NHS
Bridgewater
Community Healthcare
NHS Foundation Trust

BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST
PUBLIC BOARD MEETING

Thursday 3 February 2022, 10am
Virtual meeting via Microsoft Teams

A G E N D A

Item	Time	Item Title	BAF Reference	Action
01/22	**10.00**	**APOLOGIES FOR ABSENCE** **DECLARATION OF INTEREST IN ITEMS ON THE AGENDA**		**Information** **Assurance**
02/22	**10.00**	**MINUTES OF THE LAST MEETING:** (i) **BOARD MEETING HELD ON 2 DECEMBER 2021**		**Assurance/ Approval**
03/22	**10.05**	**MATTERS ARISING FROM THE ACTION LOG**		**Action/ Assurance**
04/22	**10.15**	**ANY URGENT ITEMS TO BE TAKEN AT THE DISCRETION OF THE CHAIR**		
05/22	**10.15**	**BOARD ASSURANCE FRAMEWORK - presented by Executive Leads and Board Committee Chairs:** BAF 1 Failure to implement and maintain sound systems of Corporate Governance BAF 2 Failure to deliver safe and effective patient care BAF 3 Managing capacity and demand BAF 4 Financial sustainability BAF 5 Staff engagement and morale BAF 6 Staffing levels BAF 7 Strategy and Organisational sustainability BAF 8 Digital Services which do not meet the demands of the organisation	**ALL**	**Assurance/ Approval**
06/22	**10.35**	**KEY CORPORATE MESSAGES**	**BAF1**	**Information**

07/22	**10.45**	**QUALITY - To deliver high quality, safe and effective care which meets both individual and community needs** (i) IQPR – presented by Executive Leads (ii) Trust Response to Omicron / Trust Update – presented by the Chief Operating Officer (iii) Learning from Deaths Report – presented by the Medical Director	**ALL** **BAF2, 3** **BAF1, 2**	**Assurance** **Assurance** **Information**
10 minute break				
08/22	**11.40**	**SUSTAINABILITY – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability.** (i) Finance report - presented by the Director of Finance (ii) Report from the Finance and Performance Committee held on 20 January 2022 – presented by the Committee Chair (iii) Report from the Audit Committee held on 13 January 2022 - presented by the Committee Chair	**BAF4** **BAF4, 8** **BAF1, 4**	**Assurance** **Assurance** **Assurance**
09/22	**12.10**	**PEOPLE – to be a highly effective organisation with empowered, highly skilled and competent staff and; EQUALITY, DIVERSITY AND INCLUSION – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive.** (i) Report from the People and Organisational Development Committee held on 19 January 2022 – presented by the Committee Chair (ii) Armed Forces Bill – Equality Update	**BAF5, 6** **BAF2, 5, 6, 7**	**Assurance** **Information**
10/22	**12.30**	**OVERARCHING CORPORATE GOVERNANCE ITEMS** (i) Policies for Ratification	**BAF1**	**Approval**
11/22	**12.40**	**REVIEW OF MEETING AND ITEMS TO BE ADDED TO THE BOARD ASSURANCE FRAMEWORK**	**ALL**	**Information**
12/22	**12.45**	**OPPORTUNITY FOR QUESTIONS TO THE BOARD FROM STAFF, MEDIA OR MEMBERS OF THE PUBLIC AT THE DISCRETION OF THE CHAIR**		**Information**

13/22	**12.50**	**DATE AND TIME OF NEXT MEETING** **Thursday 7 April 2022, 10am**		**Information**
		MOTION TO EXCLUDE **(Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960)** **The Trust Board reserves the right to exclude, by its resolution, the press and public wherever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons, stated in the resolution**		

Bridgewater Community Healthcare NHS Foundation Trust

Unapproved Minutes from a Public Board Meeting
Held on Thursday 2 December 2021, 10am

Meeting held virtually via Microsoft Teams

Present
Karen Bliss, Chair
Ted Adams, Medical Director
Gail Briers, Non-Executive Director
Lynne Carter, Chief Nurse and Deputy Chief Executive
Linda Chivers, Non-Executive Director
Nick Gallagher, Director of Finance
Sarah Quinn, Chief Operating Officer
Abdul Siddique, Non-Executive Director
Colin Scales, Chief Executive
Tina Wilkins, Non-Executive Director
Paula Woods, Director of People and Organisational Development
Sally Yeoman, Non-Executive Director

In Attendance
Rob Foster, Programme Director of Integration and Collaboration
Maxine Dickinson, Quality Matron, Halton (for item 76/21 only)
Jan McCartney, Trust Secretary
Lynda Richardson, Board and Committee Administrator

Observers/members of the Public
Rita Chapman, Lead Governor
Peter Hollett, Public Governor, Halton
Raj Purewal, member of the public

72/21 i) APOLOGIES FOR ABSENCE
Aruna Hodgson, Medical Director

ii) DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA

There were no declarations of interest made.

73//21 MINUTES OF THE LAST MEETING:

30 September 2021

The following corrections were noted:

Page three: paragraph two, reference to NDT to read MDT.

Page four: third paragraph; sixth line: Title should read 'The Clinical Manager for Children's Specialist Services'.

The remainder of the minutes was approved as an accurate record.

74/21 MATTERS ARISING FROM THE ACTION LOG

The Board noted the updates provided against the actions recorded in the log.

37/21 Review of meeting (attendance of partners at Board)

The Chief Executive proposed that this action was no longer required, recognising that the action to include partners in Board discussions was being taken forward as part of the Board development programme. He reassured Board colleagues that the importance of this was being picked up in regular conversations with partners. The Board agreed that this action could be removed from the log.

66/21i Warrington New Town Deal

The Board agreed that the information provided in the action log was satisfactory and that this action could now be closed and removed. Medical Director, Ted Adams advised that he was able to provide specific figures in relation to the New Town Deal to any interested Board members.

75/21 ANY URGENT ITEMS TO BE TAKEN AT THE DISCRETION OF THE TRUST CHAIR

The Chair confirmed that she had not been made aware of any urgent items of business to be taken.

76/21 SPOTLIGHT ON SERVICES – CATHETER ASSOCIATION URINARY TRACT INFECTION OPERATIONAL DEVELOPMENT GROUP

Quality Matron, Maxine Dickinson was in attendance to provide a presentation to the Board concerning the Catheter Associated Urinary Tract Infection (CAUTI) Operational Development Group. This provided information on the background to the group, its aims and membership. Workplan and progress to date. The Board welcomed the work of the group and in particular recognised its ability to investigate underneath available data to identify any areas to be improved relating to CAUTI. The Chief Nurse highlighted that the work of the group was supporting commissioners and the ICS around the care of patients with a catheter, which was for some a life-long intervention. She felt that there needed to be further evidence of how the Trust supports the patients to self-manage this long term issue. The Quality Matron confirmed to Non-Executive Director, Gail Briers that there was information and training available for patients via the catheter passport. The staff revisit this as a key point when visiting patients and re-enforce the messages. Other ways of providing information and training to patients and staff were also being explored.

The Director of People highlighted the Trust's education and professional development training and funding where there would likely be scope to look at clinical education programmes as there was a shift in how the funding was used and it was possible to ask for people such as a subject matter expert to train staff. She volunteered to explore this with the Quality Matron outside of the meeting. The Quality Matron felt that a system wide approach would be of greatest benefit which would include settings such as care homes. She also felt that it would support clinicians if extra support could be secured to help them in delivering training internally. The Chief Operating Officer advised that as part of the New Town Deal the Business Skills Academy supported a care home group which would receive training which the Assistant Director of Organisational Development was linked into. This also included training and support for care homes. Some of the Trust's clinicians could be included on this and there would be funding available.

The Board thanked the Quality Matron for her presentation and she left the meeting,

77/21 BOARD ASSURANCE FRAMEWORK

The Trust Secretary presented the framework to the Board and confirmed that all of the risks contained within had been reviewed by the Board Committees over the last period. She particularly highlighted staffing levels as part of BAF6, and whilst this area was owned by the Quality and Safety Committee with input from People Committee, the People Committee had been asked to review the rationale on the risk level for this area. This had now been undertaken by the People Committee with some wording to be approved provided by the executive lead, and would be presented back to the Quality and Safety Committee on 15 December. Discussion took place on the timeliness of reviewing areas such as this between Committees recognising that they met bi-monthly, It was recognised that there may be more expeditious ways to progress these matters going forwards, such as via e-governance, particularly if they were straightforward matters.

Non-Executive Director, Linda Chivers referred to BAF 8 and noted that the Finance and Performance Committee had identified the current risk score as 12 at its last meeting, She also noted that the Trust Secretary had made guidance available for Committee Chairs concerning the approach to reviewing of the BAF to ensure that this was being undertaken consistently. This would help to focus questions on the risks scores and whether there was assurance on the controls and mitigations in place.

The Chief Operating Officer noted that the IQPR was no longer stood down as referenced within BAF3 and she also asked that a reference was included to the Performance Council. She agreed to discuss elements of this section of the framework requiring amendment with the Trust Secretary outside of the meeting.

The Chief Nurse noted that there were some elements across the BAF that required further checking as they were aged; she highlighted that there was a need for updates to be made to those areas to ensure that the BAF was contemporary and a true reflection of the position within the organisation.

The Trust Secretary suggested that as part of the next cycle of Board Committees that each would review their elements of the framework and agree amendments or elements to be removed that may be outdated. This was agreed by the Board.

78/21 KEY CORPORATE MESSAGES

The Board received report from the Chief Executive for note.

Non-Executive Director, Linda Chivers elaborated on the virtual ‘Time to Talk’ session that she had attended on behalf of the Trust Chair with the Halton Podiatry Service. She commented that the feedback had been positive and staff had been open and honest. There had also been feedback around capacity and staff health and wellbeing concerning challenges to take leave and breaks. She advised that she had discussed this following the session with the Chief Executive around the support that could be provided for staff and freeing up of capacity. The Director of People advised that e-rostering provided a view of where staff were taking breaks and leave and this could be reviewed by managers to ascertain if there were issues.

79/21 QUALITY - To deliver high quality, safe and effective care which meets both individual and community needs

(i) IQPR

The Chief Operating Officer presented the operations element of the report. She noted that 10 indicators were reporting as red rated. She reported that there had been an increase in the dermatology 31 day waits from diagnosis to first treatment and in terms of the RTT position for dermatology there was also a deterioration. There was a detailed action plan in place for the dermatology service with significant improvement in delivery. There were challenges remaining as the Trust continued to work with partners in areas such as histology. The Chief Operating Officer reported that there was an improvement in the position on audiology with breaches reduced to zero. She commented that some indicators around activity referrals to plan and cancellation by patient were more of a challenge for the Trust to impact. She advised the Board that indicators were being actively monitored with robust discussion taking place at the performance council with teams sighted when preparing their monthly data. Further work was progressing regarding the performance indicators including SOF indicators and this would be seen within the next iteration of the IQPR. The Chief Nurse referred to dental services noting that there were some considerable waiting lists on some of the pathways. This was being monitored by the performance council, with discussions taking place on the trajectories. Additional hours and weekend working had been agreed so this would support redefining of the trajectories. It was noted that this area was not included within the circulated report. Discussion took place on the current position. The Chief Executive explained following a challenge by Non-Executive Director, Gail Briers, that there was ongoing work to understand waits, actions and consequences. Discussions had taken place with commissioners in Greater Manchester with a view to collaborative working not only regarding clinical consequences for children but also social and educational consequences. He noted that there had been children waiting for a period of two years in Greater Manchester and the position on 104 week waiters was unacceptable, however the Trust was not an outlier in this for elective services. He advised that the Trust would need to consider bringing in support, possibly short term, to reduce this and consider ways in which to manage the waiting lists. Medical Director, Ted Adams confirmed that there were currently no children on the waiting lists in any pain as they were reviewed and prioritised accordingly and included on their General Dental Practitioner's waiting lists as well.

The Chief Nurse presented the Quality section of the report and reminded the Board that the quality indicators would be changed, with work ongoing to develop a new dashboard with indicators relevant to the Trust and the services that it delivered. Work was also underway regarding children's harms with partners and clinical harms as part of the national programme due to waiting as part of the overall national covid response which the Trust was taking part in. She advised that the appropriate level of safeguarding training required for all staff had been identified and that nursing and education teams were working with Warrington and Halton Hospitals NHS Foundation Trust to refresh the records so that the training numbers could be improved. She noted that this was not a staff attendance issue with training but a data recording issue. Staff were attending the training therefore the figures were expected to improve. Staff were also being asked to prioritise their mandatory training and what is the key subjects by team such as Information Governance training. Each manager would be reviewing this for their service with discussions on training prioritisation at performance council. The Chief Nurse also noted that the data quality maturity index had improved and that the Trust was now meeting the target following work by the performance team.

Non-Executive Director, Linda Chivers referred to Information Governance training and welcomed the approach being taken to ensure an uptake in training but commented that this must be wider than clinical aspects as the Trust must achieve the Information Governance Toolkit as it would be audited on this and would be part of the Head of Internal Audit Opinion. The Chief Nurse advised that managers were being actively encouraged to ask their staff to ensure that this training was undertaken.

The Director of People presented the People section of the report. She noted that the five people indicators were red rated with the scorecard having been amended since the report. She advised that the People Committee had discussed attendance at induction. This was over 99% due to the Trust being flexible around start dates. The People Committee would be discussing and agreeing a change to support the current improvements. The Director of People noted that the staff turnover of 8% had been picked up with the performance team and a report had been taken to the People Committee with several pieces of work underway to support staff retention. The main reason for staff leaving the Trust was currently retirement or better reward packages. Some further work would be undertaken concerning this. Rolling absence rates were also increasing but there was support in place. The Trust's position was favourable in comparison with other organisations. The Director of People reported that PDR compliance was improving but that the Trust did not achieve the 85% target that it set itself to the end of September. There was an ongoing slightly improving position. The Trust was continuing to advocate staff having a meaningful PDR conversation and logging this on the system. The Trust was continuing to provide ongoing support regarding wellbeing.

(ii) Report from the Quality and Safety Committee held on 12 October 2021

The Board received a report from the latest Quality and Safety Committee from the Committee Chair, Gail Briers.

(iii) Winter Planning Update

The Chief Operating Officer presented the winter plan which described the arrangements put in place to ensure that the Trust can meet the demands on its services over the 2021-22 winter period. The plan covers all the expected areas in-line with NHS guidance and best practice, including escalation plans and the Trust's approach to the management of clinical risk. The Trust's plan supports the local health and social care system winter resilience plans and links to the Trust's overall operational plan and other key plans, such as the workforce strategy, COVID-19 and emergency preparedness, resilience and response plans. There will be a post review of the plan to identify any lessons learnt, so these can be applied to future. The Trust will also contribute to system-wide reflection and learning.

The Board approved the winter plan. The Chief Executive advised that the Trust's Gold Command meetings would continue to take place twice weekly and information on any particular pressures to be escalated to the Board would be frequently reviewed and any such matters would be reported via e-governance to the Board to ensure sightedness.

(iv) Emergency Preparedness, Resilience and Response (EPRR) annual report

The Chief Operating Officer presented a report to the Board concerning the outcome of the EPRR assurance process for 2021/22. She provided assurance that the elements of non-compliance were being progressed and the Chief Operating Officer was continuing to review these areas on a regular basis with colleagues. The Board agreed the completed core standards self-assessment tool 2021/22, the completed statement of compliance and the 2021/22 action plan.

80/21 SUSTAINABILITY -– to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability

(i) Finance Report

The Board received the month seven finance report. It acknowledged the work that had been undertaken on aged debt and to meet the terms of the Better Payment Practice Code and that overall debt continued to decrease and reduced by £1.77m from September 2021.

The Board resolved that a more in depth discussion was required concerning the use of the Trust's cash balance once more detailed information was made available from the centre.

(ii) Report from the Finance and Performance Committee held on 25 November 2021 and Committee Terms of Reference

The Board received a report from the latest Finance and Performance Committee from the Committee Chair, Tina Wilkins. The Board also reviewed and approved the Committee's updated Terms of Reference.

(iii) Report from the Audit Committee held on 14 October 2021 and Committee Terms of Reference

The Board received a report from the latest Audit Committee from the Committee Chair, Linda Chivers. The Board also reviewed and approved the Committee's updated Terms of Reference.

(iv) Green Action Plan

The Board received and approved the working draft of the green plan. **It was agreed that a quarterly update report would be taken through the Finance and Performance Committee**.

81/21 PEOPLE – to be a highly effective organisation with empowered, highly skilled and competent staff and;
EQUALITY, DIVERSITY AND INCLUSION – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive.

(i) Report from the People and Organisational Development Committee held on 17 November 2021

The Board received a report from the latest People and Organisational Development Committee from the Committee Chair, Abdul Siddique.

(ii) North West Wellbeing Pledges

The Director of People presented a report informing the Board concerning the North West Wellbeing Pledges initiative. This had also been considered at the November meeting of the People Committee. The Board agreed that this demonstrated the Trust's commitment to well being across the organisation and the commitment to shifting the focus from sickness absence to holistic wellbeing for all.

82/21 OVERARCHING CORPORATE GOVERNANCE ITEMS

(i) NHS Provider Licence Self-Certification

The Board signed off the NHS Provider Licence Self-Certification.

83/21 REVIEW OF MEETING AND ITEMS TO BE ADDED TO THE BOARD ASSURANCE FRAMEWORK

The Board agreed that there had been a good range of discussions and a good quality of presentations and reports.

The Board agreed that the Green Plan, Winter Plan, EPRR and wellbeing pledges to be added to the framework as assurances.

84/21 OPPORTUNITY FOR QUESTIONS TO THE BOARD FROM STAFF, MEDIA OR MEMBERS OF THE PUBLIC AT THE DISCRETION OF THE TRUST CHAIR

No questions were raised.

85/21 DATE AND TIME OF NEXT MEETING

Thursday 3 February 2021, 10am, via Microsoft Teams

86/21 MOTION TO EXCLUDE

(Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960)

The Trust Board reserves the right to exclude, by its resolution, the press and public wherever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons, stated in the resolution.

ACTION LOG

Key

Red	**Significantly Delayed and / or of High Risk**
Amber	**Slightly Delayed and / or of Low Risk**
Green	**Progressing to timescale**
Blue	**Completed**

Meeting: Bridgewater Community Healthcare NHS Foundation Trust Board – Public Meeting – 2 December 2021

Date	Minute Ref	Issue	Action	Director	Completion Date	
					Due Date/BRAG Status	Comments/Further Action
27.05.21	37/21	Review of meeting	Suggested that the Board invites partners to meetings going forwards to bring updates on collaborative work including PCNs, this would also provide additional assurance to the Board in this respect.	Sarah Quinn/Rob Foster	**BLUE**	02.12.21 The Board agreed that this action could be removed from the action log as this matter is featured as part of Board development discussions.
30.09.21	64/21i	Finance Report	**The Board recognised that the Trust currently held a healthy cash balance and a decision was to be taken by the Board as to where this would best sit – either internally or to support the system. A Board discussion would take place, with background to the achievement of the cash balance, in December 2021.**	Nick Gallagher	**GREEN**	02.12.21 It was agreed that a further discussion would take place on this matter once more information was available from the centre.
30.09.21	66/21i	Warrington New Town Deal	**Medical Director to confirm that the capital budget and contingency arrangements were adequate for the Warrington development, recognising the increase in costs for contractor/materials**	Ted Adams	**BLUE**	02.12.21 Update provided. Action complete.

ACTION LOG

Key

Red	**Significantly Delayed and / or of High Risk**
Amber	**Slightly Delayed and / or of Low Risk**
Green	**Progressing to timescale**
Blue	**Completed**

Meeting: Bridgewater Community Healthcare NHS Foundation Trust Board – Public Meeting – 2 December 2021

Date	Minute Ref	Issue	Action	Director	Completion Date	
					Due Date/BRAG Status	Comments/Further Action
02.12.21	77/21	BAF	**Board Committees to review the BAF and decide any actions to be removed that are outdated.** **BAF 8 – current risk score to be updated from 8 to 12 as agreed by the Finance and Performance Committee.** **BAF3 – Sarah Quinn to link in with Jan McCartney to provide amendments/updates.**	Jan McCartney	**GREEN March 2022**	January 2022: Action not yet complete as Committees either were stood down or reduced. Full Committees to be stood up again from Feb. New date of March 2022 for completion.
02.12.21		Green plan	**Update to be taken quarterly through the Finance and Performance Committee**	Jan McCartney	**BLUE**	Item added to the Committee business cycle.
02.12.21	83/21	Review of meeting/items to be added to the BAF	**Green Plan, Winter Plan, EPRR and wellbeing pledges to be added to the BAF as assurances.**	Jan McCartney	**BLUE**	

Bridgewater Community Healthcare NHS Foundation Trust

Bridgewater Board Date	3 February 2022
Board Part	Public
Agenda item	05/22

Title	Board Assurance Framework
Sponsoring Director	Colin Scales – Chief Executive Officer
Authors	Jan McCartney – Trust Secretary
Presented by	Committee Chairs and Lead Executive Directors
Exec Summary/Purpose	To note the report.
Previously considered at	N/A
Related Trust Objective/ Intentions	**Quality** - To deliver high quality, safe and effective care which meets both individual and community needs **People** – to be a highly effective organisation with empowered, highly skilled competent staff
Which BAF risks are addressed in this report?	**BAF 1 – Corporate Governance**
Other risks highlighted/addressed in this paper? (e.g. financial, quality, regulatory, other)	
Equality Impact assessment	
Next steps	
Recommendations	The Board is asked to note the report.

Bridgewater Community Healthcare NHS Foundation Trust

Title	Board Assurance Framework
Author	Jan McCartney – Trust Secretary
Date	3 February 2022
Purpose	To note the lack of progress to the Board Assurance Framework since the previous Board meeting on 2 December 2021
Audience	Trust Board

1.0 EXECUTIVE SUMMARY

1.1 The purpose of the report is to present the recommended updates from the Committees of the Board to update the Board Assurance Framework.

1.2 The BAF is the key mechanism which the Board uses to hold itself to account. It provides a structure to focus on risks that might compromise the Trust in achieving its strategic objectives and confirms to the Board of Directors that there is sufficient assurance on the effectiveness of controls.

