

Board Governance Assurance Framework

Agenda Item:	19	Reference:	WCT14/15-169
Meeting Name:	Trust Board	Meeting Date:	8 October 2014
Lead Director:	Alison Hughes		
Job Title:	Trust Board Secretary		
Link to Business Plan:			
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Have the Public & Stakeholders been consulted?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
To Approve <input type="checkbox"/>	To Note <input checked="" type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Financial Implications: <i>E.g. What is the Impact on the Trust? Does it provide Value for Money? All costs should be clearly explained in the section below.</i>			
No financial implications identified.			
Overall Cost / Pressure:	n/a	Overall Income:	n/a
Additional Funding Required:	n/a	Funding Already Ring Fenced:	n/a
Identified Risks:			
No risks identified.			
Assurance to Board:			
The board is keeping under constant review its ability to meet the required definition of 'well-led' against Board Governance and external inspection regimes			
Publish on Website: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Private Business: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Report History		
Submitted to	Date	Brief Summary of Outcome
Trust Board	October 2013	The board noted the additional evidence provided against the original recommendations
Trust Board	January 2014	The board reviewed progress against areas identified by Grant Thornton as part of external assessment of the BGAF
Trust Board	April 2014	The board reviewed progress against areas identified by Grant Thornton and noted additional evidence. A subsequent board development session was held in June 2014 prior to submission in July 2014.
Trust Board	July 2014	The board reviewed progress against the key areas of recommendation but also acknowledged the need to evolve the BGAF to something that is owned by the trust, rather than being an external review.

Wirral Community NHS Trust

Board Governance Assurance Framework (BGAF)

Purpose

1. This paper provides board with a quarterly progress review against BGAF recommendations, including additional evidence against each recommendation.

Background

2. The BGAF is a key element of good governance and a requirement of the Foundation Trust (FT) process. It is designed to provide assurance in relation to a number of indicators of board governance and is directly linked to the Board Governance Memorandum (BGM).
3. The BGAF was initially completed in July/August 2012 and independently reviewed by Cap Gemini. Progress was reviewed by the Trust Development Authority (TDA) in early 2013 and the trust commissioned a further independent review, by Grant Thornton, in mid-2013.

Updated Position

4. An action plan is in place to implement the recommendations of these independent reviews and progress is monitored at board on a quarterly basis. Attached at **Appendix 1** is an updated version highlighting additional evidence identified since the last review in July 2014.

Future Development

5. As the trust continues to progress towards FT authorisation, the advice from the NHS TDA remains that an up to date external BGAF assessment will be required.
6. The trust has requested further clarification from the TDA on the process for a further external review and will advise board accordingly.
7. This future development is set in the context of the Monitor 'Well-led framework for governance reviews' which it is expected will ultimately be adopted by the NHS TDA, in the same way as the QGAF and BGAF are used, in the development of NHS trusts and aspirant FTs.
8. This framework will be phased in for assessments of aspirant FTs from late 2014 but at this stage, the advice remains that monitoring against the BGAF is correct.
9. As further information is available on the new 'Well-led framework for governance reviews', particularly if it becomes a requirement for the trust to self-assess against it, the detail and timelines will be shared with board members accordingly.

Board Action

10. The board is asked:
 - to review and note the evidence provided in **Appendix 1**
 - to note that further updates will be brought to board on a quarterly basis
 - to note the advent of Monitor's 'Well-led framework for governance reviews'

