



### Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	29 April 2020	
Agenda Item:	P1-076-20	
Title:	Board Assurance Framework – Quarter 4	
Report prepared by:	Angela Wendzicha	
Executive Lead:	Liz Bishop	
Status of the Report:	Public	Private
	X	

Paper previously considered by:	Not Applicable
Date & Decision:	Not Applicable

Purpose of the Paper/Key Points for Discussion:	<p>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.</p> <p>The following summary papers illustrate the high level overview of the risks relevant to the Board Assurance Framework. The Board is asked to note the following changes relevant for Quarter 4:</p> <ul style="list-style-type: none"> <li>• Additional correspondence has been received from the Clinical Senate confirming their initial recommendations – BAF Risk 1</li> <li>• We have failed to recruit to the Bone Marrow Transplant Clinical Director role – BAF Risk 2</li> <li>• The Trust research programme has been paused in line with national guidance in response to Covid-19 – BAF Risk 3</li> <li>• The Cancer Alliance has coordinated the surgical cancer hub in response to Covid-19 – BAF 4</li> <li>• The BAF has not been aligned to the risk register for Quarter 4 due to the work required with the current risk register.</li> <li>• The potential risk that Covid-19 presents to service delivery has been added to BAF Risk 6.</li> </ul>
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Action Required:	Discuss	
	Approve	
	For Information/Noting	X

Next steps required	For further development of the Board Assurance Framework in conjunction with the alignment to the revised risk register during Quarter 1.
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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>	√	<b>Be 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.	√

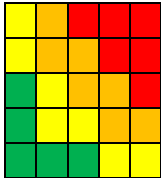
### Equality & Diversity Impact Assessment



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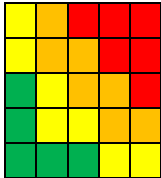
adverse impact on:		
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

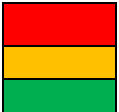

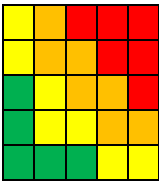



If YES to one or more of the above please add further detail and identify if a full impact assessment is required.

Q4 → 12	PRIORITY 1 BAF Risk:	TRANSFORMING CANCER CARE THROUGH OUR NEW CLINICAL MODEL We do not complete transformation of cancer care through our new clinical model	OWNER	CEO
		KEY ACTIONS	RATING	SUMMARY REPORT
Performance		<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>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. Royal College of Pathologists report received. Additional correspondence received from the Clinical Senate confirming their initial recommendations and the Trust will proceed with the interim connection tunnel arrangements as per the planning application submission. Furthermore, in response to Covid-19 a short term transfer route is being developed.</p>

<b>Risks</b>		<p><b>BAF Risk:</b> <b>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>
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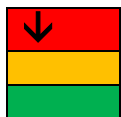

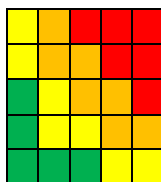



<b>Q4</b> <b>16→</b>	<b>PRIORITY 2</b> <b>: BAF Risk:</b>	<b>RETAINING AND DEVELOPING OUR OUTSTANDING STAFF</b> <b>Failure to develop and retain our staff</b>			<b>OWNER</b>	<b>DWOD</b>
		<b>KEY ACTIONS</b>	<b>RATING</b>	<b>SUMMARY REPORT</b>		
<b>Performance</b>		<ul style="list-style-type: none"> <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>• We have failed to recruit the Clinical Director for BMT role. Head Hunters are assisting in recruitment which is now being led by the CEO and Medical Director.</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>		

Risks		<p>BAF Risk: <b>Failure to develop and retain our staff</b></p> <p><b>8↓</b> We do not recruit staff required for CCC-Liverpool and retain our excellent workforce for all sites within the affordable business plan.</p> <p><b>8↓</b> We do not increase our clinical academic workforce in partnership with the University of Liverpool.</p> <p><b>16→</b> We do not build on the feedback form the 2018 staff survey and do not improve our staff engagement score</p> <p><b>12→</b> We do not develop an inclusive leadership.</p>