1.3 The Board Assurance Framework is received at the Board, all the Committees of the Board and other key decision-making / operational meetings. It is a working document that is used in Committees and meetings to ensure the meeting agendas remain focused and proactive on strategic objectives.

1.4 The Board last met on 2 December 2021 at which the Board requested that each Committee conduct a thorough review of each BAF, removing legacy information and ensuring it was up to date.

1.5 Due to increased Covid infections and increased activity a decision was made to stand down the Quality and Safety Committee in December. Following that decision the Trust received correspondence on the 24 December 2021 from Sir David Sloman, Chief Operating Officer, of NHS England and NHS Improvement who advocated Trusts taking a streamlined approach in reporting, meeting and workstreams. Whilst the remaining Committees did meet, they met with a much-reduced agenda concentrating on business-critical items only. A thorough review of the BAF will occur in the next cycle of committees and reported back at the next Board.

2.0 CHANGES TO THE BAF

2.1 **BAF1 – Failure to implement and maintain sound systems of Corporate Governance**

This Audit Committee met on 13 January 2022, due to a reduced agenda no review of BAF1 occurred.

2.2 **BAF2 – Failure to deliver safe and effective patient care**

The Quality & Safety Committee was stood down in December 2021, no changes to report.

2.3 **BAF3 – Managing demand and capacity**

The Quality & Safety Committee was stood down in December 2021, no changes to report.

2.4 **BAF4 – Financial sustainability**

The Finance & Performance Committee met 20 January 2022, however due to a reduced agenda the review of this BAF will occur at the next meeting in March 2022.

2.5 **BAF5 – Staff engagement and morale**

The People & OD Committee met on 19 January 2022 and whilst much of the agenda related to BAF risks a specific review did not occur. A thorough review will be undertaken at the committee in March 2022.

2.6 **BAF6 – Staffing levels**

The Quality & Safety Committee was stood down in December 2021, no changes to report

2.7 **BAF7 – Strategy and organisational sustainability**

The Finance & Performance Committee met 20 January 2022, however due to a reduced agenda the review of this BAF will occur at the next meeting in March 2022.

2.8 **BAF8 – Digital Services which do not meet demands of the organisation**

The Finance & Performance Committee met 20 January 2022, however due to a reduced agenda the review of this BAF will occur at the next meeting in March 2022.

3.0 RECOMMENDATION

3.1 The Board is asked to note the report.

NHS Bridgewater Community Healthcare NHS Foundation Trust

BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST – BOARD ASSURANCE FRAMEWORK

LAST UPDATED 28 January 2022

STRATEGIC OBJECTIVES

- **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs
- **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living
- **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability.
- **People** – to be a highly effective organisation with empowered, highly skilled and competent staff
- **Equality, Diversity and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive.

BAF 1	BAF 2	BAF 3	BAF 4	BAF 5	BAF 6	BAF 7	BAF 8
Failure to implement and maintain sound systems of Corporate Governance	**Failure to deliver safe & effective patient care**	**Managing demand & capacity**	**Financial sustainability**	**Staff engagement & morale**	**Staffing levels**	**Strategy & Organisational sustainability**	**Digital Services which do not meet demands of the organisation**
BAF 1	**BAF 2**	**BAF 3**	**BAF 4**	**BAF 5**	**BAF 6**	**BAF 7**	**BAF 8**
Inherent risk rating 4(C) x 4 (L) = 16, **significant** Current risk rating 4(C) x 2 (L) = 8, **medium** Target risk rating 4(C) x 2(L) = 8, **medium**	Inherent risk rating 5(C) x 5 (L) = 25, **significant** Current risk rating 5 (C) x 3 (L) = 15, **significant** Target risk rating 5(C) x 2 (L) = 10, **high**	Inherent risk rating 4(C) x 4 (L) = 16, **significant** Current risk rating 4 (C) x 4 (L) = 16, **significant** Target risk rating 4(C) x 2 (L) = 8, **medium**	Inherent risk rating 4(C) x 4 (L) = 16, **significant** Current risk rating 4 (C) x 3 (L) = 12, **high** Target risk rating 4(C) x 2 (L) = 8, **medium**	Inherent risk rating 4(C) x 4 (L) = 16, **significant** Current risk rating 4 (C) x 3 (L) = 12, **high** Target risk rating 4(C) x 1 (L) = 4, **low**	Inherent risk rating 5(C) x 4 (L) = 20, **significant** Current risk rating 5 (C) x 3 (L) = 15, **significant** Target risk rating 5 (C) x 2 (L) = 10, **high**	Inherent risk rating 4(C) x 3 (L) = 12, **high** Current risk rating 4 (C) x 2 (L) = 8, **medium** Target risk rating 4 (C) x 2 (L) = 8, **medium**	Inherent risk rating 4(C) x 4 (L) = 16, **significant** Current risk rating 4 (C) x 3 (L) = 12, **high** Target risk rating 4(C) x 2 (L) = 8, **medium**

BAF 1 - Failure to implement and maintain sound systems of Corporate Governance.	TRUST OBJECTIVES **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability. **People** – to be a highly effective organisation with empowered, highly skilled and competent staff	RISK RATING Inherent risk rating 4(C) x 4 (L) = 16**, significant** Current risk rating 4(C) x 2 (L) = 8, **medium** Target risk rating 4(C) x 2 (L) = 8, **medium**	RISK APPETITE – CAUTIOUS

Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances
Chief Executive Officer Deputy CEO / Chief Nurse Last Reviewed October 2021 Audit Committee Last reviewed: October 2021 Risk Ratings Reviewed: October 2021	**Failure to implement and maintain sound systems of Corporate Governance.** If the Trust is unable to put in place and maintain effective corporate governance structures and processes; Caused by insufficient or inadequate resources and / or fundamental structural or process issues caused by the pandemic; CQC, Requires Improvement for 'Well Led' **Risk register references at 15+**	Governance structure approved by Board and audited by internal auditors. Substantial Assurance - Heads of Audit opinion 2020/21	**Prevent Controls** Trust Board Governance structure approved by the Board, SFIs and Scheme of Reservation and Delegation Operational management structure (currently under review) and policies and procedures are in place Board Assurance Framework **Detect Controls** The committees receive by exception reports from operational leads these are reported to the Board Staff engagement Performance Council established Senior Leadership Team meeting monthly Risk Management Council Executive Review **Assurances** Clean Unmodified Audit Opinion & clean VFM opinion 2020/21 Board, committees (Quality & Safety, Finance & Performance, and People) Trust continuous improvement plan in place Internal Audit Plan agreed for 21/22 Participating in Moving to Good programme / Leader in Me CQC Well Led programme External independent Well Led review Daily automated data reporting Governance Structure Declarations of Interests Register Audit Committee Effectiveness Review (2020/21) Effectiveness Review of External Audit and Anti-Fraud (2020/21) Board Assurance Framework Review – (2020/21) Risk Management Audit – substantial assurance (2021/21) DSPT Audit – substantial / moderate assurance (2021/21)

Gaps in controls and assurance: (and mitigating actions)
CQC rating 'requires improvement' within Well Led Domain – External well led review complete. Audit Committee monitoring recommendations

BAF 2 - Failure to deliver safe & effective patient care.	TRUST OBJECTIVES **Quality** - To deliver high quality, safe and effective care which meets both individual and community needs	RISK RATING Inherent risk rating 5(C) x 5 (L) = 25, **significant** Current risk rating 5(C) x 3 (L) = 15, **significant** Target risk rating 5 (C) x 2 (L) = 10, **high**	RISK APPETITE – MINIMAL

Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances
Chief Nurse / Deputy CEO / Last reviewed October 2021 Quality & Safety Committee Last reviewed: October 2021 Risk Ratings Reviewed : October 2021	**Failure to deliver safe & effective patient care.** There is a risk that the Trust may be unable to achieve and maintain the required levels of safe and effective patient care; This could be caused by the effects of the pandemic and its recovery, inadequate clinical practice and/or ineffective governance; If this were to happen it may result in widespread instances of avoidable patient harm, this in turn could lead to regulatory intervention and adverse publicity that damages the Trust's reputation and could affect CQC registration. **Risk register ref at 15+** **2949 –** Derm. – clinical processes 2744 – Derm. – clinical lead 2930 – Derm - cancer waiting times	Quality & safety governance structure in place. Robust QIA process for all services Number of ongoing high risks	**Prevent Controls** • Clinical service structures, resources and governance arrangements • Clinical governance framework & subordinate frameworks • Clinical policies, procedures & pathways. • Risk Management Council & framework in place • Quality Impact Assessment Process. • Trust Strategy – Quality and Place • Freedom to speak up guardian in place **Detect Controls** • Quality & Safety Committee bimonthly meetings • Clinical & Internal Audit Programme • IQPR & quality dashboards • Quality Council • Learning from deaths report • Clinical Quality and Performance Groups (CQPGs) in place with all NHS commissioners. • Increased reporting of incidents, including medication incidents • Equality Impact Assessments • Quality Impact Assessments • End of Life group • Health and Safety group • Silver and Gold command and control Audits Safeguarding Substantial Assurance (2018/19) Medicines Management Substantial Assurance (2018/19) Risk Management Substantial Assurance (2020/21) Trust Improvement Plan – Significant Assurance (2019/20) Quality Spot Check – Moderate Assurance (2020/21) Quality Spot Check – Limited Assurance (2021/22)

Gaps in controls and assurance: (and mitigating actions)
Q&S Committee noted the number of high risks and accepted that recovery is likely to be a lengthy process, thus accepting overall the risk of 5 x 3 =15 significant
Capacity / demand risks - to be addressed as part of the People plan
Dental Services – paediatric exodontia (no high risk children on waiting list)

BAF 3 – Managing demand & capacity	TRUST OBJECTIVES **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs **People** – to be a highly effective organisation with empowered, highly skilled and competent staff	RISK RATING Inherent risk rating 4(C) x 4 (L) = 16, **significant** Current risk rating 4 (C) x 4 (L) = 16, **significant** Target risk rating 4 (C) x 2 (L) = 8, **medium**	RISK APPETITE – CAUTIOUS

Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances
Chief Operating Officer Last reviewed: October 2021 Quality & Safety Committee Last reviewed: October 2021 Risk Ratings Reviewed: October 2021	**Managing demand & capacity** If the Trust is unable to manage the level of demand; Caused by insufficient resources and / or fundamental process issues; or due to the recovery process following the pandemic It may result in sustained failure to achieve constitutional standards in relation to access; substantial delays to the treatment of multiple patients; increased costs; financial penalties; unmanageable staff workloads. **Risk register ref 15+** 2744 – Derm. – clinical lead 2930 – Derm - cancer waiting times	Quality & Safety Committee (temp stood down) Risk Management Council meets monthly Daily joint operations and nursing meetings Waiting lists increase due to Covid & pausing services. Managed risk with approval from the Board. Quality and safety under constant review to ensure no patient harm	**Prevent controls** • Quality & Safety Committee • Indicative activity baseline analysis • Patient pathway management arrangements • System One PAS – Patient Administration System • RTT lists to track 6 week and 18 week access standards • Risk management council • Monthly workforce information reports • Winter plans • IQPR (temp stood down) • Daily Operations and Nursing meetings • EPPR **Detect Controls** QSSG & FWP meetings to gain overview of risks in relation to capacity at local level Weekly Operational Management Team meetings Temporary Command and Control meetings (Bronze) Contract meetings with commissioners & 1:1 meetings with commissioners Twice weekly system pressure calls Fortnightly meetings with 0-19s commissioners (Warrington & Halton) CEO chairs OOH cell meetings and COO in attendance Workforce Strategy in place Audits monitored at each relevant Board Committee, exception reports to Audit Committee Absence Management Audit – Significant Assurance (2019/20) Silver and Gold command and control Performance Council **Negative assurance** Staff attendance at specific training is limited (end of life, pressure ulcers, adult safeguarding and risk management) PDR rates are below target

Gaps in controls and assurance: (and mitigating actions)
Service offer reduced for several services – increased & managed waiting lists

BAF 4 - Financial sustainability	TRUST OBJECTIVES **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability.	RISK RATING Inherent risk rating 4(C) x 3 (L) = 12 **high** Current risk rating 4 (C) x 3 (L) = 12, **high** Target risk rating 4 (C) x 2 (L) = 8, **medium**	RISK APPETITE – OPEN

Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances
Director of Finance Last reviewed: Nov 2021 Finance & Performance Committee Last reviewed: Nov 2021 Risk Ratings Reviewed : Nov 2021	**Financial sustainability** If the Trust is unable to achieve and maintain financial sustainability; Caused by the scale of any recurrent deficit and the effectiveness of plans to reduce it; It may result in loss of public and stakeholder confidence with the potential for regulatory action. For 2021/22 all NHS organisations will be operating in revised finance regimes with funding mechanisms currently only agreed for H1 (months 1-6) **Risk register references at 15+** No risks at this level	Financial governance arrangements in place Bi-Monthly F&P Committee National COVID-19 arrangements in place	**Prevent Controls** • Accountability Framework and Standing Financial Instructions with limits approved by the Board. • Financial plan and budgets signed off by the Board and submitted to NHSI (paused due to COVID-19) • QIA process to validate and sign off CIPs to ensure cost reductions do not adversely impact patient care • Process around Capital and Revenue Business Cases • Robust temporary staffing expenditure control and monitoring **Detect Controls** • F&P Committee review monthly financial performance • Audit committee receives reports from internal audit reports and annual external audit • Exec team and Committees receive Audit Recommendations tracker • HCP/ICS control and reporting • NHSE&I monthly returns **Assurances** Monthly Finance Report including • Financial position / Forecast Position • Cash & Capital Reports • Working Capital • CIP • Covid reimbursement • 21 Recommendations from ISA260 now complete **Internal audit** reports including • CIP – moderate assurance (2019/20) • Key Financial Systems (2020/21) • Key Financial Controls audit – substantial assurance (2020/21) **External audit** • Audit review findings – Clean Unmodified Audit (2020/21) • Board review of external audit plan and annual accounts

Gaps in controls and assurance: (and mitigating actions)

For H1 the Trust delivered a break-even position. H2 plans have been submitted to both HCP and NHSE/I. H2 plan is for breakeven position leading to overall breakeven position for 21/22
The Trust is setting budgets in line with recurrent expenditure to ensure budget monitoring control and reporting is in place. All Grip and control measures remain in place.
UTC contract not yet finalised

BAF 5 - Staff engagement & morale	TRUST OBJECTIVES **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs **People** – to be a highly effective organisation with empowered, highly skilled and competent staff	RISK RATING Inherent risk rating 4(C) x 4 (L) = 16, **significant** Current risk rating 4 (C) x 3 (L) = 12, **high** Target risk rating 4(C) x 1 (L) = 4, **very low**	RISK APPETITE – OPEN

Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances
Director of People and OD Last reviewed: Nov 2021 People Committee Last reviewed: Nov 2021 Risk Ratings Reviewed : Nov 2021	**Staff engagement & morale** If the Trust loses the engagement of a substantial sector or sectors of its workforce. Caused by uncertainty of internal and/or external factors, influences and conditions i.e. pandemic. Impact on leadership and management practices, mandatory covid vaccinations, winter pressures and system incentives. It may result in low staff morale, leading to poor outcomes and experience for large numbers of patients; less effective teamwork; reduced compliance with policies and standards; high levels of staff absence; and high staff turnover rates. **Risk register references at 15+** No risks at this level	People Committee ensure governance and holds to account. Current risk rating reflects the Board acknowledges that, despite the controls and assurances in place, staff are currently fatigued; Restoration and recovery programmes / post covid effects Patient experience adversely affected (links to Q&S Committee) Uncertainty / Impact of national change programmes – Health & Care Bill: integration and collaboration Organisational structures and service redesigns and reorganisations	**Prevent Controls** • People Committee Organisational and local Staff engagement plan • Managers' Key brief/ communication, Time to Talk and CEO Q&A sessions • Local Negotiating Committee, Joint Negotiation &Consultative Committee • Occupational Health Service & Staff Health & Wellbeing Officer/Board Health & Wellbeing Guardian • Talent Management process and Succession Planning Tool • Staff Engagement Steering Group and SE & Wellbeing Champions • Workforce Strategy & Workforce Delivery Plan • Revised Exit interview questionnaire / In house Resilience Training Programme • People Hub and POD Groups • North West Person-Centred approach to absence management **Detect Controls** • National Staff Survey. • Feedback from Quality and Safety Committee on workforce issues • Staff Friends and Family Test (SFFT) and Staff Engagement Surveys • E-rostering project plan and implementation pdr reporting • Staff Stress Audit Survey **Assurances** Staff Survey and 'temperature check' surveys DAWN – Disability and wellbeing Network LGBT+ and Race Inclusion Networks Stress Audit Survey Results and Action Plan The Employee Relations Activity Report **Internal Audit MIAA Substantial Assurance** Freedom to Speak Up (2020/21) Induction (2020/21) Attendance management Staff Engagement (2019/20) Recruitment & Vacancy Management (2017/18) Consultant Job Planning (2017/18) Allied Health Professionals Revalidation – (2018/19)

Gaps in controls and assurance: (and mitigating actions)

Engagement with staff groups including BAME and LGBT+ staff (remain until all established Networks are considered to be embedded)

PDR Compliance (to remain until processes embedded) – resumption of PDR process due July/August to ensure full compliance as reported to May Committee

Mandatory Training – to be monitored at People Committee, risk tolerated

Staff morale and resilience – ongoing monitoring, communication, engagement and health and wellbeing services and programmes

BAF 6 – Staffing levels	TRUST OBJECTIVES **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs **People** – to be a highly effective organisation with empowered, highly skilled and competent staff **Equality, Diversity and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive	RISK RATING Inherent risk rating 5(C) x 4 (L) = 20, **significant** Current risk rating 5 (C) x 3 (L) = 15, **significant** Target risk rating 5(C) x 2 (L) = 10, **high**	RISK APPETITE – CAUTIOUS – OPEN

Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances
Chief Operating Officer Last Review October 2021 Quality & Safety Committee Last review: October 2021 People Committee: Nov 2021 Risk Ratings Reviewed : Oct 2021	**Staffing levels** If the Trust fails to have an appropriately resourced, focused, resilient workforce in place that meets service requirements; Caused by an inability to recruit, retain and/or appropriately deploy a workforce with the necessary skills and experience; or caused by organisational change; It may result in extended unplanned service closure and disruption to services, leading to poor clinical outcomes & experience for large numbers of patients;; unmanageable staff workloads; and increased costs **Risk register ref at 15+** No risks at this level	Robust operational management structures in place.	**Prevent Controls** • Business continuity plans in place • Organisational Development Strategy • Agreed medical and nursing revalidation protocols, preparation and remedial processes • Agreed recruitment and selection policies and processes • Workforce Strategy & Workforce Delivery Plan • HR Policies and working groups • Winter plans and staff redeployment plans in place **Detect Controls** • Agency staff reporting / Staff sickness reporting • Turnover rate reporting • Premium Pay and Spend reporting • Bronze, Silver and Gold command and control • Ops and nursing meetings **Assurances** • Quality & Safety Committee • Integrated Performance Report includes workforce metrics including training levels • Vacancy approval process reviews use of agency staff – regular review of staffing levels • Performance report indicating number of lapsed registrations each month • E-rostering commenced / Safer Staffing Report • Key workforce metrics 'heat map' now received at Board via the IQPR • 17 third year students starting • Funding for Healthcare Support Workers approved, recruitment underway **Audits – Substantial Assurance** Recruitment & Vacancy Management (2017/18) Induction audit (2020/21) Consultant Job planning (2017/18) Attendance Management (2019/20)

Gaps in controls and assurance: (and mitigating actions)
Sickness Absence
Exit interviews – in relation to staff retention
BAME increasing representation across senior posts
Impact of Covid – capacity and demand

BAF 7 – Strategy & Organisational sustainability	Trust Objectives **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability.	**RISK RATING** Inherent risk rating 4(C) x 3 (L) = 12, **high** Current risk rating 4 (C) x 2 (L) = 8, **medium** Target risk rating 4(C) x 2 (L) = 8, **medium**	**RISK APPETITE – CAUTIOUS – OPEN**

Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances
Chief Executive / Chair: Sept 2021 F&P Committee Last Reviewed Nov 2021 Risk Ratings Reviewed : Nov 2021	**Strategy & Organisational Sustainability** If the Trust does not develop and deliver a strategy which demonstrates innovation and collaboration with partners and which is in line with current NHS Guidance and Health & Care Bill then the organisation may fail to deliver the best outcomes for patients and their families. The Trust may also lose its identity as a key system partner or lose influence within the ICS or provider collaborative which could result in services being assigned to other providers and the Trust would become financially unsustainable. **Risks on register 15 plus** No risks at this level	Trust involved in system-wide STP and Out of Hospital Cell development. Trust Strategy being refreshed and re-launched.	**Prevent Controls** • Trust Board Oversight – engagement and delivery of Health & Care Bill • Regular Exec meetings with commissioners and other key stakeholders • Exec involvement with borough based integrated care partnerships visions; 'Warrington Together' and 'One Halton' • Execs carrying out SRO roles for system projects such as integrated community teams • Joints working on a number of projects with commissioners and local authority i.e. rapid community response and intermediate care • Plans in place to lead work across the system in relation to what good children's services look like and how we achieve this with our partners • Exec involvement in ICS and Provider Collaborative development across the Cheshire & Mersey and GM footprint • CEO involvement with the Out of Hospital Cell • Chair working within wider system • COO 1:1s with commissioners • Exec attendance at Collaborative Commissioning Forum (CCF) • Developing our community dental services offer with a strategic plan of what we want the dental network to look like • NED engagement with elected members in train • Initial meeting of Chairs in Provider Collaborative, led by the Trust **Assurances** • Provide Collaborative MOU signed – BW host Trust • Programme Director – Integration and Collaboration • Host provider collaborative – including employing staff • Emerging integrated governance structures with partners • MOU in place where services are delivered in conjunction with other partners • Chief Executive's monthly reports providing an overview of engagement activity • COO has regular meetings with all key partners and stakeholders • Regular business development reports

Gaps in controls and assurance: (and mitigating actions)
The Impact of services being transferred out of the organisation – (full impact is assessed for each service, with Executive oversight)

