



**Report Cover Sheet**

Report to:	Trust Board	
Date of the Meeting:	26 February 2020	
Agenda Item:	P1-037-20	
Title:	Board Assurance Framework – Quarter 3	
Report prepared by:	Angela Wendzicha	
Executive Lead:	Liz Bishop	
Status of the Report:	Public	Private
	X	

Paper previously considered by:	Audit Committee
Date & Decision:	21 January 2020: The Audit Committee welcomed the ongoing further development of the Board Assurance Framework and recognised that this remains work in progress.

Purpose of the Paper/Key Points for Discussion:	The Board Assurance Framework (BAF) provides a structure and process which enables the Trust to focus on those risks which may compromise achievement of our strategic objectives.
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Action Required:	Discuss	
	Approve	
	For Information/Noting	X

Next steps required	For further development of the Board Assurance Framework to continue in conjunction to the alignment to the revised Risk Register.
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*The paper links to the following strategic priorities (please tick)*

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

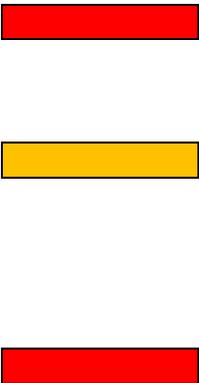
*The paper relates to the following Board Assurance Framework (BAF) Risks*

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	√
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.	√
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.	√
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.	√
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.	√
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	√
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.	√
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.	√
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.	√
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.	√

### Equality & Diversity Impact Assessment

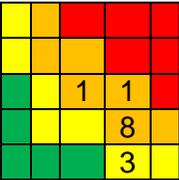
Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

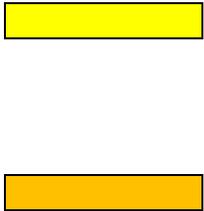
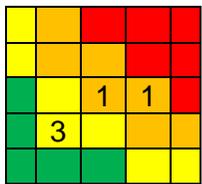
If YES to one or more of the above please add further detail and identify if a full impact assessment is required.

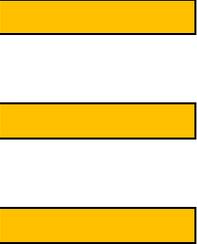
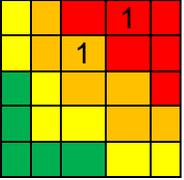
<p>Q3↓</p> <p>12</p>	<p>PRIORITY 1 BAF Risk:</p>	<p><b>TRANSFORMING CANCER CARE THROUGH OUR NEW CLINICAL MODEL</b> We do not complete transformation of cancer care through our new clinical model</p>	<p>OWNER</p>	<p>CEO</p>
<p>Performance</p>		<p><b>KEY ACTIONS</b></p> <ul style="list-style-type: none"> <li>• Agree and sign SLA with Liverpool University Hospital Foundation Trust</li> <li>• Maintain SLA with Wirral University Hospitals for management of the deteriorating patient for Wirral site patients</li> <li>• Complete integration of Haemato-Oncology</li> </ul>	<p><b>RATING</b></p> 	<p><b>SUMMARY REPORT</b></p> <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>
		<p><b>BAF Risk: We do not complete transformation of cancer care through our new clinical model</b></p> <p><b>8↓</b> We fail to deliver CCC-Liverpool on time and within budget.</p> <p><b>4→</b> We do not improve access to cancer care within 45 minutes travel for 90% of patients by 2020.</p> <p><b>8↓</b> We do not ensure patients have seamless access to all supporting acute services.</p> <p><b>12↓</b> We do not complete the integration of haemato-oncology.</p>		
<p>Risks</p>				

