

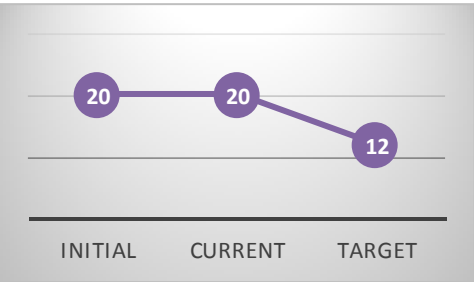
Board Assurance Framework

Risk ID:	88	Executive Lead:	James, Phill	Rating		
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.					
Risk Description:	Failure to implement the requisite GDPR (General Data Protection Regulation) policies, procedures and processes caused by increased competing priorities due to an outdated IM&T workforce plan resulting in areas of Data Protection non-compliance			Initial:	9 (3x3)	
				Current:	12 (3x4)	
				Target:	6 (3x2)	
Assurance Details:	<p>1. Controls and assurance identified in readiness assessment and action plan.</p> <p>2. Progress Reporting to Quality Committee</p> <p>16.03.2018 - DPO Appointed</p> <p>14.06.2018 - Information Asset Register System procured and being populated</p> <p>05.09.2018 - Continued reporting of GDPR action plan to Quality Assurance Committee and plan updated in August 2018.</p> <p>03/10/2018 -Populating Information Asset Register developed by the Walton Centre with information about electronic assets which will form the basis of systems mapping and best practice mechanisms around IT system risks, business continuity and IAO training.</p> <p>03/10/2018 Identification of assistance for IG Manager in mapping information flows is underway.</p> <p>12/11/2018 Cyber Security report produced to provide assurance about the new Data Protection Security Toolkit & security measures deployed in the Trust.</p> <p>21/11/2018 160IT systems containing personal identifiable data moved into the new information asset register.</p>			<p>INITIAL CURRENT TARGET</p>		
Assurance Gaps:	<p>Gaps in assurance include:</p> <ol style="list-style-type: none"> 1. Incomplete Information flow mapping, difficulties in maintaining data asset registers and lack of resources (1 staff member) to maintain compliance with requirements of general data protection regulations on a long term basis. 2. Difficulty identifying all data processors in order to vary contracts 3. Identification of all IT systems containing PII. 					
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date	
Monitor progress of actions	Monitor GDPR action plan at Information Governance and Corporate Records Sub-Committee	100 work-streams of varying difficulty and technical complexity	Ashton, Mr Mark	31/08/2018	29/08/2018	
Document decision to appoint a DPO	Appoint Data Protection Officer	Present to Quality Assurance Committee and document decision in minutes	Ashton, Mr Mark	06/03/2018	06/03/2018	
Information Asset Register System is a newly developed system to track electronic and paper assets.	Procure Walton Centre Information Asset Register System	Purchase system	Deacon, Stephen	31/05/2018	14/06/2018	
08/08/18 Phase 1 To populate the identified critical systems to be populated and passed over to the IAO to continue updating the system as part of BAU.	Populate asset register with critical systems and deploy to IAO	<p>18/08/18</p> <ul style="list-style-type: none"> - Populate the asset register with the identified critical systems - Meet and assign to IAO to keep the asset up-to-date <p>04/01/2019</p> <p>Population of the asset register beyond critical systems is still on going.</p>	Ashton, Mr Mark	31/01/2019		
08/08/18 Provide random spot checks within the Trust clinical areas to ensure IG compliance, with a formal audits across	Spot checks audits	<p>08/08/18</p> <ul style="list-style-type: none"> - Desktop Team to pick calls at random in the week to check IG compliance along with any IT-related issues. 	Waterfield, Tracie	31/10/2018	18/12/2018	

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the wards.		<ul style="list-style-type: none">- Quarterly planned audits are performed.- Outcomes to be commutated to the IG and Corporate Records Sub Committee and Quality Assurance committee, they should be then sent to the operational leads.			
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Board Assurance Framework

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

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	<p>-Full review of ward establishments in 2017/18</p> <p>-Approval of a staffing business case with 3 million investment in nurse staffing</p> <p>-Recruitment campaign for the uplift of establishment in registered nurses and health care assistants</p> <p>-Targeted recruitment campaigns for registered nurses, open days careers events both locally in the Trust and regionally with the Universities RCN and Nursing times – plan in place for the next 12months</p> <p>-Career advice events in local colleges and schools ‘steps to success’ focus groups for year 10’s</p> <p>Recruited 95 registered nurses and 92 health care assistants since the beginning of the 2018</p> <p>-Robust process in place for staffing escalation actions</p> <ul style="list-style-type: none"> • Daily staffing meeting • Monthly staffing operational meeting <p>Workforce Development as part of the retention campaign</p> <ul style="list-style-type: none"> • Strengthened preceptorship programme • Band 5 competency programme • Advance Practice Development programme 28 nurses currently in training • Registered Nurse with Specialist Interest – Nursing Times Workforce Awards Finalists • Introduction of Nursing Associates • Ward Managers Development Programme • Lead Nurse Development Programme <p>WHH are part of Cohort 4 Retention Collaborative with NHSI Joined in Dec 2018</p> <ul style="list-style-type: none"> • Staffing data review • Deep dive on retention • Developed a retention plan with implementation initiatives <p>-Nursing Retention and Recruitment Group in place to review track and monitor progress</p> <p>-Recruitment and Retention KPI dashboard in place and report monthly to the Recruitment and Retention Group</p> <p>-Monthly Safe Staffing Assurance Report to Board</p> <p>-6 monthly Safe Staffing Report to Board</p> <p>-12 monthly staffing review with Ward Managers undertaken by the Chief Nurse</p>				
Assurance Gaps:	<p>- Retention Strategy under development</p> <p>- Plan to mitigate the increase in staff turnover to be embedded</p> <p>- Escalation beds open - additional staff required.</p>				
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Undertake the Allocate Safer Nursing Care Acuity review to understand establishments with regard to acuity	Allocate Safer Nursing Care Acuity	Acuity/ Dependency review undertaken in May 2017. Results being collated	Goodenough, John	30/06/2017	30/06/2017
Develop a risk assessment process for opening/closing beds/ward	Risk assessment	Develop a risk assessment process for opening/closing beds/ward	Goodenough, John	31/03/2017	31/03/2017
Monthly reporting of Recruitment and Retention Strategy to Strategic People Committee and Nursing and Midwifery Board.	Recruitment and Retention Strategy	Monthly reporting of Recruitment and Retention Strategy to Strategic People Committee and Nursing and Midwifery Board.	Salmon-Jamieson, Kimberley	30/04/2018	30/04/2018
Ensure a report is given to the Board of Directors regarding medical staffing in	Report for Board of Directors	Ensure a report is given to the Board of Directors regarding medical staffing in	Constable, Simon	31/03/2017	31/03/2017

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

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Risk ID:	117	Executive Lead:	Constable, Simon			Rating	
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.					Initial:	20 (5x4)
Risk Description:	Failure to successfully counter the regulatory and contractual consequences, caused by the suspension of spinal services in September 2017, resulting in significant reputational damage.					Current:	16 (4x4)
Assurance Details:	<p>The Trust proposed a voluntary suspension of the service whilst jointly commissioning (with commissioners) the Royal College of Surgeons to undertake a review of the service 7 incidents have been/are being externally reviewed A weekly spinal meeting was been established by the Medical Director to ensure there is an oversight of operational, patient experience, regulatory and contractual impacts to support the action from suspension. The Trust is working with commissioners and other spinal providers to ensure that there is alternative arrangements in place regarding patient procedures. Most inpatient procedures have had alternate providers identified. Currently reviewing outpatient procedures and follow up clinics. Communications team working across commissioning and regulators to ensure patients and the public are kept up to date.</p> <p>Assurances: The service remains in suspension Ongoing discussions with commissioners regarding management of patients Governance process led by Medical Director 06.09.2018</p> <p>a) The patients have now all been moved to alternative providers b) The Trust is working with Commissioners and other providers on a single service. c) The residual risk is reputational and from a regulatory (CQC) perspective -Honorary contract in place for Consultants All Governance processes being finalised regarding 7 patients CQC processes underway - Trust has submitted data and awaits outcome.</p>					Target:	8 (4x2)
						<p>A line graph with three data points: 20 (Initial), 16 (Current), and 8 (Target). The points are connected by a downward-sloping line. The x-axis is labeled 'INITIAL', 'CURRENT', and 'TARGET'.</p>	
Assurance Gaps:	Uncertainty about the outcome of the CQC processes.						
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date		
Ensure that continued discussions are had with commissioners and alternative providers regarding patients (outpatients/follow ups/spinal injections) – ongoing and urgent	discussions are had with commissioners and alternative providers regarding patients	discussions are had with commissioners and alternative providers regarding patients	Constable, Simon	31/12/2018	30/04/2018		
Ensure the Trust prepares for the forthcoming Royal College of Surgeons review – by 31st October 2017	Prepare for Royal College of Surgeons review	prepares for the forthcoming Royal College of Surgeons review	Halliwell, Mr Mark	31/10/2017	31/10/2017		
Set up a weekly spinal governance meeting	Set up a weekly spinal governance meeting	Set up a weekly spinal governance meeting	Constable, Simon	29/12/2017	29/12/2017		
Ensure additional capacity is put in place within the Trust to manage the outcome from the spinal review	additional capacity is put in place	Ensure additional capacity is put in place within the Trust to manage the outcome from the spinal review	Constable, Simon	29/12/2017	30/04/2018		
Ensure a budget line is established for spinal service, to monitor and track associated costs	Budget line established for spinal service	Ensure a budget line is established for spinal service, to monitor and track associated costs	McGee, Andrea	29/12/2017	29/12/2017		
Develop an initial action plan regarding ongoing actions following on from Royal	action plan from Royal College Review	Develop an initial action plan regarding ongoing actions following on from Royal	Constable, Simon	30/11/2017	30/11/2017		

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College Review		College Review			
WHH to partner with another Spinal Provider , for governance assurance.	Ongoing Spinal Suspension	Meet with Royal Liverpool to establish future working arrangements	Fields-Delaney, Sheila	31/01/2019	
Transfer risk to the Specialist Surgery CBU.	Risk transferred to SS CBU	Specialist Surgery CBU to manage risk and action plan.	Fields-Delaney, Sheila	29/03/2019	23/11/2018

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Risk ID:	120	Executive Lead:	Salmon-Jamieson, Kimberley	Rating	
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.			Initial:	20 (5x4)
Risk Description:	Failure to identify and manage patients' risk of sustaining a fall; caused by inadequate risk assessment and implementation of appropriate care plans. This may cause patient harm, has a negative effect on the patients experience, may prolong their length of stay, and give rise to complaints and claims against the trust.			Current:	12 (4x3)
Assurance Details:	<p>Controls: Falls Policy in place. The Trust participates in NHS Safety Thermometer, which gives benchmarking data. Risk Management systems and incident policy require staff to report incidents regarding falls so that any incidents can be appropriately investigated and learning can be cascaded.</p> <p>Assurance: Audits undertaken of falls policy on at least an annual basis All patients have falls risk assessment and bed-rails assessments completed on admission, and are reassessed in accordance with policy. Trust is meeting the required performance in NHS Safety Thermometer- Projects are being piloted in the Trust for falls prevention e.g. slippers socks and yellow blankets for patients etc. Falls RCAs in place with Senior Nurses reviewing this post fall. Quarterly reporting of falls analysed within the Trust Governance Report. Falls nurse has been incorporated in to the wider safety team for increased support Trials of falls equipment underway within the Trust Trial of various beds has been undertaken by operational staff. Bed replacement business case going to Executive Directors 28th September 2017. This was approved with a four year rolling programme. There was a 12% reduction in patient falls in 2017/18 A bed replacement programme has been agreed over the next 4 years (agreed 2018) •Falls are discussed on a daily basis at the newly formed Trust Wide Safety Huddle and are first on the 'Hot Topics'; •The Trust has joined the NHSi Falls Collaborative Improvement Programme; •A Bed replacement programme has been put in place which will commence in July 2018; •Weekly harm free care meetings for falls commenced in May 2018; •Weekly MDT Falls walks to review clinical areas commenced May 2018; •Task and Finish group commenced May 2018; A Trust wide bathroom review has been commissioned with likely completion in September 2018 06.09.2018 First wave of the bed replacement programme has been completed Falls are discussed at the daily Trust-Wide Safety Briefing and themes identified. Reviewed the current enhanced care process and re-written the policy and process as is currently being piloted on A4 & A7. This pilot is part of the improvement work from the NHSi Falls Collaborative. Enhanced Care Policy to be ratified at PSCESC Sept 2 018 A review of the Trust falls equipment in relation to alarms and sensor pads has taken place. An Inventory list is held by the moving & handling co-ordinator and a plan to purchase additional falls equipment is in place. Reviewed the current falls documentation and revised a number of elements and is currently being piloted on A4 & A7 . 04.10.2018 •Updated Trust wide care plan -September •Approved Enhanced care policy PSCESC (September) with plan for formal rollout November •Falls alarms and sensor pads ordered 23.11.2018 - Falls alarms and sensor pads ordered following a donation from the League of Friends</p>			Target:	12 (4x3)
				<p>The chart displays a line graph with three data points: Initial (20), Current (12), and Target (12). The Initial rating is significantly higher than the Current and Target ratings, indicating a decrease in risk level. The Current rating is now aligned with the Target rating.</p>	