BAF 8 – Digital Services which do not meet demands of the organisation	**TRUST OBJECTIVES** **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability. **People** – to be a highly effective organisation with empowered, highly skilled and competent staff **Innovation and Collaboration** – to deliver innovative and integrated care close to home which supports and improves health, wellbeing and independent living	**RISK RATING** Inherent risk rating 4 (C) x 4 (L) = 16, **significant** Current risk rating 4 (C) x 3(L) = 12 **high** Target risk rating 4(C) x 2 (L) = 8, **medium**	**RISK APPETITE – SEEK**

Lead Director/ Lead Committee	**Principal risk**	**Rationale for current score**	**Prevent Controls & Assurances**
Director of Finance & Medical Director Last reviewed: Sept 2021 F&P committee Last reviewed: Nov 2021 Risk Ratings Reviewed: Nov 2021	**The failure to maintain and develop digitally enabled services within a governance framework to meet the current and future needs of the Trust.** This includes IT, Systems, Security, Informatics and Performance Management. This could impact in our ability to; deliver key related Trust objectives, meet regulatory, contractual & reporting requirements and to enable the development of new and exemplar service models. Maintain our position as an innovator and influencer in enhancing Out of Hospital services, collaborate in system wide developments and recruit and retain highly skilled and motivated staff **Risks on register 15 plus** No risks at this level	F&P Committee and Risk Council both satisfied with the controls and assurances in place. COVID-19 has increased demand and required business continuity plans activated	**Primary controls** • Digital Strategy 2018–2021 approved by Board • Local services business continuity and resilience plans in place and owned by service managers • Cyber Solutions • Annual IM&T capital and revenue budgets agreed by F&P Committee • Participation in HIS Partnership Board, GM IEG and C&M CIAG CIO strategy groups • DIGIT group • Microsoft Core Datacentre and W10 licensing • Cloud based migration capability training and developing solutions **Assurances** • The Board receives reports from the F&P Committee which receives regular IT reports • Relevant MIAA audit reports. • SIRO & Caldicott Guardian • Data, Security & Protection (DSP) Toolkit • Cyber Essentials – on site assessment • BCM and CIRP plans • Qlik sense operational with bespoke Covid-19 infrastructure • Data Quality Project • Business Continuity Plans activated and in place **Audits – Substantial Assurance**: • IT Threats & Vulnerability (2020/21) • IT Critical Application (2018/19) • IT User Access Privilege Management (2018/19) • IT Third Party Contracts (2017/18) • Aimes Data Centre relocation (2018/19) • SystmOne Access (2018/19) • DSP Toolkit (2019/20) • Information Commissioners Officer Audit (2019/20)

Gaps in controls and assurance: (and mitigating actions)
Data Quality Project (the project continues as capital bid finance has been secured to support the project)
Digital Strategy (undergoing a full re-fresh)
IT system gaps (Pervade)
IT Team capacity and demand

Appendix I: Risk grading criteria

Risk type	Consequence score & descriptor with examples				
	Very low 1	**Low 2**	**Moderate 3**	**High 4**	**Very high 5**
a. Patient harm or **b. Staff harm** or **c. Public harm**	Minimal physical or psychological harm, not requiring any clinical intervention. e.g.: Discomfort.	Minor, short term injury or illness, requiring non-urgent clinical intervention (e.g. extra observations, minor treatment or first aid). e.g.: Bruise, graze, small laceration, sprain. Grade 1 pressure ulcer. Temporary stress / anxiety. Intolerance to medication.	Significant but not permanent injury or illness, requiring urgent or on-going clinical intervention. e.g.: Substantial laceration / severe sprain / fracture / dislocation / concussion. Sustained stress / anxiety / depression / emotional exhaustion. Grade 2 or3 pressure ulcer. Healthcare associated infection (HCAI). Noticeable adverse reaction to medication. RIDDOR reportable incident.	Significant long-term or permanent harm, requiring urgent and on-going clinical intervention, or the death of an individual. e.g.: Loss of a limb Permanent disability. Severe, long-term mental illness. Grade 4 pressure ulcer. Long-term HCAI. Retained instruments after surgery. Severe allergic reaction to medication.	Multiple fatal injuries or terminal illnesses.
d. Services	Minimal disruption to peripheral aspects of service.	Noticeable disruption to essential aspects of service.	Temporary service closure or disruption across one or more divisions.	Extended service closure or prolonged disruption across a division.	Hospital or site closure.
e. Reputation	Minimal reduction in public, commissioner and regulator confidence. e.g.: Concerns expressed.	Minor, short term reduction in public, commissioner and regulator confidence. e.g.: Recommendations for improvement.	Significant, medium term reduction in public, commissioner and regulator confidence. e.g.: Improvement / warning notice. Independent review.	Widespread reduction in public, commissioner and regulator confidence. e.g.: Prohibition notice.	Widespread loss of public, commissioner and regulator confidence. e.g.: Special Administration. Suspension of CQC Registration. Parliamentary intervention.
f. Finances	Financial impact on achievement of annual control total of up to £50k	Financial impact on achievement of annual control total of between £50 - 100k	Financial impact on achievement of annual control total of between £100k - £1m	Financial impact on achievement of annual control total of between £1 - 5m	Financial impact on achievement of annual control total of more than £5m

Every risk recorded within the Trust's risk registers is assigned a rating, which is derived from an assessment of its Consequence (the scale of impact on objectives if the risk event occurs) and it's Likelihood (the probability that the risk event will occur). The risk grading criteria summarised below provide the basis for all risk assessments recorded within the Trust's risk registers, at strategic, operational and project level.+

Likelihood score & descriptor with examples				
Very unlikely 1	**Unlikely 2**	**Possible 3**	**Somewhat likely 4**	**Very likely 5**
Less than 1 chance in 1,000 Statistical probability below 0.1% Very good control	Between 1 chance in 1,000 and 1 in 100 Statistical probability between 0.1% - 1% Good control	Between 1 chance in 100 and 1 in 10 Statistical probability between 1% and 10% Limited effective control	Between 1 chance in 10 and 1 in 2 Statistical probability between 10% and 50% Weak control	Greater than 1 chance in 2 Statistical probability above 50% Ineffective control

Risk scoring matrix						
Consequence	**5**	**5**	**10**	**15**	**20**	**25**
	4	**4**	**8**	**12**	**16**	**20**
	3	**3**	**6**	**9**	**12**	**15**
	2	**2**	**4**	**6**	**8**	**10**
	1	**1**	**2**	**3**	**4**	**5**
		1	**2**	**3**	**4**	**5**
		Likelihood				

Rating	Very low (1-3)	Low (4-6)	Medium (8-9)	High (10-12)	Significant (15-25)
Oversight	Specialty / Service level Annual review		Borough Quarterly review		Board Monthly review
Reporting	None			Relevant Board Committee	

Bridgewater Community Healthcare NHS Foundation Trust

Bridgewater Board Date 3 February 2022

Board Part Public

Agenda item 06/22

Title	Key Corporate Messages
Sponsoring Director	Colin Scales, Chief Executive
Authors	Jan McCartney, Trust Secretary
Presented by	Colin Scales, Chief Executive
Exec Summary/Purpose	**To update the Board concerning key matters within the Trust and the NHS as a whole**
Previously considered at	N/A
Related Trust Objective/ Intentions ***Delete as applicable***	**Quality** – to deliver high quality, safe and effective care which meets both individual and community needs **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability. **People** – to be a highly effective organisation with empowered, highly skilled and competent staff **Equality, Diversity and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive.
Which CQC domains are supported by this report?	***Responsive*** ***Well-led***

Which BAF risks are addressed in this report?	**BAF 1** - Failure to implement and maintain sound systems of Corporate Governance
Other risks highlighted/addressed in this paper? (e.g. financial, quality, regulatory, other)	N/A
Equality Impact assessment	N/A
Explanation of any acronyms in the report	N/A
Next steps	N/A
Recommendations	**The Board is asked to note the report.**

Bridgewater Community Healthcare NHS Foundation Trust

Bridgewater Board

Title	Key Corporate Messages
Author	Colin Scales, Chief Executive
Date	3 February 2022
Purpose	To update the Board about key matters within the Trust and NHS as a whole.
Audience	Board

1.0 NON EXECUTIVE DIRECTOR UPDATES

1.1 The Trust Chair, Karen Bliss, attended various meetings during the months of December and January, namely: Network meeting of Community Provider Chairs; C&M Partnership Assembly; C&M ICS Finance Committee; C&M ICS System Oversight Board; Race Inclusion Network; C&M Trust Chairs meeting; NED Development Webinar "Resilient Board Leadership in Time of Covid".

The Chair accompanied the Chief Executive on a meeting with Cllr Paul Warburton, Warrington Cabinet member for Adult Health and Social Care on 7 December to discuss community services and the contribution to the Health and Wellbeing Board.

1.2 Non-Executive Director, Linda Chivers joined the Director of People & OD on the Time to Talk session with the Halton Safeguarding Team and also attended the December Time to Shine meeting.

Linda will also be attending a Cheshire & Mersey event facilitated by MIAA for Audit Chairs on Supporting Safe Transition to the Cheshire & Merseyside ICS.

1.3 Non-Executive Director, Tina Wilkins sat on the interview panel for the new Non-Executive Director.

2.0 EXECUTIVE UPDATES

2.1 An Executive Management Team Away Day took place on 3 December 2021 focusing on strategic planning.

The key outputs were:

- To have a full understanding of the rapidly emerging policy landscape
- To have heard everybody's thoughts, ideas and expectations
- To commit to an approach to fully brief absent colleagues
- To have considered the principles that will shape our response to the new world, including organisational opportunities and threats
- To agree an approach to sensitively testing our thinking with place and possibly system partners

A follow-up session was arranged for early January 2022 but the management of Omicron forced this session back and will now take place on 28 February.

2.2 Executive and Senior Team Engagement

A monthly programme of 'Time to Talk' sessions has been set up to allow the Executive Team to update staff on Trust news, ask questions about the teams and service and to take an interest in staff health and wellbeing. It also provides an opportunity for staff to share good news stories and to ask any questions of the executive team.

Since the last Board meeting held on 2 December, the following Time to Talk sessions have taken place in December and January:

- The Chief Executive met virtually with the Infection Control Team on 1 December 2021 and the Adult Safeguarding Team on 17 January 2022.
- The Chief Nurse held a virtual meeting with the Ashfield Dental Team on 1 December 2021.
- On 26 January, the Director of Finance held a virtual meeting with the dental team based at Widnes HCRC.
- The Director of People & OD met virtually with the Halton Safeguarding Team on 9 December.
- Medical Director, Ted Adams met with the Halton Speech & Language Therapy Team on 13 January.
- On 14 December, Medical Director, Aruna Hodgson held a virtual session with the Halton Macmillan Team.

Where possible, and as per the agreed Buddying Arrangements for Board Members, Non-Executive Directors join the Directors on their Time to Talk session with services as follows:

Director	Non-Executive Director
Colin Scales	Karen Bliss
Lynne Carter	Tina Wilkins
Sarah Quinn	Gail Briers
Paula Woods	Linda Chivers
Nick Gallagher	Abdul Siddique
Ted Adams	Sally Yeoman
Aruna Hodgson	TBA (vacancy to be recruited)

3.0 EXTERNAL PUBLICATIONS AND REPORTS

Trust boards and systems – the key issues
NHS Providers have published a joint publication with Hempsons solicitors offering a guide to the evolving system-based landscape and factors behind successful partnerships, which sets out the central elements in the Health and Care Bill.
https://nhsproviders.org/media/692650/hmp-trust-boards-and-systems-brochure-sp.pdf

NHS Providers have published an updated briefing note on the Health and Care Bill
Parliamentary briefing: House of Lords Committee Stage, Health and Care Bill Clauses 35-67 and Schedule 6 - NHS Providers

NHS Providers - the deputy chief executive of NHS Providers, Saffron Cordery provide a response to the government's easing of Plan B restrictions.
NHS Providers response to easing of Plan B restrictions - NHS Providers

HFMA Briefing : Driving environmental sustainability: ten top tips for finance teams.
https://www.hfma.org.uk/publications/details/driving-environmental-sustainability-ten-top-tips-for-finance-teams

4.0 RECOMMENDATIONS

The Board is asked to note the report.

Bridgewater Board Date	3 February 2022
Board Part	Public
Agenda item	07/22i

Title	Integrated Quality Performance Report – Month 8
Sponsoring Director	Colin Scales, Chief Executive Officer
Authors	Various Authors Information Team
Presented by	Executive Directors
Purpose	This report summarises the key issues relating to Bridgewater Performance for Month 8 November 2021
Previously considered at	Finance and Performance Committee – January 2022
Related Trust Objective/ Intentions	Quality – to deliver high quality, safe and effective care which meets both individual and community needs Innovation & Collaboration – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing, and independent living. Sustainability – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability. People – to be a highly effective organisation with empowered, highly skilled competent staff Equality, Diversity and Inclusion – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive.

Patient Safety and Quality	The IQPR has several indicators which are related to patient safety and quality and a commentary in relation to performance against these indicators is included in the report.
Care Quality Commission Outcomes support by this paper	Safe, Caring, Responsive, Effective and Well Led
How does the paper address strategic risks identified in the BAF?	BAF 1 - Failure to implement and maintain sound systems of Corporate Governance. BAF 2 – Failure to deliver safe & effective patient care BAF 3 – Managing demand & capacity BAF 4 – Financial sustainability BAF 5 – Staff engagement & morale BAF 6 – Staffing levels BAF 7 – Organisational sustainability
Legal implications/ regulatory requirements	N/A
Finance and resources Impact assessment	N/A
Equality Impact assessment	N/A
Next steps	To continue to monitor indicators in line with the recovery and restoration of services. To ensure that targeted actions are progressed to enable as many of the indicator as possible to be green.
Recommendations	The Board is asked to: • Accept this paper as assurance that indicators of performance in relation to operations, quality, people and finance are being reviewed and appropriate actions taken to rectify any indicators which are reported as red.

Bridgewater Community Healthcare NHS Foundation Trust

Integrated Quality and Performance Report

Information Team
Bridgewater Community Healthcare NHS Foundation Trust
Reporting Period: November 2021 (Month 8)

Within this report

Bridgewater Community Healthcare NHS Foundation Trust

Contents

Section 1: Trust Overview

- Section 2: Operations - Responsive
- Section 3: Safe, High-Quality Care
- Section 4: People
- Section 5: Finance - Making Good Use of Resources

Introduction

The monthly Integrated Quality and Performance Report (IQPR) provides an overview of the Trust's performance against the balanced scorecard Key Performance Indicators (KPIs)

KPIs are grouped by Domain and Executive leads are tasked with ensuring the KPIs are relevant, achievable, measurable, monitored, and managed.

This month's report describes activity in November 2021.

Within this report

1. KPI Amendments:

KPI	Change	Rationale
28 Day Cancer Faster Diagnosis	New Addition to IQPR	National KPI added to Cancer performance management suite from October 2021

2. Recommendations:

The Board are asked to:

- Accept this paper as assurance that indicators of performance in relation to operations, quality, people, and finance are being reviewed and appropriate actions taken to rectify any indicators which are reported as red.

Trust Overview

Executive Summary

Due to validation and review timescales for Cancer, the RAG rating on the dashboard for these indicators is based on October's validated position.

Responsive (Operations)

Operational indicators have not changed significantly in month and all red indicators are being monitored by the operational teams and plans are in place where these are within the control of the Trust to improve the performance of these indicators. The dermatology service is currently under the most challenge in terms of delivery of activity but there is a significant service improvement plan being worked upon to address areas of concern and to look at how the service can be delivered moving forward to more effectively manage the referrals into the service.

Safe, High-Quality Care (Quality)

There is an improvement in month to the quality section of the IQPR with two indicators moving from red to green. There are no new red indicators in month and several the indicators which are red are showing an improved position.

People

All the people indicators are red in month. There is some positive improvement in the PDR compliance, staff turnover rolling and staff sickness (actual).

Making Good Use of Resources (Finance)

There is a positive position reported in relation to finance with most indicators reporting as green.

2 Operations

Bridgewater Community Healthcare NHS Foundation Trust

Executive Summary

Of the 20 Operations indicators which are reported; 8 are red and 10 are green. There is 1 new indicator for 28-day cancer diagnosis and 1 indicator is currently not collected and 1 is for a service that the Trust no longer provides (Halton midwifery).

The indicators that have changed from green to red in month are:

- Warrington Dermatology Cancer 31 day wait from diagnosis to 1st treatment.
- Cancellations by Patient.

The indicator that has moved to green is:

- Warrington Dermatology Cancer 62 day for 1st Treatment (urgent GP Referral).

The remaining six indicators which were red in November are as follows:

- 28-day Cancer Faster Diagnosis – (new indicator) - deterioration in month
- Referrals to Plan – decrease in month
- Cancellations by service – these have increased in month
- Percentage of patients waiting under 18 weeks RTT Non-Admitted (Incomplete pathway) – a deteriorating position can be seen in month
- Warrington Activity Variance – slight improvement in month
- Halton Activity Variance – slight deterioration in month

Overall, there is not a significant change in the position in relation to the operational indicators collected.

2 Operations

Bridgewater Community Healthcare NHS Foundation Trust

Actions:

Indicator	Action	Target date	Responsible Committee
% of patients waiting under 18 weeks	Only 2 services now showing breaches of the 18-week RTT – dermatology and community paediatrics, both in Warrington. Additional resources are already supporting the delivery of these services, but they will be monitored closely to ensure that the RTT is achieved as soon as possible.	April 2022 – ***this date will now be impacted due to the impact of the Omicron outbreak of COVID***	Chief Operating Officer

Operations

Bridgewater Community Healthcare NHS Foundation Trust

Trust Scorecard

Operations															
Code	KPI Name	Target	Trend Line	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
OP01	KPIs / Achievements Locally agreed KPIs	100.00%														
OP02	Warrington Dermatology Cancer 2 week referrals (urgent GP)	93.00%		96.95% (▼)	98.13% (▲)	98.18% (▲)	95.06% (▼)	100% (▲)	100% (►)	100% (►)	100% (►)	98.85% (▼)	97.07% (▼)	95.22% (▼)	98.08% (▲)	94.01% (▼)
OP03	Warrington Dermatology Cancer 31 day 2nd treatment comprising surgery	94.00%		100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)
OP04	Warrington Dermatology Cancer 31 day wait from diagnosis to 1st treatment	96.00%		25% (▼)	54.55% (▲)	75% (▲)	91.67% (▲)	100% (▲)	88.24% (▼)	100% (▲)	92.86% (▼)	87.5% (▼)	100% (▲)	83.33% (▼)	100% (▲)	92.86% (▼)
OP05	Warrington Dermatology Cancer 62 day for 1st Treatment (urgent GP Referral)	85.00%		60% (▼)	80% (▲)	100% (▲)	86.96% (▼)	100% (▲)	85.71% (▼)	83.33% (▼)	86.96% (▲)	100% (▲)	100% (►)	91.3% (▼)	80% (▼)	91.67% (▲)
OP22	28 day faster diagnosis	75.00%		30.15% (▼)	58.7% (▲)	64.63% (▲)	52.38% (▼)	28.77% (▼)	34.29% (▲)	41.76% (▲)	22.82% (▼)	31.58% (▲)	39.86% (▲)	28.57% (▼)	41.74% (▲)	40.78% (▼)
OP06	Referrals to plan	95.00%		73.6% (▼)	73.21% (▼)	73.33% (▲)	73.32% (▼)	74.03% (▲)	77.12% (▲)	80.84% (▲)	80.31% (▼)	78.83% (▼)	77.97% (▼)	77.7% (▼)	78% (▲)	77.89% (▼)
OP07	Cancellations by service	5.00%		8.58% (▲)	9.66% (▼)	10.49% (▼)	8.69% (▲)	9.02% (▼)	7.69% (▲)	9.07% (▼)	8.36% (▲)	9.23% (▼)	8.82% (▲)	7.77% (▲)	11.92% (▼)	12.99% (▼)
OP08	Cancellations by Patient	5.00%		2.78% (▲)	3.19% (▼)	3.23% (▼)	2.68% (▲)	2.84% (▼)	5.81% (▼)	6.12% (▼)	6.64% (▼)	6.93% (▼)	4.91% (▲)	5.01% (▼)	4.83% (▲)	5.06% (▼)
OP09	% of patients waiting under 18 weeks RTT Non-Admitted (Incomplete pathway)	92.00%		72.29% (▲)	71.5% (▼)	59.22% (▼)	58.32% (▼)	57.5% (▼)	59.13% (▲)	72.87% (▲)	86.17% (▲)	88.46% (▲)	81.65% (▼)	76.32% (▼)	67.19% (▼)	60.74% (▼)
OP11	A&E: Total time in A&E (% of pts who have waited <= 4hrs)	95%		99.92% (▼)	100% (▲)	100% (►)	99.92% (▼)	100% (▲)	99.95% (▼)	99.92% (▼)	100% (▲)	99.96% (▼)	99.96% (►)	99.29% (▼)	97.93% (▼)	98.85% (▲)
OP12	Total time in A&E - 95th Percentile	4 Hrs		01:50 (▼)	01:31 (▲)	01:12 (▲)	01:31 (▼)	01:27 (▲)	01:27 (▼)	01:48 (▼)	01:41 (▲)	01:47 (▼)	01:53 (▼)	02:07 (▼)	03:12 (▼)	02:59 (▲)
OP13	A&E Time to treatment decision (median) <=60 mins	60 Mins		00:04 (▲)	00:03 (▲)	00:10 (▼)	00:03 (▲)	00:03 (▲)	00:03 (▼)	00:04 (▼)	00:04 (▲)	00:05 (▼)	00:05 (▲)	00:05 (▼)	00:07 (▼)	00:06 (▲)
OP14	A&E Unplanned re-attendance rate <=5%	5%		0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)
OP15	A&E left without being seen <=5%	5%		0.04% (▼)	0.04% (►)	0.04% (►)	0.04% (▲)	0% (▲)	0.02% (▼)	0% (▲)	0.1% (▼)	0.02% (▲)	0% (▲)	0% (►)	0.11% (▼)	0.1% (▲)
OP16	Warrington Audiology - Number of 6 weeks diagnostic breaches	0		27 (▲)	52 (▼)	89 (▼)	103 (▼)	73 (▲)	49 (▲)	47 (▲)	27 (▲)	49 (▼)	6 (▲)	8 (▼)	0 (▲)	0 (►)
OP17	Data Quality Maturity Index (DQMI) MHSDS quarterly score	95%		95.62% (▲)	95.71% (▲)	95.7% (▼)	95.75% (▲)	95.2% (▼)	95.41% (▲)	94.97% (▼)	94.9% (▼)	94.81% (▼)	94.81% (▲)	94.78% (▼)	99.53% (▲)	99.52% (▼)
OP18	Halton Maternity Dashboard - Number of red rated areas	0		4 (▲)	4 (►)	3 (▲)	1 (▲)	0 (▲)	0 (►)	1 (▼)	0 (▲)	1 (▼)	2 (▼)	2 (►)	2 (►)	
OP19	Warrington Activity Variance	3%		-27.03% (▼)	-27.74% (▼)	-27.73% (▲)	-28.12% (▼)	-28.24% (▼)	-26.41% (▲)	-23.21% (▲)	-24.02% (▼)	-24.84% (▼)	-24.33% (▲)	-24.28% (▲)	-24.87% (▼)	-23.58% (▲)
OP20	Halton Activity Variance	3%		-24.16% (▼)	-24.02% (▲)	-25.07% (▼)	-24.41% (▲)	-21.74% (▲)	-10.9% (▲)	-6.24% (▲)	-4.17% (▲)	-5.18% (▼)	-5.9% (▼)	-5.43% (▲)	-5.27% (▲)	-5.81% (▼)

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Operations: Exception Reporting

Bridgewater Community Healthcare NHS Foundation Trust

Flagged Indicators

Operations			
OP07	Cancellations by service		Points above upper control limit
OP08	Cancellations by Patient		Points above upper control limit
OP12	Total time in A&E - 95th Percentile		Points below lower control limit
OP17	Data Quality Maturity Index (DQMI) MHSDS quarterly score		Point below lower control limit
OP19	Warrington Activity Variance		Points below lower control limit
OP20	Halton Activity Variance		Points below lower control limit

Executive Summary

There are seven Quality Indicators reporting as red in November 2021. This is a decrease of two red indicators from the previous month.

