk ID:	125	Executive Lead:	Evans, Chris	Rating	
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.				
Risk Description:	Failure to maintain an old estate caused by restriction, reduction or unavailability of resources resulting in staff and patient safety issues, increased estates costs and unsuitable accommodation.			Initial:	20 (5x4)
Assurance Details:	<p>Controls:</p> <ul style="list-style-type: none"> Estates strategy PLACE assessment action plan Risk Management systems and incident reporting General capital investment Compass reporting re: water flushing Matron and estates walkabouts Reporting structure for maintenance On call service for OOH issues Maintenance log <p>Assurance:</p> <ul style="list-style-type: none"> Water quality group Fire safety group Medical gases group Estates safety Medical Equipment group Capital Planning group Six Facet survey – condition appraisal of estate (annually) 5 Year program 20% each year Asbestos survey annually Premises Assurance model (PAM) Self-assessment tool estate compliance Good Corporate Citizen self-assessment (review of sustainability) Estates 10 year capital program Risk based approach to managing gaps in capital investment Medical equipment maintenance is managed by a risk assessed approach whereby equipment is identified as: <ul style="list-style-type: none"> High Medium Medium/Low Low All high and medium is fully maintained. Medium/low and low is operator assessed and reported to medical equipment engineering as required. - Generator sets are regularly serviced and tested and inspected by the Estates Operational Team.. Replacement of the generator sets is included within the Estates 10 Year Plan.. Two generator sets, with the highest risk of failure, have been replaced this financial year as part of the capital program. All generator sets regardless of age or condition are subject to monthly and annual testing and maintenance and resilience issues brought to the attention of the capital planning group should emergency funding be required to mitigate any risk of failure. - Work undertaken with Cheshire & Merseyside Fire & Rescue to mitigate any potential breaches of fire regulations resulting in enforcement. - Daily checks on main power supplies carried out to the system and maintenance service agreement in place with the manufacturer. 18.09.18 - Quotation being obtained from supplier with a view to order being placed and installation being completed by end March 2019. 			Current:	16 (4x4)
				Target:	4 (4x1)

Board Assurance Framework

Assurance Gaps:	<p>-Remaining generator sets are approaching the end of their useful life and spare parts are difficult to obtain and without investment for replacement there is a risk of loss of HV resilience for the Trust.</p> <p>- Main power to Trust Main IT Network Room equipment is checked and serviced but it is now obsolete hence spare parts are no longer available. If the unit fails and there is a power outage there will be a 15 second gap between loss of power and the emergency generator starting up and restoring power during which time sensitive equipment may be damaged resulting in significant business interruption.</p>				
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Alignment the Estates Strategy to the Trust Clinical Strategy and Financial Strategy	Alignment the Estates Strategy to the Trust Clinical Strategy and Financial Strategy	Alignment the Estates Strategy to the Trust Clinical Strategy and Financial Strategy	Wright, Ian	31/03/2019	
Participate in Halton Healthy Hospitals strategy	Participate in Halton Healthy Hospitals strategy	Participate in Halton Healthy Hospitals strategy	Gardner, Mrs Lucy	31/12/2018	30/04/2018
Review of the Health & Safety risks aligned to estates and facilities to be undertaken	Health & Safety risks aligned to estates and facilities	Health & Safety risks aligned to estates and facilities	Wardley, Darren	31/07/2017	31/07/2017
Review the governance/meetings structure regarding Estates	Review the governance/meetings structure regarding Estates	Review the governance/meetings structure regarding Estates	Wardley, Darren	29/09/2017	29/09/2017
Obtain quotation from supplier in relation to the main power equipment with a view to an order being placed and installation completed	Obtain quotation from supplier in relation to the main power equipment with a view to an order being placed and installation completed	Obtain quotation from supplier in relation to the main power equipment with a view to an order being placed and installation completed	Wright, Ian	31/03/2019	

Board Assurance Framework

Risk ID:	701	Executive Lead:	Evans, Chris	Rating		
Strategic Objective:	Strategic Objective 3: We will .. Work in partnership to design and provide high quality, financially sustainable services.					
Risk Description:	Failure to provide continuity of services caused by the scheduled March 2019 EU Exit resulting in difficulties in procurement of medicines, medical devices and clinical and non clinical consumables. The associated risk of increase in cost.			Initial:	16 (4x4)	
Assurance Details:	<p>Standard agenda item on the Trust wide Event Planning Group. Brexit Sub Group has been established with key managers and currently meeting weekly and reporting to the EPG. The actions in the EU Exit Operational Readiness Guidance issued by the DHSC have been completed. A readiness tracker has been produced and is being monitored by the Brexit Working Group which meets on a fortnightly basis. Key leads for each work stream identified by DHSC attend the Brexit Working Group. The Procurement department completed the national self-assessment contract review tool and continues to review suppliers which are out of the national scope. Service level business continuity plans continue to be refreshed. The IT department currently looking at key IT systems and if any will be affected by data flows from and to the EU. Nationally a 6 week stockpile of goods will be maintained.</p>			Current:	16 (4x4)	
				Target:	4 (2x2)	
				<p>The graph shows a line connecting three data points: Initial (16), Current (16), and Target (4). The Initial and Current points are at the top of the scale, while the Target point is significantly lower.</p>		
Assurance Gaps:	<p>National uncertainty on arrangements post March 2019 EU Exit. Trusts being requested not to stock pile supplies. Risk to Supply BAU/CIP whilst resources are redirected to complete national work. National concern on shortages of radiopharmaceuticals and blood products. Potential price increases to supplies. Current uncertainty regarding the management of data flows from and to the EU from Trust IT Systems.</p>					
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date	
Supplies department to complete self-assessment tool in order to ascertain suppliers who have a point of contact in the EU.	Supplies department to complete self-assessment tool	Contact supplies to triage and if necessary complete a deep dive.	Steve Barrow	30/11/2018	30/11/2018	
The Trust needs to identify any data flows that may be at risk if we leave the EU with a no deal exit.	Data control flows	Information Asset owners to complete a flow mapping template that has been produced by the Information Governance manager.	Phillip James	12/03/2019	12/03/2019	
All corporate and clinical business units should have an up to date business continuity plan.	Services to review and update business continuity plans	Review and update service BCP's.	Emma Blackwell	28/03/2019		