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	<ul style="list-style-type: none"> - Enhanced Care Policy Rollout - Training underway in November - NHSi collaborative completed with two wards - Multi-factorial falls documentation to be on wards by the end of November. 28.12.2018 - TNA developed for appropriate professional groups - No moderate/harm falls recorded in November 2018 - Lowest number of falls recorded in November since April 2016 				
Assurance Gaps:	<ul style="list-style-type: none"> - Working towards full compliance against NICE Standards - Healthcare Service Worker (enhanced care) vacancy rate - 35 - Bathroom environmental review to be implemented - Training to be rolled out 				
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Recruit Falls Nurse Specialist	Recruit Falls Nurse Specialist	Recruit Falls Nurse Specialist	Salmon-Jamieson, Kimberley	28/02/2017	28/02/2017
Develop a business case for bed replacement programme	Develop a business case for bed replacement programme	Develop a business case for bed replacement programme	Salmon-Jamieson, Kimberley	28/04/2017	28/09/2017
Ensure Falls Prevention training is mandated for staff	Ensure Falls Prevention training is mandated for staff	Ensure Falls Prevention training is mandated for staff	Salmon-Jamieson, Kimberley	31/03/2017	31/03/2017
Ensure a review of falls equipment is undertaken across the Trust to assess requirements	review of falls equipment is undertaken	review of falls equipment is undertaken	Goodenough, John	31/03/2017	31/03/2017
Ensure internal audit actions are incorporated into overarching action plan re falls prevention	Internal audit actions incorporated into overarching action plan re falls prevention	audit actions incorporated into overarching action plan re falls prevention	Goodenough, John	31/03/2017	31/03/2017
Undertake a review of the falls action plan and risk rating at Patient Safety & Effectiveness Sub Committee	review of the falls action plan and risk rating	review of the falls action plan and risk rating	Salmon-Jamieson, Kimberley	31/01/2018	31/01/2018
Ensure staff are engaged in the falls improvement agenda	Falls governance	Ensure a Falls Task and Finish Group is instated	Kennah, Alison	31/05/2018	22/06/2018
Ensure there is further scrutiny on falls improvement at ward level	Falls Walkrounds	Introduction of falls walk rounds and weekly falls review meetings	Kennah, Alison	31/05/2018	22/06/2018
Ensure that staff are aware of the new falls documentation	Falls documentation	Ensure that the revised falls documentation is re-launched across the Trust.	Kennah, Alison	31/01/2019	
Ensure existing equipment is safe	Falls equipment	A further review of falls prevention equipment to be undertaken across the Trust	Kennah, Alison	31/07/2018	31/07/2018
Ensure that an audit of enhanced care is undertaken within the Trust to ensure it is being effectively managed and that patients are safe.	Enhanced care	Undertake an audit on enhanced care within the Trust	Kennah, Alison	31/03/2019	

Board Assurance Framework

Risk ID:	122	Executive Lead:	Salmon-Jamieson, Kimberley								
Strategic Objective:	Strategic Objective 1: We will.. Always put our patients first through high quality, safe care and an excellent patient experience.				Rating						
Risk Description:	Failure to provide assurance regarding the Trust's safeguarding agenda being implemented across the Trust caused by gaps highlighted during external review may result in having an impact on patient safety and cause the Trust to breach regulations				<table border="1"> <tr> <td>Initial:</td> <td>16 (4x4)</td> </tr> <tr> <td>Current:</td> <td>12 (4x3)</td> </tr> <tr> <td>Target:</td> <td>6 (3x2)</td> </tr> </table>	Initial:	16 (4x4)	Current:	12 (4x3)	Target:	6 (3x2)
Initial:	16 (4x4)										
Current:	12 (4x3)										
Target:	6 (3x2)										
Assurance Details:	<p>Controls: External review conducted Safeguarding teams in place Training in place Assurances: External support put in place re safeguarding with newly appointed Deputy Chief Nurse Supervision put in place for named nurses Commissioning of level 3 safeguarding training -The safeguarding committee TOR was reviewed in May 2018 -WHHFT safeguarding children team completed a self-assessment on the findings from the Joint Targeted Area Inspections (JTA) in January 2018 -Child Protection Information Sharing (CPIS) WHHFT went live the CPIS across unscheduled care in December 2017 -Adult safeguarding team have appointed a new safeguarding specialist nurse into our vacant post who began at the trust April 18. -Joint work with Designated Nurse and lead nurse for adults around adults with non accidental injuries -Adult safeguarding lead work attributed to role in prevent for the trust, including reports and attending regional meetings -Successfully recruited to the RNSI Safeguarding Children post. The post holder commenced in April 2018 -Reviewed and updated maternity safeguarding paperwork to improve practice. -Internal safeguarding children peer review meeting extended to invite police and children's social care in an attempt to strengthen multi-agency working. -Produced an audit programme for 2018/2019. Audits are being presented internally then learning is shared with the Safeguarding Boards health subgroups (Adults and Children) WRAP Training - Completed - delivered daily across the Trust. In excess of 1000 staff trained face to face and achieved 85% target LD Training programme introduced - Delivered daily until the end of July, now fortnightly. Awaiting delivery of safeguarding adult resource folders for all wards and depts., detailing all aspects of adult safeguarding for wards to access. Safeguarding Adults Website updated to include a additional training resources and videos. Further MCA Audit completed. 04.01.2019 - Overarching Safeguarding review undertaken by MIAA resulting in moderate assurance. An action plan has been produced and will be monitored through the Safeguarding Committee - MCA/DoLs MIAA audit completed resulting in moderate assurance. An action plan has been produced and will be monitored through the Safeguarding Committee</p>				<p>The graph shows a downward trend in the risk rating. The initial rating is 16 (4x4), the current rating is 12 (4x3), and the target rating is 6 (3x2). The x-axis is labeled 'INITIAL', 'CURRENT', and 'TARGET'. The y-axis represents the rating score.</p>						
Assurance Gaps:	<ul style="list-style-type: none"> - Additional support for LD advice - Additional training required for health workers (2017 Intercollegiate (adult) document) - TNA rolled out - Learning disability improvement standard (NHSI 2017) - 24 partially compliant CQC raised issues regarding mental capacity assessments and DOLS 										
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date						
Development of an action plan following on from external review	action plan following on from external review	action plan following on from external review	Goodenough, John	28/02/2017	28/02/2017						

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Ensure an audit of Mental Capacity is undertaken	audit of Mental Capacity	audit of Mental Capacity	Turner, Wendy	31/03/2017	31/03/2017
Progress update on action plan bi-monthly to Quality Committee	update on action plan bi-monthly to Quality Committee	update on action plan bi-monthly to Quality Committee	Goodenough, John	31/01/2018	31/01/2018
Following a stocktake of the action plan in place – determine if the risk is reducing	determine if the risk is reducing	determine if the risk is reducing	Goodenough, John	31/07/2017	30/11/2017
Ensure a Safeguarding Adults Medical Lead is identified	Safeguarding Adults Medical Lead	Undertake a review and ensure role created and advertised for a Medical Safeguarding Lead	Constable, Simon	30/10/2018	22/11/2018

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

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

Board Assurance Framework

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

Board Assurance Framework

Risk ID:	133	Executive Lead:	Cloney, Michelle			Rating	
Strategic Objective:	Strategic Objective 2: We will .. Be the best place to work with a diverse, engaged workforce that is fit for the future.						
Risk Description:	Failure to successfully engage the Workforce, caused by the potential for a adverse working culture which resulted in the consequential loss of discretionary effort and productivity, or loss of talented colleagues to other organisations, which would impact patient care, staff morale and delivery of the Trust's strategic objectives						
Assurance Details:	<p>Controls: Communications: We have developed a Communications and Engagement Work plan 2017-18 which is being delivered across the WHH workforce We have merged the Communications and Staff Engagement teams to consolidate and maximise staff engagement There is a revised leadership model in place within the Trust Priorities for the Trust are promoting learning and development, driving clinical leadership, having efficient job plans, celebrating success through staff awards and supporting innovation and working with partner organisations There is an established Strategic People Committee of the Board Investment in training and Support for staff Open Mic sessions/Team Talk in place to engage staff and offer them a voice Established weekly planning meetings with the Transformation team to identify any possible schemes that could negatively impact staff and take pre-emptive planning a ction</p> <p>Assurance: Engagement Dashboard reported to Trust Board (includes monitoring of Team Brief attendance) Staff FFT and Annual NHS Staff Survey (published March each year) both reported to SPC 30.07.2018 Annual NHS Staff Survey showed an engagement score of 3.74/5 against a national average of 3.79/5 28.09.2018 The Trust is moving forward with phases 2,3 and 4 of LIA The new People Strategy has been ratified - with a key focus on Engagement 23.10.18 National Staff Survey currently out for completion. 03.12.2018 - Initial feedback form Quality Health indicates a national staff survey completion rate of in excess of 50%, which demonstrates year on year improved engagement. (39% 2016/17; 46% 2017/18) - 11 pioneering LiA teams establishes along with a series of scheduled crowd fixing events form December 2018.</p>					<p>The graph shows a downward trend in the rating from an initial score of 20 to a current score of 8, with a target score of 6. The x-axis is labeled 'INITIAL', 'CURRENT', and 'TARGET'. The y-axis represents the rating score.</p>	
Assurance Gaps:	Delivery plans against People Strategy to be finalised.						
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date		
Further diversification of communication tools	Further diversification of communication tools	Further diversification of communication tools	Cloney, Michelle	31/07/2017	09/08/2018		
Further opportunities for staff to engage with senior managers/executive Team – Open Mic	Further opportunities for staff to engage with senior managers/executive Team – Open Mic	Further opportunities for staff to engage with senior managers/executive Team – Open Mic	Cloney, Michelle	31/12/2018	09/08/2018		
Following development of Trust Strategy, ensure staff engagement events/communications are developed	Following development of Trust Strategy, ensure staff engagement events/communications are developed	Following development of Trust Strategy, ensure staff engagement events/communications are developed	Cloney, Michelle	31/10/2017	09/08/2018		
Creation of 'People Champions' network	Creation of 'People Champions' network	Creation of 'People Champions' network	Cloney, Michelle	31/07/2017	13/10/2017		
Ensure there is an external review of the Impact Assessment of Theatre at Night Transformation work	external review of the Impact Assessment of Theatre at Night Transformation work	external review of the Impact Assessment of Theatre at Night Transformation work	Cloney, Michelle	31/08/2017	31/08/2017		

Board Assurance Framework

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

Board Assurance Framework

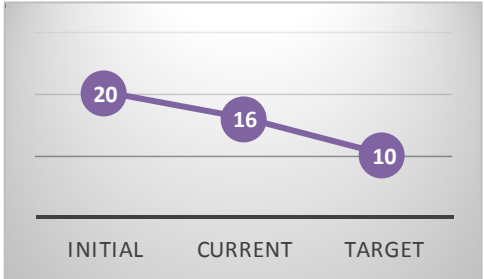
Risk ID:	134	Executive Lead:	McGee, Andrea	Rating	
Strategic Objective:	Strategic Objective 3: We will .. Work in partnership to design and provide high quality, financially sustainable services.				
Risk Description:	<p>Financial Sustainability</p> <p>a) Failure to sustain financial viability, caused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