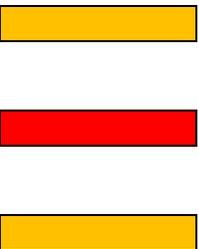
<b>Q3</b> <span style="background-color: red; color: white; padding: 2px;">16→</span>	<b>PRIORITY 2 :</b> <b>BAF Risk:</b>	<b>RETAINING AND DEVELOPING OUR OUTSTANDING STAFF</b> <b>Failure to develop and retain our staff</b>		<b>OWNER</b>	<b>DWOD</b>
		<b>KEY ACTIONS</b>	<b>RATING</b>	<b>SUMMARY REPORT</b>	
<b>Performance</b>		<ul style="list-style-type: none"> <li>• Have sufficient workforce in place to open CCC-Liverpool.</li> <li>• Expansion of cadre of strong academic workforce</li> <li>• Complete succession planning in conjunction with the University HR department</li> <li>• Encourage Consultant body to hold Honorary contracts</li> <li>• Develop travel plans to support staff</li> <li>• Develop recruitment and retention package for staff</li> <li>• Establish and embed the workforce Equality and Diversity meeting.</li> </ul>	    	<ul style="list-style-type: none"> <li>• E-PADR confirming site of working of choice</li> <li>• Co-ordinated recruitment plan ongoing</li>   <li>• Medical Oncology Chair recruited to.</li> <li>• Staff focus groups completed</li> <li>• Internal communications plan approved</li>   <li>• Workforce Equality and Diversity meeting not yet established</li> </ul>	
<b>Risks</b>		<p>BAF Risk: <b>Failure to develop and retain our staff</b></p> <ul style="list-style-type: none"> <li> <span style="background-color: yellow; border: 1px solid black; padding: 2px;">8↓</span> We do not recruit staff required for CCC-Liverpool and retain our excellent workforce for all sites within the affordable business plan.         </li> <li> <span style="background-color: yellow; border: 1px solid black; padding: 2px;">8↓</span> We do not increase our clinical academic workforce in partnership with the University of Liverpool.         </li> <li> <span style="background-color: red; color: white; border: 1px solid black; padding: 2px;">16→</span> We do not build on the feedback form the 2018 staff survey and do not improve our staff engagement score         </li> <li> <span style="background-color: orange; border: 1px solid black; padding: 2px;">12→</span> We do not develop an inclusive leadership.         </li> </ul>			

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Q3 12↓	PRIORITY 3 BAF Risk:	INVESTING IN PATIENT FOCUSED RESEARCH AND INNOVATION We do not embed innovation and improvement based on research outcomes		OWNER	MD
		KEY ACTIONS	RATING	SUMMARY REPORT	
Performance		<ul style="list-style-type: none"> <li>Secure sufficient cadre of academics and research active clinicians</li> <li>Successful ECMC bid leading to retention of ECMC (2021/22).</li> <li>Development of Research Strategy for approval at February 2020 Board.</li> <li>Deliver Digital Programme in full</li> </ul>	  	<ul style="list-style-type: none"> <li>Inability to recruit academics in conjunction with national shortage of radiologists.</li> <li>Research Strategy proposal discussed at Board Development Day in October 2019; Strategy for Board Approval February 2020</li> <li>CCC is part of the NHSE Global Digital Exemplar, securing funding and increased pace of change</li> </ul>	
	Risks		<p>BAF Risk: <b>We do not embed innovation and improvement based on research outcomes</b></p> <ul style="list-style-type: none"> <li> We do not meet our target to double the number of patients recruited into clinical trials from a baseline of 500 per year.</li> <li> We do not maintain our status as an experimental cancer medicine centre (ECMC) leading world class early phase clinical research.</li> <li> We do not maintain our excellence in digital leadership expanding the use of technology to support digital systems.</li> </ul>		

<p><b>Q3</b></p> <p><b>8↓</b></p>	<p><b>PRIORITY 4</b></p> <p><b>BAF Risk:</b></p>	<p><b>LEADERSHIP ROLE IN COLLABORATION WITH REGIONAL CARE BODIES AND RESEARCH CENTRES</b></p> <p><b>We fail to secure leadership role in collaboration with regional centres</b></p>		<p><b>OWNER</b></p>	<p><b>MD</b></p>
		<p><b>KEY ACTIONS</b></p>	<p><b>RATING</b></p>	<p><b>SUMMARY REPORT</b></p>	
<p><b>Performance</b></p>		<ul style="list-style-type: none"> <li>• Successful bids for diagnostic kit and additional transformation programmes.</li> <li>• CMCA can evidence improvement in early diagnosis</li> <li>• CMCA can evidence improvements in 10 year survival rates.</li> </ul>		<ul style="list-style-type: none"> <li>• NHSE announced funding on a fair share basis until 2024.</li> <li>• Two lung check programmes have been established</li> <li>• Screening programmes underway</li> <li>• Rapid Diagnostic Centre established</li> </ul>	
<p><b>Risks</b></p>		<p>BAF Risk: <b>We fail to secure leadership role in collaboration with regional centres</b></p> <ul style="list-style-type: none"> <li><b>6→</b> We do not secure transformational funding to drive an ambitious work programme through the Cheshire and Mersey Cancer Alliance (CMCA)</li> <li><b>8↓</b> We do not support improvements in regional outcomes</li> <li><b>8↓</b> We do not contribute to the national cancer plan to improve ten year survival rates from 50% to 57% by 2022.</li> </ul>			

