



Report Cover Sheet

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| Report to: | Trust Board | |
| Date of the Meeting: | 27 November 2019 | |
| Agenda Item: | P1/216/19 | |
| Title: | Board Assurance Framework | |
| Report prepared by: | Angela Wendzicha, Associate Director Corporate Governance | |
| Executive Lead: | Liz Bishop, Chief Executive | |
| Status of the Report: | Public | Private |
| | X | |

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| Paper previously considered by: | Audit Committee and Trust Board in July 2019. |
| Date & Decision: | For summary position to be presented with Quarter 2. |

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| Purpose of the Paper/Key Points for Discussion: | <p>The Trust's Strategic Priorities for 2019/2020 were presented and approved at Trust Board on 27 March 2019 as part of the Operational Business Plan submitted to NHS Improvement.</p> <p>The six Strategic Priorities summarise the Trust's vision to provide the best cancer care to our patients which equates to delivering compassionate, safe and effective care.</p> <p>The attached paper illustrates a revised approach to presenting the Board Assurance Framework following presentation of Quarter 1 at the Audit Committee and Trust Board.</p> <p>The risk assessments that support the Board Assurance Framework risks are detailed and can be presented as an Appendix to the paper in the event the Board</p> |
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| Action Required: | Discuss | X |
| | Approve | X |
| | For Information/Noting | |

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| Next steps required | |
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The paper links to the following strategic priorities (please tick)

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|---|---|---|---|
| Deliver outstanding care locally | √ | Collaborative system leadership to deliver better patient care | √ |
| Retain and develop outstanding staff | √ | Be enterprising | √ |
| Invest in research & innovation to deliver excellent patient care in the future | √ | Maintain excellent quality, operational and financial performance | √ |

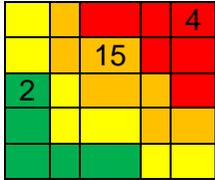
The paper relates to the following Board Assurance Framework (BAF) Risks

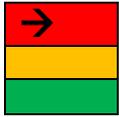
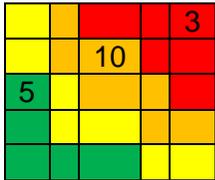
| BAF Risk | Please Tick |
|---|-------------|
| 1. If we do not optimise quality outcomes we will not be able to provide outstanding care | X |
| 2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments. | X |
| 3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home. | X |
| 4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care. | X |
| 5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce. | X |
| 6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness. | X |
| 7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future. | X |
| 8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside. | X |
| 9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future. | X |
| 10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services. | X |

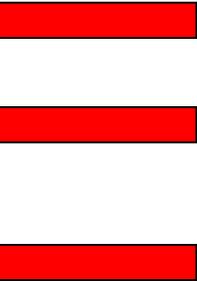
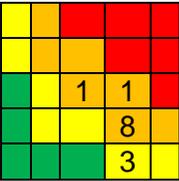
Equality & Diversity Impact Assessment

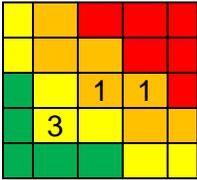
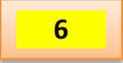
| Equality & Diversity Impact Assessment | YES | NO |
|---|-----|----|
| Are there concerns that the policy/service could have an adverse impact on: | | |
| Age | | X |
| Disability | | X |
| Gender | | X |
| Race | | X |
| Sexual Orientation | | X |
| Gender Reassignment | | X |
| Religion/Belief | | X |
| Pregnancy and Maternity | | X |

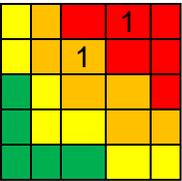
If YES to one or more of the above please add further detail and identify if a full impact assessment is required.