Board Assurance Framework

Risk ID:	145	Executive Lead:	Pickup, Mel	Rating									
Strategic Objective:	Strategic Objective 3: We will .. Work in partnership to design and provide high quality, financially sustainable services.												
Risk Description:	<p>Influence within Cheshire & Merseyside</p> <p>a. Failure to deliver our strategic vision, including two new hospitals and vertical & horizontal collaboration, and influence sufficiently within the Cheshire & Merseyside Healthcare Partnership and beyond, may result in an inability to provide high quality sustainable services may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position.</p> <p>b. Failure to fund two new hospitals may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position.</p>			Initial:	20 (5x4)								
				Current:	15 (5x3)								
				Target:	8 (4x2)								
Assurance Details:	<p>Members of the board have secured lead roles on a range of programmes within the LDS and STP, most notably High Quality Hospital Care, which is led by our Chief Executive and Medical Director for the STP.</p> <p>The board is further developing the Trust's strategy and governance for delivery of the strategy to ensure that all risks are escalated promptly and proactively managed.</p> <p>We are developing plans, with partners, to establish Accountable Care Organisations in both Halton and Warrington.</p> <p>We have developed an engagement strategy in partnership with our Governing Council</p> <p>We have developed a Communications and Engagement Work plan 2016-17</p> <p>We are delivering a programme of 'Your Health' Events across all of our services to which public, partners, members and governors are invited/involved</p> <p>We have established a community-wide newsletter Your Hospitals</p> <p>We have a programme of visiting GP practices on a 'customer care' platform</p> <p>Assurance:</p> <p>Evidenced by lead roles in STP and LDS.</p> <p>No service changes with a detrimental impact on the Trust or our patient population have been agreed to date or included within the STP.</p> <p>The Trust has developed effective clinical networking and integrated partnership arrangements:</p> <p>The Trust is successfully leading and co-ordinating the delivery of new integrated care pathways for the frail elderly with partners from primary and social care, the voluntary sector, 5 Boroughs NHSFT and Bridgewater Community NHSFT.</p> <p>The Trauma and Orthopaedic service has developed excellent links with the Walton Centre for all complex spinal patients.</p> <p>The Musculoskeletal team are undertaking collaborative work with Warrington CCG and Walton Neuro Vanguard developing a CPMS service meeting patients' needs.</p> <p>Monitoring engagement by stakeholders (attendance at events, membership survey)</p> <p>Well Led Review and CQC inspection 2017</p> <p>Reports and Feedback from Healthwatch</p> <p>Board Talk reinstated for partners and stakeholders – The first issue will be June Board – Purdah completed. Staff comms is continuing as per existing work plan/strategy</p> <p>'What Matters to Me' conversation cafes being established across both sites (17/18) in partnership with patient experience committee and governors. Will also include WHH volunteers, WHH careers and WHH charity</p> <ul style="list-style-type: none"> - Memorandum of Understanding and work plan with Bridgewater Community Healthcare NHS FT approved. - Working in partnership with GP Federation in Halton on relation to improving joint clinical pathways. - Council and CCG in both Warrington & Halton supportive of development of new hospitals. - Agreement of sustainability contract with Warrington CCG. - GP engagement event held for Warrington & Halton GPs. - Work plan agreed with StHK - Shared a presentation demonstrating Halton Hospital's suitability to host the Eastern Sector Cancer Hub with Clatterbridge and other stakeholders. This forms part of the formal decision making process on the location of the hub 			<table border="1"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>INITIAL</td> <td>20</td> </tr> <tr> <td>CURRENT</td> <td>15</td> </tr> <tr> <td>TARGET</td> <td>8</td> </tr> </tbody> </table>		Category	Value	INITIAL	20	CURRENT	15	TARGET	8
Category	Value												
INITIAL	20												
CURRENT	15												
TARGET	8												