<p><b>Q3</b></p> <p><b>12↓</b></p>	<p><b>PRIORITY 5</b> <b>BAF Risk:</b></p>	<p><b>BE ENTERPRISING</b> <b>We fail to become an enterprising organisation</b></p>	<p><b>OWNER</b></p>	<p><b>DoF</b></p>
<p><b>Performance</b></p>		<p><b>KEY ACTIONS</b></p> <ul style="list-style-type: none"> <li>Revised strategies and plans to be approved at Trust Board.</li> <li>Source new Chair for the Appeal Board</li> <li>Develop fundraising team through business development process</li> </ul>	<p><b>RATING</b></p> 	<p><b>SUMMARY REPORT</b></p> <ul style="list-style-type: none"> <li>CPL and PropCare strategy presented at Board Development Day October 2019</li> <li>Approval from Board as the Charity Trustee for establishment of a new Appeal Board and Chair</li> <li>Current Trust financial plans include an element of contingency to cover any potential shortfall.</li> </ul>
	<p><b>Risks</b></p>		<p>BAF Risk: <b>We fail to become an enterprising organisation</b></p> <p><b>9→</b> We do not develop our subsidiary companies and Joint Venture to reinvest back to the NHS</p> <p><b>12↓</b> We do not generate the remaining £5 million of Charitable income towards the new hospital</p>	

<p><b>Q3</b></p> <p><b>16→</b></p>	<p><b>PRIORITY 6</b></p> <p><b>BAF Risk:</b></p>	<p><b>MAINTAINING EXCELLENT QUALITY, OPERATIONAL AND FINANCIAL PERFORMANCE</b></p> <p><b>Failure to ensure systems are in place to effectively plan, deliver and monitor service delivery in order to support high quality care.</b></p>	<p><b>OWNER</b></p>	<p><b>DoN</b></p>
		<p><b>KEY ACTIONS</b></p>	<p><b>RATING</b></p>	<p><b>SUMMARY REPORT</b></p>
<p><b>Performance</b></p>		<ul style="list-style-type: none"> <li>• Receive an improved CQC report in 2020.</li> <li>• Continue monitoring harm free care through relevant committee structure and Performance Report.</li> <li>• Continue to monitor 62 day target through the Performance Report via the Committee structures</li> <li>• CQUIN working group in place</li> <li>• Embed Patient Experience Strategy</li> <li>• Enhance patient safety evidenced through learning from incidents, complaints and litigation.</li> <li>• Work collaboratively with NHSE in relation to the Proton Service.</li> </ul>		<ul style="list-style-type: none"> <li>• Monthly CQC action plan monitoring in place with reports to Quality Committee and Trust Board oversight.</li> <li>• Monthly data reports resulting in deep dive reports to Quality Committee.</li> <li>• Patient Involvement and Experience Group established with Council of Governor oversight.</li> <li>• Improved feedback from national patient survey.</li> <li>• Risk Management Committee chaired by the CEO.</li> <li>• Training delivered for risk management and complaint management.</li> <li>• Ongoing delivery of the Proton Service led by NHSE.</li> </ul>

<b>Risks</b>	<table border="1" style="margin: auto;"> <tr><td style="background-color: yellow;"></td><td style="background-color: yellow;"></td><td style="background-color: red;"></td><td style="background-color: red;">1</td><td style="background-color: red;"></td></tr> <tr><td style="background-color: yellow;">1</td><td style="background-color: yellow;"></td><td style="background-color: red;">5</td><td style="background-color: red;"></td><td style="background-color: red;">3</td></tr> <tr><td style="background-color: green;"></td><td style="background-color: yellow;"></td><td style="background-color: yellow;">1</td><td style="background-color: yellow;"></td><td style="background-color: red;">4</td></tr> <tr><td style="background-color: green;"></td><td style="background-color: yellow;"></td><td style="background-color: yellow;">2</td><td style="background-color: yellow;">1</td><td style="background-color: yellow;"></td></tr> <tr><td style="background-color: green;"></td><td style="background-color: green;"></td><td style="background-color: green;"></td><td style="background-color: yellow;"></td><td style="background-color: yellow;"></td></tr> </table>				1		1		5		3			1		4			2	1							<p><b>BAF Risk: Failure to ensure systems are in place to effectively plan, deliver and monitor service delivery in order to support high quality care.</b></p>	
				1																								
	1		5		3																							
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	<b>6↓</b>	We do not complete the implementation of our CQC action plan and we are not prepared for CQC inspections																										
	<b>6↓</b>	We exceed the thresholds for harm free care																										
	<b>6↓</b>	We do not achieve the quality outcomes for the 2019/2020 CQUINS indicators																										
	<b>10→</b>	We do not enhance patient safety by ensuring all risks are identified and managed.																										
<b>16→</b>	We do not have robust business continuity plans																											
<b>8↓</b>	Financial performance target are not achieved																											
<b>12→</b>	We do not deliver on our transformation schemes (CIP)																											
<b>16→</b>	We are not able to continue delivering the Eye Proton Service																											