The indicators which are no longer red in month are:

- DOC (Duty of Candour) - 10-day compliance.
- Medical Device Incidents.

There are no new red indicators in month.

The remaining seven indicators which were red in November are as follows:

- Information Governance Training – deterioration in month
- Safeguarding Children Level 1 Training – deterioration in month
- Safeguarding Children Level 2 Training – deterioration in month
- Safeguarding Children Level 3 Training – improvement in month
- Safeguarding Adults Level 2 Training – improvement in month
- Safeguarding Adults Level 3 Training – improvement in month
- Percentage of risks identified as high – deterioration in month

Actions:

Indicator	Action	Target date	Responsible Committee
Safeguarding Level 3 – Children's and Adults	Staff to be supported to participate in training.	April 2022– ***this date will now be impacted due to the impact of the Omicron outbreak of COVID***	Borough/Directorate Director and Clinical Managers

Quality

Bridgewater Community Healthcare NHS Foundation Trust

Trust Scorecard

Quality																	
Code	KPI Name	Target		Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Incidents																	
QU01	Number of Never Events	0		0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)
QU02	Number of patient safety incidents reported	97.217		190 (▲)	160 (▲)	137 (▲)	136 (▲)	171 (▼)	149 (▲)	157 (▼)	165 (▼)	165 (►)	148 (▲)	134 (▲)	167 (▼)	141 (▲)
QU03	% of incidents High impact Level 3-5	7.88%		4.74% (▼)	3.75% (▲)	1.46% (▲)	0.74% (▲)	2.34% (▼)	1.34% (▲)	0.64% (▲)	1.21% (▼)	1.82% (▼)	2.03% (▼)	3.73% (▼)	0.6% (▲)	0.71% (▼)
QU04	% Of Incidents Low impact Level 1-2	68.97%		68.95% (▲)	72.5% (▼)	78.1% (▼)	78.68% (▼)	84.21% (▼)	85.23% (▼)	79.62% (▲)	78.79% (▲)	80% (▼)	72.97% (▲)	82.09% (▼)	76.65% (▲)	78.01% (▼)
QU05	Number of Serious Incidents Reported	9		6 (►)	11 (▼)	3 (▲)	2 (▲)	4 (▼)	1 (▲)	1 (►)	2 (▼)	3 (▼)	3 (►)	3 (►)	5 (▼)	0 (▲)
QU06	Percentage of Serious Incidents Reported - Compliance with reporting time frames for StEIS within 48 hours	100.00%		100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)
QU07	RCA investigations compliance submitted within 60 day time frame	100.00%		100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)
QU08	DOC (Duty of Candour) - 10 day compliance	100.00%		100% (▲)	88.89% (▼)	83.33% (▼)	100% (▲)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	75% (▼)	100% (▲)
QU09	CAS Alert Compliance	100.00%		100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)
QU10	Total Number of Medication Errors	33		23 (▼)	19 (▲)	19 (►)	14 (▲)	12 (▲)	14 (▼)	8 (▲)	13 (▼)	11 (▲)	9 (▲)	21 (▼)	20 (▲)	25 (▼)
QU11	Medication Errors That Caused Harm	6		1 (►)	0 (▲)	2 (▼)	0 (▲)	0 (►)	1 (▼)	0 (▲)	0 (►)	2 (▼)	0 (▲)	0 (►)	3 (▼)	0 (▲)
QU17	Medical Device Incidents	14		13 (▲)	10 (▲)	7 (▲)	5 (▲)	20 (▼)	10 (▲)	13 (▼)	17 (▼)	9 (▲)	1 (▲)	4 (▼)	15 (▼)	7 (▲)
Training Compliance																	
QU13	Information Governance	95.00%		81.43% (▲)	78.02% (▼)	79.45% (▲)	80.04% (▲)	79.6% (▼)	82.72% (▲)	78.66% (▼)	83.15% (▲)	81.56% (▼)	83.59% (▲)	82.74% (▼)	81.22% (▼)	80.1% (▼)
QU14	Safeguarding Childrens Level 1	85.00%		87.42% (▲)	88.67% (▲)	88.88% (▲)	89.06% (▲)	90.05% (▲)	90.41% (▲)	88.24% (▼)	82.54% (▼)	85.6% (▲)	84.3% (▼)	85.42% (▲)	83.62% (▼)	80.11% (▼)
QU15	Safeguarding Childrens Level 2	85.00%		82.88% (▼)	84.1% (▲)	84.47% (▲)	85.29% (▲)	86.78% (▲)	87.69% (▲)	86.46% (▼)	86.89% (▲)	84.51% (▼)	84.2% (▼)	83.93% (▼)	81.6% (▼)	73.37% (▼)
QU16	Safeguarding Childrens Level 3	85.00%		50.85% (▲)	54.17% (▲)	60.26% (▲)	60.15% (▼)	80.69% (▲)	81.01% (▲)	80.29% (▼)	81.12% (▲)	65.38% (▼)	65.63% (▲)	76.42% (▲)	74.11% (▼)	84.3% (▲)
QU17	Safeguarding Adults Level 1	85.00%		88.36% (▲)	89.25% (▲)	89.43% (▲)	89.64% (▲)	93.35% (▲)	93.69% (▲)	91.58% (▼)	90.96% (▼)	89.58% (▼)	88.98% (▼)	88.04% (▼)	87.35% (▼)	86.24% (▼)
QU18	Safeguarding Adults Level 2	85.00%		87.09% (▲)	87.5% (▲)	87.04% (▼)	87.36% (▲)	88.46% (▲)	88.77% (▲)	86.97% (▼)	87.74% (▲)	85.38% (▼)	85.09% (▼)	82.76% (▼)	80.14% (▼)	80.2% (▲)
QU19	Safeguarding Adults Level 3	85.00%		36.64% (▼)	44.97% (▲)	57.32% (▲)	51.57% (▼)	40.73% (▼)	42.4% (▲)	44.59% (▲)	45.06% (▲)	33.58% (▼)	33.98% (▲)	35.19% (▲)	33.02% (▼)	44.93% (▲)
Risks																	
QU20	Total Number of risks	258		227 (▼)	235 (▼)	252 (▼)	250 (▲)	227 (▲)	236 (▼)	234 (▲)	237 (▼)	230 (▲)	227 (▲)	222 (▲)	209 (▲)	211 (▼)
QU21	Total Number of risks identified as High	111		88 (▼)	85 (▲)	100 (▼)	102 (▼)	100 (▲)	104 (▼)	103 (▲)	102 (▲)	98 (▲)	98 (►)	103 (▼)	100 (▲)	101 (▼)
QU22	Percentage of risks identified as High	44.02%		38.77% (▼)	36.17% (▲)	39.68% (▼)	40.8% (▼)	44.05% (▼)	44.07% (▼)	44.02% (▲)	43.04% (▲)	42.61% (▲)	43.17% (▼)	46.4% (▼)	47.85% (▼)	47.87% (▼)
QU23	Total Number of risks identified as High 12	57		35 (▲)	38 (▼)	35 (▲)	33 (▲)	32 (▲)	32 (►)	31 (▲)	33 (▼)	31 (▲)	32 (▼)	29 (▲)	26 (▲)	25 (▲)
QU24	Percentage of risks identified as High 12	15.17%		15.42% (▲)	16.17% (▼)	13.89% (▲)	13.2% (▲)	14.1% (▼)	13.56% (▲)	13.25% (▲)	13.92% (▼)	13.48% (▲)	14.1% (▼)	13.06% (▲)	12.44% (▲)	11.85% (▲)
QU25	Total Number of risks identified as Extreme	21		7 (▼)	7 (►)	9 (▼)	8 (▲)	5 (▲)	9 (▼)	5 (▲)	3 (▲)	2 (▲)	4 (▼)	3 (▲)	5 (▼)	4 (▲)
QU52	Percentage of risks identified as Extreme	4.69%		3.08% (▼)	2.98% (▲)	3.57% (▼)	3.2% (▲)	2.2% (▲)	3.81% (▼)	2.14% (▲)	1.27% (▲)	0.87% (▲)	1.76% (▼)	1.35% (▲)	2.39% (▼)	1.9% (▲)

Quality

Bridgewater Community Healthcare NHS Foundation Trust

Trust Scorecard

Quality														
Code	KPI Name	Target	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Falls (Bridgewater)															
QU26	Total Number of falls	23	10 (▲)	10 (►)	4 (▲)	11 (▼)	7 (▲)	8 (▼)	17 (▼)	14 (▲)	10 (▲)	12 (▼)	10 (▲)	17 (▼)	11 (▲)
QU27	Total Number of falls identified as Catastrophic	0	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)
QU28	Falls per 1,000 bed days - bed based	14	8.06 (▼)	9.4 (▼)	2.5 (▲)	5.49 (▼)	3.86 (▲)	4.76 (▼)	10.93 (▼)	11.43 (▼)	5.72 (▲)	11.28 (▼)	8.92 (▲)	10.89 (▼)	6.93 (▲)
QU29	Percentage of overall falls that are bed based	88.28%	70% (▼)	70% (►)	50% (▲)	45.45% (▲)	57.14% (▼)	62.5% (▼)	70.59% (▼)	85.71% (▼)	60% (▲)	100% (▼)	70% (▲)	64.71% (▲)	72.73% (▼)
QU30	Total Number of Community Falls	11	3 (▲)	3 (►)	2 (▲)	6 (▼)	3 (▲)	3 (►)	5 (▼)	2 (▲)	4 (▼)	0 (▲)	3 (▼)	6 (▼)	3 (▲)
QU31	Percentage of overall falls that are community falls	55.01%	30% (▲)	30% (►)	50% (▼)	54.55% (▼)	42.86% (▲)	37.5% (▲)	29.41% (▲)	14.29% (▲)	40% (▼)	0% (▲)	30% (▼)	35.29% (▼)	27.27% (▲)
Pressure Ulcers															
QU32	Total Number of Category 2 Pressure Ulcers acquired in Bridgewater	44	38 (▼)	37 (▲)	29 (▲)	28 (▲)	37 (▼)	30 (▲)	29 (▲)	27 (▲)	38 (▼)	20 (▲)	20 (►)	32 (▼)	24 (▲)
QU33	Total Number of Category 3 Pressure Ulcers acquired in Bridgewater	5	0 (►)	5 (▼)	0 (▲)	1 (▼)	0 (▲)	2 (▼)	1 (▲)	0 (▲)	1 (▼)	1 (►)	0 (▲)	3 (▼)	0 (▲)
QU34	Total Number of Category 4 Pressure Ulcers acquired in Bridgewater	2	1 (►)	1 (►)	2 (▼)	0 (▲)	0 (►)	1 (▼)	0 (▲)	1 (▼)	0 (▲)	0 (►)	0 (►)	0 (►)	0 (►)
QU35	Total Number of Unstageable Pressure Ulcers acquired in Bridgewater	3	3 (▼)	2 (▲)	1 (▲)	0 (▲)	2 (▼)	1 (▲)	0 (▲)	1 (▼)	2 (▼)	1 (▲)	2 (▼)	1 (▲)	0 (▲)

Quality														
Code	KPI Name	Target	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Health Care Acquired Infections															
QU36	MRSA - Total Number of outbreaks (Community)	0	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)
QU37	C.Diff - Total Number of outbreaks (Community)	0	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)
QU38	Bacteraemia - Total Number of outbreaks	0	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)
Harm Free Care															
QU40	VTE - Bed Based - % of patients risk assessed	100%	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)
Patient Experience															
QU41	Friends and Family Test	95.00%	94.67% (▼)	99% (▲)	97.59% (▼)	100% (▲)	99.32% (▼)	98.85% (▼)	99.09% (▲)	97.8% (▼)	97.9% (▲)	97.15% (▼)	98.01% (▲)	98.45% (▲)	98.48% (▲)
QU42	Number of Complaints	9	0 (▲)	3 (▼)	2 (▲)	1 (▲)	6 (▼)	5 (▲)	5 (►)	5 (►)	3 (▲)	2 (▲)	1 (▲)	4 (▼)	3 (▲)
QU43	Patient Experience - Overall Satisfaction	95.00%													
QU44	Patient Experience - Dignity and Respect	95.00%	98.67% (▲)	99% (▲)	100% (▲)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	99.29% (▼)	100% (▲)	99.31% (▼)	99.71% (▲)	99.8% (▲)
QU45	Patient Experience - Information / Communication	95.00%	97.33% (▲)	99% (▲)	100% (▲)	100% (►)	100% (►)	99.35% (▼)	100% (▲)	100% (►)	98.7% (▼)	98.92% (▲)	98.8% (▼)	99.71% (▲)	99.49% (▼)
QU46	Patient Experience - Access/Waiting Time	95.00%	93.33% (▼)	94% (▲)	95.24% (▲)	100% (▲)	99.32% (▼)	98.04% (▼)	97.36% (▼)	97.76% (▲)	97.05% (▼)	97.23% (▲)	96.74% (▼)	97.37% (▲)	97.34% (▼)
QU47	FFT (Staff)	95.00%													
Patient Experience															
QU48	CQUIN - % of patients screened for both alcohol and tobacco use	80.00%													
QU49	CQUIN - % of identified smokers given brief advice	90.00%													
QU50	CQUIN - % of patients identified as drinking above low risk levels, given brief advice	90.00%													
QU51	CQUIN - Data Quality Maturity Index (DQMI) MHSDS quarterly score	95.00%	95.62% (▲)	95.71% (▲)	95.7% (▼)	95.75% (▲)	95.2% (▼)	95.41% (▲)	94.97% (▼)	94.9% (▼)	94.81% (▼)	94.81% (▲)	94.78% (▼)	99.53% (▲)	99.52% (▼)

3

Quality: Exception Reporting

Bridgewater Community Healthcare NHS Foundation Trust

Flagged Indicators

Quality			
QU17	Safeguarding Adults Level 1		Points above upper control limit
QU22	Percentage of risks identified as High		Points above upper control limit
QU23	Total Number of risks identified as High 12		12 points in a row below the mean

4 People

Bridgewater Community Healthcare NHS Foundation Trust

Executive Summary

All five People indicators are shown as red in November 2021.

The five indicators which were red in November are as follows:

- Percentage Headcount of new starters attending induction programme – deterioration in month
- Staff turnover (rolling) – improvement in month
- Percentage Overall organisation sickness rate (rolling) – deterioration in month
- Sickness absence rate (actual) – improvement in month
- Percentage of staff with current PDR – improvement in month

Actions:

Indicator	Action	Target date	Responsible Committee
% Headcount of new starters attending induction programme	ACTION CLOSED AS TARGET CHANGED		

4

People

Bridgewater Community Healthcare NHS Foundation Trust

Trust Scorecard

People																		
Code	KPI Name	Target		Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
PO01	% Headcount of new starters attending induction programme	100.00%		90.19% (▼)	90.18% (▼)	91.02% (▲)	90.98% (▼)	91.43% (▲)	91.35% (▼)	91.97% (▲)	93.16% (▲)	99.65% (▲)	99.59% (▼)	99.53% (▼)	99.41% (▼)	99.29% (▼)
PO02	Staff turnover (rolling)	8.00%		19.3% (▲)	18.38% (▲)	17.48% (▲)	17.16% (▲)	9.67% (▲)	9.76% (▼)	10.08% (▼)	10.65% (▼)	10.57% (▲)	11.95% (▼)	12.4% (▼)	14.71% (▼)	14.56% (▲)
PO03	% Overall Organisation Sickness rate (rolling)	4.80%		5.22% (▲)	5.55% (▼)	5.45% (▲)	5.33% (▲)	5.27% (▲)	5.27% (▲)	5.32% (▼)	5.44% (▼)	5.56% (▼)	5.68% (▼)	5.84% (▼)	5.92% (▼)	5.98% (▼)
PO04	Sickness absence rate (Actual)	4.80%		5% (▲)	5.29% (▼)	5.36% (▼)	4.5% (▲)	5.18% (▼)	5.55% (▼)	6.21% (▼)	6.14% (▲)	6.52% (▼)	6.13% (▲)	6.59% (▼)	6.84% (▼)	6.22% (▲)
PO05	% of staff with a current PDR	85.00%		27.84% (▼)	24.62% (▼)	25.11% (▲)	23.51% (▼)	26.63% (▲)	25.57% (▼)	25.4% (▼)	26.77% (▲)	31.59% (▲)	38.3% (▲)	43.38% (▲)	47.54% (▲)	52.45% (▲)

4 People

Bridgewater Community Healthcare NHS Foundation Trust

Flagged Indicators

People			
PO01	% Headcount of new starters attending induction programme		Point above upper control limit
PO02	Staff turnover (rolling)		Points below lower control limit

5 Finance

Bridgewater Community Healthcare NHS Foundation Trust

Month Eight Finance Report

Introduction

The purpose of this paper is to update the Committee on the financial position of the Trust at the end of November 2021 (Month 8). The plan referred to is the final version of the H2 plan submitted to NHSE/I and reflects the transfer out of Maternity Services on 1st November 2021.

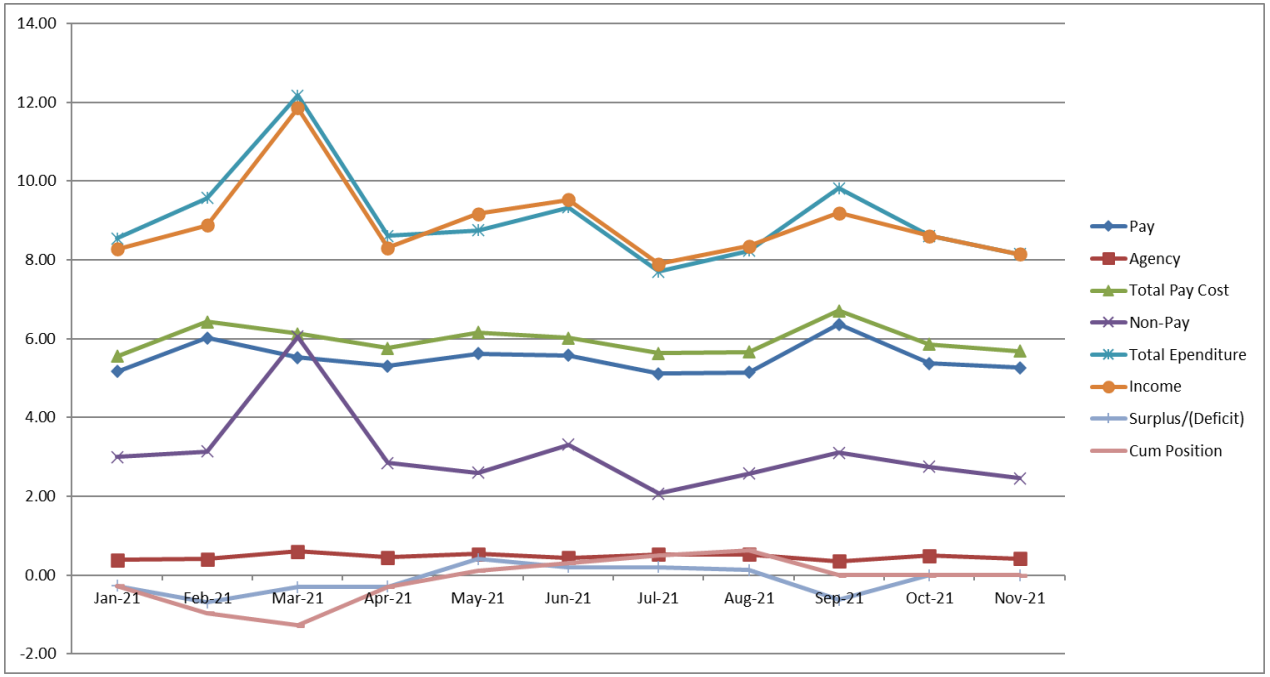
Summary Performance Month 8 2021-22	Month 8 Plan (£M)	Month 8 Actual (£M)	Month 8 Variance (£M)	YTD Plan (£M)	YTD Actual (£M)	YTD Variance (£M)	Full Year Plan (£M)	Forecast Outturn M6 (£M)
Income	(8.05)	(8.14)	0.09	(68.13)	(69.21)	1.07	(101.01)	(103.84)
Expenditure - Pay	5.29	5.26	0.03	44.53	43.74	0.78	66.13	65.62
Expenditure - Agency	0.40	0.42	(0.02)	3.84	3.73	0.11	6.38	5.59
Expenditure - Non Pay	2.34	2.46	(0.12)	19.88	21.66	(1.78)	28.65	32.52
EBITDA	(0.02)	0.00	(0.02)	0.12	(0.07)	0.19	0.15	(0.11)
Financing	0.01	0.00	0.00	0.18	0.08	0.10	0.17	0.11
Normalised (Surplus)/Deficit	(0.02)	0.00	(0.02)	0.29	0.01	0.29	0.32	0.01
Exceptional Costs	0.00	0.00	0.00	(0.32)	(0.01)	(0.31)	0.00	(0.01)
Net (Surplus)/Deficit after Exceptional Items	(0.02)	0.00	(0.02)	(0.02)	(0.00)	(0.02)	0.32	0.00
Other Adjustments	0.00	0.00	0.00	0.00	0.00	0.00	(0.32)	0.00
Adjusted Net (Surplus)/Deficit	(0.02)	0.00	(0.02)	(0.02)	(0.00)	(0.02)	0.00	0.00
CIP	0.20	0.24	0.04	1.18	1.22	0.04	2.16	2.16
Capital	0.05	0.11	(0.06)	1.44	0.52	0.92	1.90	1.78
Cash	4.52	22.14	17.62	4.52	22.14	17.62	12.00	17.04
Use of Resources Metric	N/A	N/A		N/A	N/A		N/A	N/A

Favourable Variance Adverse Variance

Finance

Key Headlines

Run Rates to Month 8 2021/22



Cumulative Performance against NHSE/I Plan – Breakeven to Month 8

- We are reporting a position of breakeven at month 8, in line with the plan.
- H2 CIP requirement is currently 2.50%. The Trust is currently planning for 2.76% (est £1.40m). This equates to a year-to-date target of £1.18m which is reported as achieved.