Board Assurance Framework

	<ul style="list-style-type: none"> - Two more GP engagement events planned. - Regular Strategy updates are provided to the Council of Governors. - GP Engagement event held, including engagement on clinical strategy - Clinical strategy engagement held with Trust Board - Submitted bid to provide UTCs in Runcorn & Widnes - Halton Healthy New Town programme formally reports to One Halton Board - Re-establishment of Joint Executive Oversight group (JOG) with StHK - Commissioned financial feasibility assessment for Halton Healthy New Town following unsuccessful bid to NHSE - Clinical Strategy approved by Trust Board - CBU specialty level strategies complete and incorporated in business plans - Successful in One Public Estate revenue funding bid for Halton - Initial talks held with Elective Care STP Lead in relation to the suitability of Halton as a potential Elective Care Hub 					
Assurance Gaps:	<p>Our CQC rating may impact our ability to influence Organisational sovereignty and the need for individual Trusts, CCGs and others to meet performance targets at an organisational level have the potential to slow or block progress.</p> <p>Failure to successfully engage with all of our stakeholders across our catchment population</p> <p>Limitations of the size of the catchment area.</p>					
	Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
	Ensure WHH are in a strong position to influence the agenda	Influencing the agenda	CEO to ensure that she continues in her role as STP Chair to ensure that we can have an influence in the agenda	Pickup, Mel	31/03/2019	31.12.2019
	Ensure evidence is provided to support strategic development and decision making.	Development of Trust Strategy document aligned to Trust planning priorities and	Development of Trust Strategy document aligned to Trust planning and priorities	Gardner, Mrs Lucy	30/06/2018	30/06/2018
	Re-establish 'Board Talk' stakeholder newsletter	Re-establish 'Board Talk' stakeholder newsletter	Re-establish 'Board Talk' stakeholder newsletter	McLaren, Patricia	31/05/2017	31/05/2017
	Create more opportunities for stakeholder engagement at our hospitals	Create more opportunities for stakeholder engagement at our hospitals	Create more opportunities for stakeholder engagement at our hospitals	Ryan, Candice	30/06/2017	31/05/2017
	Revisit the Your Hospitals newsletter/membership communications to ensure optimised	Revisit the Your Hospitals newsletter/membership communications to ensure optimised	Revisit the Your Hospitals newsletter/membership communications to ensure optimised	Ryan, Candice	31/05/2017	31/05/2017
	Establish clinician-led GP engagement opportunities	Establish clinician-led GP engagement opportunities	Establish clinician-led GP engagement opportunities	Crowe, Dr Alex	31/12/2018	10/07/2018
	Ensure clinical strategies in place for all specialties.	Ensure clinical strategies in place for all specialties	Ensure clinical strategies in place for all specialties.	Crowe, Dr Alex	30/11/2018	14/12/2018
	Establish formal partnership with Bridgewater. Establish formal partnership with St Helen's and Knowsley.	Formalise partnerships with other local organisations	Signed memorandums of understanding and agreed workplans.	Gardner, Mrs Lucy	30/11/2018	30/11/2018

Board Assurance Framework

Risk ID:	123	Executive Lead:	Constable, Simon			Rating	
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.						
Risk Description:	Failure to prevent harm to patients, caused by lack of timely and quality discharge summaries being sent to primary care, resulting in a lack of appropriate handover of care, with patient safety, operational, financial and reputational consequences.					Initial:	16 (4x4)
Assurance Details:	<p>Controls:</p> <p>Discharge summary performance, both the 95% and 7 day standard, is now monitored through an electronic dashboard, and is overseen by the monthly Clinical Operational Board (and also Finance and Sustainability Committee). Performance is managed at ward level, with an escalation protocol through the Clinical Business Unit and division. Discharge Policy and processes in place to support staff Training provided to staff, including junior doctors on induction, on Lorenzo</p> <p>Assurance:</p> <p>The current performance shows that we meet the 95% target for sending discharge summaries within seven days, whilst recognizing that improvement needs to continue to improve regarding sending discharge summaries within 24 hours. Current performance is 88% within 24 hours.</p> <p>Sample audit work undertaken with regard to the backlog to date (June 23rd 2017) has not revealed that a patient has been harmed</p> <p>A review of incidents and complaint information in the timeframe of the backlog has not identified that a patient has come to harm or that a patients has complained</p> <p>E-Discharge Task and Finish Group has been set up to oversee a review of the Trust's E-Discharge policies and processes, to ensure that they are robust and that there is effective clinical review and escalation processes in place. The Task & Finish group reports to the Patient Safety & Clinical Effectiveness Sub Committee.</p> <p>Discharge audit at service level undertaken as part of audit programme</p>					Current:	12 (3x4)
						Target:	8 (4x2)
Assurance Gaps:	Discharge Summary Audit to be completed and actions embedded						
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date		
Ensure an audit programme reviewing the quality of discharge summaries is established across the Trust	audit programme reviewing the quality of discharge summaries	audit programme reviewing the quality of discharge summaries	Crowe, Dr Alex	31/03/2019			
Ensure an update report of improvement is presented to Trust Patient Safety & Effectiveness Sub Committee	update report of improvement is presented	update report of improvement is presented	Crowe, Dr Alex	30/11/2017	30/11/2017		
Ensure a daily report tracking discharge summary performance is established and sent out to Clinical Directors	discharge summary performance daily report	discharge summary performance daily report	Crowe, Dr Alex	30/06/2017	30/06/2017		
Establish a Task and Finish Group, reporting to Digital Optimisation Group, to support taking the work of discharge summaries forward	Establish a Task and Finish Group	Establish a Task and Finish Group	Crowe, Dr Alex	31/07/2017	31/07/2017		
Ensure that a review of policy, procedures and training for discharge summaries is undertaken to ensure that they are fit for purpose	Review of policy, procedures and training for discharge summaries	review of policy, procedures and training for discharge summaries	Crowe, Dr Alex	31/03/2019			