Board Assurance Framework

	<ul style="list-style-type: none"> - Introduced the Financial Resources Group (FRG) that reports to FSC - CIP Workshops taking place to improve the CIP Position - Refreshing Financial Strategy - Memorandum of understanding agreed with Bridgewater Community Trust - WLI process reviewed and strengthened. 				
Assurance Gaps:	<ul style="list-style-type: none"> • Failure to achieve Financial control total may result in loss of STF and worsening cash position. • Failure to manage fines and penalties and CQUIN which may result in loss of STF and worsening cash position • Risk to financial stability due to loss of income relating to STP changes • Inability to develop a strategic plan to deliver a break even position over the next 5 to 10 years • Loss of contracts due to competitive market which may result in Trust no longer being sustainable. There is a gap in Market analysis and Knowledge of our competitors • Loss of income through the failure of WHH Charity • Failure to repay existing loans leading to the inability to apply for future financial support and threat to the Trust as a going concern. • Increased risk relating to an aged debtor as continuing dispute regarding charges levied by the Trust are being challenged. • Risk of under delivery of CIP due to insufficient schemes identified to deliver the full program and the organisational ability to translate improvement work into financial improvement <p>- CCG have made the Trust aware of their M6 financial position. After mitigations, they are currently working to close a potential gap. This may impact on the financial support available to the Trust to achieve our revised control total.</p> <p>- Extended Loan repayment due Nov 2018, awaiting confirmation of further extension from NHSi.</p> <p>Failure to fully comply with emerging national employment litigation resulting in additional pay costs or the trust receiving potential claims.</p>				
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Continue to seek support from Commissioners	Continue to seek support from Commissioners	Continue to seek support from Commissioners	Hurst, Jane	31/12/2018	31/12/2018
Continue to seek support from NHSI approach to management and repayment of loans	Continue to seek support from NHSI approach to management and repayment of loans	Continue to seek support from NHSI approach to management and repayment of loans	Hurst, Jane	31/03/2019	
Development of a Market analysis of Trust competitors to understand imminent and future risk to income	Development of a Market analysis of Trust competitors to understand imminent and future risk to income	Development of a Market analysis of Trust competitors to understand imminent and future risk to income	Hurst, Jane	31/03/2019	
Development of a Financial Strategy (aligned to the Trust Strategy) with a sensitivity analysis of delivery	Development of a Financial Strategy (aligned to the Trust Strategy) with a sensitivity analysis of delivery	Development of a Financial Strategy (aligned to the Trust Strategy) with a sensitivity analysis of delivery	Hurst, Jane	27/02/2019	07/07/2017

Board Assurance Framework

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



Board Assurance Framework

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

Board Assurance Framework

Risk ID:	138	Executive Lead:	James, Phill	Rating		
Strategic Objective:	Strategic Objective 3: We will .. Work in partnership to design and provide high quality, financially sustainable services.					
Risk Description:	Failure to provide timely information caused by increasing internal and external demands for datasets, implementation of new systems and a lack of skilled staff with capacity to respond. Resulted in a financial impact, external reputation damage and poor management decision making due to lack of quality data.			Initial:	16 (4x4)	
Assurance Details:	<p>Controls:</p> <p>Prioritising work around BAU i.e. statutory and contractual dataset returns such as daily/weekly Sitreps, monthly Board reporting, FOI's, Ad-hoc information requests and CQC inspection.</p> <p>Providing regular updates to the project board and current plans, progress and risks/issues</p> <p>Recruited one temporary staff to cover Maternity datasets as replacement for one of the Band 6 staff that has left.</p> <p>Re-planned and allocated work to the team for other Band 6 staff that has now left.</p> <p>Recruiting for a Band 5 replacement that leaves end of March.</p> <p>Taking on the NVQ data quality staff from Lorenzo team. He will initially work 2/3 days per week from 27th Feb and permanently then once a DQ backfill has been recruited.</p> <p>Appointed new Head of Information that starts at the beginning of April</p> <p>Interim Head of Information re-developing plans and prioritising work</p> <p>Assurance:</p> <p>The key objective is to ensure all BAU work is being maintained i.e. statutory returns, adhoc and FOI's and support CQC inspection. Escalate to Exec level if any delays are likely</p> <p>Continue to Access reports via the BIS application, new reports are being made available all the time</p> <p>Continue to report progress, risks and issues through finance and project board meetings</p> <p>02.08.2018</p> <p>Recruited 4 Information analysts as part of business case who are supporting with timely statutory reporting and key Trust workstreams including maternity, theatres, delayed discharges, urgent care.</p> <p>Business Intelligence Development Roadmap produced and priorities will be agreed with key Execs to ensure prioritisation and Trust focused workstreams.</p> <p>07/09/18</p> <p>Recruited to a Band 8a Business Intelligence Manager, who commenced with the Trust on 03/09/2018.</p> <p>Recruited to a Band 2 Data Quality Clerk, who commenced with the Trust on 20/08/2018.</p> <p>26/10/18</p> <p>BI Manager commenced and work on the new Emergency Care Flow Dashboard has started in collaboration with an external supplier. This will provide automated, timely, current performance data for urgent care operational staff, CBU leads and Executives to monitor service demands and track adverse variances with a view to deploying measures to improve services accordingly. Data Quality checks on patient demographics and completeness and timely discharge letters continue with real time daily routines to ensure letters stranded in interfaces are submitted timely.</p>			Current:	16 (4x4)	
				Assurance Gaps:	Provision of real time information for key operational areas	
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date	
Continue to work with the Business and clinical teams to help manage expectations and ensure work is prioritised around key objectives (BAU, CQC, etc) and then by the high priority datasets	Continue to work with the Business and clinical teams to help manage expectations	Continue to work with the Business and clinical teams to help manage expectations	Foster, Karen	31/12/2018	02/08/2018	
Establish new information reporting	Establish new information reporting	Establish new information reporting	Foster, Karen	29/09/2017	29/09/2017	

Board Assurance Framework

structure lead by the new Head of Information starts	structure lead by the new Head of Information starts	structure lead by the new Head of Information starts			
Develop interactive Business Intelligence system for end users for self-service to reduce demand for routine information enquiries	interactive Business Intelligence system	interactive Business Intelligence system	Foster, Karen	28/02/2019	

Board Assurance Framework

Risk ID:	143	Executive Lead:	James, Phill	Rating									
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.												
Risk Description:	Failure to deliver essential services, caused by a Cyber Attack, resulting in loss of data and vital IT systems, resulting in potential patient harm, loss in productivity and Trust reputation			Initial:	12 (4x3)								
				Current:	12 (4x3)								
				Target:	8 (4x2)								
Assurance Details:	<p>Firewall deployed to protect the network by filtering the traffic that is permitted in and out of the WHH network. Blocking file extensions recommended by NHS Digital on WHH Fileshare areas. CareCert bulletins containing information security measures which need to be implemented are produced by NHS Digital and measures taken to implement their requirements are documented at IT Seniors meeting on a weekly basis.</p> <p>Information Security Management System (ISMS) in use to protect WHH IT assets. The ISMS is based on the principles contained within the ISO27001 standard in use to control physical and network access and the controls required to protect said assets. Daily backups and 4 hour replication to the Halton site which replicates data on the Halton site storage area network (SAN). Data loss in the event of a Cyber-attack would be minimised due to the replication of data.</p> <p>Achievement of Cyber essentials certification and completion of the requisite network penetration testing. Certification to the Cyber Essentials standard has been recommended for all Trusts and compliance with its requirements can enhance protection against circa 80% of Cyber-attacks.</p> <p>Removal of obsolete operating systems (eg Windows XP) and automatic patching of critical updates offered by Microsoft. Removal of XP operating system across WHH continues and three tier patching regime is proposed</p> <p>Assurance: Cyber Essentials network penetration testing to be completed as soon as possible. This will provide evidence that robust protection is in place.</p> <p>Evidence that the WHH network wasn't infected during the recent Cryptolocker cyber-attack can be provided MIAA have been provided with evidence that patching of operating systems is carried out. Significant assurance awarded.</p> <p>MIAA Information Governance assurance audit 2017-significant assurance awarded.</p> <p>Review security options with HSCN: Review of security options with HSCN when upgrading our N3 link to HSCN (Completed - Sticking with local security)</p> <p>Protection Bubble & Windows XP removal: A report has been created for the IM&T Programme Board the following XP devices/systems using XP have been identified: Pathology Masterscan Cardiology Cardiac Catheter Lab Pharmacy Aseptic Room Radiology PACS Telephony Paging system</p> <p>This will be discussed at the September IM&T Programme Board for next steps.</p> <p>E-outcome hidden share accessible to all users: A root caused analysis is being performed on e-outcomes before going to the next IG Sub Committee, IG Manager is chasing. This will go to the IG group in November.</p> <p>Additional Cyber Security: Waiting on arrival of the ASA firewalls for remote access, but training required to utilise the product Phase 2 of the additional cyber security has been completed Windows XP are not off our network and only XP left are radiology machines which are hardened so they can not be changed (minimal risk) Critical Systems Patching Schedule has been ratified by the Digital Board and will be going to the Event Planning Group the same week. Patching is continuing. Event Log Retention Policy has been added to the ISMS (Part of Cyber Essentials +)</p>			<table border="1"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>INITIAL</td> <td>12</td> </tr> <tr> <td>CURRENT</td> <td>12</td> </tr> <tr> <td>TARGET</td> <td>8</td> </tr> </tbody> </table>		Category	Value	INITIAL	12	CURRENT	12	TARGET	8
Category	Value												
INITIAL	12												
CURRENT	12												
TARGET	8												

Board Assurance Framework

	<p>Been using the trial version of Solar Winds patching software to test the process with our backend servers. Senior IT staff are happy with the software and now have raised a purchase order to purchase the full software. We have also pushed back to the organisation around patching servers in hours to help fix any potential issues resulting from a patch breaking a system. So far a positive response from asset owners helping to bring in as many server patching in hours.</p> <p>All CareCERT's are now completed and sent back to NHS England.</p> <p>Automatic software has been purchased and will require a period of time to configure before we can automate majority of servers.</p> <p>The Server 2003 paper was discussed at the Digital Board. Estates are migrating the rest of the users to the cloud for Resman system and one more 2003 server can be shutdown.</p> <p>Final draft of the STP Cyber business case has been sent out for comment.</p> <p>Configuring the switches in readiness for the new encrypted backups.</p> <p>The Data Domain is now configured and has been tested with one server. The Server Manager will perform a phased migration of all other servers. With the speed being faster we are able to look at changing/when how the backups are performed.</p> <p>The Server Manager and Technical Specialist are meeting this week to start looking at looking at configuration the server.</p> <p>Creating a protective bubble for the medical VLAN, to help protect medical equipment which still on older unsupported operating systems, including Windows XP. The number of ports that can be accessed will be limited to required ports only.</p>					
<p>Assurance Gaps:</p>	<p>-The version of Java cannot be updated due to the restrictions in place by NHS Digital for national systems including SBS and ESR. These systems require a certain version (which is many versions out-of-date) for them to work properly and remain supported by the NHS Digital Service Desk.</p> <p>-Trust only has a handful of Windows XP in Radiology which are hardened which means their code cannot be altered by an attack, we are happy from a desktop point of view all Windows unsupported operating systems are now been cleared. We are working on migrating all desktops to Windows 10, removing Windows 7 and 8 from the desktops.</p> <p>-The cyber business case is in draft and Director of IT and Information at the Wirral has asked for feedback from the other two trusts. WHHT have feedback to Wirral.</p> <p>-The migration of the back ups have been delayed due to the Trust prioritising the domain controller migration other IT projects. All other actions have been reviewed and no further action.</p>					
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date	
<p>Ensure capital monies are available in 2018/19 for upgrade of vital security software and hardware</p>	<p>capital monies are available in 2018/19 for upgrade of vital security software and hardware</p>	<p>capital monies are available in 2018/19 for upgrade of vital security software and hardware</p>	<p>McGee, Andrea</p>	<p>30/04/2018</p>	<p>27/04/2018</p>	
<p>Implement security 'bubble' around the medical VLAN. The 'bubble' will protect medical devices (eg MRI and CT scanners which run the Windows XP operating system) with a firewall. Replacement of Windows XP will necessitate replacement of some medical equipment – development of a plan</p>	<p>Implement security 'bubble' around the medical VLAN</p>	<p>Implement security 'bubble' around the medical VLAN</p>	<p>Caisley, Sue</p>	<p>30/03/2018</p>	<p>05/09/2018</p>	
<p>Act on recommendations made in the Cyber essentials report to ensure improved cyber security.</p>	<p>Act on recommendations made in the Cyber essentials report to ensure improved cyber security.</p>	<p>Act on recommendations made in the Cyber essentials report to ensure improved cyber security.</p> <p>04/01/2019 Reviewed, no further action</p>	<p>Deacon, Stephen</p>	<p>30/04/2020</p>		
<p>Ensure upgrade of security systems such as web filtering, anti-virus and firewalls – development of a plan</p>	<p>Ensure upgrade of security systems such as web filtering, anti-virus and firewalls – development of a plan</p>	<p>Ensure upgrade of security systems such as web filtering, anti-virus and firewalls – development of a plan</p>	<p>Caisley, Sue</p>	<p>30/03/2018</p>	<p>31/03/2017</p>	