5 Finance

Bridgewater Community Healthcare NHS Foundation Trust

- FRF suspended until further notice.
- Income is £69.21m year to date - £1.07m above the plan.
- Expenditure is £69.20m year to date – £1.07m above plan.
- Pay underspent by £0.78m year to date against a plan of £44.53m.
- Agency spend of £3.73m year to date against a plan of £3.84m.
- Non pay expenditure is £21.66m year to date, overspent by £1.78m against a plan of £19.88m.
- Capital charges are £0.10m below plan.

6 Appendix

Bridgewater Community Healthcare NHS Foundation Trust

Indicator	Detail
Operations	
Diagnostic waiting times – 6 weeks	All diagnostic tests need to be carried out within 6 weeks of the request for the test being made. The national target is 99% or over within 6 weeks.
Four-hour A&E Target	All patients who attend a Walk in Centre or Urgent Care Centre (A&E Type 4) should wait no more 4 hours from arrival to treatment/transfer/discharge. The national target is 95%.
Cancellation by Service	The Trust aspires to ensure that no patient will have their appointment cancelled. In exceptional circumstances, however the service may need to cancel patient appointments. In these instances, patients/carers will be contacted and offered an alternative appointment at their convenience acknowledging the maximum access times target.
Cancellation by patient	A patient cancellation or rescheduling request occurs when the patient contacts the service to cancel their appointment. Short notice cancellations i.e.: within 3 hours of appointment time should also be recorded as cancellation.

Bridgewater Community Healthcare NHS Foundation Trust

Bridgewater Board Date	3 February 2022
Board Part	Public
Agenda item	07/22ii

Title	COVID-19 Update Report
Sponsoring Director	Lynne Carter, Chief Nurse / Deputy Chief Executive Officer Paula Woods, Director of People and Organisational Development Sarah Quinn, Chief Operating Officer
Authors	Sarah Quinn, Chief Operating Officer Jeanette Hogan, Deputy Chief Nurse Paula Woods, Director of People and Organisational Development
Presented by	Sarah Quinn, Chief Operating Officer
Exec Summary/Purpose	To provide the Trust Board with an update in relation to the current actions taken to manage the impact of the COVID -19 pandemic.
Previously considered at	N/A
Related Trust Objective/ Intentions ***Delete as applicable***	**Quality** – to deliver high quality, safe and effective care which meets both individual and community needs **People** – to be a highly effective organisation with empowered, highly skilled and competent staff
Which CQC domains are supported by this report?	***Safe*** ***Effective*** ***Caring*** ***Responsive*** ***Well-led***
Which BAF risks are addressed in this report?	**BAF 2 - Failure to deliver safe and effective patient care** **BAF 3 – Managing demand and capacity** **BAF 6 - Staffing levels**
Other risks highlighted/addressed in this paper? (e.g. financial,	N/A

quality, regulatory, other)	
Equality Impact assessment	N/A
Explanation of any acronyms in the report	Included in the report.
Next steps	Actions will continue to be monitored daily by the operations and nursing team call and via the command-and-control structure.
Recommendations	The Board is asked to note the content of the report and the work that is currently being undertaken to respond to the COVID -19 pandemic.

Bridgewater Community Healthcare NHS Foundation Trust

Open Board

Title	COVID-19 Update Report
Author	Sarah Quinn, Chief Operating Officer Jeanette Hogan Deputy Chief Nurse
Date	3rd February 2022
Purpose	To provide the Trust Board with an update in relation to the current actions taken to manage the impact of the COVID -19 pandemic.
Audience	Open Board

1.0 EXECUTIVE SUMMARY

1.1 During the last few weeks, staff absence levels have varied considerable with a peak of 14% of the workforce absent from work. Absence has been closely monitored via the command-and-control structure and the daily operations and nursing calls and small numbers of staff were redeployed to maintain the safe effective delivery of care.

1.2 The Board is asked to recognise the pressures of the management of the increasing numbers of positive COVID-19 cases and to note the actions that have been taken to support staff to deliver safe and effective care.

2.0 OMICRON VARIANT AND WINTER PRESSURES

2.1 Following the issue of the 'Preparing the NHS for the potential impact of the Omicron variant and other winter pressures' letter dated 13th December 2021, a dedicated EMT session was held where the Chief Operating Officer presented a slide deck which reviewed the six actions the letter asked all parts of the NHS to implement. These actions detailed were as follows:

- Ensure the successful ramp up of the vital COVID-19 vaccine programme.
- Maximise the availability of COVID-19 treatments for patients at highest risk of severe disease and hospitalisation.
- Maximise capacity across acute and community settings, enabling the maximum number of people to be discharged safely and quickly and supporting people in their own homes.
- Support patient safety in urgent care pathways across all services and manage elective care.
- Support staff, and maximise their availability.
- Ensure surge plans and processes are ready to be implemented if needed

2.2 The letter was carefully considered by EMT, and corresponding actions were put in place to ensure that the Trust fully addressed the requirements of the letter as an individual provider and in conjunction with system partners in the places that we deliver care.

2.3 The Trust and the System Winter plans were revisited alongside the Business Continuity plans to ensure that any actions that could be taken to support the requested actions were also enacted.

2.4 System meetings were put in place to support discharge in both Warrington and Halton from Warrington and Halton Hospitals and St Helens and Knowsley Hospitals. Representation was present on all key meetings by the Trust.

2.5 Two phases of staff redeployment were developed. The initial phase involved redeployment of clinical staff from non-priority 1 services into priority 1 services which was enacted prior to the Christmas period. These staff were identified as teams or individuals which had been successfully redeployed in previous waves of COVID. The second phase related to the redeployment of staff from corporate teams both clinical and non-clinical which was mobilised at the beginning of January.

2.6 Several corporate non-clinical staff were redeployed into supporting the COVID vaccination campaign carrying out administrative tasks on NIMS and recording the administration of vaccination. These staff remain redeployed on a part time basis to support the School Aged Immunisation Team.

2.7 The Trusts eRoster software was utilised to monitor staff redeployment and staff were supported during periods of redeployment by their core service line management team and there was additional support provided to staff from a health and wellbeing perspective.

2.8 A significant amount of additional funding was bid for and allocated to the Trust to recruit to several posts to support hospital discharge which included health care assistants in district nursing and specialist nurses in the IV and catheter team. These roles have been out to agency but there has been challenges in terms of recruiting to these posts due to a lack of available suitable candidates.

2.9 Additional monies were approved for support of the delivery of urgent care services through the Widnes Urgent Treatment Centre and this was used to fund a Clinical Lead for the service, patient co-ordinators to manage the flow of patients in the service and additional GP sessions.

2.10 Further monies were also allocated via the Ageing Well programme to enable the Rapid Community Response Service (RCRS) in Warrington to support the urgent system 2-hour response in care homes. This additional resource will enable to RCRS to work closely with the Enhance Care Home Support team to support a 2-hour response to care home patients to reduce the likelihood of a hospital admission.

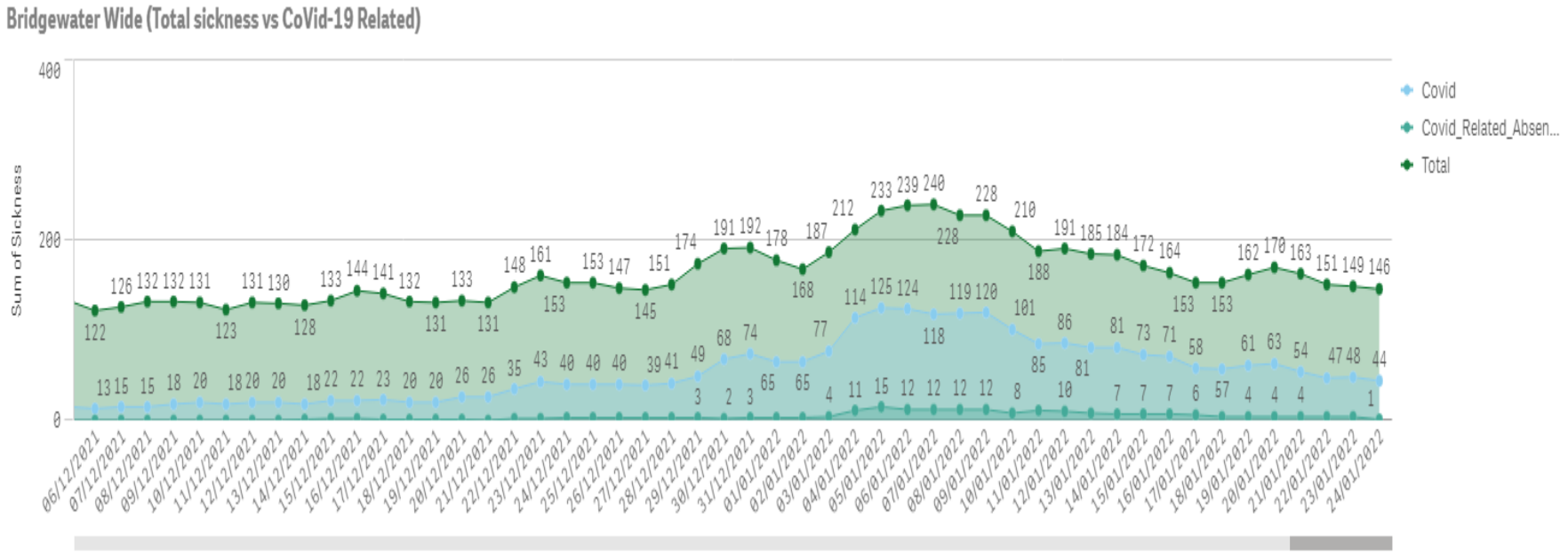
3.0 COMMAND AND CONTROL STRUCTURE

3.1 The command-and-control structure was escalated as a result of the letter received by the Trust in relation to Omicron and winter pressures and Gold started to meet on a daily basis following this. Silver and Bronze meeting were also stepped up.

3.2 The daily operations and nursing calls chaired by the Chief Operating Officer remained in place and this allowed pressures to be responded to in a timely way and any areas of concern were addressed with support from corporate colleagues who were also in attendance.

4.0 STAFF ABSENCES

4.1 The following chart is an extract from the Trust's Qlik system (performance reporting software):



4.2 Week commencing 3rd January 2022 absence reached the 240 staff off which is approximately 14% of the workforce with a peak of 125 COVID positive staff. Over the last few weeks sickness levels have reduced but remain in the region of 140 per day and there do appear to be fluctuations in the number of staff absent on a day-to-day basis, which is managed within Boroughs/Directorates and via the daily Ops and Nursing meetings and the Command-and-Control Structure.

4.3 There were some significant absences in priority 1 services particularly in Halton in the district nursing service and at the UTC where over 50% of the workforce were absent from work. Business continuity plans were utilised where there were challenges with staffing.

4.4 Where necessary as described in section 2 staff were redeployed to manage pressures in priority 1 services and additional staff were sourced via the agency.

5.0 STATUS OF CLINICAL SERVICES

5.1 As of 25th January 2022, the Trust's clinical services reporting as Red, or Amber are as follows:

Halton Borough:

- Services at Red status:
  - None
- Services at Amber status:
  - Treatment Rooms
  - Palliative Care service
  - Podiatry service
  - Runcorn District Nursing
  - Widnes District Nursing
  - Stroke Service
  - 0-19 Health Visiting team

Warrington Borough:

- Services at Red:
  - Paediatric Continence Service
- Services at Amber status:
  - Single Point of Access
  - Dermatology
  - Additional Needs Nursing Service
  - Paediatric Speech and Language Therapy
  - Health Visiting Service

Oldham Borough:

- Services at Red status:
  - None

- Services at Amber Status
  - Safeguarding Children Team
  - School Nursing service

Dental Network:

- Services at Red status:
  - None

- Services at Amber Status
  - Oral Surgery – Cheshire and Merseyside

Corporate

- Services at Red status:
  - None

- Services at Amber status:
  - Medicines Management
  - School Aged Immunisation Team

5.2 Business continuity plans have been and continue to be implemented and flexed according to service pressures.

5.3 The Trust continues to maintain the Quality Impact Assessment (QIA) panels on a fortnightly basis chaired by the Chief Nurse / Deputy Chief Executive for services that have been escalated through the command-and-control structure as implementing business continuity or services changes and additional panels were scheduled when staff redeployment was required.

5.4 The current Trust response to manage staffing levels during the pandemic has been reviewed in line with recent updated national guidance (Key actions: Winter 2021 preparedness: Nursing and midwifery safer staffing. NHSE November 2021). Actions have focused on review of preparedness, decision making and escalation processes to support safer nursing staffing. The use of health roster has provided the Trust with enhanced oversight of current staffing to prepare and anticipate the need for temporary workforce requirements or potential redeployment.

5.5 Further work has also been undertaken with service leads to review the existing “safe staffing” levels that had previously been developed locally for each service that is used to inform the sit rep escalation processes within the command-and-control structures to ensure that reflect service demands.

6.0 COVID VACCINATIONS FOR 12 15 YEAR OLDS

6.1 The Trust commenced the delivery of the COVID vaccinations for 12–15-year-olds on 23rd September. The Trust will lead the delivery of the programme in Warrington and Halton and will support the work being delivered in Oldham.

6.2 A detailed plan has been developed to deliver the vaccinations with the ambitious target of prior to the October half term period as set out by Government. It has been

mandated in Cheshire and Merseyside that all vaccinations are delivered in school settings.

7.0 STAFF ISOLATION NEW GUIDANCE

7.1 Changes to testing for Covi-19 was introduced to support the exit plan of the Pandemic, the ongoing surveillance for the UKHSE and the reduction of PCR testing due to the demand during Omicron.

7.2 On the 14th January 2022, government guidance advised all double vaccinated NHS staff and contractors, agency staff who are positive cases of Covid-19 or contacts of Covid-19 could return to the workplace on day 8 if they had a negative lateral flow test on day 6 and day 7.

7.3 Furthermore, as of Monday 17th January 2022, the guidance was quickly updated advising all double vaccinated NHS staff, contractors, agency staff who are positive cases of Covid-19 or contacts of Covid-19 will be able to return to work following the latest testing guidance. Staff can return to work following safeguards by providing evidence of lateral flow test results on day 5 and day 6 and both results are negative. Following their return, daily lateral flow tests are to be completed until day 10 monitored by the service representatives.

7.4 Staff reporting positive lateral flow tests following day 10 are to remain off work and test until day 14. If still testing after day 14 the staff member can return following risk assessment; the evidence suggests they are unlikely to be infectious past this point

7.5 All NHS staff, contractors and agency staff are required to routinely lateral flow test twice weekly, reporting all results via the government portal and the Trusts Performance team via the generic email address provided.

7.6 Staff who test positive and do not display symptoms of Covid-19 as per definition are not required to obtain a PCR test, they isolate immediately and follow the return-to-work guidance as above.

7.7 Contacts of Covid-19 working during this 10-day period and staff returning on day 6 should comply with all relevant infection control precautions and PPE and have completed the appropriate training required. Any breaches should be reported immediately to their line manager and a Ulysses.

7.8 Those staff identified in point 6.7 should not work with clinically extremely vulnerable patients or residents, as determined by the organisation.

7.9 A Standing Operating Procedure is in place and updated to reflect national guidance.

8.0 IPC GUIDANCE

8.1 It remains an expectation for all Trust staff to wear face masks provided by the organisation at all times. Services are asked to be vigilant during break out times as this period impacts the workforce and service delivery where exposures to positive cases causes contacts to isolate

8.2 Compliance with social distancing in the Trust remains following national guidance from in July 2021.

8.3 The Covid-19 Board Assurance Framework continues to be reviewed monthly in line with the Health and Social Care Act Code of Practice reporting and monitored via the Infection Prevention and Control Group and Quality and Safety Committee.

8.4 The Covid-19 Secure risk assessments and individual staff risk assessments further support the control measures as part of the requirements. There has been no change in guidance or assurance framework provided by the government or NHSEI to stop these measures.

8.5 Outbreak management policies and guidance will also expect staff to wear the defined PPE during these circumstances.

9.0 FLU AND COVID BOOSTER VACCINATIONS

9.1 The Trust staff Covid-19 vaccination programme was completed in November 2021.

9.2 The building lease for the Vaccination Centre at Spencer House expired 9th January 2022.

9.3 The target for the Flu Immunisation programme for 2021/22 is: Frontline health care workers 100% offer with an 85% ambition.

9.4 The Northwest Weekly Task & Finish Covid-19 report informs us the Trust is currently 4th in the Northwest at 88% compliance.

9.5 The Northwest Weekly Task & Finish Flu report informs us the Trust is currently 8th in the Northwest at 65% compliance

9.6 The Adult Immunisation IPC Nurse is continuing to drive the delivery of the flu vaccinations

9.7 Performance and monitoring is reviewed weekly at the Trust Immunisation Group meetings

9.8 National guidance has been received to start planning the Flu vaccination programme for 2022 / 23.

9.9 The Trust has purchased the Flu vaccinations ready for the 2022 / 23 programme

10.0 VACCINATION AS A CONDITION OF DEPLOYMENT (VCOD)

10.1 The Trust's Director of People & Organisational Development prepared a briefing note for Trust Board that was dispatched by the Trust Secretary on Friday 21st January. On the following Monday, a question and answers session took place that focused purely on VCOD. The session was available to all staff and provided attendees with an overview of the regulations, timeframes and the work currently being done within the Trust, including support available to those who remain unvaccinated and/or are choosing not to be vaccinated. The session was very

interactive with a number of questions posed and answered. Comments were submitted that acknowledged the support being provided.

10.2 The key dates remain in place which are the requirement to have had a first vaccine by 3rd February 2022, with two vaccines by 1st April when the legal requirements take effect. The regulations outline exemptions and where there may be instances that the dates may need to be adjusted such as pregnancy and being covid positive.

10.3 Work to implement the regulations is being done in partnership with our Staff-side Colleagues and their respective Trade Union bodies

11.0 SYSTEM PRESSURES

11.1 The Trust has continued to support discharge and flow and to manage any discharge pressures from both acute trusts.

11.2 The urgent treatment centre in Widnes continues to see high numbers of patients attending the facility and activity is monitored daily via the performance dashboard.

11.3 Our intermediate care tier services in both Boroughs are at full capacity based on the current staff numbers. There is recruitment underway in both areas.

11.4 The Borough Director for Warrington has been focussing her work to support discharge and flow in the Borough and is working closely with the Local Authority to support the management of system pressures.

12.0 RECOMMENDATIONS

12.1 The Board is asked to note the content of the report and the work that is currently being undertaken to respond to the COVID -19 pandemic and that all the guidance is being followed and that the required actions have been implemented.

Bridgewater Community Healthcare NHS Foundation Trust

Bridgewater Board 3 February 2022

Date

Board Part Public

Agenda item 08/22i

Title	Finance Report – December 2021
Sponsoring Director	Nick Gallagher – Executive Director of Finance
Authors	Rachel Hurst – Deputy Director of Finance
Presented by	Nick Gallagher – Executive Director of Finance
Exec Summary/Purpose	To brief the Board on: • Financial position as at Month 9
Previously considered at	
Related Trust Objective/ Intentions	Sustainability – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability.
Which CQC domains are supported by this report?	Well-led
Which BAF risks are addressed in this report?	BAF 1 - Failure to implement and maintain sound systems of Corporate Governance. BAF 2 - Failure to deliver safe and effective patient care. BAF 4 – Financial sustainability BAF 7 - Strategy and Organisational sustainability BAF 9 - Risk to Trust's objectives due to COVID-19 pandemic
Other risks highlighted/addressed in this paper? (e.g., financial, quality, regulatory, other)	N/A
Equality Impact assessment	N/A

Explanation of any acronyms in the report	
Next steps	
Recommendations	The Board is asked to: • Note the contents of this report. • Recognise the risks identified in the report. • Be assured that the mitigations / controls identified are appropriate and effective.

Bridgewater Board

Title	Finance Report – December – Month 9
Author	Nick Gallagher – Executive Director of Finance
Date	3 February 2022
Purpose	To brief the Board on: • Financial position as at Month 9
Audience	Board

1.0 Executive Summary

1.1 The purpose of this report is to brief the Board on:

- Financial position as at Month 9
- CIP plans and delivery
- Capital and Cash.