Board Assurance Framework

Risk ID:	143	Executive Lead:	Deacon, Stephen			
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.				Rating	
Risk Description:	Failure to deliver essential services, caused by a Cyber Attack, resulting in loss of data and vital IT systems, resulting in potential patient harm, loss in productivity and Trust reputation				Initial:	12 (4x3)
					Current:	12 (4x3)
					Target:	8 (4x2)
Assurance Details:	<p>Firewall deployed to protect the network by filtering the traffic that is permitted in and out of the WHH network. Blocking file extensions recommended by NHS Digital on WHH Fileshare areas. CareCert bulletins containing information security measures which need to be implemented are produced by NHS Digital and measures taken to implement their requirements are documented at IT Seniors meeting on a weekly basis.</p> <p>Information Security Management System (ISMS) in use to protect WHH IT assets. The ISMS is based on the principles contained within the ISO27001 standard in use to control physical and network access and the controls required to protect said assets. Daily backups and 4 hour replication to the Halton site which replicates data on the Halton site storage area network (SAN). Data loss in the event of a Cyber-attack would be minimised due to the replication of data.</p> <p>Achievement of Cyber essentials certification and completion of the requisite network penetration testing. Certification to the Cyber Essentials standard has been recommended for all Trusts and compliance with its requirements can enhance protection against circa 80% of Cyber-attacks.</p> <p>Removal of obsolete operating systems (eg Windows XP) and automatic patching of critical updates offered by Microsoft. Removal of XP operating system across WHH continues and three tier patching regime is proposed</p>				<p>A line chart with three data points: 'INITIAL' at 12, 'CURRENT' at 12, and 'TARGET' at 8. The points are connected by a purple line. The 'INITIAL' and 'CURRENT' points are on the top line, while the 'TARGET' point is on a lower line.</p>	
Assurance Gaps:	<p>The version of Java cannot be updated due to the restrictions in place by NHS Digital for national systems including SBS and ESR. These systems require a certain version (which is many versions out-of-date) for them to work properly and remain supported by the NHS Digital Service Desk.</p> <p>Windows 7 support expires ends security updates for Windows 7 PC 14th Jan 2020. The Trust must move over to Windows 10 before then. All new devices are Windows 10 only and rebuilds or tech refresh is Windows 10 only. This is covered by IT Services BAU.</p> <p>07/11/2018</p> <p>Trust only has a handful of Windows XP in Radiology which are hardened which means their code cannot be altered by an attack, we are happy from a desktop point of view all Windows unsupported operating systems are now been cleared. We are working on migrating all desktops to Windows 10, removing Windows 7 and 8 from the desktops.</p> <p>The cyber business case is in draft and Director of IT and Information at the Wirral has asked for feedback from the other two trusts. WHHT have feedback to Wirral.</p> <p>04/01/2019</p> <p>The migration of the back ups have been delayed due to the Trust prioritising the domain controller migration other IT projects. All other actions have been reviewed and no further action.</p> <p>04/01/2019</p> <p>SharedData and 12 SQL servers have been added, however, 6 of them are not truncating, will require resolving.</p> <p>13/03/2019</p> <p>Medical devices need to be moved into medical VLAN 'bubble'.</p>					
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date	
Ensure capital monies are available in 2018/19 for upgrade of vital security software and hardware	capital monies are available in 2018/19 for upgrade of vital security software and hardware	capital monies are available in 2018/19 for upgrade of vital security software and hardware	McGee, Andrea	30/04/2018	27/04/2018	
Implement security 'bubble' around the medical VLAN. The 'bubble' will protect medical devices (eg MRI and CT scanners which run the Windows XP operating system) with a firewall. Replacement of Windows XP will necessitate replacement of some medical equipment – development of a plan	Implement security 'bubble' around the medical VLAN	Implement security 'bubble' around the medical VLAN	Caisley, Sue	30/03/2018	05/09/2018	

Board Assurance Framework

Act on recommendations made in the Cyber essentials report to ensure improved cyber security.	Act on recommendations made in the Cyber essentials report to ensure improved cyber security.	Act on recommendations made in the Cyber essentials report to ensure improved cyber security. 04/01/2019 Reviewed, no further action 17/01/2019 Reviewed with other members of the STP Cyber Group internal server vulnerability scanning options. Nessus was the recommended option. The CIO has approved the purchase of the software and is on order.	Deacon, Stephen	30/04/2020	
Ensure upgrade of security systems such as web filtering, anti-virus and firewalls – development of a plan	Ensure upgrade of security systems such as web filtering, anti-virus and firewalls – development of a plan	Ensure upgrade of security systems such as web filtering, anti-virus and firewalls – development of a plan	Caisley, Sue	30/03/2018	31/03/2017
Ensure that Information Governance messages around safe use of IT assets are reiterated via corporate induction and training	Information Governance messages around safe use of IT assets	Information Governance messages around safe use of IT assets	Caisley, Sue	31/12/2018	31/03/2017
Report serious cyber-attacks and a trend demonstrating increases in attacks on the Datix system – send out an alert to all staff on a regular basis and report quarterly to Information Governance and Corporate Records Sub-Committee	Report serious cyber-attacks and a trend demonstrating increases in attacks on the Datix system	Report serious cyber-attacks and a trend demonstrating increases in attacks on the Datix system	Caisley, Sue	31/12/2018	05/09/2018
NHS Digital issues CareCERT advisory bulletins to support the NHS in maintaining high standards of cyber security. Trusts are to confirm that they have acted on the most critical of these, where applicable to their IT infrastructure. All Trusts give a template setting out 39 of the critical CareCERT advisories, all issued over the last three months after WannaCry, which have been deemed most critical in preventing successful cyber-attacks.	Complete actions on NHS England's CareCERT 39	Download template and update it with current status and when all 39 CareCERTS are to be completed. 07/11/2018 All CareCERT's are now completed and sent back to NHS England.	Deacon, Stephen	30/11/2018	07/11/2018
Several desktop devices still on Windows XP due to systems not compatible with Windows 7 onwards. IT working closely with the departments and third party supplies to ascertain a plan to migrate to Windows 7/Windows 10	Removal of Unsupported Windows XP from Desktop Devices	08/08/18 Supporting each department helping them to remove Windows XP from their areas replacing them with Windows 7 onwards, some systems will need upgrading or replacing dependant on	Whitfield, Simon	26/10/2018	10/10/2018