Board Assurance Framework

Ensure that Information Governance messages around safe use of IT assets are reiterated via corporate induction and training	Information Governance messages around safe use of IT assets	Information Governance messages around safe use of IT assets	Caisley, Sue	31/12/2018	31/03/2017
Report serious cyber-attacks and a trend demonstrating increases in attacks on the Datix system – send out an alert to all staff on a regular basis and report quarterly to Information Governance and Corporate Records Sub-Committee	Report serious cyber-attacks and a trend demonstrating increases in attacks on the Datix system	Report serious cyber-attacks and a trend demonstrating increases in attacks on the Datix system	Caisley, Sue	31/12/2018	05/09/2018
NHS Digital issues CareCERT advisory bulletins to support the NHS in maintaining high standards of cyber security. Trusts are to confirm that they have acted on the most critical of these, where applicable to their IT infrastructure. All Trusts give a template setting out 39 of the critical CareCERT advisories, all issued over the last three months after WannaCry, which have been deemed most critical in preventing successful cyber-attacks.	Complete actions on NHS England's CareCERT 39	Download template and update it with current status and when all 39 CareCERTs are to be completed. 07/11/2018 All CareCERT's are now completed and sent back to NHS England.	Deacon, Stephen	30/11/2018	07/11/2018
Several desktop devices still on Windows XP due to systems not compatible with Windows 7 onwards. IT working closely with the departments and third party suppliers to ascertain a plan to migrate to Windows 7/Windows 10	Removal of Unsupported Windows XP from Desktop Devices	08/08/18 Supporting each department helping them to remove Windows XP from their areas replacing them with Windows 7 onwards, some systems will need upgrading or replacing dependant on funding (On-going) 04/09/2018 A report has been created for the IM&T Programme Board the following XP devices/systems using XP have been identified: 26/09/2018 Paper was presented to the IM&T Programme Board, discussions with Radiology has reduce the numbers further due to hardening of the XP Servers.	Whitfield, Simon	26/10/2018	10/10/2018
Creating a protective bubble for the	Create a protective Bubble for medical	04/01/2019	Smith, Mr Philip	31/01/2019	

Board Assurance Framework

medical VLAN, to help protect medical equipment which still on older unsupported operating systems, including Windows XP. The number of ports that can be accessed will be limited to required ports only.	devices	Network Manager has begun pre work on the VLAN protective bubble			
Additional network security (Phase 2) to replace aging hardware around web filtering and file blocking is required.	Additional Cyber Security	Submit capital form to capital meeting (Complete) Obtain budget code (Complete) Place order (Complete) Install and configure (Complete) 04/09/18 Waiting on arrival of the ASA firewalls for remote access, but training required to utilise the product	Smith, Mr Philip	31/12/2018	14/09/2018
Review of security options with HSCN when upgrading our N3 link to HSCN.	Review security options with HSCN	Review of security options with HSCN when upgrading our N3 link to HSCN (Completed - Sticking with local security)	Smith, Mr Philip	29/03/2019	14/06/2018
Requiring to beef up our Cyber Security including patching for servers This includes server security patches.	Server Patching	20/11/18 Automatic software has been purchased and will require a period of time to configure before we can automate majority of servers. 05/12/18 The Server Manager and Technical Specialist are meeting this week to start looking at looking at configuration the server. 04/01/2019 Reviewed, no further action	Garnett, Joseph	31/01/2019	
There are 39 out of 150 outstanding hidden shares that are accessible by specialist software to view contents of those shares. This includes e-outcome, these need to be secured.	E-outcome hidden share accessible to all users	A new version of the software is being tested, the fix for the share access will be added to the fix. The upgrade is due to go live on the 6th June 18, this has been delayed until the 2nd July. The following servers will be security patched at the same time 04/09/2018 A root cause analysis is being performed before going to the next IG	Deacon, Stephen	19/10/2018	19/10/2018

Board Assurance Framework

		Sub Committee, IG Manager is chasing. This will go to the IG group in November. 10/10/2018 We have been told this is no longer an issue, the IG Manager and IT Manager cannot access the area, but passing over the IT Specialist to double check as he raised the issue originally, however, waiting for him to return back from A/L			
Part of the Cyber Essentials+ recommendations the Trust needs a corporate policy for IT logs retention	Corporate Policy for IT Logs Retention	Update the ISMS to contain the corporate policy for IT logs retention	Deacon, Stephen	28/09/2018	26/09/2018
26/09/2018 Update the infrastructure for the ASA's (Remote Access Secure Token System).	Renew the ASA (Remote Access Secure Token System)	26/09/2018 Update the hardware infrastructure for the ASA's (Remote Access Secure Token System. The new hardware is in the department but requires configuration from the supplier (SoftCat) next week, currently waiting on an action plan. Once configured will be put through change control to replace the old hardware, however, there will be downtime for remote access (token based), mainly supplier based, NHS guest Wi-Fi and staff Wi-Fi and IPAD users using VDI externally but will be minimal. 10/10/2018 ASA's are being replaced w/c 15/10/18	Smith, Mr Philip	19/10/2018	24/10/2018
As part of the Windows 10 agreement from NHS Digital, ATP (Advance Threat Protection) across all our desktop devices before the end of December 2018	Install Advance Threat Protection on all desktop PCs and laptops	Install ATP across the desktop estate	Whitfield, Simon	31/12/2018	30/11/2018
From the C&M Cyber Group: To share those Cyber Essentials Plus questionnaires that were unsuccessful? As they may reveal common areas of improvement that we could work on together.	Provide the C&M Cyber Group with the answers from the CE+	To send to the C&M Cyber Group the answers from the Cyber Essentials+ assessment.	Deacon, Stephen	31/10/2018	10/10/2018
Encrypt backup data to stop any successful cyber-attack from affecting	Encrypt backups	03/12/18 The Data Domain is now configured and	Garnett, Joseph	31/01/2019	

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<p>the backup data</p>		<p>has been tested with one server. The Server Manager will perform a phased migration of all other servers. With the speed being faster we are able to look at changing/when how the backups are performed.</p> <p>04/01/2019 The Trust prioritised the Domain Controller migration over other IT projects</p> <p>04/01/2019 Shared Data and 12 SQL servers have been added, however, 6 of them are not truncating, will require resolving.</p> <p>USERSDATA will be added today</p>			
<p>Support for Windows Server 2003 has now ceased and as a consequence, Microsoft no longer provide security updates or technical support for this operating system. Consequently, any server or system reliant on Windows Server 2003 presents a cyber-security risk to the Trust.</p> <p>We either need to migrate or decommission the unsupported Windows Server 2003 to Windows 2016 (Latest server operating system)</p>	<p>Review Server 2003 servers</p>	<p>24/10/2018 Obtained a list of servers using Server 2003 and provide a report to the next Digital Board. Currently, the Trust still has 20 servers which use Windows Server 2003, however today we have been able to decommission 1 of the servers already.</p> <p>20/11/18 The paper was discussed at the digital board. Estates are migrating the rest of the users to the cloud for Resman system and one more can be shutdown.</p> <p>04/01/2019 Reviewed, no further action</p>	<p>Garnett, Joseph</p>	<p>29/03/2019</p>	
<p>Wirral are the lead for the STP Cyber Group. They required to create a business case which covers a programme of work with a number of project areas which together will provide joint and collective assurance on the work around cyber security for the Health and Care Partnership.</p> <p>The strands of work include support for</p>	<p>WHHT to help Wirral create the STP Cyber Business Case</p>	<p>07/11/2018 The cyber business case is in draft and Director of IT and Information at the Wirral has asked for feedback from the other two trusts. WHHT have feedback to Wirral.</p> <p>20/11/18 Final draft has been sent out for comment.</p>	<p>Deacon, Stephen</p>	<p>31/01/2019</p>	

Board Assurance Framework

<p>joint work on:</p> <ul style="list-style-type: none"> - Cyber Essentials Plus accreditation - Strategy and Policy Development - Training and skills development - Business Continuity Planning - Procurement and Vendor relations <p>WHHT along with Mid-Cheshire and Wirral are the only Trusts involved with the business case, allowing WHHT to be at the forefront of cyber security.</p>		<p>03/01/2019 Reviewed, no further action</p>			
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Board Assurance Framework

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

Board Assurance Framework

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

Board Assurance Framework

Risk ID:	186	Executive Lead:	Salmon-Jamieson, Kimberley			
Strategic Objective:	Strategic Objective 1: We will.. Always put our patients first through high quality, safe care and an excellent patient experience.				Rating	
Risk Description:	Failure to provide HCAI surveillance data and take timely action. Caused by lack of IT software. Resulting in a risk of outbreaks of healthcare associated infection.				Initial:	16 (4x4)
					Current:	16 (4x4)
					Target:	8 (4x2)
Assurance Details:	<p>MIC-STAT MOLIS function to extract data retrospectively. Local spread sheet for cases of 'alert' organisms.</p> <ul style="list-style-type: none"> - Surveillance continuously in place in T&O. Assurance received on data – overall compliance is excellent for surveillance of surgical site infection (hip and knee replacement) for planned surgery. Action put in place by MSK CBU to ensure compliance for trauma cases. - Theatres were inspected by an Authorising Engineer for ventilation in November 2018. The report in summary concluded that operating theatre's no1 to no 8 are fit for purpose and the quality of servicing and maintenance carried out by the Trust Estates Team is of a very high standard and compliant. 					
Assurance Gaps:	No prospective data available. Manual input of data into local spread sheet - data entry risk of errors.					
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date		Completion Date
To implement an IT software solution.	Surveillance	Review off the shelf surveillance packages available.	McKay, Lesley	28/02/2019		
		Review existing functionality with MOLIS				
Implement IT software for surveillance.	Surveillance	Develop business case or optional appraisal.	McKay, Lesley	30/04/2019		

Board Assurance Framework

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

Board Assurance Framework

Risk ID:	241	Executive Lead:	Constable, Simon										
Strategic Objective:	Strategic Objective 2: We will .. Be the best place to work with a diverse, engaged workforce that is fit for the future.				<table border="1"> <thead> <tr> <th colspan="2">Rating</th> </tr> </thead> <tbody> <tr> <td>Initial:</td> <td>12 (4x3)</td> </tr> <tr> <td>Current:</td> <td>12 (4x3)</td> </tr> <tr> <td>Target:</td> <td>8 (4x2)</td> </tr> </tbody> </table>	Rating		Initial:	12 (4x3)	Current:	12 (4x3)	Target:	8 (4x2)
Rating													
Initial:	12 (4x3)												
Current:	12 (4x3)												
Target:	8 (4x2)												
Risk Description:	Failure to retain medical trainee doctors caused by lack of recruitment resulting in risk to reputation and service provision												
Assurance Details:	<p>Regular monthly meetings taking place with HENW involving The Deanery. An agreed action plan has commenced. Regular weekly journal/ educational meetings on Mondays co-ordinated by a clinical fellow. Most of Trust Locum Consultants have been approved as educational supervisors and are providing educational supervision to the ST3s in geriatric medicine Appointment of a Chief Registrar Acute Care Services recruiting into MUM role Clinical Director to ensure that all trainees attend their mandatory training Work done around clinic attendance for trainees to ensure they can be released from wards to attend – record log in place. Working on plans to improve training opportunities/available clinics/etc. We are looking at all possible locum appointments and are considering to recruit off framework if necessary Working on getting more bank drs, rather than agency. Establishment of Medical Trainees Experience Improvement Group Deputy Medical Director to have Director of Medical Education portfolio. Improving Medical Staffing and processes across key medical wards</p>				<p>A line chart with three data points: 'INITIAL' at 12, 'CURRENT' at 12, and 'TARGET' at 8. The points are connected by a purple line, showing a decrease from the current state to the target.</p>								
Assurance Gaps:	Recruitment of substantive consultant physicians ongoing												
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date								
Identify lead to create newsletter for trainees to provide vehicle for educational supervisors to deliver updates and good news.	improving experience for trainees	medical education business manager to co-ordinate across the Trust for all trainees	McKee, Spencer	29/03/2019									
To provide timetabled clinic slots for CMTs co-ordinated by the MUM and to be communicated through the ward cover rota	protected clinic time for CMTs across medicine	MUM to implement	Barker, Sophie	06/08/2018	13/07/2018								