2.0 Financial Position as at Month 9

2.1 The key headlines for month nine are shown in the table below:

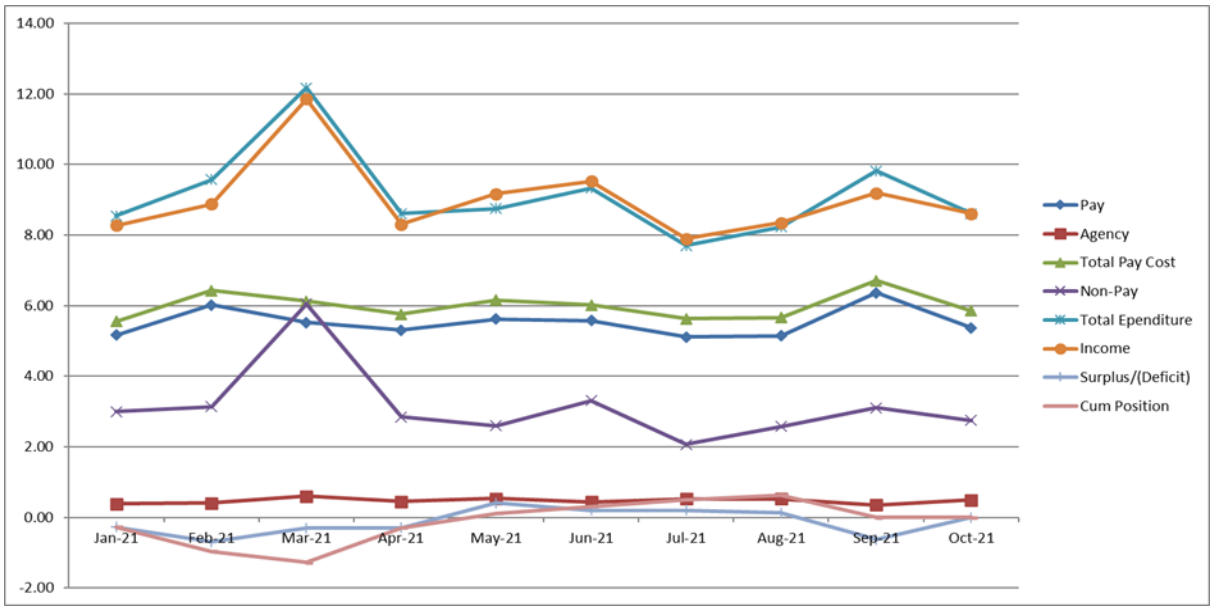
Summary Performance Month 9 2021-22	Month 9 Plan (£M)	Month 9 Actual (£M)	Month 9 Variance (£M)	YTD Plan (£M)	YTD Actual (£M)	YTD Variance (£M)	Full Year Plan (£M)	Forecast Outturn M9 (£M)
Income	(8.22)	(8.64)	0.42	(76.35)	(78.22)	1.87	(101.01)	(103.84)
Expenditure - Pay	5.44	5.25	0.18	49.98	49.00	0.99	66.13	65.62
Expenditure - Agency	0.64	0.52	0.12	4.48	4.24	0.24	6.38	5.59
Expenditure - Non Pay	2.14	2.61	(0.46)	22.03	24.65	(2.61)	28.65	32.52
EBITDA	(0.00)	(0.27)	0.26	0.15	(0.33)	0.48	0.15	(0.11)
Financing	0.00	(0.01)	0.01	0.17	0.07	0.10	0.17	0.11
Normalised (Surplus)/Deficit	(0.00)	(0.27)	0.27	0.32	(0.26)	0.58	0.32	0.01
Exceptional Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net (Surplus)/Deficit after Exceptional Items	(0.00)	(0.27)	0.27	0.32	(0.26)	0.58	0.32	0.01
Other Adjustments	0.00	(0.10)	0.10	(0.32)	(0.11)	(0.21)	(0.32)	(0.01)
Adjusted Net (Surplus)/Deficit	(0.00)	(0.37)	0.37	(0.00)	(0.37)	0.37	0.00	0.00
CIP	0.36	0.34	(0.02)	1.54	1.56	0.02	2.16	2.16
Capital	0.05	0.14	(0.10)	1.44	0.66	0.78	1.78	1.78
Cash	4.52	23.42	18.91	4.52	23.42	18.91	19.80	19.80
Use of Resources Metric	N/A	N/A		N/A	N/A		N/A	N/A

Favourable Variance Adverse Variance

2.2 The plan referred to is the final version of the H2 plan submitted to NHSE/I and reflects the transfer out of Maternity Services on 1st November 2021.

2.3 All month 9 run rates are consistent with average year to date spend.

2.4 As at month 9, the Trust is forecasting a breakeven position for 2021/22.



3.0 Cost Improvement Programme (CIP)

3.1 National guidance required the Trust to make CIP savings of 0.28% (£0.14m). Savings identified in 2020/21 H1 met this requirement. The Trust was required to deliver additional system savings of 1.25% (£0.61m) to support the system financial gap. The Trust was required to deliver £0.75m of overall savings in months 1 – 6 which were reported as being achieved.

3.2 For H2 the CIP requirement is currently 2.50%. The Trust is currently planning for 2.76% (estimated £1.40m). This equates to a year-to-date target of £1.56m which is reported as achieved, predominantly due to reduced travel, non-recurrent vacancies, a reduction in the IT support contract and the unavailability of additional Dental GA sessions included in the plan.

3.3 The table below provides further analysis of CIP achieved to date.

Area	H1 Actual £m	M9 Actual £m	H2 YTD £m	H2 Forecast £m	Recurrent	Non Recurrent
Dental GA Sessions	0.38	0.01	0.015	0.03		✓
ERF	0.08	-		-		✓
Travel	0.14	0.01	0.046	0.11	✓	✓
Workforce	0.16	0.25	0.515	0.80		✓
Procurement		-	0.035	0.11		
Estates & Facilities		0.03	0.096	0.20		
Other		0.05	0.104	0.18		
Unidentiified						
Total	**0.75**	**0.34**	**0.811**	**1.41**		

3.4 The Director of Finance meets with operational assistant directors and senior service managers on a monthly basis to discuss CIP development, monitoring and reporting. CIP savings already made continue to be identified, along with further saving opportunities.

4.0 Financial Out turn and Risk Range

4.1 The NHSE/I guidance expects systems to deliver a cumulative breakeven position at the end of the financial year.

4.2 Risks for Bridgewater have been included in the plan and the Trust is planning to manage these within the resource envelope; these include an element of pay award relating to local authorities which is unfunded and the risk associated with CIP above the system requirement.

5.0 Capital, Loans, Cash and Better Payment Practice Code

5.1 Total capital expenditure as at 31st December 2021 is £0.66m against the planned figure of £1.71m.

5.2 The underspend is primarily due to delivery delays relating to equipment for IT schemes, a reduction in value of other scheme, and some schemes which are no longer required. Capital spend is reviewed on a monthly basis by the Capital Council and performance and variances reported to the Finance and Performance Committee.

5.3 In December there was a net cash inflow of £1.29m with a closing cash balance of £22.42m.

5.5 The Trust cash balance is primarily due to the recovery of long term aged over the past 18 months that had been included in working capital cash loans prior to 2020/21. As part of the Department of Health loan restructure, these loans were converted to Public Dividend Capital. The Trust has continued to chase all debts, and a significant proportion of these debts has now been settled.

5.6 The Trust is in discussions with the national cash management team regarding the future utilisation of this cash balance.

5.7 Total debt as at 31st December is £13.51m excluding bad debt and credit note provisions, of which £10.37m relates to invoiced debt. Overall debt continues to decrease and reduced by £0.15m from November.

5.8 The table shows the percentage (number and value) of invoices paid within BPPC terms. Additionally, a creditor review has commenced with the aim of improving performance further.

	Target to be paid %	No of Invoices %	Value of Invoices %
Apr-21	95	93.9	85.1
May-21	95	91.8	87.2
Jun-21	95	92.4	87.0
Jul-21	95	98.5	99.7
Aug-21	95	99.3	99.4
Sep-21	95	97.7	96.4
Oct-21	95	97.9	98.2
Nov-21	95	97.8	98.9
Dec-21	95	98.1	97.8
Year to date performance	95	96.4	94.3

5.9 NHSE/I continues to focus on BPPC performance relating to the value of non-NHS invoices paid within terms in the coming months. The Trust has improved approval and payment times.

6.0 Use of Resources Rating (UOR) Finance

6.1 Due to the Covid-19 pandemic, reporting against the use of resources rating remains temporarily suspended.

7.0 Recommendations

7.1 The Board is asked to:

- Note the contents of this report.

Committee Chair's Report

NHS
Bridgewater
Community Healthcare
NHS Foundation Trust

Name of Committee/Group:	Finance and Performance Committee	**Report to:**	Board of Directors
Date of Meeting:	20th January 2022	Date of next meeting:	24 March 2022
Chair:	Tina Wilkins	Parent Committee:	Board of Directors
Members present/attendees:	Present: Tina Wilkins, Non-Executive Director and Committee Chair Linda Chivers, Non-Executive Director Gail Briers, Non-Executive Director Nick Gallagher, Director of Finance In attendance: Rachel Hurst, Deputy Director of Finance Jan McCartney, Trust Secretary John Morris, Deputy Director of Transformation/Estates Debbie Weir, Financial Controller Gareth Pugh, Assistant Director of Finance Observers: Paul Mendeika, Public Governor, Warrington Peter Hollett, Public Governor, Halton	Quorate (Yes/No): Key Members not present:	Yes Lynne Carter Dave Smith

Key Agenda Items:	BAF	RAG	Key Points/Assurance Given	Action/decision
Finance	4		Month 9 finance report received and provided assurance. The Committee noted that: • forecast for H2 21/22 is breakeven • improvement in BPPC performance	The Committee noted that once the plan for CIP for 22/23 has been agreed the CIP section of the finance paper will be expanded to provide further detail and assurance.

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

			• healthy cash position • significant recovery of aged debt • Capital behind plan - forecast to achieve	The Committee noted the significant improvement in BPPC due to the efforts across both operational teams and finance. The Committee noted that work was focused on ensuring that aged debt relating to Bolton and Oldham was resolved before year end.
Finance	4		2022/23 draft planning presentation paper received	The Committee noted the presentation and the relatively tight timescales and the combination of the range of performance priorities together with the current lack of clarity on CCG allocations. The Committee noted the ICS strategy and planning meeting on 28th January 2022. National dates for submission are 14th March and 28th April - it is likely ICS dates will be earlier than this and this should be confirmed at the meeting on 28th January 2022.
Performance	4,8		The Committee received the IQPR report followed by a presentation from the COO updating on the position as at month 9. Both IG and Dermatology were escalated prior to this as key areas of concern. Both reports highlight the range of challenges that the Trust faces as we travel through the year.	The Committee noted that the work done to identify an accurate dataset across the dental services and that this will then form the basis for plans to address service pressures including waiting lists. The committee focused on two particular areas of IG and Dermatology and the Committee were informed that a

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				report on Dermatology is due to the next Q&S Committee. IG was also raised at Audit Committee and discussed at People Committee. The Committee commented that the financially challenged services are also the services which are underperforming. The Committee noted that this is where the transformation work would be focused.
Digital	8		Digital Strategy – a verbal update was provided.	The Committee noted that the Director of Finance is procuring external resource as approved by EMT. Work continues on the strategy.
Digital	8		Chair's report from DIGIT distributed via e governance.	
Estates	4		No update this month	
Audit	4		Audit report - received and noted.	
Risk	4		Operational risk report - received and noted.	
BAF	4,7,8		BAF 4 – risk remains the same BAF 7 – risk remains the same BAF 8 – risk remains the same	The Committee noted that 2022/23 planning should be included in potential gaps. No risks of 15 or above for BAF 4,7,8

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Review of Committee Effectiveness	4,7,8		Review of Committee Effectiveness distributed via governance.		
Meeting Review – The Committee noted that holding a meeting for one hour was not long enough to conduct the business required even with a truncated agenda and that in future more time would be provided. The Committee commented on the good standard of the reports and going forward the Committee would work on the basis that reports had been read and that key issues would be highlighted.					
Risks Escalated – None **Actions delegated to other Committees** – **None**					

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee Chair's Report

NHS
Bridgewater Community Healthcare
NHS Foundation Trust

Name of Committee/Group:	Audit Committee		**Report to:**	Board of Directors
Date of Meeting:	13 January 2022		Date of next meeting:	27 April 2022
Chair:	Linda Chivers		Parent Committee:	Trust Board
Members present/attendees:	**Committee Members Present** Linda Chivers, Committee Chair Gail Briers, Non-Executive Director Tina Wilkins, Non-Executive Director Sally Yeoman, Non- Executive Director	**Officer in Attendance** Nick Gallagher, Director of Finance Lynne Carter, Chief Nurse Sarah Quinn, Chief Operating Officer Jan McCartney, Trust Secretary Rachel Hurst, Deputy Director of Finance Debbie Weir, Financial Controller Anne-Marie Harrop, MIAA Regional Assurance Director Phillip Leong, Anti-Fraud Specialist, MIAA James Boyle, Director, Public Sector Audit, KPMG Adam Lyon, KPMG **Observers** Rita Chapman, Lead Governor Bill Harrison, Governor	Quorate (Yes/No): **Key Members not present**: Abdul Siddique, Non-Executive Director	Yes **Apologies received from** Lisa Warner, Audit Engagement Manager, MIAA Sandra Cudlip, MIAA Engagement Lead Ted Adams, Medical Director (with consent of the Chair)

Key Agenda Items:	**BAF**	**RAG**	**Key Points/Assurance Given**	**Action/decision**
e- Governance approval of proposed revisions to the SoRD, Scheme of Reservations and Delegations t	1,4		Confirmation was received that a quorate decision was made by e-governance to approve the revisions to the SoRD	Assurance received
e-Governance to note the Self-Assessment of effectiveness of the Committee	1		Confirmation was received that a quorate decision was made by e-governance to note the self-assessment of the Audit Committee's effectiveness	Assurance received

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

e-governance to note the formal report into Market Testing exercise for Internal Audit Services	1		Confirmation was received that a quorate decision was made by e-governance to note the written report confirming the process undertaken in the appointment and ongoing contract arrangements for the Trust's Internal Audit service	Assurance received
e-governance to note the progress report on Anti-Fraud services	1		Confirmation was received that a quorate decision was made by e-governance to note the progress report provided by MIAA on the current position regarding the Anti-Fraud services	Assurance received
One item of urgent business was taken at the request of NED Gail Briars to consider and discuss the Information Governance Compliance levels	1, 2		Concerns were discussed on the likelihood that the Trust would fail to achieve the required levels of compliance for IG training and the potential resultant impact on the Trust's ability to achieve the mandated levels of compliance with the Data Security and Protection Toolkit which may impact on the Trust's Head of Internal Audit Opinion for the year. It was also noted that any risk-based decisions need to be robustly documented.	Compliance levels will be kept under review by Q&S Committee. Matter will also be raised at Finance & Performance Committee. Agreed training needs to be prioritised to ensure compliance levels are achieved. Following the Q&S Committee should a further stance be needed, an additional meeting of Audit Comm Chair, F&P Comm Chair, Q&S Comm Chair and Lead Execs would be called.
Well-led – Monitoring of Action Plan	1		The Committee received a verbal update from the Committee Chair and Trust Secretary on the improved format of the report and agreed reporting flow through committees.	Each Committee to monitor delivery of actions relating to their sphere of activity
Registers of Interests	1		The Committee received updates on new declarations of interest from Board Directors and staff and on the declaration of Gifts and Hospitality. Subject to the addition of detail on the Trust's mitigation for any declared interests the registers will be published.	Assurance received

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

			The Committee were appraised that moving to the use of ESR as the collection vehicle for declarations of interest would not be possible this year given the pressures on staff.	
Review of Losses, Special Payments and Waivers	1,4		Proposed bad debt write offs totalling £5,525.82 were noted and assurance received that all possible recovery options had been exhausted. The committee were assured that due process had been followed for all 14 waivers which were documented.	Assurance received
Update on Annual Accounts progress	1,4		A verbal update was given that the Interim Audit was ongoing and to date no major issues had been raised.	Assurance received
Mersey Internal Audit Agency Progress Report	1, 2,		Whilst there have been some delays in finalising a number of ongoing reviews, assurance was provided that there would be no issue in relation to the year end Head of Internal Audit Opinion. The Committee considered the findings of the Quality Impact Assessment Audit which received High Assurance. The Committee considered a request to change the timing of the E-Rostering which was approved. It was also agreed that the timing of the Quality Spot Checks could be pushed back to the end of February.	Assurance received. High Assurance level of QIA Audit to be added to the BAF
KPMG External Audit Update	1,4		The Audit Plan for 2020/2021 was shared and it was confirmed that the key risks identified would be kept under review by KPMG.	Assurance received.

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	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

			Assurance was provided by officers that the preparatory work to comply with disclosures relating to IFRS 16, leases was underway.	
Agreement of External Audit Fees for 2020/2021	1,4		The Committee were advised that proposed Fees for the 2020/2021 Audit were in line with the contract at £92,700, notwithstanding there would be an additional Fee in relation to IFRS16 which was yet to be confirmed. The Fees for External Audit must be agreed by the Council of Governors and following a recommendation from the Audit Committee this would be sought by e-governance.	Assurance received Paper to be circulated to Council of Governors for approval.
Committee Members private meeting with MIAA	1		Committee members took the opportunity to meet with MIAA in relation to the provision of Internal Audit and Anti-Fraud services, as set out in the Terms of Reference. This was a positive meeting and there are no issues to escalate to the Board.	
Risks Escalated – None from the meeting				

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	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee Chair's Report

NHS
Bridgewater Community Healthcare
NHS Foundation Trust

Name of Committee/Group:	People Committee	**Report to:**	Board of Directors
Date of Meeting:	19 January 2022	Date of next meeting:	16 March 2022
Chair:	Abdul Siddique, Non-Executive Director	Parent Committee:	Board of Directors
Members present/attendees:	<u>Members</u> Abdul Hafeez Siddique, Non-Executive Director (Chair) Linda Chivers, Non-Executive Director Sally Yeoman, Non-Executive Director Tina Wilkins, Non-Executive Director Paula Woods, Director of People & Organisational Development Dr Ted Adams, Medical Director <u>In attendance</u> Jo Waldron, Deputy Director of People Jeanette Hogan, Deputy Chief Nurse Christine Whittaker, Associate Director of Organisational Development Mike Baker, Assistant Director of Communications Tania Strong, Interim Head of Human Resources *(left before11.00 am)* Kathryn Sharkey, Head of Workforce Ruth Besford, Equality and Inclusion Manager Denise Bradley, Unison Bridgewater Branch Secretary & Staff Side Chair Jan McCartney, Trust Secretary Paula Halsall, Lead Infection Prevention and Control Nurse/Deputy Director Infection Prevention and Control Rita Chapman, Lead Governor	Quorate (Yes/No):	Yes
		Key Members not present:	Lynne Carter, Deputy CEO/Chief Nurse Rachel Game, Governor Observer

Key Agenda Items:	BAF	RAG	Key Points/Assurance Given	Action/decision
RISK REPORT UPDATES • **HR** • **OD/EPD**	5 and 6		It was noted that there were no updated reports for this Committee. Risk Council has been stood down temporarily.	
IQPR – PEOPLE INDICATORS	5 and 6		The 5 IQPR people indicators were presented to the Committee. An 'as is' position was included to mitigate the delays in receiving timely information due to meeting cycles. All People indicators were reporting at red. 4 of the 5 indicators have slightly deteriorated, with the exception of PDR, which has shown an increase month on month since June 21 with end of November reporting at 52.45%. Work continues in the HR Team to support progress against the People Indicators. The standing up of the relevant committees/councils will support closer scrutiny at an operational level and the actions required to make improvements. A discussion took place about PPDR compliance and despite there being an improvement month on month, there is still some progress to make. The Committee was reminded that the focus was on meaningful conversations about wellbeing, objectives and development. Communications were ongoing with reminders to log PPDR meetings on ESR once done. The Deputy Chief Nurse noted her observations of being in services that conversations are taking place; however we continue to encourage managers to report them timely. Mandatory and Statutory Training continues to be a challenge – paper presented and discussions noted later in the agenda. The Committee asked for the Corporate Induction target be reviewed to take into account challenges around staff who have 2 roles and/or being part-time, impacting on the ability to achieve 100% compliance. Paper presented later in the agenda.	The Committee noted and were assured of the progress with the indicators, further updates will be provided at future meetings. See Mandatory & Statutory Training item below. See Corporate Induction item below.

Key Agenda Items:	BAF	RAG	Key Points/Assurance Given	Action/decision
DIRECTOR'S UPDATE REPORT	5 and 6		The Director's Update Report was presented to the Committee for information and assurance purposes. The following areas were highlighted to the Committee by Paula Woods, Director of People & OD. **The Future of NHS HR & OD** - The report outlines a vision and actions that support the delivery of the four People Plan pillars. The 10-year vision for HR and OD in the NHS for 2030 has eight themes as listed below. Each theme has a vision statement. 1. Prioritising the health and wellbeing of all our people 2. Creating a great employee experience 3. Ensuring inclusion and belonging for all 4. Supporting and developing the people profession 5. Harnessing the talents of all our people 6. Leading improvement, change and innovation 7. Embedding digitally enabled solutions 8. Enabling new ways of working and planning for the future Professional standards to support the people profession are being worked on nationally alongside professional bodies. The delivery of the programme will be overseen by the People Plan Delivery Board and regionally by People Boards. Actions will be incorporated into national planning guidance. Following the national launch of the report, the North West Networks have met to consider priorities and responses to the report. A facilitated session took place in December with a further session planned by the end of January. The outcome will be agreed priorities for the region. To ensure this is engaging and as effective as possible, the invites will be	The Committee noted the report and its contents. Further updates on the workstreams will be provided in future meetings as they progress. Further update on VCOD to be presented at next Committee.