Board Assurance Framework

		<p>funding (On-going) 04/09/2018 A report has been created for the IM&T Programme Board the following XP devices/systems using XP have been identified: 26/09/2018 Paper was presented to the IM&T Programme Board, discussions with Radiology has reduce the numbers further due to hardening of the XP Servers.</p>			
Move medical devices into VLAN bubble. This will involve participation of multiple 3rd parties and internal WHH staff.	Add medical devices to VLAN bubble	<p>04/01/2019 Network Manager has begun pre work on the VLAN protective bubble</p>	Smith, Mr Philip	31/03/2020	
Additional network security (Phase 2) to replace aging hardware around web filtering and file blocking is required.	Additional network security	<p>Submit capital form to capital meeting (Complete) Obtain budget code (Complete) Place order (Complete) Install and configure (Complete)</p> <p>04/09/18 Waiting on arrival of the ASA firewalls for remote access , but training required to utilise the product</p>	Smith, Mr Philip	31/12/2018	14/09/2018
Review of security options with HSCN when upgrading our N3 link to HSCN.	Review security options with HSCN	<p>Review of security options with HSCN when upgrading our N3 link to HSCN (Completed - Sticking with local security)</p>	Smith, Mr Philip	29/03/2019	14/06/2018
<p>Requiring to beef up our Cyber Security including patching for servers</p> <p>This includes server security patches.</p>	Implement robust server patching regime	<p>20/11/18 Automatic software has been purchased and will require a period of time to configure before we can automate majority of servers. 05/12/18 The Server Manager and Technical Specialist are meeting this week to start looking at looking at configuration the server. 04/01/2019 Reviewed, no further action</p>	Garnett, Joseph	31/05/2019	
There are 39 out of 150 outstand hidden shares that are accessible by specialist software to view contents of those shares. This includes e-outcome, these need to be secured.	E-outcome hidden share accessible to all users	<p>10/10/2018 We have been told this is no longer an issue, the IG Manager and IT Manager cannot access the area, but passing over the IT Specialist to double check as he</p>	Deacon, Stephen	19/10/2018	19/10/2018

Board Assurance Framework

		raised the issue originally, however, waiting for him to return back from A/L			
Part of the Cyber Essentials+ recommendations the Trust needs a corporate policy for IT logs retention	Corporate Policy for IT Logs Retention	Update the ISMS to contain the corporate policy for IT logs retention	Deacon, Stephen	28/09/2018	26/09/2018
26/09/2018 Update the infrastructure for the ASA's (Remote Access Secure Token System).	Renew the ASA (Remote Access Secure Token System)	26/09/2018 Update the hardware infrastructure for the ASA's (Remote Access Secure Token System). The new hardware is in the department but requires configuration from the supplier (SoftCat) next week, currently waiting on an action plan. Once configured will be put through change control to replace the old hardware, however, there will be downtime for remote access (token based) , mainly supplier based, NHS guest Wi-Fi and staff Wi-Fi and IPAD users using VDI externally but will be minimal. 10/10/2018 ASA's are being replaced w/c 15/10/18	Smith, Mr Philip	19/10/2018	24/10/2018
As part of the Windows 10 agreement from NHS Digital, ATP (Advance Threat Protection) across all our desktop devices before the end of December 2018	Install Advance Threat Protection on all desktop PC's and laptops	Install ATP across the desktop estate	Whitfield, Simon	31/12/2018	30/11/2018
From the C&M Cyber Group: To share those Cyber Essentials Plus questionnaires that were unsuccessful? As they may reveal common areas of improvement that we could work on together.	Provide the C&M Cyber Group with the answers from the CE+	To send to the C&M Cyber Group the answers from the Cyber Essentials+ assessment.	Deacon, Stephen	31/10/2018	10/10/2018
Encrypt backup data to stop any successful cyber-attack from affecting the backup data	Encrypt backups	03/12/18 The Data Domain is now configured and has been tested with one server. The Server Manager will perform a phased migration of all other servers. With the speed being faster we are able to look at changing/when how the backups are performed. 04/01/2019 The Trust prioritised the Domain Controller migration over other IT projects	Garnett, Joseph	30/04/2019	