| Q2 | PRIORITY 1 | TRANSFORMING CANCER CARE THROUGH OUR NEW CLINICAL MODEL | | OWNER | CEO |
|-------------|---|---|--|---|-----|
| | | KEY ACTIONS | RATING | SUMMARY REPORT | |
| Performance |  | <ul style="list-style-type: none"> • Agree and sign SLA with Royal University Hospital • Maintain SLA with Wirral University Hospitals for management of the deteriorating patient for Wirral site patients • Complete integration of Haemato-Oncology |    | <p>Trust lawyers engaged to finalise SLA.</p> <p>Ongoing negotiations with Wirral University Hospitals</p> <p>Clinical Senate Report received recommending early transfer to CCC-L. Awaiting Royal College of Pathology Report.</p> | |
| | Risks |  | <p>BAF Risks</p> <ul style="list-style-type: none">  We fail to deliver CCC-Liverpool on time and within budget.  We do not improve access to cancer care within 45 minutes travel for 90% of patients by 2020.  We do not ensure patients have seamless access to all supporting acute services.  We do not complete the integration of haemato-oncology. | | |

| Q2 | PRIORITY 2 | RETAINING AND DEVELOPING OUR OUTSTANDING STAFF | | OWNER | DWOD |
|---|---|--|---|---|---|
| | | KEY ACTIONS | RATING | SUMMARY REPORT | |
| Performance |  | <ul style="list-style-type: none"> • Have sufficient workforce in place to open CCC-Liverpool. • Expansion of cadre of strong academic workforce • Complete succession planning in conjunction with the University HR department • Encourage Consultant body to hold Honorary contracts • Develop travel plans to support staff • Develop recruitment and retention package for staff • Establish and embed the workforce Equality and Diversity meeting. |    | <ul style="list-style-type: none"> • E-PADR confirming site of working of choice • Co-ordinated recruitment plan ongoing • Medical Oncology Chair recruited to. • Staff focus groups completed • Internal communications plan approved • Workforce Equality and Diversity meeting not yet established | |
| | Risks |  | <div data-bbox="611 850 736 916" style="background-color: #800000; color: white; padding: 5px; display: inline-block; margin-bottom: 10px;">25</div> We do not recruit staff required for CCC-Liverpool and retain our excellent workforce for all sites within the affordable business plan. | | <div data-bbox="611 970 736 1035" style="background-color: #800000; color: white; padding: 5px; display: inline-block; margin-bottom: 10px;">16</div> We do not increase our clinical academic workforce in partnership with the University of Liverpool. |
| <div data-bbox="611 1082 736 1147" style="background-color: #800000; color: white; padding: 5px; display: inline-block; margin-bottom: 10px;">16</div> We do not build on the feedback form the 2018 staff survey and do not improve our staff engagement score | | | | | |
| <div data-bbox="611 1193 736 1259" style="background-color: #FF8C00; color: white; padding: 5px; display: inline-block; margin-bottom: 10px;">12</div> We do not develop an inclusive leadership. | | | | | |
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| Q2 | PRIORITY 3 | INVESTING IN PATIENT FOCUSED RESEARCH AND INNOVATION | | OWNER | MD |
|-------------|---|--|--|--|----|
| | | KEY ACTIONS | RATING | SUMMARY REPORT | |
| Performance |  | <ul style="list-style-type: none"> Secure sufficient cadre of academics and research active clinicians Successful ECMC bid leading to retention of ECMC. Development of Research Strategy for approval at November 2019 Board. Deliver Digital Programme in full |  | <ul style="list-style-type: none"> Inability to recruit academics in conjunction with national shortage of radiologists. Research Strategy discussed at Board Development Day in October 2019; Strategy not ready for Board approval in November 2019. CCC is part of the NHSE Global Digital Exemplar, securing funding and increased pace of change | |
| | Risks |  | <p>Current Risk</p> <ul style="list-style-type: none">  We do not meet our target to double the number of patients recruited into clinical trials from a baseline of 500 per year.  We do not maintain our status as an experimental cancer medicine centre (ECMC) leading world class early phase clinical research.  We do not maintain our excellence in digital leadership expanding the use of technology to support digital systems. | | |