Key Agenda Items:	BAF	RAG	Key Points/Assurance Given	Action/decision
			extended to HR & OD Deputies and Staff-side Colleagues. The outcome will be one whereby we go back to the national People Team with a North West "Offer". Following on from that, we will consider how we launch our work programmes with other stakeholders beyond our Trusts, HR and OD Communities. The issue of the report will assist the refresh and finalising of the Trust's Workforce Strategy (to be renamed People Strategy) as tabled at the Committee meeting in November. **North West Apprenticeships Strategy Group: Newly established from February 2022 -** Health Education England North West are forming a strategic group with the intention of facilitating robust conversations around the vision for Apprentices for the North West, recognising that bringing all employers together to work together to procure and support apprentices has significant benefits to all employers and apprentices. The North West Apprenticeships Strategy Group will meet quarterly to: 1. Oversee and support strategic approaches and workstreams developed across the North West region with the purpose of delivering the supply of workforce via apprenticeship pathways. The group will report into the National Talent for Care team and to the North West Regional Management Team. 2. Ensure employer led ethos of apprenticeships is realized to promote widening participation in apprenticeships and workforce development. The above will operate at a strategic level only. The operational aspects of Apprenticeships and the Apprenticeship Levy was presented as later item on the Committee agenda – see below.	

Key Agenda Items:	BAF	RAG	Key Points/Assurance Given	Action/decision
			Disability Confident Pilot: Accreditation and Recruitment Programme - Acceptance of our Expression of Interest – The Director was pleased to report that our expression of interest that we submitted for the Disability Confident Pilot, which is to be run in conjunction with the Shaw Trust and Indeed, has been accepted. We were advised that they were overwhelmed with both the quality and quantity of the responses received, with almost a third of all Trusts submitting an expression of interest (EoI). This was acknowledged as incredibly positive and is reflective of an appetite for change. Our Lead for the Pilot is the Trust's Equality & Inclusion Manager, Ruth Besford. Ruth was notified on the 24th December 2021 of our assigned Project Manager. A meeting will be arranged by the end of January to scope out the following: • Establishing stakeholders • Ensuring the availability of relevant policies • Setting relevant milestones • Deciding which resources need to be in place • Discuss if there are any policy needs/overlap **Mandating Covid-19 Vaccinations as a condition of deployment in Health and Social Care Sectors -** Further the last update report, NHS England and Improvement (NHSE&I) has now shared operational guidance to assist Trusts with preparing and implementing the new regulations coming into force on 1 April 2022. They require providers of regulated healthcare services in England to ensure that workers who are deployed as part of a regulated activity and have face-to-face contact with patients or service users have received two	

Key Agenda Items:	BAF	RAG	Key Points/Assurance Given	Action/decision
			doses of an approved COVID-19 vaccine, unless they are medically exempt. Guidance from NHSE/I has been received in 2 phases as follows: Phase 1 – Planning and Preparation Phase 2 – Implementation The Director of People (DoP) outlined the progress to date in full partnership with our staff-side colleagues. A task and finish group with key personnel has been set up to work through the required actions. The DoP assured that dismissal, as referred to in the regulations and guidance, would be a last resort and alternative options such as redeployment, role redesign and estates changes will be looked into fully. The DoP outlined that the issue of the 'scope' of the regulations continues to be of concern nationally, regionally and locally. At the time of writing this Chairs report, regional scoping principles have been shared with the intention of us reviewing and agreeing these locally with our staff side colleagues. Further updates will be provided at the next Committee in March 22. 'Incidental' contact with patients and service users will not be further defined.	
MEDICAL APPRAISAL AND GMC REVALIDATION REPORT			The Medical Appraisal and GMC Revalidation Report was presented for information and assurance to the Committee. The Medical Director reported that the Trust has a robust tracking and monitoring process to ensure doctors are revalidated or deferred in accordance to GMC guidelines. It was reported that the Trust was at 90% compliance against the national target of 90% with 1 revalidation, 1 deferral in accordance to our trust policy and no non-engagers.	The Committee noted the content of the report and were assured. Medical Director to provide update to next Committee particularly in relation to action 9 of the action plan.

Key Agenda Items:	BAF	RAG	Key Points/Assurance Given	Action/decision
EQUALITY, DIVERSITY AND INCLUSION	5 and 6		The report was provided for information and assurance on our ED&I agenda. It was noted that upon the development of the PODs in-line with the People Plan delivery - to support the embedding and collaboration of ED&I with other areas of work, there has been some discussion and progress in integrating EDI initiatives into wider pieces of work – this will continue to develop and evolve over time. This paper provided an update to this Committee on three areas of equality, diversity, and inclusion: • Equality Objectives and Six High Impact Areas for Equality Action Plan • Gender Pay Gap Report 2021 (approved by e-governance) • Staff Networks In line with annual reporting requirements, the Committee were asked to approve onward referral of the Gender Pay Gap Report to Trust Board for overall approval/sign off, as endorsed.	**Onward referral of the Gender Pay Gap Report to Trust Board for overall approval/sign off, as endorsed.** **The report, approved by e-governance is attached.**
REVIEW OF STAFF SICKNESS AGAINST TRUST TARGET	5 and 6		The report was provided for information and assurance purposes. Trust sickness absence for the period 01 January to 31 December 2021 was 6.25% compared to 01 January to 31 December 2020 (5.54%). The Trust sickness absence target is 4.80. Over the rolling 12-month period, rolling sickness absence rates have fluctuated between 5.27% and 6.25%. Rolling absence % rate has shown an increase from April 2021. Actual sickness absence % rate has fluctuated month on month. From September 2021 it has shown a month-on-month increase. The report highlighted the interventions in place to support improvements in sickness absence rates, including dedicated	The Committee noted the content of the report and were assured that the appropriate scrutiny was being applied.

Key Agenda Items:	BAF	RAG	Key Points/Assurance Given	Action/decision
			HR support and guidance to service areas and the Trust's Health & Wellbeing offer.	
FLU CAMPAIGN AND COVID VACCINATION PROGRAMMES			This report was provided for assurance purposes on the operational delivery and current status of this season's annual flu and COVID-19 booster vaccination programme. The paper detailed the background to the vaccination programme, the challenges the Immunisation team had faced, updates on the number of staff who had received Covid-19 and flu vaccinations, data collection and analysis methodologies and communication and wellbeing plans. The Committee noted the positive progress made, despite the challenges faced and the fact that the Trusts position was favourable in comparison with neighbouring Trusts.	The People Committee was asked to acknowledge this report for assurance on the delivery and achievements of the Trust vaccination programme.
EMPLOYEE RELATIONS REPORT INCLUDING FREEDOM TO SPEAK UP REPORT	5		The report was provided as further assurance on the management of employee relations cases and the Committee were asked to note the progress with the management of various employee relations cases. The Trust's Just & Learning Culture Journey will continue to support improvement and promotion of restorative interventions wherever appropriate.	The report was noted by the Committee.
SYSTEM STAFFING IMPLEMENTATION UPDATE	5 and 6		Significant progress has been made and all Warrington and Halton service rosters are now built into the system with plans to progress Dental throughout January and February. The introduction of SafeCare will support better caseload management based on complexity of care and skills required.	The report was noted and the Committee were assured on the progress.
HR POLICIES AND PROCEDURES	5		The progress with the review and approval of HR Policies and Procedures was provided for information and assurance purposes. It was noted that 3 policies had been reviewed with	The report was accepted.

Key Agenda Items:	BAF	RAG	Key Points/Assurance Given	Action/decision
			highlights of the key legislative changes provided to the Committee for ease of reference: • The Secondment Policy • The Smoke Free and Smoke Free Environment Policy • Maternity, Maternity Support (Paternity) and Adoption Leave Policy and Procedure It was noted that the Trust's ED&I Manager has developed a Menopause Policy which has been through the appropriate consultation with final sign off at the end of January.	
COMMUNICAITONS UPDATE	5		The Communication Update report was provided for information and assurance purposes. The report highlighted the current and future workings of the Communications Team both from an internal and external communication perspective. It was noted the change of portfolios to bring the Staff Engagement Agenda/Team into the Communications Team to support better cohesion in the agendas.	The report was noted and the Committee were assured on the progress.
DELIVERY OF OCCUPATIONAL HEALTH SERVICES (ANNUAL UPDATE)	5 and 6		The Delivery of OH services annual update report was provided for information and assurance purposes. It was noted that the report provided 6 months of data, taking into account the new contract with PAM (People Asset Management) which commenced on 01st April 2021. The report provided an overview of the current provision, associated activity and a selection of key service developments. Provision is monitored via monthly contract meetings with an aim to continually grow the best offer for the Trust and staff. The steady improvement in KPI's over the last 6 months was noted by the committee despite the management of backlog from the previous provider.	The report was noted and the Committee were assured on the progress. There was an appreciation that the majority of providers were impacted by the pandemic.

Key Agenda Items:	BAF	RAG	Key Points/Assurance Given	Action/decision
ORGANISATIONAL DEVELOPMENT UPDATES:	5 and 6		Three reports were presented for information and assurance purposes – PPDR & Mandatory and Statutory Training Compliance, Consideration of the revision of the Corporate Induction Compliance Target, Deep Dive: Safeguarding Training Compliance – updated action plan.	
PDR AND STATUTORY & MANDATORY TRAINING COMPLIANCE	5 and 6		The Committee noted the contents of the report. A discussion took place in relation to the slow progress against the Mandatory Training compliance and it was suggested that there be a review and scoping exercise of the Mandatory Training modules and subsequent actions to drive up improvements in compliance rates. It was suggested by the Chair that a meeting took place outside the Committee to take a closer look at this.	The Committee noted the reports. Meeting to be set up with Committee Chair and Director of People.
CORPORATE INDUCTION – CONSIDERATION OF THE REVISION TO THE CORPORATE INDUCTION COMPLIANCE TARGET (E-GOVERNANCE)	5 and 6		The report was presented for approval by the Committee to progress the revision of the Corporate Induction Attendance compliance target from 100% to 95%. This would require overall Board approval. Approval was via e-governance and the compliance level of 99% at present and for some time was acknowledged. It was noted that this would be communicated to the Finance and Performance Committee.	The Committee noted the report and approved the revision of the Trust's Corporate Induction Attendance Target from 100% to 95%. **The Trust Board are asked to endorse the Committee's approval to change the attendance target to 95% with effect from February 2022.**
DEEP DIVE: SAFEGUARDING TRAINING COMPLIANCE – UPDATE ON ACTIONS	5		The report was provided for information and assurance purposes. The Committee noted the extensive work that has	The report was noted and the Committee were assured on the progress.

Key Agenda Items:	BAF	RAG	Key Points/Assurance Given	Action/decision
			and is taking place to drive improvements through the development of a robust action plan.	
APPRENTICESHIP SCHEME AND LEVY	5 and 6		The Apprenticeship Levy report was presented for information and assurance. The report provided details of the 2017 Apprenticeship reforms, the introduction of the Apprenticeship Levy and described the progress the Trust has made to date and the opportunities and plans for further growth. The work here will be heavily supported by the Strategic work taking place regionally as noted in the Director of People update report.	The report was noted and the Committee were assured on the progress.
MIAA INTERNAL AUDIT UPDATE – WITHIN REMIT OF THE PEOPLE COMMITTEE	5 and 6		No audits to update on at this Committee.	
BOARD ASSURANCE FRAMEWORK & RISK REGISTER	5 and 6		The Committee reviewed the following areas of the BAF: BAF 5 – Staff Engagement & Morale: • A review of BAF 5 was undertaken. It was suggested that fortnightly catch up meetings with Staff-side colleagues be added to the prevent, controls and assurance. BAF 6 – Staffing Levels: • A review of BAF 6 was undertaken: No changes were proposed, other than possible consideration to the above.	The Committee were assured on the progress and governance around the monitoring of the BAF.
ANY ITEMS FOR ESCALATION TO BOARD OR SHARING WITH OTHER COMMITTEES	5 and 6		Agreed items for escalation were as follows: Board Overall Approval: • Gender Pay Gap report for approval	Gender Pay Gap Report attached as referenced above.

Key Agenda Items:	BAF	RAG	Key Points/Assurance Given	Action/decision
			• Revised Induction Attendance Target from 100% to 95% from February 2022	
REVIEW OF MEETNG ANY ITEMS TO BE ADDED TO THE BOARD ASSURANCE FRAMEWORK			Connectivity across the committee is evident. Suggestion that if the agenda is moved around to accommodate presenters that they highlight the page number for reference prior to presenting. This will make it easier for Members to locate the reports as presented.	
Risks Escalated • **None**				

NHS
Bridgewater
Community Healthcare
NHS Foundation Trust

Gender Pay Gap

For 31 March 2021

Quality first and foremost

Introduction

Welcome to our Gender Pay Gap report for March 2021.

Bridgewater's overarching mission is *to improve local health and wellbeing in the communities we serve*. To do this we need to ensure our workforce is diverse, inclusive, talented, engaged, supported, and recognised for the valuable work they do every day.

Our mission is underpinned by our *PEOPLE* values:

- Person centred
- Encouraging innovation
- Open and honest
- Professional
- Locally led
- Efficient

And by our five strategic objectives, one of which is *to actively promote equality, diversity, and inclusion by creating the conditions that enable compassion and inclusivity to thrive*.

Gender equity is an important part of creating and retaining the workforce we need to achieve our mission, and we work to consider and understand gender equity and barriers to this at every stage of the workforce journey.

Since 2017 Gender Pay Gap legislation has required all employers with more than 250 staff to publish annual information on the pay gap between their male and female staff. For public sector organisations such as the NHS the snapshot date for data capture is 31 March.

The Gender Pay Gap regulations require a number of figures to be reported:

- Mean (average) gender pay gap in hourly ordinary pay
- Median (middle) gender pay gap in hourly ordinary pay
- Mean (average) gender pay gap in bonus pay
- Median (middle) gender pay gap in bonus pay
- Proportion of men and women in each pay quartile
- Proportion of men and women receiving bonus pay

Ordinary pay includes basic pay, allowances, and enhanced and special duties pay. It doesn't include any type of bonus pay. For this calculation just the snapshot date is used, so if staff were not paid for any reason (career break or statutory sick or maternity pay for example) on 31 March they are not included.

Bonus pay in Bridgewater is Clinical Excellence Awards; a national scheme for Consultants that recognises contribution to high quality care and service improvement and innovation. The relevant dates for bonus pay is full year, so in this report 1 April 2020 to 31 March 2021.

It is important to recognise that the gender pay gap is not the same as equal pay. Equal Pay legislation relates to unequal pay, a difference in pay between a man and a woman, or a group of men and a group of women, doing the same or a similar job (or a job of equal value) – unequal pay is unlawful.

The gender pay gap shows the difference in average pay of all men and all women employed by an organisation – everyone, in every role. It is possible to have equal pay within an organisation while still having a gender pay gap, however it should be noted that a particularly large gender pay gap can indicate issues to deal with in an organisation.

You will find in our report an overview of our March 2021 results along with some further information and analysis, and the link to our Trust action plan and wider work for equality, diversity, and inclusion.

Thank you for taking the time to read our gender pay gap report. Should you have any queries or questions or if you would like to request the contents of this report in another language or format, please contact our Equality & Inclusion Manager in the first instance, details below.

Paula Woods *(Director of People and Organisational Development)*

Ruth Besford *(Equality & Inclusion Manager)*

ruth.besford@nhs.net

Executive Summary

As an employer we are committed to ensuring that our pay practices are transparent, fair, and equitable.

As a Trust we operate the national NHS job evaluation pay scheme, and terms and conditions of service. Relevant roles in Bridgewater are placed within one of these agreed pay grades, with grades being determined based on level of responsibility, qualification, and experience required to effectively undertake the job. Progression for all staff in Agenda for Change pay bands from 2021 is through the nationally agreed pay step progression process which we have equality impact assessed internally. We also operate Medical and Dental pay and terms.

We work closely with our Staff-side colleagues to ensure the schemes are implemented fairly and consistently at every stage of employment.

This report details our headline gender pay gap figures as at 31 March 2021 with a brief analysis and narrative of our understanding of the drivers for these results, and a review of progress since March 2019. It can be seen that the overall percentages of female and male staff have remained largely the same over three years of reporting. There have been small changes but not significant.

We feel it is important before we begin to detail our results to state that while the national reporting mandate for the gender pay gap is for the binary norm of male and female, we recognise that not all staff will identify within these confines. We are working to engage with these staff, to listen to their lived experience so that we can ensure the employment experience we provide is equitable, and that they feel supported, valued, and included within the team that is Bridgewater.

Pay Infrastructures

A point to note is that where staff are positioned within the national pay scales is based on length of service and experience. Jobs may be rated as equivalent by banding and have staff within the same job role at different points of the pay spine. By its very nature, this will result in pay differentials and differences in hourly rates.

Proportion of men and women in each quartile – ordinary pay

More details are given from page 6 of this report, but briefly, we employed 1,680 relevant staff as at 31 March 2021. The gender split was 90.65% female, 9.35% male.

For gender pay gap calculations all staff are split into pay quartiles based on hourly rate of pay, four quartiles for male staff and four for female staff.

In March 2021 men were over-represented in quartiles 1, and significantly quartile 4 compared to the average for all four quartiles, with women correspondingly under-represented slightly in these two quartiles.

Our data indicates that this is based on role type, with roles in quartile 1 covering administrative roles, apprenticeships, and healthcare support worker positions, but importantly for male representation some roles where men are more likely to be seen in post such as posts in the Trust's Wheelchair and Community Equipment Store Services. In quartile 1 there are 370 female staff and 50 male staff, an 88.1 to 11.9% gender split.

Quartile 4 has roles within the Senior Management Team, including in more traditional male roles such as IT and Finance, most Medical and Dental positions, Advanced and Specialist Practitioners, and the Executive Management Team. In quartile 4 there are 364 women and 56 men, equating to an 86.7% to 13.3% gender split.

Mean gender pay gap – ordinary pay

The mean gender pay gap is the difference in average hourly pay between female and male staff. For March 2021 this was 16.14%, this equates to £3.26. Men on average earn £3.26 more than women in our workforce. As stated above, this may be based on where they are positioned on the pay scale as per service and experience.

Our mean gender pay gap has improved, but we know there is work still to do to better understand and close this gap. Whilst our analysis shows that our results are impacted by the numbers and percentages of male staff who are higher earners when compared to the overall workforce breakdown, what we are working on are actions to better understand if there are there any barriers to progression for female staff. To do this we will be engaging with staff as part of our talent management and succession planning frameworks. This will include a review of successful appointments into higher paid roles as part of our recruitment and retention work.

We are currently looking at our competency frameworks to support career progression and workforce planning will focus on skills mix.

Median gender pay gap – ordinary pay

The median gender pay gap is the difference in the mid-point of the two quartile lists.

For March 2021 this was 2.37% or £0.38. Again, this has been an improvement on the previous year's results.

Bonus gender pay gap

Bonus pay for the Trust refers to Clinical Excellence Awards – this is a national scheme that recognises and rewards consultants who contribute most to the delivery of safe and high-quality care to patients, and to continuous improvement of NHS services. This is awarded annually based on a full year, April to March, and is determined by a panel convened to review applications made.

Our bonus pay figure for March 2021 was -100%. This means that only female staff received bonus pay in the relevant period, there was no gender pay gap with men.

Whilst we have reported via the Government website we are unable to give further details in this report as staff numbers are below 10 and therefore potentially person identifiable. This follows Data Protection Act 2018 guidance.

Why is there a gender pay gap?

Our understanding is that the gender pay gap in Bridgewater exists as a result of the difference in gender across some staff groups, i.e. medical and dental, and senior management/executive teams, and in the overall quartile breakdowns, particularly in quartile 4.

The Medical and Dental workforce while small does not represent the overall Trust gender profile with a much higher percentage of male staff, all of whom are within quartile 4, the highest pay

quartile. While this is reflective of qualifications and experience, and also of general gender profiles in this workforce, it does affect overall Trust results.

Similarly for Senior Management and Executive Management Teams, we have more female staff. The difference in representation of men when compared to lower pay bands, and the wider range of hourly rates in quartile 4 impacts on our results.

In the quartiles, as can be seen later in the report, there is a much higher percentage of male staff in quartile 4 - a third of male staff are in quartile 4 compared to a quarter of female staff. The difference in hourly rate across quartile 4 is also much greater than in quartiles 1 to 3. This affects the mean results particularly, with the mean result showing a larger gender pay gap as the highest salaries for men in quartile 4 shift the average hourly pay upwards.

For the median result the buffering effect of Agenda for Change banding we believe results in a lower figure – again the small number of male staff and numbers of men in quartile 4 move the mid-point up when compared to women, but not as significantly.

As stated earlier, we apply the NHS Agenda for Change Job Evaluation Scheme and associated pay scales for the majority of our workforce. We are aware that the aim of the pay system is to ensure that staff are paid equal pay for equal or equivalent work. That said, as the pay system is based on length of service and experience, the actual hourly rate can vary based on where within a pay band a staff member sits, based on experience, qualifications, and length of service. All three are recognised over time with progression up the pay band.

Our analysis of length of service did not identify any disparity between male and female staff, but we do know that traditionally women are more likely to take a break in employment to undertake the raising of a family or to care for loved ones who through frailty, disability, or illness need extra support. This could impact on the starting earning potential of those returning to the workplace after a career break. There are national policies on such breaks from service.

Most of our workforce are within Agenda for Change pay bands 3 and 7. That equates to 1,339 members of staff. The numbers of these staff, and their respective length of service will mean that these pay bands are spread across all four quartiles, with the smaller number of Band 8a and above staff appearing in quartile 4. As the pay band increases beyond band 7 the percentage of male staff increases. Though small in number this has an impact on hourly rates and the gender pay gap.

Gender Pay Gap Results – 31 March 2021

Overall workforce figures

Table 1 below shows total female and male staff employed in March 2019, 2020, and 2021.

Table 1: Overall workforce by gender and year (showing total and percentage)

	March 2019	March 2020	March 2021
Female	2,614 (91.05%)	1,601 (90.9%)	1,523 (90.65%)
Male	257 (8.95%)	160 (9.1%)	157 (9.35%)
Total	2,871	1,761	1,680

As can be seen Bridgewater has seen a reduction in staff over the last few years, reflective of the changing landscape of the NHS as services are subject to procurement processes and reconfigured into Integrated Care Systems at place/borough level. There have been small fluctuations in the percentage of male to female staff, but this has remained around 90.5% to 91.0% female.