Board Assurance Framework

		<p>04/01/2019 SharedData and 12 SQL servers have been added, however, 6 of them are not truncating, will require resolving.</p> <p>10/01/2019 18 servers have been migrated to the new backup system. The 6 SQL servers issues with truncation of their logs has also been resolved.</p> <p>15/03/2019 Server manager to ascertain how to implement encryption on data domain</p>			
<p>Support for Windows Server 2003 has now ceased and as a consequence, Microsoft no longer provide security updates or technical support for this operating system. Consequently, any server or system reliant on Windows Server 2003 presents a cyber-security risk to the Trust.</p> <p>We either need to migrate or decommission the unsupported Windows Server 2003 to Windows 2016 (Latest server operating system)</p>	Review Server 2003 servers	<p>24/10/2018 Obtained a list of servers using Server 2003 and provide a report to the next Digital Board. Currently, the Trust still has 20 servers which use Windows Server 2003, however today we have been able to decommission 1 of the servers already.</p> <p>20/11/18 The paper was discussed at the digital board. Estates are migrating the rest of the users to the cloud for Resman system and one more can be shutdown.</p> <p>04/01/2019 Reviewed, no further action</p> <p>15/03/2019 17 2003 servers left to complete</p>	Garnett, Joseph	31/12/2019	
<p>Wirral are the lead for the STP Cyber Group. They required to create a business case which covers a programme of work with a number of project areas which together will provide joint and collective assurance on the work around cyber security for the Health and Care Partnership.</p> <p>The strands of work include support for joint work on:</p> <ul style="list-style-type: none"> - Cyber Essentials Plus accreditation - Strategy and Policy Development - Training and skills development - Business Continuity Planning - Procurement and Vendor relations 	WHHT to help Wirral create the STP Cyber Business Case	<p>07/11/2018 The cyber business case is in draft and Director of IT and Information at the Wirral has asked for feedback from the other two trusts. WHHT have feedback to Wirral.</p> <p>20/11/18 Final draft has been sent out for comment.</p> <p>03/01/2019 Reviewed, no further action</p> <p>01/02/19 Reviewed, no further action</p> <p>05/03/19</p>	Deacon, Stephen	29/03/2019	

Board Assurance Framework

<p>The creation of the business case is restricted to a limited number of Trusts within the STP to ensure we are able to meet the deadline.</p> <p>WHHT along with Mid-Cheshire and Wirral are the only Trusts involved with the business case, allowing WHHT to be at the forefront of cyber security.</p>		Reviewed, no further action			
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Board Assurance Framework

Risk ID:	414	Executive Lead:	James, Phill	Rating		
Strategic Objective:	Strategic Objective 3: We will .. Work in partnership to design and provide high quality, financially sustainable services.					
Risk Description:	Failure to implement best practice information governance and information security policies and procedures caused by increased competing priorities due to an outdated IM&T workforce plan resulting in ineffective information governance advice and guidance to reduce information breaches.			Initial:	12 (4x3)	
Assurance Details:	<ul style="list-style-type: none"> Data Security and Protection Toolkit Returns (NHS Digital) MIAA Annual Data Security and Protection Toolkit Assurance Audit (significant assurance in 2018) Cyber Essentials Plus Certification Audits MIAA Cyber Security baseline Firewall Health Check Reporting to Information Governance and Corporate Records Sub-Committee and Quality Committee MIAA GDPR Readiness assessment <p>Information Governance Manager now reports to IT Services Manager for support & guidance and cross-cover, which reduces the risk of single point dependency.</p> <p>A draft re-structure that includes an Information Security Manager has been produced and will be presented to the newly appointed CIO in due course.</p> <p>Audits on wards underway to establish whether IG best practice is in place</p> <p>Options for improving security of access to Lorenzo other than smartcards, which will include deploying VDI Trustwide (currently in ED Department) will be formulated and submitted to the Digital Optimisation Group and Digital Board for consideration regards costs vs risks and benefits in advance of NHS Digital deploying any security solutions in the future.</p> <p>Follow up audit on IG compliance across all wards and clinical areas to be undertaken by the IG</p> <ul style="list-style-type: none"> Follow up audit on IG compliance completed across all wards. Reports provided to Ward Managers and CQC G2G meetings. Key messages disseminated at Safety Huddle and 'You Didn't Think Privacy' unannounced mini-audit initiative launched. 			Current:	12 (4x3)	
				Target:	8 (4x2)	
				<p>The chart shows a line connecting three data points: 'INITIAL' at 12, 'CURRENT' at 12, and 'TARGET' at 8. The line starts at 12, stays flat to 12, and then drops to 8.</p>		
Assurance Gaps:	<ul style="list-style-type: none"> Full compliance with EU NIS Directove Ongoing audit of information governance and application of IG controls in the general environment including storage of records and training requirements Embedding of best practice following IG Ward audits Delivery of unmet assertions on Data Protection Security Toolkit Ensure business as usual patching cycle Maintain adherence to IG Policy & Procedures in ward/clinical areas 					
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date	
IT operational restructure in order to provide information governance support to deal with the burgeoning IG/Cyber Security agenda	IT Dept restructure to increase sources targeted at Information Governance	IT Manager to draft IT operational services restructure CIO is reviewing structure of department and resources committed to IG/Information Security	Deacon, Stephen	30/09/19		