Board Assurance Framework

Risk ID:	414	Executive Lead:	James, Phill	Rating		
Strategic Objective:	Strategic Objective 3: We will .. Work in partnership to design and provide high quality, financially sustainable services.					
Risk Description:	<p>Failure to meet NHS Cervical screening programme standards for failsafe of backlog of cervical cancer patients screening reviews.</p> <p>Caused by lack of a implementation of a policy for undertaking the invasive cancer audit and disclosure. NHSCSP guidance issued in 2013</p> <p>Resulting in non compliance with cervical screening specification 2018/2019 and NHSCSP guidance</p>			Initial:	12 (4x3)	
				Current:	12 (4x3)	
				Target:	8 (4x2)	
Assurance Details:	<ul style="list-style-type: none"> Data Security and Protection Toolkit Returns (NHS Digital) MIAA Annual Data Security and Protection Toolkit Assurance Audit (significant assurance in 2018) Cyber Essentials Plus Certification Audits MIAA Cyber Security baseline Firewall Health Check Reporting to Information Governance and Corporate Records Sub-Committee and Quality Committee MIAA GDPR Readiness assessment <p>Information Governance Manager now reports to IT Services Manager for support & guidance and cross-cover, which reduces the risk of single point dependency.</p> <p>A draft re-structure that includes an Information Security Manager has been produced and will be presented to the newly appointed CIO in due course.</p> <p>Audits on wards underway to establish whether IG best practice is in place</p> <p>Options for improving security of access to Lorenzo other than smartcards, which will include deploying VDI Trustwide (currently in ED Department) will be formulated and submitted to the Digital Optimisation Group and Digital Board for consideration regards costs vs risks and benefits in advance of NHS Digital deploying any security solutions in the future.</p> <p>Follow up audit on IG compliance across all wards and clinical areas to be undertaken by the IG</p>			<p>A line chart with three data points: Initial (12), Current (12), and Target (8). The chart shows a downward trend from the current state to the target state.</p>		
Assurance Gaps:	<ul style="list-style-type: none"> Full compliance with EU NIS Directive Ongoing audit of information governance and application of IG controls in the general environment including storage of records and training requirements Embedding of best practice following IG Ward audits Delivery of unmet assertions on Data Protection Security Toolkit Ensure business as usual patching cycle Maintain adherence to IG Policy & Procedures in ward/clinical areas 					
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date	
IT operational restructure in order to provide information governance support to deal with the burgeoning IG/Cyber Security agenda	IT Dept restructure to increase sources targeted at Information Governance	IT Manager to draft IT operational services restructure 03/01/2019 Reviewed, no further action	Deacon, Stephen	31/01/2019		

Board Assurance Framework

Risk ID:	695	Executive Lead:	Salmon-Jamieson, Kimberley	Rating		
Strategic Objective:	Strategic Objective 1: We will.. Always put our patients first through high quality, safe care and an excellent patient experience.					
Risk Description:	Failure to meet NHS Cervical screening programme standards for failsafe of backlog of cervical cancer patients screening reviews, caused by requirements for smear takers across the Trust to have mandatory training & compliance with NHSCSP responsibilities resulting in non-compliance with cervical screening specification 2018/2019			Initial:	9 (3x3)	
Assurance Details:	Trust has now implemented NHS Cervical Screening Guidance in NHSCSP Publication 28 (1) and Disclosure of audit results in cancer screening best practice (2) i. There is now a ratified policy in place 1/12/18 so we are now compliant ii. The Recommendation from SQAS to implement policy for an audit and disclosure has now been implemented. Patients diagnosed with cervical cancer will be informed of the audit and offered disclosure from December 2018 iii. The Recommendation from SQAS to review screening histories of patients diagnosed with cervical cancer at the Trust from April 2013 to date and discussed at Colposcopy MDT if indicated. This is in progress. National Invasive Cervical Cancer Audit data collection from 2013 submitted Briefing paper and action plan presented for Patient Safety & Clinical Effectiveness 30/10/18 and will be monitored by this committee.			Current:	15 (3x5)	
				Target:	6 (2x3)	
				<p>A line graph with three data points: Initial (9), Current (15), and Target (6). The Current score is significantly higher than both the Initial and Target scores.</p>		
Assurance Gaps:	Any patients diagnosed with cervical cancer prior to 2018 have not been informed of the audit. Based on the audit details a discussion will be taken at Colposcopy MDT meeting. Patients who require disclosure or possible duty of candour will need sensitive and skilled consultation.					
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date	
Draft policy for National Invasive Cervical Cancer Audit Draft policy for Disclosure of results for National Invasive Cervical Cancer	Policy for National Invasive Cervical Cancer Audit	Requires ratification and implementation	Cooper, Tracey	31/12/2018	27/12/2018	
Identify unit numbers/NHS numbers for backlog of patients (approx. 100 -120) Lists of cervical cancer patients in timescale requested from Pathology manager and Cancer Services to ensure all patients captured	Identify backlog of patients	Lists of cervical cancer patients in timescale requested from Pathology manager and Cancer Services to ensure all patients captured Using standard proforma in draft policy systematically review cervical screening histories of above cohort of patients Refer complete reviews to a MDT meeting as required. (Patients diagnosed with cervical cancer who have not engaged or defaulted from the programme can be excluded) Cases where the care or treatment after discussion at MDT is potentially a serious incident the case will be discussed with SQAS as per Managing Screening Incidents guidance.	Cooper, Tracey	31/01/2019		
Undertake a review of identified patients cervical screening history	Identify time and staff to undertake review of screening history	Identify time and clinical staff to undertake cervical screening history	Cooper, Tracey	31/01/2019		

Board Assurance Framework

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

Board Assurance Framework

Risk ID:	701	Executive Lead:	Evans, Chris			Rating	
Strategic Objective:	Strategic Objective 3: We will .. Work in partnership to design and provide high quality, financially sustainable services.						
Risk Description:	Failure to provide continuity of services caused by the scheduled March 2019 Brexit resulting in difficulties in procurement of goods and services, workforce and the associated risk of the increase in cost of supplies.					Initial:	16 (4x4)
Assurance Details:	Standard agenda item on the Trust wide Event Planning Group. Brexit Sub Group has been established with key managers and currently meeting weekly and reporting to the EPG. Procurement department completed the national self assessment contract review tool. Service level business continuity plans are in the process of being updated.					Current:	16 (4x4)
						Target:	4 (2x2)
Assurance Gaps:	National uncertainty on arrangements post March 2019 Brexit. Trusts being requested not to stockpile supplies. Risk to Supply BAU/CIP whilst resources are redirected to complete national work. National concern on shortages of radiopharmaceuticals and blood products. Potential price increases to supplies.						
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date		
Supplies department to complete self-assessment tool in order to ascertain suppliers who have a point of contact in the EU.	Supplies department to complete self-assessment tool	Contact supplies to triage and if necessary complete a deep dive.	Barrow, Steve	30/11/2018	30/11/2018		
All corporate and clinical business units should have an up to date business continuity plan.	Services to review and update business continuity plans	Review and update service BCP's.	Blackwell, Mrs Emma	31/01/2019			



Department
of Health &
Social Care

EU Exit Operational Readiness Guidance

**Actions the health and care system in England should
take to prepare for a 'no deal' scenario.**

Published on 21 December 2018

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Purpose

The EU Exit Operational Readiness Guidance, developed and agreed with NHS England and Improvement, lists the actions that providers and commissioners of health and care services in England should take if the UK leaves the EU without a ratified deal – a ‘no deal’ exit. This will ensure organisations are prepared for, and can manage, the risks in such a scenario.

This guidance has been sent to all health and care providers, including adult social care providers, to ensure the health and care system as a whole is prepared. Adult social care providers are advised to use this guidance as a prompt to test their own contingency plans. A further letter has also been sent in parallel to local authorities and adult social care providers to address specific adult social care issues.

Overview

The EU Exit Operational Readiness Guidance summarises the Government's contingency plans and covers actions that all health and adult social care organisations should take in preparation for EU Exit.

All organisations receiving this guidance are advised to undertake local EU Exit readiness planning, local risk assessments and plan for wider potential impacts. In addition, the actions in this guidance cover seven areas of activity in the health and care system that the Department of Health and Social Care is focussing on in its 'no deal' exit contingency planning:

- supply of medicines and vaccines;
- supply of medical devices and clinical consumables;
- supply of non-clinical consumables, goods and services;
- workforce;
- reciprocal healthcare;
- research and clinical trials; and
- data sharing, processing and access.

The impact of a 'no deal' exit on the health and adult social care sector is not limited to these areas, and the Department is also developing contingency plans to mitigate risks in other areas. For example, the Department is working closely with NHS Blood and Transplant to co-ordinate 'no deal' planning for blood, blood components, organs, tissues and cells (as detailed in the two technical notices on [blood](#) and [organs, tissues and cells](#) and the recent [letter](#) to the health and care system sent by the Secretary of State for Health and Social Care on 7 December 2018).

The actions in this guidance factor in the Government's revised border planning assumptions which were detailed in the Cabinet Office's [guidance](#) on 7 December 2018.

In preparation for a 'no deal' exit, the Department, with the support of NHS England and Improvement, and Public Health England, has set up a national Operational Response Centre. This will lead on responding to any disruption to the delivery of health and care services in England, that may be caused or affected by EU Exit. The Operational Response Centre will co-ordinate EU Exit-related information flows and reporting across the health and care system. The Operational Response Centre will also work with the devolved administrations to respond to UK-wide incidents.

The Operational Response Centre has been established to support the health and care system to respond to any disruption, and will not bypass existing local and regional reporting structures.

Working closely with the Operational Response Centre, NHS England and Improvement will also establish an Operational Support Structure for EU Exit. This will operate at national, regional and local levels to enable rapid support on emerging local incidents and escalation of issues into the Operational Response Centre as required. Contact details for the regional EU Exit leads are below:

Region	Contact details for regional EU Exit lead
North East	England.euexitnortheast@nhs.net
North West	England.euexitnorthwest@nhs.net
Midlands	England.mids-euexit@nhs.net
East of England	England.eoe-euexit@nhs.net
London	England.london-euexit@nhs.net
South East	England.se-euexit@nhs.net
South West	England.sw-euexit@nhs.net

NHS providers and commissioners will be supported by local NHS teams to resolve issues caused or affected by EU Exit as close to the frontline as possible. These issues will be escalated to regional level, as required. Where issues are impacting across the health and care system at a national level, the Operational Response Centre will co-ordinate information flows and responses.

This guidance and the planning assumptions within it represent the most up to date information available. Further operational guidance will be issued and updated to support the health and care system to prepare for the UK leaving the EU prior to 29 March 2019.

Summary

This section summarises seven areas where the government is focussing 'no deal' exit contingency planning in the health and care system, and where local action is required. Detailed actions for providers, commissioners and NHS England and Improvement regional teams are listed in Annex A (pages 15 to 33). Please read the summary and the action card that is applicable to your organisation.

Common to all of the groups of medical products listed below, it should be noted that government departments have also been working to design customs and other control arrangements at the UK border to ensure goods, including medical supplies, can continue to flow into the UK without being delayed by additional controls and checks.

However, the EU Commission has made clear that, in a 'no deal' exit, it will impose full third country controls on people and goods entering the EU from the UK. The cross-government planning assumption has therefore been revised to prepare for the potential impacts that the imposition of third country controls by member states could have. The revised assumption shows that there will be significantly reduced access across the short straits, for up to six months.

Supply of medicines and vaccines

- The Government recognises the vital importance of medicines and vaccines, and has developed a UK-wide contingency plan to ensure the flow of these products into the UK in a 'no deal' scenario.
- The plan covers medicines used by patients and service users in all four nations of the UK, as well as the UK Crown Dependencies. The Department is working very closely with the devolved administrations, the Crown Dependencies and other government departments to explore specific issues related to the various supply chains for medicines in the UK, as well as potential mitigations. The plan covers medicines used by all types of providers, including private providers.
- Earlier this year, the Department undertook an analysis using Medicines and Healthcare Products Regulatory Agency and European Medicines Agency data, on the supply chain for all medicines (including vaccines and medical radioisotopes). This identified those products that have a manufacturing touch point in the EU or wider EEA countries.
- In August 2018, the Department for Health and Social Care [wrote to pharmaceutical companies](#) that supply the UK with prescription-only and pharmacy medicines from, or via, the EU or European Economic Area (EEA) to prepare for a no deal scenario.

Companies were asked to ensure they have a minimum of six weeks' additional supply in the UK, over and above their business as usual operational buffer stocks, by 29 March 2019. Companies were also asked to make arrangements to air freight medicines with a short shelf life, such as medical radioisotopes.

- Since then, there has been very good engagement from industry to ensure the supply of medicines is maintained in a 'no deal' exit.
- The Department will support manufacturers taking part in the contingency planning and is already providing funding for the provision of additional capacity for the storage of medicines.
- In October, the Department invited wholesalers and pre-wholesalers of pharmaceutical warehouse space to bid for government funding to secure the additional capacity needed for stockpiled medicines, and funding for selected organisations has now been agreed.
- On 7 December 2018, the Department [wrote](#) to UK manufacturers of medicines currently using the short straits crossings of Dover and Folkestone as they will want to review supply arrangements in light of the Government's updated planning assumptions.
- Whilst the six-week medicines stockpiling activity remains a critical part of the Department's UK-wide contingency plan, it is now being supplemented by additional national actions.
- The Government is working to ensure there is sufficient roll-on, roll-off freight capacity to enable medicines and medical products to continue to move freely into the UK.
- The Government has agreed that medicines and medical products will be prioritised on these alternative routes to ensure the flow of all these products will continue unimpeded after 29 March 2019. This includes all medicines, including general sales list medicines.
- In the event of delays caused by increased checks at EU ports, the Department will continue to develop the UK-wide contingency plan for medicines and vaccines with pharmaceutical companies and other government departments.
- UK health providers – including hospitals, care homes, GPs and community pharmacies – should not stockpile additional medicines beyond their business as usual stock levels. There is also no need for clinicians to write longer NHS prescriptions and the public should be discouraged from stockpiling.