NHS Employers data shows an overall NHS gender profile in England of 23% male to 77% female. As a Community Trust, we reflect traditional gender representation in the staffing groups and role types such as Community Matrons, District Nurses, Health Visitors, and School Nurses.

We are working hard and are committed to to increasing diversity across our workforce, including the promotion of nursing, midwifery, and health care support worker roles to potential male (and transgender, non-binary, and other gender identity) applicants.

In 2021 we recruited to a number of Healthcare Support Worker Apprenticeship roles that saw a greater diversity of applicants. This was a recruitment campaign that we received a national Nursing Times Award for in 2021 – Best Recruitment Experience.

Our Medical and Dental, and Board level executive workforce are small in numbers, but show a significant difference in gender breakdown, as can be seen in table 2 below:

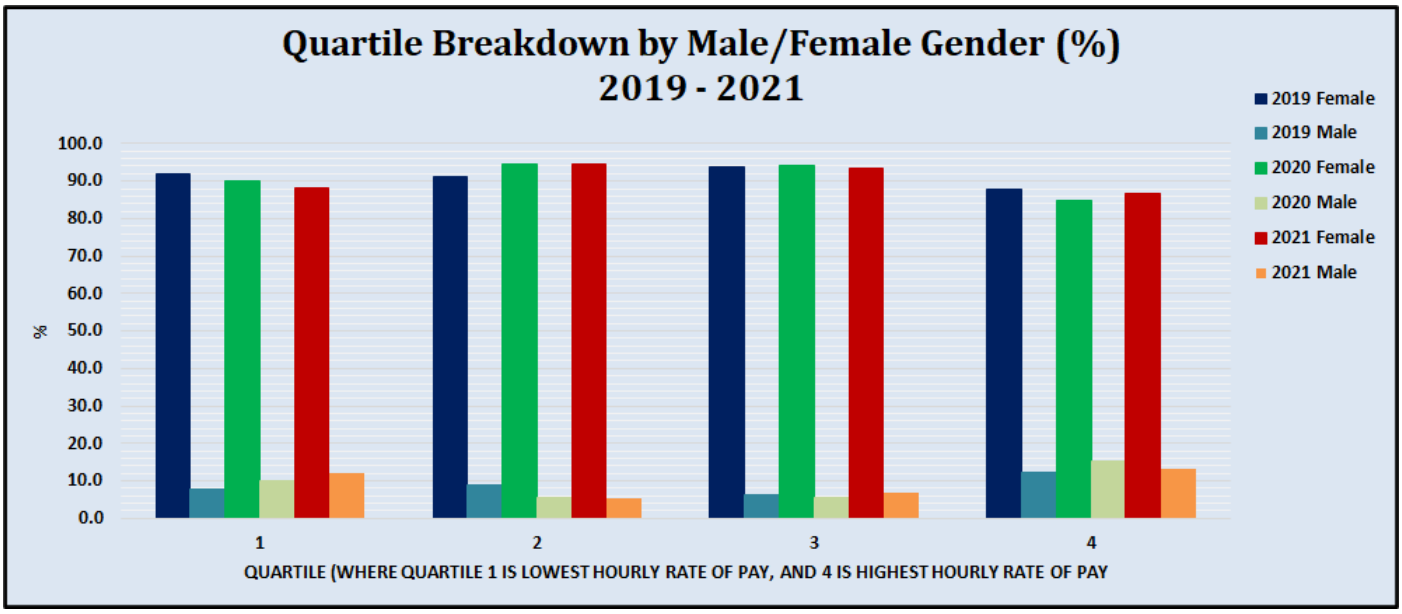
Table 2: Workforce gender breakdown by staff group at March 2021 (percentage)

March 2021	Female (%)	Male (%)
Overall Workforce	90.65	9.35
Agenda for Change Workforce	91.35	8.65
Medical and Dental Workforce	81.11	18.89
Very Senior Managers	57.14	42.86

Quartile figures

Our first figure shows the breakdown of female and male staff by quartile at March 2019 to March 2021, that is the percentage of female to male staff in each of four groups based on hourly rate of pay on 31st March; the higher percentage of male staff in quartiles 1 and 4 can be seen.

Figure 1: Quartile breakdown of staff by gender from 2019 to 2021 (percentage)



It can be seen in this image that the overall percentages of female and male staff have remained largely the same over three years of reporting. There have been small changes but not significant. Actual numbers are detailed in table 3 below:

Table 3: Quartile breakdown of staff by gender from March 2019 to March 2021 (totals)

	March 2019		March 2020		March 2021	
	Female	**Male**	**Female**	**Male**	**Female**	**Male**
1	660	57	397	44	370	50
2	621	61	416	24	397	23
3	626	42	415	25	392	28
4	707	97	373	67	364	56
Average	**654**	**64**	**400**	**40**	**381**	**39**

Looking at roles in quartile 1, we found staff in administrative, technician, healthcare assistant, and apprentice roles. Looking at the other end of the scale at quartile 4 we found the Medical and Dental roles, such as consultants, and senior dental officers, along with the executive and senior management team. In both quartiles there are a significant number of female staff, but the percentages show a slightly higher figure for men than in quartiles 2 and 3 and the average overall.

Mean and median gender pay gap – ordinary pay

Mean gender pay gap results March 2021

The mean gender pay gap for ordinary pay is the difference in the average hourly pay paid to men and women employed by the Trust.

To work out the mean gender pay gap result the hourly rate of pay for each relevant member of staff must be calculated. The total hourly pay for all women is then added together and divided by the total number of female staff, and the same calculation done for male staff; this gives the two mean hourly pay rates to compare.

As at 31 March 2021 we had a mean gender pay gap of 16.14% or £3.26.

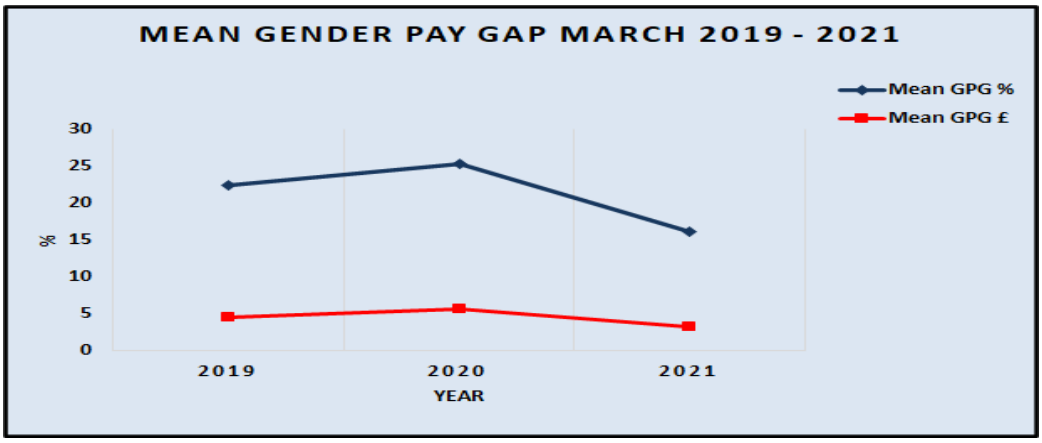
As can be seen in the table below this was an improvement in the results from 31 March 2020 of 9.21% or £2.30 per hour.

Table 4: Mean gender pay gap results from March 2019 to March 2021 (shown as percentage and cost)

	2019	2020	2021
Mean GPG %	22.38	25.35	16.14
Mean GPG £	4.53	5.56	3.26

For ease in figure 2 we have given a visual representation of the last three years results also:

Figure 2: Mean gender pay gap results from March 2019 to March 2021 (shown as percentages and cost)



While the improvement in these figures is pleasing, we acknowledge that this means that women in the Trust still earn, on average, £3.26 less than men. As we have endeavoured to explain throughout this report, we understand that this is a result of differences in gender profile in some staff groups, and in gender breakdown as a result in quartile 4.

Median gender pay gap results March 2021

The median gender pay gap is calculated by listing the hourly rate of pay for all staff by male/female and then from lowest to highest salary. The mid-point of each list provides the median hourly rate and the difference between these two gives the median gender pay gap.

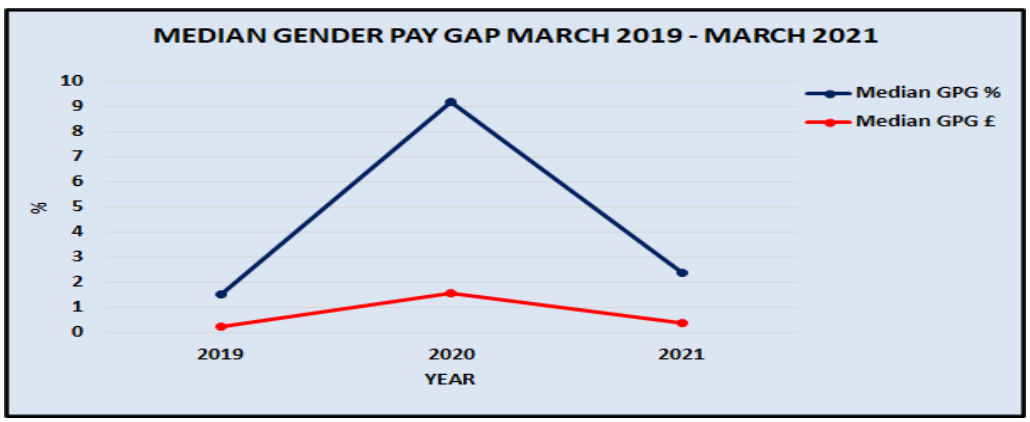
As at March 2021 our median gender pay gap was 2.37% or £0.38. This is a good improvement of 6.82% or £1.18 on 2020, as can be seen in the table to follow.

Table 1: Median gender pay gap results from March 2019 to March 2021 (shown as percentage and cost)

	2019	2020	2021
Median GPG %	1.54	9.19	2.37
Median GPG £	0.23	1.56	0.38

Again, for ease we have shown the last three years results in visual format also:

Figure 3: Median gender pay gap results from March 2019 to March 2021 (shown as percentage and cost)



As we undertook our analysis of the gender pay gap results for March 2021, we looked at gender pay gaps across quartiles and staff groups. This allowed us to see some real differences by staff group and by quartile.

The Medical and Dental workforce showed a smaller mean pay gap percentage to the overall result, but a higher actual difference in cost, and a much higher median gender pay gap result. Even with two female staff members in quartile 3, there a greater number of men on higher salaries in this workforce.

The non-Medical and Dental workforce was very different; the mean figure was below the Trust's overall result and the actual cost was much lower. There was no median pay gap for non-Medical and Dental staffing. This could be where the mid-point fell within the hourly rate range for this staff group.

The quartile data varied by mean and median, with some areas showing a positive result for women, particularly in the median result in quartile 4. The mean in quartile 4 however was significantly above that for the overall Trust.

The hourly rate range full results can be seen in the table below:

Table 6: Summary of gender pay gap results at staff group and quartile level (showing percentage and cost), and difference in hourly rate range for quartiles

March 2021	Mean GPG %	Mean GPG £	Median GPG %	Median GPG £	
Staff Group:					
Medical and Dental staff group	12.41	4.98	14.74	5.86	
Non Medical and Dental staff group	9.87	1.75	0.00	0.00	
Quartile:					**Hourly Rate Range Difference**
1	-2.22	-0.23	-4.24	-0.44	5.33
2	0.26	0.03	-4.63	-0.59	3.88
3	-0.44	-0.08	0.29	0.05	3.72
4	20.77	6.85	-17.44	-3.38	61.07

In summary, our analysis showed that whilst female staff are well represented at every level across the Trust, including at executive level, the differences in staffing breakdown in Medical and

Dental particularly, but also in senior management roles above Agenda for Change Band 8a shifted results towards a negative gender pay gap result for both mean and median.

Bonus pay gender pay gap results

Our last figures relate to bonus pay. In Bridgewater all bonus pay within the relevant pay period was for Clinical Excellence Awards, a national scheme that recognises and rewards the Consultants who contribute most to the delivery of safe and high quality care to patients, and to continuous improvement of NHS services.

In the reporting period April 2019 to March 2020 only female staff were awarded a Clinical Excellence Award. This means that we don't have a bonus gender pay gap in this reporting period.

Within this report we haven't published the proportion or numbers of staff receiving bonus pay for the period. This decision has been made in line with the Data Protection Act 2018 – as a collective total the numbers are below 10, too low to report without the potential for personal identification. In line with reporting requirements we have reported this figure to the Government via the online reporting tool.

Our Action Plan

In 2021 we made the decision to consolidate all equality action plans into one overarching plan that mapped to the NHS People Plan, Gender Pay Gap, Workforce Race and Disability Equality Standards, and Equality Delivery System 2.

This action plan underpins the Trust's strategic objective for equality and overarching Equality, Diversity, and Inclusion Strategy.

This has made the monitoring and review of progress more effective and streamlined. The action plan is reviewed regularly through the Trust's governance structure and is updated annually in March/April as mandatory equality reporting is completed for the year.

All documents, including the Equality, Diversity, and Inclusion Strategy, Six High Impact Areas Action Plan, and Gender Pay Gap reports can be viewed on our website at the link below:

https://bridgewater.nhs.uk/aboutus/equalitydiversity/equalityact2010/

Bridgewater Community Healthcare
NHS Foundation Trust

Bridgewater Board Date	3 February 2022
Board Part	Public
Agenda item	09/22ii

Title	Armed Forces Bill – Equality Update
Sponsoring Director	Paula Woods – Director of People and Organisational Development
Authors	Ruth Besford - Equality & Inclusion Manager
Presented by	Paula Woods – Director of People and Organisational Development
Exec Summary/Purpose	To provide an update to Board on new legislation in relation to the armed forces community, and Trust requirements in relation to service delivery and employment opportunities for this community
Previously considered at	n/a
Related Trust Objective/ Intentions	**Quality** – to deliver high quality, safe and effective care which meets both individual and community needs **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living **People** – to be a highly effective organisation with empowered, highly skilled and competent staff **Equality, Diversity and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive.
Which CQC domains are supported by this report?	***Safe*** ***Effective*** ***Caring*** ***Responsive*** ***Well-led***

Which BAF risks are addressed in this report?	**BAF 2 - Failure to deliver safe and effective patient care** **BAF 5 - Staff engagement and morale** **BAF 6 - Staffing levels** **BAF 7 - Strategy and Organisational sustainability**
Other risks highlighted/addressed in this paper? (e.g. financial, quality, regulatory, other)	Legislation requires now established, ratifying in UK law the requirements of the Armed Forces Covenant, previously and currently included within the NHS Standard Contract
Equality Impact assessment	No negative impact on protected characteristic groups or the Human Rights Act is identified in this report. The narrative and recommendations positively support both the armed forces community, and through intersectionality the protected characteristic groups, both of which now require public sector organisations to demonstrate due regard in decision making regarding employment, and service delivery
Explanation of any acronyms in the report	EDI – Equality, diversity, and inclusion
Next steps	The progression of Armed Forces Friendly Action Plan with updates to the People Committee.
Recommendations	That Board note the contents of this report as related to new UK legislation, and support the progression of the Armed Forces Friendly Action Plan currently in development

Bridgewater Community Healthcare NHS Foundation Trust

Bridgewater Board

Title	Armed Forces Bill – Equality Update
Author	Ruth Besford – Equality & Inclusion Manager
Date	27th January 2022
Purpose	To provide an update to Board on new legislation in relation to the armed forces community, and Trust requirements in relation to service delivery and employment opportunities for this community
Audience	Board

1.0 EXECUTIVE SUMMARY

1.0 This paper provides the Board with brief information in relation to new UK legislation, the Armed Forces Bill 2021, for public sector organisations delivering services to the armed forces community.

2.0

2.1 The Armed Forces Covenant has been embedded in the NHS Standard Contract for more than a decade. It places a requirement on NHS organisations to meet two principles laid down for all within the armed forces community:

- no member of the Armed Forces Community should face disadvantage in the provision of public and commercial services compared to any other citizen.
- in some circumstances special treatment may be appropriate especially for the injured or bereaved.

2.2 On 15th December 2021 the Armed Forces Bill 2021 was given royal assent, enshrining the principles of the Covenant in UK law.

2.3 There are 20 clauses to the Bill, many of which are not relevant to the Trust - looking as they do at the criminal justice system, the two clauses to note are:

1. Strengthening of the principles of the Armed Forces Covenant in public sector organisations through a legal duty to demonstrate due regard in decision making. This brings the community in line with protected characteristic groups in that when we plan and make decisions that will affect people from these communities we must consider and record if the decision will create disadvantage, and that being the case evaluate what can we remove or amend to minimise or eliminate this disadvantage. And also to review if what we propose will impact either positively or negatively on applicable priority access, in our case to health care treatments as needed due to a condition acquired in military service to this country.

2. Reservist's flexibility of commitments. This may impact our workforce as it will allow reservists to choose either a full or part time commitment to reservist forces.

2.4 As part of the Cheshire and Merseyside EDI Collaborative the Trust's Equality & Inclusion Manager is part of the Military Veterans Working Group. This collaborative is working to develop a standardised approach to both employment and service provision for the armed forces community in our areas. Most Cheshire and Merseyside providers are involved in this working group, led by Liverpool Clinical Commissioning Group.

2.5 There are three key schemes that can support us in meeting our legal duties to the armed forces community and these are referenced to follow.

2.6 In relation to employment there are two options being implemented by the Trust's People Directorate:

- Step Into Health – a voluntary commitment overseen by NHS Employers, The Royal Foundation, and Walking With the Wounded, focusing just on recruitment of service leavers and family members into the NHS.
- Defence Employers Recognition – a Government scheme that recognises three levels, bronze to gold, of support provided to the armed forces community in employment across all organisations and businesses that commit to this scheme.

2.7 And for service delivery there is one:

- Veteran Aware – an NHS England/Improvement accreditation overseen by the Veterans Covenant Healthcare Alliance.

2.8 A draft Project Initiation Document has been produced, setting out full rationale for implementation of an Armed Forces Friendly Action Plan for the Trust, built on the requirements of the three schemes above, and aligned to the Cheshire and Merseyside work. This needs review following ratification of the Armed Forces Bill, and amendments made to Veteran Aware accreditation requirements. The Action Plan is being drafted as at the time of writing and is therefore no included at this stage.

2.9 It is anticipated that implementation of the Action Plan will establish processes and frameworks in the Trust to ensure we meet our legal duty to demonstrate due regard to this community going forward.

2.10 EDI agendas are progressed through the People Committee.

3.0 RECOMMENDATIONS

3.1 Board are asked to note the contents of this report and receive updates on the implementation of the Armed Forces Friendly Action Plan via the People Committee.

Bridgewater Community Healthcare NHS Foundation Trust

Bridgewater Board Date 3 February 2022

Board Part Public

Agenda item 10/22

Title	Policies for Ratification
Sponsoring Director	Lynne Carter, Chief Nurse & Deputy CEO
Authors	Jan McCartney, Trust Secretary
Presented by	Jan McCartney, Trust Secretary
Exec Summary/Purpose	**The Board is asked to ratify the policies listed below and agree an e-governance process going forward**
Previously considered at	N/A
Related Trust Objective/ Intentions ***Delete as applicable***	**Quality** – to deliver high quality, safe and effective care which meets both individual and community needs **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability. **People** – to be a highly effective organisation with empowered, highly skilled and competent staff **Equality, Diversity and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive.
Which CQC domains are supported by this report?	***Responsive*** ***Well-led***

Which BAF risks are addressed in this report	**BAF 1** - Failure to implement and maintain sound systems of Corporate Governance
Other risks highlighted/addressed in this paper? (e.g. financial, quality, regulatory, other)	N/A
Equality Impact assessment	N/A
Explanation of any acronyms in the report	N/A
Next steps	N/A
Recommendations	**The Board is asked to ratify the policies listed below.**

Bridgewater Community Healthcare NHS Foundation Trust

Board

Title	Policies for Ratification
Author	Jan McCartney
Date	February 2022
Purpose	The Board is asked to ratify the policies listed below
Audience	Board

1.0 EXECUTIVE SUMMARY

1.1 The process of policy approval was amended in September 2021 to build in Board ratification.

1.2 From this date nine policies have gone through the approval process and need ratifying

2.0 BACKGROUND

2.1 The Trust provides a range of services that are guided by statutory duty and legislative requirements. These services are delivered within a framework of policy, procedure, and practice to ensure compliance with these requirements.

2.1 In September 2021 the Board approved the Policy and Procedures process which outlined the controlled environment in which policies, guidelines, procedures and clinical pathways are approved to be used within the Trust. This process can be found on the Intranet at **http://nww.bridgewater.nhs.uk/policies/Policies%20and%20Documents/Corporate%20Policies%20P%20-%20R/Policy%20and%20Procedure%20for%20Development%20and%20Review%20of%20Policy%20and%20Procedural%20Documents.pdf**

3.0 POLICIES FOR RATIFICATION

3.1 The following policies have been approved by the Corporate and Clinical Policy Group (CCPG) and signed-off by their recommending committees. They now need Board ratification before being finalised and disseminated throughout the Trust.

1. Domestic Abuse Policy for Employees – full review
2. Information Asset and System Management Policy – full review
3. Records Management, Archiving, Retention and Disposal Policy – full review
4. Health & Safety Policy – full review
5. Information Security Policy – full review
6. Social Media Policy – full review
7. Records Management – Storing and Movement of Records Policy – full review
8. Closed Circuit Television (CCTV) Policy and Access Guidance – new policy
9. Insulin Policy – new policy

3.2 These policies are not appended to this report due to the fact they are still in draft form and due to the volume of papers this would create. Should any Board Member require sight of any individual policy prior to ratification please contact the policy officer mary.corkery@nhs.net who will provide a copy by return.

3.3 As the Board of Directors only meet six times a year, the Board is asked if it would agree to ratifying policies by e-governance going forward. This approach will ensure no delay in formal approval and disseminating policies to the Trust. A full list of ratified policies would be reported to the next Public Board meeting.

4.0 RECOMMENDATIONS

The Board is asked to:

1. Ratify the policies listed in Section 3, and
2. Agree to ratify policies by e-governance in future.