Board Assurance Framework

Risk ID:	695	Executive Lead:	Salmon-Jamieson, Kimberley	Rating	
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.				
Risk Description:	Failure to keep the national invasive cancer audit up to date to comply with NHS Cervical screening programme standards; which caused a backlog of cervical screening reviews which resulted in a non-compliance with the cervical screening specification 2018/2019.			Initial:	9 (3x3)
Assurance Details:	Trust has now implemented NHS Cervical Screening Guidance in NHSCSP Publication 28 (1) and Disclosure of audit results in cancer screening best practice (2) i. There is now a ratified policy in place 1/12/18 so we are now compliant ii. The Recommendation from SQAS to implement policy for audit and disclosure has now been implemented. Patients diagnosed with cervical cancer will be informed of the audit and offered disclosure from December 2018 iii. The Recommendation from SQAS to review screening histories of patients diagnosed with cervical cancer at the Trust from April 2013 to date and discussed at Colposcopy MDT if indicated. This is in progress. Briefing paper and action was plan presented for Patient Safety & Clinical Effectiveness 30/10/18 and will be monitored by this committee. A final report has been received by WHH and the commissioner on the 22nd January 2019. A comprehensive action plan is in development and will be available within 4 weeks of receiving the final report, Developed and returned action plan to SQAS on 22 nd February 2019 SQAS agreed to work with the Trust to complete the action plan within 12 months. Monitored monthly in Patient Safety & Clinical Effectiveness Sub-Committee			Current:	9 (3x3)
				Assurance Gaps:	Any patients diagnosed with cervical cancer prior to 2018 have not been informed of the audit. Based on the audit details a discussion will be taken at Colposcopy MDT meeting. Patients who require disclosure or possible duty of candour will need sensitive and skilled consultation.
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Draft policy for National Invasive Cervical Cancer Audit Draft policy for Disclosure of results for National Invasive Cervical Cancer	Policy for National Invasive Cervical Cancer Audit	Requires ratification and implementation	Cooper, Tracey	31/12/2018	27/12/2018
Identify unit numbers/NHS numbers for backlog of patients (approx. 100 -120) Lists of cervical cancer patients in timescale requested from Pathology manager and Cancer Services to ensure all patients captured	Identify backlog of patients	Lists of cervical cancer patients in timescale requested from Pathology manager and Cancer Services to ensure all patients captured Using standard proforma in draft policy systematically review cervical screening histories of above cohort of patients Refer complete reviews to a MDT meeting as required. (Patients diagnosed with cervical cancer who have not engaged or defaulted from the programme can be excluded) Cases where the care or treatment after discussion at MDT is potentially a serious incident the case will be discussed with SQAS as per Managing Screening Incidents guidance.	Cooper, Tracey	28/06/2019	

Board Assurance Framework

Undertake a review of identified patients cervical screening history	Identify time and staff to undertake review of screening history	Identify time and clinical staff to undertake cervical screening history reviews	Cooper, Tracey	31/01/2019	04/02/2019
MDT will confirm if disclosure would not be appropriate (i.e. if patient has died or is terminally ill and routine disclosure) but otherwise patients will be offered the option of disclosure by a letter explaining the background to the national audit. Draft letter to be drawn up	MDT confirm when disclosure would not be appropriate	Any patient requesting disclosure or duty of candour will have the option for results in a meeting with the Lead Colposcopist/Lead Colposcopy Nurse/ and with clinical input form Cytology/Histopathology if required	Rauf, Ambreen	31/12/2018	28/12/2018
Disseminate NHS guidance for cervical smear takers re training, updates; responsibilities to the patient and screening programme through Cervical Screening Management Meeting once established in 2019	Disseminate NHS guidance for cervical smear takers re training, updates; responsibilities to the patient and screening programme through Cervical Screening Management Meeting once established in 2019	Implement a PHE e-learning package as part of the Trust's mandatory training and monitoring of compliance Gynaecology and GUM managers to ensure a rolling register of all smear takers in their area including trainees Undertake audit of smear takers inadequate rates; rejection rates Undertake audit of cervical screening failsafe systems once in place	Rauf, Ambreen	31/03/2019	

Board Assurance Framework

Risk ID:	241	Executive Lead:	Constable, Simon			Rating	
Strategic Objective:	Strategic Objective 2: We will .. Be the best place to work with a diverse, engaged workforce that is fit for the future.						
Risk Description:	Failure to retain medical trainee doctors in some specialties by requiring enhanced GMC monitoring resulting in a risk service disruption and reputation.					Initial:	12 (4x3)
						Current:	8 (4x2)
						Target:	8 (4x2)
Assurance Details:	<p>Regular monthly meetings taking place with HENW involving The Deanery. An agreed action plan has commenced.</p> <p>Regular weekly journal/ educational meetings on Mondays co-ordinated by a clinical fellow.</p> <p>Most of Trust Locum Consultants have been approved as educational supervisors and are providing educational supervision to the ST3s in geriatric medicine</p> <p>Appointment of a Chief Registrar</p> <p>Recruited to Medical Utilisation Role</p> <p>Clinical Director to ensure that all trainees attend their mandatory training</p> <p>Work done around clinic attendance for trainees to ensure they can be released from wards to attend – record log in place.</p> <p>Working on plans to improve training opportunities/available clinics/etc.</p> <p>We are looking at all possible locum appointments and are considering to recruit off framework if necessary</p> <p>Working on getting more bank drs, rather than agency.</p> <p>Establishment of Medical Trainees Experience Improvement Group</p> <p>Deputy Medical Director to have Director of Medical Education portfolio.</p> <p>Improving Medical Staffing and processes across key medical wards</p> <p>Senior management presence at Medical handover to review any safety issues</p> <p>Weekly Educational Huddle</p> <p>Business Case currently being developed to support the recruitment of substantive consultant physicians</p>					<p>The chart displays three data points: Initial (12), Current (8), and Target (8). The Initial rating is significantly higher than the Current and Target ratings, indicating a decrease in the risk score over time.</p>	
Assurance Gaps:	Recruitment of substantive consultant physicians ongoing						
	Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date	
	Identify lead to create a biweekly newsletter for trainees to provide vehicle for educational supervisors to deliver updates and good news.	improving experience for trainees	medical education business manager to co-ordinate across the Trust for all trainees	McKee, Spencer	29/03/2019	01.03.2019	
	To provide timetabled clinic slots for CMTs co-ordinated by the MUM and to be communicated through the ward cover rota	protected clinic time for CMTs across medicine	MUM to implement	Barker, Sophie	06/08/2018	13/07/2018	