- Chief and Responsible Pharmacists are responsible for ensuring their organisation does not stockpile medicines unnecessarily. Any incidences involving the over-ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly.
- The Department and NHS England and Improvement are developing arrangements to allow local and regional monitoring of stock levels of medicines; arrangements are also likely to be put in place to monitor the unnecessary export of medicines.
- The Department is putting in place a “Serious Shortage Protocol”. This will involve changes to medicines legislation that will allow flexibility in primary care dispensing of medicines. Robust safeguards will be put in place to ensure this is operationalised safely, including making authoritative clinical advice available.
- Public Health England (PHE) is leading a separate UK-wide programme ensuring the continuity of supply for centrally-procured vaccines and other products that are distributed to the NHS for the UK National Immunisation Programme or used for urgent public health use. In addition to the national stockpiles that PHE has in place to ensure continued supply to the NHS, PHE continues to work alongside contracted suppliers on their contingency plans to ensure that the flow of these products will continue unimpeded in to the UK after exit day.

Supply of medical devices and clinical consumables

- On 23 October 2018, the Secretary of State for Health and Social Care [wrote](#) to all suppliers of medical devices and clinical consumables updating them on the contingency measures the Department is taking to ensure the continuity of product supply.
- One of these measures is to increase stock levels of these products at a national level in England.
- The Department is working with the devolved nations and Crown Dependencies to ensure that national contingency arrangements are aligned and able to support specific preparedness measures necessary to meet the needs of their health and care systems.
- The Department is also developing contingency plans to ensure the continued movement of medical devices and clinical consumables that are supplied from the EU directly to organisations delivering NHS services in England.

- The Department has asked all suppliers that regularly source products from EU countries to review their supply chains and determine what measures they need to take to ensure the health and care system has access to the products it needs.
- NHS Supply Chain officials are also contacting suppliers who routinely import products from the EU to establish what measures are required to ensure they can continue to provide products in a 'no deal' scenario. Products are already being ordered.
- The Government is working to ensure there is sufficient roll-on/roll-off freight capacity to enable medicines and medical products to continue to move freely into the UK. This will help facilitate the flow of products to both NHS and private care providers.
- The Government has agreed that medicines and medical products will be prioritised on these alternative routes to ensure the flow of these products will continue unimpeded after 29 March 2019.
- There is no need for health and adult social care providers to stockpile additional medical devices and clinical consumables beyond business as usual stock levels. Officials in the Department will continually monitor the situation and, if the situation changes, will provide further guidance by the end of January 2019.
- The Department continues to engage directly with industry suppliers, trade associations, NHS providers and other government departments to develop its contingency planning approach and ensure the continued supply of medical devices and clinical consumables into the UK.

Supply of non-clinical consumables, goods and services

- The Department has identified categories of national suppliers for non-clinical consumables, goods and services that it is reviewing and managing at a national level. Examples of relevant categories include food and laundry services.
- For these categories, the Department is engaging with suppliers and industry experts to identify and plan for any supply disruption. Where necessary, there will be cross-government work to implement arrangements at the point of EU Exit to ensure continued supply.
- On food, for example, the Department is engaging with both suppliers and health experts to identify and plan for any food items that might suffer supply disruption in the event of a 'no deal'. Standard guidelines will be developed for health and adult social care providers on suitable substitution arrangements for any food items identified as being at risk.

- The Department is also conducting supply chain reviews across the health and social care system to assess commercial risks. This includes reviews for high-risk non-clinical consumables, goods and services, and a self-assessment tool for NHS Trusts and Foundation Trusts. The results of these self-assessments were received at the end of November, and the Department is conducting analysis of the data, that will be used to provide additional guidance to Trusts and Foundation Trusts in January 2019.

Workforce

- The current expectation is that there will not be a significant degree of health and care staff leaving around exit day. Organisations can escalate concerns through existing reporting mechanisms to ensure there is regional and national oversight.

EU Settlement Scheme

- Through the EU Settlement Scheme, EU citizens will be able to register for settled status in the UK if they have been here for five years, or pre-settled status if they have been here for less than five years. This will ensure the rights of EU citizens are protected in the UK after EU Exit, and guarantee their status and right to work.
- Some EU citizens working in the health and care system would have been able to register for EU settled status under the pilot scheme that was open between the 3rd and 21st December 2018. People that did not register under the pilot scheme do not need to worry as the scheme will be fully open by March 2019 and remain open until 31 December 2020 in a 'no deal' scenario, so there will be plenty of time for EU staff to register.
- More information, including where to register, can be found on this [website](#).

Professional regulation (recognition of professional qualifications)

- Health and care professionals (including UK citizens), whose qualification has been recognised and who are registered in the UK before 23:00 on 29 March 2019, will continue to be registered after this point.
- Health and care professionals (including UK citizens), who apply to have their qualification recognised in the UK before 23:00 on 29 March 2019, will have their application concluded under current arrangements.
- Health and care professionals (including UK citizens) with an EU/EEA or Swiss qualification, who apply to have their qualification recognised in the UK from 23:00 on 29 March 2019 will be subject to future arrangements.

Reciprocal healthcare

- These plans are without prejudice to the rights and privileges available to Irish citizens in the UK, and UK citizens in Ireland, under the Common Travel Area arrangements.
- In a 'no deal' scenario, UK nationals resident in the EU, EEA and Switzerland may experience limitations to their access to healthcare services. The Government is therefore seeking to protect current reciprocal healthcare rights through transitional bilateral agreements with other member states.
- The Government has recently introduced the [Healthcare \(International Arrangements\) Bill](#) to ensure we have the legal powers to enter into such agreements in a 'no deal' scenario. The Bill could support a broad continuance of the existing reciprocal healthcare rights under current EU regulations (such as the European Health Insurance Card).
- The Government will issue advice via www.gov.uk and www.nhs.uk to UK nationals living in the EU, to UK residents travelling to the EU and to EU nationals living in the UK. It will explain how the UK is working to maintain reciprocal healthcare arrangements, but this will depend on decisions by member states. It will set out what options people might have to access healthcare under local laws in the member state they live in if we do not have bilateral agreements in place, and what people can do to prepare. These pages will be updated as more information becomes available.
- As is currently the case, if UK nationals living in the EU face changes in how they can access healthcare, and if they return permanently to the UK and take up ordinary residence here, they will be entitled to NHS-funded healthcare on the same basis as UK nationals already living here.
- It is not possible to quantify how many people might return due to changes in reciprocal healthcare, and it is important to note that people might return to the UK for many other reasons such as changes in legal status or costs of living.

Research and clinical trials

EU research and innovation funding schemes

- The Government has guaranteed funding committed to UK organisations for certain EU funded projects in the event of a 'no deal' scenario. This includes the payment of awards where UK organisations successfully bid directly to the EU while we remain in the EU, and the payment of awards where UK organisations are able to successfully bid to participate as a third country after EU Exit, until the end of 2020.

- This means that successful bids for EU programme funding until the end of 2020 will receive their full financial allocation for the lifetime of the project.

Clinical networks

- In a 'no deal' scenario, UK clinicians would be required to leave European Reference Networks (ERNs) on 29 March 2019. However, the UK will seek to strengthen and build new bilateral and multilateral relationships – including with the EU – to ensure clinical expertise is maintained in the UK.
- The Department and NHS England are in contact with the ERNs and no action is required at this stage. Further information will be communicated to the NHS and professional bodies in due course.

Clinical trials and clinical investigations

- The Government has issued [guidance](#) on the supply of investigational medicinal products (IMPs) for clinical trials in a 'no deal' scenario.
- The Department continues to engage with the life sciences industry regarding contract research and clinical trials of IMPs and medical devices. The Department is working closely with the NHS and is undertaking a comprehensive assessment of the potential impact of 'no deal' exit on clinical trials and investigations, to gain a greater understanding of those which might be affected by supply issues. This includes examining supply chains for IMPs, medical devices, in vitro diagnostic devices, advanced therapy medicinal products, radioisotopes and other clinical consumables, used in clinical trials and investigations, which originate from, or travel through, the EU and EEA. This assessment aims to conclude in January 2019 and, if necessary, further guidance will be issued thereafter.
- All organisations participating in and/or recruiting patients to clinical trials or clinical investigations in the UK should contact their relevant trial sponsors for confirmation of plans for supply chains for IMPs and medical devices as soon as possible.
- The Department has communicated with Sponsors of trials to emphasise their responsibility for ensuring the continuity of IMP supplies for their trials. The Government will monitor for any clinical trials or clinical investigations impacted due to disruptions to clinical trial supplies. Organisations should therefore continue to participate in and/or recruit patients to clinical trials and clinical investigations from 29 March 2019, unless they receive information to the contrary from a trial sponsor, organisation managing the trial or investigation, or from formal communications.

Clinical Trial Regulation

- For EU-wide trials, the new EU Clinical Trial Regulation (CTR) will not be in force in the EU on 29 March 2019 and so will not be incorporated into UK law.
- However, the Government has stated the UK will align where possible with the CTR without delay when it does come into force in the EU, subject to usual parliamentary approvals. This will provide certainty for organisations conducting trials in the UK.
- Those organisations carrying out clinical trials should follow the normal process for seeking regulatory approval.

Data sharing, processing and access

- It is imperative that personal data continues to flow between the UK, EU and EEA member states, following our departure from the EU. The Department for Digital, Culture, Media and Sport and the Information Commissioner's Office (ICO) have released guidance on data protection in a 'no deal' scenario, which can be viewed on [gov.uk](https://www.gov.uk) and the ICO [website](#).
- The European Commission is unlikely to have made a data protection adequacy decision regarding the UK before EU Exit. An adequacy decision is where the European Commission is satisfied that a transfer of personal data from the EU/EEA to a country outside the EU/EEA would be adequately protected.
- Transfers of personal data from the UK to the EU/EEA should not be affected in a 'no deal' scenario. This is because it would continue to be lawful under domestic legislation for health and adult social care organisations to transfer personal data to the EU/EEA and adequate third countries in the same way we do currently.
- At the point of exit, EU/EEA organisations will consider the UK a third country. This will mean the transfer of personal data from the EU/EEA to the UK will be restricted unless appropriate safeguards are put in place.
- In order to ensure that personal data can continue to be transferred from organisations in the EU/EEA to the UK in the event there is no adequacy decision, alternative mechanisms for transfer may need to be put in place. This is the case even if organisations are currently compliant with the GDPR.
- One solution you could consider, which the ICO states that most businesses find to be a convenient safeguard, particularly when dealing with non-public organisations, is to use one of the standard contractual clauses (SCCs) approved by the EU Commission. Guidance on these SCCs can be found in the links to [gov.uk](https://www.gov.uk) and the [ICO website](#)

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above. Further information will be issued in due course. For now, health and adult social care organisations should follow the instructions detailed in Annex A to identify data flows that may be at risk in a 'no deal' exit.

ANNEX A – Action cards

Card	Audience	Page
1	Providers: <ul style="list-style-type: none"> • NHS Trusts and Foundation Trusts (acute, mental health, community and ambulance services) • Independent providers of NHS services • GP practices • NHS dentists • Community pharmacies • Opticians • NHS 111 providers 	16
2	Commissioners: <ul style="list-style-type: none"> • Clinical Commissioning Groups • Sustainability and Transformation Partnerships/Integrated Care Systems • Specialised commissioning regional teams and hubs • Health and Justice national and regional teams • Armed Forces and their families commissioning team • Local authorities commissioning NHS services 	25
3	NHS England and Improvement regional teams	33

Card 1 – Action card for providers

Role

All providers of NHS services – including NHS Trusts and Foundation Trusts, primary care organisations and independent sector organisations who provide NHS services – must consider and plan for the risks that may arise due to a ‘no deal’ exit.

All providers should continue with their business continuity planning, taking into account the instructions in this national guidance, incorporating local risk assessments, and escalating any points of concern on specific issues to regional NHS EU Exit or departmental mailboxes listed in this guidance. Officials monitor these mailboxes and will respond to queries. Contact details for the regional NHS EU Exit Teams are included in the overview on page 5.

Clinical Commissioning Groups and NHS England should agree the handling of communications with general practice in line with existing delegation arrangements.

Actions for providers

Local EU Exit readiness preparations

Risk assessment and business continuity planning

- Undertake an assessment of risks associated with EU Exit by the end of January 2019, covering, but not limited to:
 - The seven key areas identified nationally and detailed below.
 - Potential increases in demand associated with wider impacts of a ‘no deal’ exit.
 - Locally specific risks resulting from EU Exit.
- Continue business continuity planning in line with your legal requirements under the Health and Social Care Act 2012, taking into account this guidance and working with wider system partners to ensure plans across the health and care system are robust. These organisational and system-wide plans should be completed at the latest by the end of January 2019.
- Test existing business continuity and incident management plans against EU Exit risk assessment scenarios by the end of February to ensure these are fit for purpose.