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| Q2 | PRIORITY 4 | LEADERSHIP ROLE IN COLLABORATION WITH REGIONAL CARE BODIES AND RESEARCH CENTRES | OWNER | MD |
|-------------|---|---|--|---|
| | | KEY ACTIONS | RATING | SUMMARY REPORT |
| Performance |  | <ul style="list-style-type: none"> • Successful bids for diagnostic kit and additional transformation programmes. • CMCA can evidence improvement in early diagnosis • CMCA can evidence improvements in 10 year survival rates. |    | <ul style="list-style-type: none"> • NHSE announced funding on a fair share basis until 2024. • Two lung check programmes have been established • Screening programmes underway • Rapid Diagnostic Centre established |
| | Risks |  | <p>Current BAF Risk</p> <ul style="list-style-type: none">  We do not secure transformational funding to drive an ambitious work programme through the Cheshire and Mersey Cancer Alliance (CMCA)  We do not support improvements in regional outcomes  We do not contribute to the national cancer plan to improve ten year survival rates from 50% to 57% by 22. | |
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| Q2 | PRIORITY 5 | BE ENTERPRISING | | OWNER | DoF |
|-------------|---|---|--|--|-----|
| | | KEY ACTIONS | RATING | SUMMARY REPORT | |
| Performance |  | <ul style="list-style-type: none"> Revised strategies and plans to be approved at Trust Board. Source new Chair for the Appeal Board Develop fundraising team through business development process |    | <ul style="list-style-type: none"> CPL and PropCare strategy presented at Board Development Day October 2019 Business case for development of fundraising team at Board in November 2019. Current Trust financial plans include an element of contingency to cover any potential shortfall. | |
| | Risks |  | <p>Current BAF Risk</p> <p> We do not develop our subsidiary companies and Joint Venture to reinvest back to the NHS</p> <p> We do not generate the remaining £5 million of Charitable income towards the new hospital</p> | | |
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| Q2 | PRIORITY 6 | MAINTAINING EXCELLENT QUALITY, OPERATIONAL AND FINANCIAL PERFORMANCE | OWNER | DoN |
|--------------------|---|---|---|--|
| | | KEY ACTIONS | RATING | SUMMARY REPORT |
| Performance |  | <ul style="list-style-type: none"> • Receive an improved CQC report in 2020. • Continue monitoring harm free care through relevant committee structure and Performance Report. • Continue to monitor 62 day target through the Performance Report via the Committee structures • CQUIN working group in place • Embed Patient Experience Strategy • Enhance patient safety evidenced through learning from incidents, complaints and litigation. • Work collaboratively with NHSE in relation to the Proton Service. |    | <ul style="list-style-type: none"> • Monthly CQC action plan monitoring in place with reports to Quality Committee and Trust Board oversight. • Monthly data reports resulting in deep dive reports to Quality Committee. • Patient Involvement and Experience Group established with Council of Governor oversight. • Improved feedback from national patient survey. • Risk Management Committee chaired by the CEO. • Training delivered for risk management and complaint management. • Ongoing delivery of the Proton Service led by NHSE. |

Risks

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| 1 | | 5 | | 3 |
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| | | 2 | 1 | |
| | | | | |

Current BAF Risk

- 8**

We do not complete the implementation of our CQC action plan and we are not prepared for CQC inspections.
- 12**

We exceed the thresholds for harm free care
- 12**

We do not meet the 62 day target resulting in delays to patient care and potential adverse reputational impact
- 9**

We do not achieve the quality outcomes for the 2019/2020 CQUINS indicators
- 16**

We do not continue to achieve top decile results for patient experience
- 10**

We do not enhance patient safety by ensuring all risks are identified and managed.
- 20**

We do not have robust business continuity plans
- 16**

Financial performance target are not achieved
- 12**

We do not deliver on our transformation schemes (CIP)
- 16**

We are not able to continue delivering the Eye Proton Service