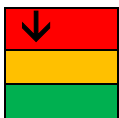

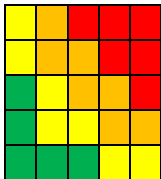


Q4 12↓	PRIORITY 3 BAF Risk:	INVESTING IN PATIENT FOCUSED RESEARCH AND INNOVATION We do not embed innovation and improvement based on research outcomes	OWNER	MD
		KEY ACTIONS	RATING	SUMMARY REPORT
Performance		<ul style="list-style-type: none"> <li>Secure sufficient cadre of academics and research active clinicians</li> <li>Successful ECMC bid leading to retention of ECMC (2021/22).</li> <li>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, date to be determined</li> <li>CCC is part of the NHSE Global Digital Exemplar, securing funding and increased pace of change</li> <li>Due to the response to Covid-19, we have paused our research programme in line with national guidance; a recovery plan is being worked up by the Research and Development Team.</li> </ul>
		BAF Risk: <b>We do not embed innovation and improvement based on research outcomes</b> <div data-bbox="562 847 687 906">  </div> We do not meet our target to double the number of patients recruited into clinical trials from a baseline of 500 per year.  <div data-bbox="562 927 687 986">  </div> We do not maintain our status as an experimental cancer medicine centre (ECMC) leading world class early phase clinical research.  <div data-bbox="562 1031 687 1090">  </div> We do not maintain our excellence in digital leadership expanding the use of technology to support digital systems.		






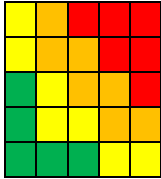
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Q4	PRIORITY 4	LEADERSHIP ROLE IN COLLABORATION WITH REGIONAL CARE BODIES AND RESEARCH CENTRES			OWNER	MD
8↓	BAF Risk:	We fail to secure leadership role in collaboration with regional centres				
	KEY ACTIONS			RATING	SUMMARY REPORT	
Performance		<ul 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><li>The Cancer Alliance has coordinated the surgical cancer hub response to Covid-19. In addition, the Cancer Alliance Programme is being re-assessed in response to Covid-19.</li></ul>		
	Risks		BAF Risk: We fail to secure leadership role in collaboration with regional centres			
			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 2022.				

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Q4 12↓	PRIORITY 5 BAF Risk:	BE ENTERPRISING We fail to become an enterprising organisation			OWNER	DoF
	KEY ACTIONS			RATING	SUMMARY REPORT	
Performance		<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>			<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>	
Risks		BAF Risk: <b>We fail to become an enterprising organisation</b> <div> We do not develop our subsidiary companies and Joint Venture to reinvest back to the NHS</div> <div> We do not generate the remaining £5 million of Charitable income towards the new hospital</div>				

Q4 	PRIORITY 6 BAF Risk:	MAINTAINING EXCELLENT QUALITY, OPERATIONAL AND FINANCIAL PERFORMANCE Failure to ensure systems are in place to effectively plan, deliver and monitor service delivery in order to support high quality care.	OWNER	DoN
		KEY ACTIONS	RATING	SUMMARY REPORT
Performance		<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>

Risks		<p>BAF Risk: <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> <ul style="list-style-type: none"> <li> <div data-bbox="562 312 687 376">16</div> <div data-bbox="748 331 2042 432">Covid-19 presents a potential risk to service delivery (supply of staff and potential disruption to supply chain)</div> </li> <li> <div data-bbox="562 472 687 536">6↓</div> <div data-bbox="730 497 1881 558">We do not complete the implementation of our CQC action plan and we are not prepared for CQC inspections</div> </li> <li> <div data-bbox="562 576 687 639">6↓</div> <div data-bbox="730 590 1258 617">We exceed the thresholds for harm free care</div> </li> <li> <div data-bbox="562 687 687 751">6↓</div> <div data-bbox="741 683 1664 710">We do not achieve the quality outcomes for the 2019/2020 CQUINS indicators</div> </li> <li> <div data-bbox="562 807 687 871">10→</div> <div data-bbox="757 812 1731 839">We do not enhance patient safety by ensuring all risks are identified and managed.</div> </li> <li> <div data-bbox="562 903 687 967">16</div> <div data-bbox="757 911 1330 938">We do not have robust business continuity plans</div> </li> <li> <div data-bbox="562 991 687 1054">8↓</div> <div data-bbox="763 1010 1308 1037">Financial performance target are not achieved</div> </li> <li> <div data-bbox="562 1086 687 1150">8↓</div> <div data-bbox="763 1107 1415 1134">We do not deliver on our transformation schemes (CIP)</div> </li> <li> <div data-bbox="562 1174 687 1238">16→</div> <div data-bbox="757 1206 1487 1233">We are not able to continue delivering the Eye Proton Service</div> </li> </ul>
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