Communications and escalation

All providers to:

- Ensure your board is sighted on EU Exit preparation and take steps to raise awareness amongst staff.
- Ensure Local Health Resilience Partnerships, Local Resilience Forums and Local A&E Delivery Boards are sighted on EU Exit preparation in your local health economy.
- Review capacity and activity plans, as well as annual leave, on call and command and control arrangements around the 29 March 2019, but at this point there is no ask to reduce capacity or activity around this time.
- Be ready for further operational guidance from NHS England and Improvement as contingency planning work progresses.

NHS providers to:

- Confirm escalation routes for different types of issues potentially arising from or affected by EU Exit into the regional NHS EU Exit teams listed in this document.
- Note your nominated regional NHS lead for EU Exit and their contact details (included in the overview on page 5).
- Escalate any issues you have identified as having a potentially widespread impact immediately to your regional EU Exit team.
- Confirm your organisation's Senior Responsible Officer for EU Exit preparation and identify them to your regional EU Exit team as soon as possible. This role should be held by a board level member and will entail providing information returns to NHS England and Improvement, reporting emerging EU Exit-related problems, and ensuring your organisation has updated its business continuity plan to factor in all potential 'no deal' exit impacts. Organisations should also identify named staff to work in a team with the Senior Responsible Officer to support EU Exit preparation, implementation and incident response.

Reporting, assurance and information

NHS providers to:

- Be aware that if additional reporting is required, NHS England and Improvement will provide further guidance on requirements. However, existing reporting from NHS

organisations will be used to develop a baseline assessment of the EU Exit impact on the health and care system.

- Note that regional NHS EU Exit teams will be in contact shortly to confirm your progress on these actions.
- For queries relating to specific topic areas in this guidance, please contact the relevant departmental mailboxes. Any immediate risks or concerns about provision of NHS service continuity should be escalated to the relevant regional NHS EU Exit mailbox

Supply of medicines and vaccines

All health and adult social care providers to:

- Follow the Secretary of State's [message](#) not to stockpile additional medicines beyond their business as usual stock levels. No clinician should write longer prescriptions for patients. The Department's UK-wide contingency plan for the continued supply of medicines and vaccines from the moment we leave the EU is being developed alongside pharmaceutical companies and other government departments.
- Note that there is no need to contact suppliers of medicines directly.
- Direct staff to promote messages of continuity and reassurance to people who use health and care services, including that they should not store additional medicines at home.
- Note that Chief and Responsible Pharmacists are responsible for ensuring their organisation does not stockpile medicines unnecessarily. Any incidences involving the over-ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly.
- Note that the Department and NHS England and Improvement are developing arrangements to allow local and regional monitoring of stock levels of medicines.
- Be aware that UK-wide contingency plans for medicines supply are kept under review, and the Department will communicate further guidance as and when necessary.
- Continue to report current shortage issues and escalate queries for medicine supply issues unrelated to current shortages through existing regional communication channels.

Regional pharmacists and emergency planning staff to:

- Meet at a local level to discuss and agree local contingency and collaboration arrangements. The Chief Pharmaceutical Officer will hold a meeting with the chairs of regional hospital and CCG Chief Pharmacist networks (and representatives of private hospital Chief Pharmacists) in January 2019 to help inform local plans.

Supply of medical devices and clinical consumables

- Note that there is no need for health and adult social care providers to stockpile additional medical devices and clinical consumables beyond business as usual stock levels. Officials in the Department will continually monitor the situation and if the situation changes, will provide further guidance by the end of January 2019.
- Send queries about medical devices and clinical consumables provided by NHS Supply Chain to your usual contact. If you receive medical devices and clinical consumables from other suppliers, you should contact them directly with any queries as you would normally do.
- Be aware that the contingency plan is kept under review, and the Department will communicate further guidance as and when necessary.
- Send queries regarding medical devices and clinical consumables to mdcc-contingencyplanning@dhsc.gov.uk.

Supply of non-clinical consumables, goods and services

All providers to:

- Be aware that NHS Trust and Foundation Trust procurement leads have been asked to undertake internal reviews of purchased goods and services to understand any risks to operations if there is disruption in supply. This excludes goods and services that are being reviewed centrally, such as food, on which the Department has written to procurement leads previously.
- Continue commercial preparation for EU Exit as part of your usual resilience planning, addressing any risks and issues identified through your own risk assessments that need to be managed locally.
- Continue to update local business continuity plans to ensure continuity of supply in a 'no deal' scenario. Where appropriate, these plans should be developed in conjunction with your Local Health Resilience Partnership. All health organisations should be

engaged in their relevant Local Health Resilience Partnership, which should inform Local Resilience Forum(s) of local EU Exit plans for health and care.

- Be aware that the Department is conducting supply chain reviews across the health and care system, and work is in progress to identify risk areas specific to primary care.
- Await further advice from the Department on what actions should be taken locally.

NHS Trusts and Foundation Trusts to:

- Submit the results of their self-assessment on non-clinical consumables, goods and services to contractreview@dhsc.gov.uk, if not done so already.
- Act upon further guidance to be issued by the Department in January 2019. This will be based on analysis of NHS Trusts and Foundation Trusts' self-assessments.

Workforce

- Assess whether your organisation has incurred a reduction in the number of EU nationals in your workforce before the UK leaves the EU.
- Publicise the EU Settlement Scheme to your health and care staff who are EU citizens. The scheme will open fully by March 2019 and remain open until 31 December 2020 in a 'no deal' scenario, so there will be plenty of time for EU staff to register. Further information can be viewed [here](#).
- Monitor the impact of EU Exit on your workforce regularly and develop contingency plans to mitigate a shortfall of EU nationals in your organisation, in addition to existing plans to mitigate workforce shortages. These plans should be developed with your Local Health Resilience Partnership, feed into your Local Resilience Forum(s) and be shared with your local commissioner(s). Consider the implications of further staff shortages caused by EU Exit across the health and care system, such as in adult social care, and the impact that would have on your organisation.
- Undertake local risk assessments to identify any staff groups or services that may be vulnerable or unsustainable if there is a shortfall of EU nationals.
- Ensure your board has approved business continuity plans that include EU Exit workforce planning, including the supply of staff needed to deliver services.
- Notify your local commissioner and regional NHS EU Exit Team at the earliest opportunity if there is a risk to the delivery of your contracted services.

- Escalate concerns through existing reporting mechanisms.
- Send queries on workforce to WorkforceEUExit@dhsc.gov.uk.

Professional regulation (recognition of professional qualifications)

- Inform your staff that health and care professionals (including UK citizens), whose qualification has been recognised and who are registered in the UK before 23:00 on 29 March 2019, will continue to be registered after this point.
- Inform your staff that health and care professionals (including UK citizens), who apply to have their qualification recognised in the UK before 23:00 on 29 March 2019, will have their application concluded under current arrangements.
- Await further information from the Government on the future arrangements for health and care professionals (including UK citizens) with an EU/EEA or Swiss qualification, who apply to have their qualification recognised in the UK from 23:00 on 29 March 2019.

Reciprocal healthcare

All providers to:

- Note that, in a no deal scenario, the current arrangements for reciprocal healthcare and for overseas visitors and migrant cost recovery will continue to operate until 29 March 2019, depending on the reciprocal agreements that are concluded.
- Continue to support individuals who apply for NHS authorised treatment or maternity care in another member state (the S2 and cross-border healthcare processes).
- Note that the Department will provide updates and further information on reciprocal healthcare arrangements prior to 29 March 2019.

NHS Trusts and Foundation Trusts to:

- Maintain a strong focus on correctly charging those who should be charged directly for NHS care. Information on implementing the current charging regulations can be viewed on the webpage [here](#).
- Ensure there is capacity available for any further training that may be required if there are changes to the reciprocal healthcare arrangements. This should be undertaken by the Overseas Visitor Management team, and guidance and support materials will be made available to support this training.

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- Note that the Department will provide updates and further information in due course. This information will cover migrant cost recovery charging after 29 March 2019 to enable NHS Trusts and Foundation Trusts to amend processes and train staff if reciprocal healthcare arrangements change.

GP practices to:

- Promote completion of the supplementary questions section of the GMS1 form, and then, as appropriate, send the form to NHS Digital (NHSDigital-EHIC@nhs.net) or the Department for Work and Pensions' Overseas Healthcare Team (overseas.healthcare@dwp.gsi.gov.uk). The response on a person's non-UK EHIC/S1 helps the Department seek reimbursements from EU member states for those who are covered by the reciprocal healthcare arrangements. More information on the GMS1 form can be found [here](#). Further information for primary care staff on providing healthcare for overseas visitors from the EU/EEA can be found [here](#).

Research and clinical trials

EU research and innovation funding schemes

- Note that the Government has guaranteed funding committed to UK organisations for certain EU funded projects in the event of a 'no deal' scenario. This includes the payment of awards where UK organisations successfully bid directly to the EU while we remain in the EU, and the payment of awards where UK organisations are able to successfully bid to participate as a third country after exit, until the end of 2020.
- Provide information about your Horizon 2020 grant [here](#). This should be actioned as soon as possible. Further guidance can be found [here](#) and all queries should be sent to EUGrantsFunding@ukri.org.
- Contact officials at EU-Health-Programme@dhsc.gov.uk with information regarding your Third Health Programme grant, and any queries that you have, as soon as possible.

Clinical trials and clinical investigations

- Follow the Government's [guidance](#) on the supply of investigational medicinal products (IMPs) for clinical trials in a 'no deal' scenario, if you sponsor or lead clinical trials or clinical investigations in the UK.
- Consider your supply chains for those IMPs, medical devices, in vitro diagnostic devices, advanced therapy medicinal products, radioisotopes and other clinical

consumables, used in clinical trials and investigations, which originate from, or travel through, the EU and EEA as soon as possible if you sponsor or lead clinical trials or investigations in the UK.

- Liaise with trial and study Sponsors to understand their arrangements to ensure that clinical trials and investigations using IMPs, medical devices, IVDs, advanced therapy medicinal products, radioisotopes and other clinical consumables which come from, or via, the EU or EEA, are guaranteed in the event of any possible border delays. If multiple sites are involved within the UK, then co-ordinate with the lead site or Chief Investigator in the UK, or organisation managing the clinical trial/investigation, e.g. Clinical Research Organisation, to ensure a single approach to the Sponsor.
- Respond to any enquires to support the Department's comprehensive assessment of the expected impact of a 'no deal' exit on clinical trials and investigations. The Department is working closely with the NHS to gain a greater understanding of who might be affected by supply issues.
- Continue participating in and/or recruiting patients to clinical trials and investigations up to and from 29 March 2019. This should occur unless you receive information to the contrary from a trial Sponsor, organisation managing the trial or clinical investigation, or from formal communications that a clinical trial or clinical investigation is being impacted due to trial supplies.
- Send queries concerning IMPs or medical devices to imp@dhsc.gov.uk

Data sharing, processing and access

- Investigate your organisation's reliance on transfers of personal data from the EU/EEA to the UK, especially those that are critical to patient care and/or would have a serious impact upon the system if they were disrupted.
- Note that many organisations tend not to disaggregate personal and non-personal data. As such, please be aware that restrictions on personal data may have knock-on effects on data more generally.
- Follow the advice from The Department for Digital, Culture, Media and Sport and the ICO on data protection in a 'no deal' scenario, which can be viewed on [gov.uk](https://www.gov.uk) and on the ICO [website](#), in particular to determine where to use and how to implement standard contractual clauses.
- Ensure that your data and digital assets are adequately protected by completing your annual [Data Security and Protection Toolkit](#) assessment. This self-audit of compliance

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with the 10 Data Security Standards is mandatory to complete by the end of March 2019, but completing it early will enable health and adult social care providers to more quickly identify and address any vulnerabilities.

- Await further guidance, which will be issued to health and care providers in due course. Assistance will also be available through webinars in early 2019.

Finance

- Record costs (both revenue and capital) incurred in complying with this guidance. Costs with a direct financial impact should be recorded separately to opportunity costs. Providers should discuss these costs with their regional NHS EU Exit support team. Feedback from providers will inform decisions on whether further guidance on cost collection is required.

Queries

For queries relating to specific topics areas, providers should contact the departmental mailboxes listed in this guidance:

- Medicine shortage queries should be raised by business as usual routes
- Medical devices and clinical consumables to mdcc-contingencyplanning@dhsc.gov.uk.
- NHS Trusts and Foundation Trusts' self-assessment on non-clinical consumables, goods and services to contractreview@dhsc.gov.uk.
- Workforce to WorkforceEUExit@dhsc.gov.uk.
- Third Health Programme grants to EU-Health-Programme@dhsc.gov.uk.
- [Horizon 2020 grants to EUGrantsFunding@ukri.org](mailto:Horizon2020grants@ukri.org)
- IMPs or clinical devices to imp@dhsc.gov.uk.