Board Assurance Framework

Risk ID:	133	Executive Lead:	Cloney, Michelle			Rating	
Strategic Objective:	Strategic Objective 2: We will .. Be the best place to work with a diverse, engaged workforce that is fit for the future.					Initial:	20 (4x5)
Risk Description:	Failure to successfully engage the Workforce, caused by the potential for a adverse working culture which resulted in the consequential loss of discretionary effort and productivity, or loss of talented colleagues to other organisations, which would impact patient care, staff morale and delivery of the Trust's strategic objectives					Current:	6 (3x2)
Assurance Details:	<p>Controls:</p> <p>Communications: We have developed a Communications and Engagement Work plan 2017-18 which is being delivered across the WHH workforce</p> <p>We have merged the Communications and Staff Engagement teams to consolidate and maximise staff engagement</p> <p>There is a revised leadership model in place within the Trust</p> <p>Priorities for the Trust are promoting learning and development, driving clinical leadership, having efficient job plans, celebrating success through staff awards and supporting innovation and working with partner organisations</p> <p>There is an established Strategic People Committee of the Board</p> <p>Investment in training and Support for staff</p> <p>Open Mic sessions/Team Talk in place to engage staff and offer them a voice</p> <p>Established weekly planning meetings with the Transformation team to identify any possible schemes that could negatively impact staff and take pre-emptive planning action</p> <p>Assurance:</p> <p>Engagement Dashboard reported to Trust Board (includes monitoring of Team Brief attendance)</p> <p>Staff FFT and Annual NHS Staff Survey (published March each year) both reported to SPC</p> <p>30.07.2018</p> <p>Annual NHS Staff Survey showed an engagement score of 3.74/5 against a national average of 3.79/5</p> <p>28.09.2018</p> <p>The Trust is moving forward with phases 2,3 and 4 of LIA</p> <p>The new People Strategy has been ratified - with a key focus on Engagement</p> <p>23.10.18</p> <p>National Staff Survey currently out for completion.</p> <p>03.12.2018</p> <p>- Initial feedback form Quality Health indicates a national staff survey completion rate of in excess of 50%, which demonstrates year on year improved engagement. (39% 2016/17; 46% 2017/18)</p> <p>- 11 pioneering LiA teams establishes along with a series of scheduled crowd fixing events form December 2018.</p> <p>- NHS Staff Survey results indicate statistically significant improvement in both staff engagement and safety culture</p>					Target:	6 (3x2)
						<p>The chart displays a line graph with three data points: 'INITIAL' at 20, 'CURRENT' at 6, and 'TARGET' at 6. The y-axis represents the rating score, and the x-axis represents the stages: INITIAL, CURRENT, and TARGET. A purple line connects the points, showing a sharp decline from 20 to 6, followed by a horizontal line at 6.</p>	
Assurance Gaps:	Delivery plans against People Strategy to be finalised.						
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date		
Further diversification of communication tools	Further diversification of communication tools	Further diversification of communication tools	Cloney, Michelle	31/07/2017	09/08/2018		
Further opportunities for staff to engage with senior managers/executive Team – Open Mic	Further opportunities for staff to engage with senior managers/executive Team – Open Mic	Further opportunities for staff to engage with senior managers/executive Team – Open Mic	Cloney, Michelle	31/12/2018	09/08/2018		
Following development of Trust Strategy, ensure staff engagement events/communications are developed	Following development of Trust Strategy, ensure staff engagement events/communications are developed	Following development of Trust Strategy, ensure staff engagement events/communications are developed	Cloney, Michelle	31/10/2017	09/08/2018		
Creation of 'People Champions' network	Creation of 'People Champions' network	Creation of 'People Champions' network	Cloney, Michelle	31/07/2017	13/10/2017		
Ensure there is an external review of the Impact Assessment of Theatre at Night	external review of the Impact Assessment of Theatre at Night	external review of the Impact Assessment of Theatre at Night	Cloney, Michelle	31/08/2017	31/08/2017		

Board Assurance Framework

Transformation work	Transformation work	Transformation work			
Implement phase two of Listening into Action	Listening into Action	Review LIA Pulse Check Survey and Leadership Survey results. Implement phase two of Listening into Action.	Cloney, Michelle	08/02/2019	05/10/2018
The new People Strategy has a key focus on employee engagement. The strategy has been ratified at Board on 26.09.2018. Delivery plans to underpin the strategy now need to be finalised.	People Strategy - Engagement - Delivery Plans	Finalise delivery plans	Dixon, Helen	31/10/2018	30/11/2018
To review the 2018 staff survey results once they are available to establish whether there has been any improvement / change in the engagement scores and indicators.	Review 2018 Staff Survey results	Review and analysis 2018 staff survey results. Review and check progress against People Strategy delivery plan. Amend and realign priority actions as a result of the analysis.	Dixon, Helen	31/05/2019	