Any immediate risks or concerns relating to continuity of NHS service provision should be escalated to the relevant regional NHS EU Exit mailbox.

Card 2 – Action card for commissioners

Role

In addition to current responsibilities, commissioners – including Clinical Commissioning Groups, Primary Care Commissioning and specialised commissioning – should ensure that their contracted health and care services are ready to manage the risks arising in a ‘no deal’ exit.

Commissioners should continue with their business continuity planning, taking into account the instructions in this national guidance, incorporating local risk assessments and escalating any points of concern on specific issues to the relevant mailboxes.

Commissioners should also liaise with providers of services that they commission, to ensure they are taking account of the actions for providers outlined in this guidance. EU Exit and its implications on health and care services should be discussed at commissioner board level on a regular basis to ensure sufficient oversight.

Actions for commissioners

Local EU Exit readiness preparations

Risk assessment and business continuity planning

- Undertake an assessment of risks associated with EU Exit by the end of January 2019, covering, but not limited to:
 - The seven key areas identified nationally and detailed below.
 - Potential increases in demand associated with the wider impacts of a ‘no deal’ exit.
 - Locally specific risks resulting from EU Exit.
- Continue business continuity planning in line with your legal requirements under the Health and Social Care Act 2012, including taking into account this guidance and working with wider system partners to ensure plans across the health and care system are robust. These organisational and system-wide plans should be completed at the latest by the end of January 2019.
- Support providers to test existing business continuity and incident management plans against EU Exit risk assessment scenarios by the end of February to ensure these are fit for purpose.

Communications and escalation

All commissioners to:

- Ensure your board is sighted on EU Exit preparation and take steps to raise awareness amongst staff.
- Ensure Local Health Resilience Partnerships, Local Resilience Forums and Local A&E Delivery Boards are sighted on EU Exit preparation in your local health economy.
- Be ready for further operational guidance from NHS England and Improvement as contingency planning work progresses.
- Review capacity and activity plans, as well as annual leave, on call and command and control arrangements around the 29 March 2019.

NHS commissioners to:

- Confirm escalation routes for different types of issues potentially arising from or affected by EU Exit, into the regional NHS EU Exit teams listed in this document.
- Note your nominated regional NHS lead for EU Exit and their contact details (included in the overview at page 5).
- Escalate any issues you have identified as having a potentially widespread impact immediately to your regional EU Exit team.
- Confirm your organisation's Senior Responsible Officer for EU Exit preparation and identify them to your regional EU Exit team as soon as possible. This role should be held by a board level member and will entail providing information returns to NHS England and Improvement, reporting emerging EU Exit-related problems, and ensuring your organisation has updated its business continuity plan to factor in all potential 'no deal' exit impacts. Organisations should also identify named staff to work in a team with the Senior Responsible Officer to support EU Exit preparation, implementation and incident response.

Reporting, assurance and information

NHS commissioners to:

- Be aware that if additional reporting is required, NHS England and Improvement will provide further guidance on requirements. However, existing reporting from NHS

organisations will be used to develop a baseline assessment of the EU Exit impact on the health and care system.

- Note that regional NHS EU Exit teams will be in contact shortly to confirm your progress on these actions.
- For queries relating to specific topics areas in this guidance, please contact the relevant departmental mailboxes. Any immediate risks or concerns about provision of NHS service continuity should be escalated to the relevant regional NHS EU Exit mailbox.

Supply of medicines and vaccines

- Promote the Secretary of State's [message](#): healthcare providers should not stockpile medicines beyond their business as usual stock levels, and no clinician should write longer prescriptions for patients. The Department's UK-wide contingency plan for the supply of medicines and vaccines is being developed alongside pharmaceutical companies and other government departments.
- Advise providers that there is no need to contact suppliers of medicines directly.
- Ensure providers are encouraging staff to reassure patients that they should not store additional medicines at home as the Government is working with industry to ensure a continued supply of medicines from the moment we leave the EU.
- Inform providers that Chief and Responsible Pharmacists are responsible for ensuring their organisation does not stockpile medicines unnecessarily. Any incidences involving the over-ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly.
- Inform providers that the Department and NHS England and Improvement are developing arrangements to allow local and regional monitoring of stock levels of medicines.
- Be aware that the UK-wide contingency plan for medicines and vaccines is kept under review, and the Department will communicate further guidance as and when necessary.
- Share letters from the Department aimed at an NHS and wider health and care provider audience (such as the third sector, private sector and home care).

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- Note that the Department has engaged directly with specialist commissioning leaders about prisons and defence. This is to address their specific needs and concerns relating to medicine supply.
- Continue to report current shortage issues and escalate queries for medicine supply issues unrelated to current shortages through existing regional communication channels.

Regional pharmacists and emergency planning staff to:

- Meet at a local level to discuss and agree local contingency and collaboration arrangements. The Chief Pharmaceutical Officer will hold a meeting with the chairs of regional hospital and CCG Chief Pharmacist networks (and representatives of private hospital Chief Pharmacists) in January 2019 to help inform local plans.

Supply of medical devices and clinical consumables

- Note that there is no need for health and adult social care providers to stockpile additional medical devices and clinical consumables beyond business as usual stock levels. Officials in the Department will continually monitor the situation and if the situation changes, we will provide further guidance by the end of January 2019.
- Send queries about medical devices and clinical consumables provided by NHS Supply Chain to your usual contact. If you receive medical devices and clinical consumables from other suppliers, you should contact them directly with any queries as you would normally do.
- Be aware that the contingency plan is kept under review, and the Department will communicate further guidance as and when necessary.
- Send queries regarding medical devices and clinical consumables to mdcc-contingencyplanning@dhsc.gov.uk.

Supply of non-clinical consumables, goods and services

- Be aware that the Department is conducting supply chain reviews across the health and care system, and work is in progress to identify risk areas specific to primary care, adult social care and public health services.

- Continue commercial preparation for EU Exit as part of your usual resilience planning, addressing any risks and issues identified through your own risk assessments that need to be managed locally.
- Check your providers continue to update their local business continuity plans to ensure continuity of supply in a 'no deal' scenario.
- Await further advice from the Department on where actions should be taken locally by commissioners and providers of NHS-commissioned services.

Workforce

- Ensure healthcare providers that deliver your commissioned services publicise the EU Settlement Scheme to their health and care staff who are EU citizens, and support them to apply for the scheme.
- Monitor the workforce impacts of EU Exit in your primary and secondary care providers' business continuity plans and highlight risks to WorkforceEUExit@dhsc.gov.uk.
- Ensure your providers' board-approved business continuity plans include workforce planning.
- Assess whether your organisation has incurred a reduction in the number of EU nationals in your workforce before the UK leaves the EU.
- Publicise the EU Settlement Scheme to your staff who are EU nationals and actively support them to apply for the scheme when it opens in March 2019. Further information can be viewed [here](#).
- Monitor the impact of EU Exit on your own workforce regularly, and update your local business continuity plans as necessary.
- Send workforce queries to WorkforceEUExit@dhsc.gov.uk

Professional regulation (recognition of professional qualifications)

- Inform your staff and healthcare providers that health and care professionals (including UK citizens), whose qualification has been recognised and who are registered in the UK before 23:00 on 29 March 2019, will continue to be registered after this point.

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- Inform your staff and healthcare providers that health and care professionals (including UK citizens), who apply to have their qualification recognised in the UK before 23:00 on 29 March 2019, will have their application concluded under current arrangements.
- Await further information from the Government on the future arrangements for health and care professionals (including UK citizens) with an EU/EEA or Swiss qualification, who apply to have their qualification recognised in the UK from 23:00 on 29 March 2019.

Reciprocal healthcare

- Note that, in a 'no deal' scenario, the current arrangements for reciprocal healthcare and for overseas visitors and migrant cost recovery will continue to operate until 29 March 2019, depending on the reciprocal agreements that are concluded.
- Inform NHS Trusts and Foundation Trusts that they should continue to maintain a strong focus on correctly charging those who should be charged directly for NHS care.
- Note that the Department will provide updates and further information in due course. This information will cover migrant cost recovery charging after 29 March 2019 to enable NHS Trusts and Foundation Trusts to amend processes and train staff if reciprocal healthcare arrangements change.

Research and clinical trials

- Note that the Government has guaranteed funding committed to UK organisations for certain EU funded projects in the event of a 'no deal' scenario. This includes the payment of awards where UK organisations successfully bid directly to the EU while we remain in the EU, and the payment of awards where UK organisations are able to successfully bid to participate as a third country after Exit, until the end of 2020.
- Ensure your providers who receive Horizon 2020 grants input basic information about their awards into a portal, which can be accessed [here](#), as soon as possible. Further guidance can be found [here](#) and all queries should be sent to EUGrantsFunding@ukri.org.
- Ensure your providers who receive Third Health Programme grants contact officials at EU-Health-Programme@dhsc.gov.uk with information regarding their awards and any queries that they have, as soon as possible.

Clinical trials and clinical investigations

- Support your providers to respond to the Department's comprehensive assessment of the expected impact of a 'no deal' exit on clinical trials and investigations. The Department is working closely with the NHS to gain a greater understanding of who might be affected by supply issues.
- Support your providers who run clinical trials or investigations in the UK to consider their supply chains for those IMPs, medical devices, in vitro diagnostic devices, advanced therapy medicinal products, radioisotopes and other clinical consumables which come from, or via, the EU or EEA as soon as possible. Providers should contact relevant trial Sponsors, and if multiple sites are involved within the UK, then co-ordinate with the lead site or Chief Investigator in the UK, or organisation managing the clinical trial/investigation, e.g. Clinical Research Organisation, to ensure a single approach to the Sponsor.
- Support your providers to participate in and/or recruit to clinical trials and investigations up to and from 29 March 2019. This should occur unless providers receive information to the contrary from a trial Sponsor, organisation managing the clinical trial or investigation, or from formal communications that a clinical trial or clinical investigation is being impacted due to trial supplies.
- Send queries concerning IMPs or medical devices to imp@dhsc.gov.uk.

Data sharing, processing and access

- Investigate your organisation's reliance on transfers of personal data from the EU/EEA to the UK, especially those that are critical to patient care and/or would have a serious impact upon the system if they were disrupted.
- Note that many organisations tend not to disaggregate personal and non-personal data. As such, please be aware that restrictions on personal data may have knock-on effects on data more generally.
- Follow the advice from The Department for Digital, Culture, Media and Sport and the ICO on data protection in a 'no deal' scenario, which can be viewed on gov.uk and on the ICO [website](#), in particular to determine where to use and how to implement standard contractual clauses.
- Ensure that your data and digital assets are adequately protected, by completing your annual [Data Security and Protection Toolkit](#) assessment. This self-audit of compliance with the 10 Data Security Standards is mandatory, to be completed by end March

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2019, but early completion will enable health and adult social care organisations more time to identify and quickly address any vulnerabilities.

- Await further guidance, which will be issued to health and care providers in due course. Assistance will also be available through webinars in early 2019.

Finance

- Record costs (both revenue and capital) incurred in complying with this guidance. Costs with a direct financial impact should be recorded separately to opportunity costs. Commissioners should discuss these costs with their regional NHS EU Exit support team. Feedback from commissioners will inform decisions on whether further guidance on cost collection is required.

Queries

For queries relating to specific topics areas, commissioners should contact the departmental mailboxes listed in this guidance:

- Medicine shortage queries should be raised by business as usual routes
- Medical devices and clinical consumables to mdcc-contingencyplanning@dhsc.gov.uk.
- NHS Trusts and Foundation Trusts' self-assessment on non-clinical consumables, goods and services to contractreview@dhsc.gov.uk.
- Workforce to WorkforceEUExit@dhsc.gov.uk.
- Third Health Programme grants to EU-Health-Programme@dhsc.gov.uk.
- [Horizon 2020 grants to EUGrantsFunding@ukri.org](mailto:Horizon2020grants@ukri.org)
- IMPs or clinical devices to imp@dhsc.gov.uk.

Any immediate risks or concerns relating to continuity of NHS service provision should be escalated to the relevant regional NHS EU Exit mailbox.

Card 3 – Action card for NHS England and Improvement regional teams

Role

In addition to current responsibilities, NHS regional teams will be required to provide regional system oversight in a 'no deal' scenario. The forthcoming NHS EU Exit Operational Support Structure will operate at a national and regional level, and support existing regional teams. Its functions will include monitoring local preparations, responding to the escalation of issues, and co-ordinating assurance and reporting arrangements at regional level.

NHS regional teams should communicate the necessary actions to providers and commissioners, and ensure that these instructions are being followed. This assurance should be gained through reporting on resilience and business continuity plans, and through existing meetings with providers and commissioners in your area. Once the dedicated NHS EU Exit regional teams are established, they will undertake assurance of local business continuity plans in relation to EU Exit.

Regional NHS leads and mailboxes for EU Exit have been established. Further details of the structure and function of the regional operational support teams will be communicated as the functions are implemented.

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