Alison Hughes
Trust Board Secretary

Board Governance Assurance Framework - updated September 2014

Recommendation made	Action taken	Evidence	Status
<p>1. The Board needs to review, develop and observe a robust accountability framework, which reflects good practice in the 'here and now', but also has the capacity to adapt (with no loss of effectiveness) to the likely demands of FT governance and accountability</p>	<ul style="list-style-type: none"> The Trust has developed a 'Board Assurance and Escalation framework' which includes mapping the information flows between Committees and Board as part of this The Board regularly reviews board composition and capacity The committees of the Board complete an annual review of performance The Corporate Governance Manual is revised annually and approved by the Audit Committee, and is available to all staff via Staff Zone The Board and committees of the Board complete an annual review of ToR (more regularly if required) to ensure they are still aligned to the principles of good governance and the corporate governance code The BAF has been updated to reflect the new 5-year strategic objectives The Board has participated in numerous development sessions to understand the demands of FT governance particularly in the context of the Council of Governors and its statutory duties. This has also included development and review of the FT constitution. 	<ul style="list-style-type: none"> Board Terms of Reference Committee Terms of Reference Board Assurance and Escalation framework including information flows Draft constitution Corporate Governance Manual (approved by Audit Committee) Board reports following annual review of committee performance Quarterly report on board capacity and composition Director of Internal Audit Opinion on Assurance Framework (April 2014) Annual Governance Statement approved by Audit Committee (June 2014) Board development programme (NHS Healthy Board 2013 and Monitor well-led governance framework for FTs) BAF action plan 	<p>Green</p>
<p>2. As part of this the Board needs to review its processes of assurance to make clear where responsibility and accountability lie in the relationship between non-executives and executives; between the Chair and</p>	<p>See above (recommendation 1)</p> <ul style="list-style-type: none"> The Corporate Governance Manual includes a section relating to the Trust Board, its composition, tenure and role of members. It includes reference to the 	<p>See above</p> <ul style="list-style-type: none"> Corporate Governance Manual 5-year business plan Quarterly report on board composition and 	<p>Green</p>

Recommendation made	Action taken	Evidence	Status
<p>Chief Executive; between the Chief Executive and the executives; between the executives and their reports.</p>	<p>responsibilities of the Chairman and the NEDs, Chief Executive and Executive Directors.</p> <ul style="list-style-type: none"> • Executive Director job descriptions revised (2013) • 5-year business plan clearly sets out the organisational structure and governance structures • The Board regularly reviews board composition and capacity • Extended SMT meetings held monthly to include senior managers with direct reports to the Executive team. Key strategic discussions topics are on the agenda each month. • Information on roles of board members is available on Staff Zone • Visibility of Executives and NEDs has increased with formal programme of walkrounds • New performance management framework including appraisal launched and sets clear expectations around SMART objectives aligned to strategic objectives • Roles and responsibilities across the Executive team reviewed resulting in a revised executive management structure <ul style="list-style-type: none"> • Established the Director of Quality & Nursing (also discharges the Executive Nurse) • Extended the role of DoF to encompass responsibility for development and business planning • Refocused the role of Director of HR to formally include organisational development • Remove the Director of Quality & Governance post as responsibilities were re-aligned to other roles • Divisional restructure will be implemented from Q3/4 2014/15 	<p>capacity</p> <ul style="list-style-type: none"> • Revised Job Descriptions of Executive Directors • Extended SMT minutes • Board development programme (NHS Healthy Board 2013 and Monitor well-led governance framework for FTs) • Performance management framework for Executives and their teams 	

Recommendation made	Action taken	Evidence	Status
<p>3. The Board should reconsider the role of and its relationship with, the invited attendees (Commissioner, Staff and Links) to ensure that proper accountabilities are established.</p>	<p>See above (recommendation 1)</p> <ul style="list-style-type: none"> Invited attendees were sent a letter clarifying and current and future roles at the board (i.e. change in role once the Council of Governors is appointed). This also included reference to appointed governors. 5-year business plan also sets out roles of invited attendees. Annual governance statement clearly acknowledges that representatives from stakeholder groups are also invited to attend public board meetings in a non-voting capacity 	<ul style="list-style-type: none"> Correspondence with invited attendees (2013) Annual Governance Statement (2014) Draft FT constitution 	<p>Green</p>
<p>4. The Board should consider how it will gain appropriate assurance in the future as care delivery models change in line with its aspiration for greater partnership working and integrated care delivery (e.g. in a care pathway, for which the Trust is only partly responsible)</p> <p>Grant Thornton comment (September 2013)</p> <p><i>The 'framework' for the relationship with WUTH is a one page document, and although the recent win in partnership demonstrates that the Trust is capable of working in partnership, something more comprehensive is required. This will be provided by the plans for business development activity, set out at the May Trust Board, which offer great potential for the consideration, selection and governance of potential partnerships.</i></p>	<ul style="list-style-type: none"> Formal partnership agreement and governance framework in place to deliver sexual health services in Wirral in partnership with WUTH and Brook. This partnership model has been developed as a generic framework to underpin all future partnerships and potential joint ventures. Executive partnership programme with WUTH and quarterly meetings are in place to review progress with the integrated agenda and partnership working in other areas. Active partner in the Vision 2018 programme Regular Board to Board meetings with WUTH; <ul style="list-style-type: none"> June 2013 November 2013 January 2014 March 2014 	<ul style="list-style-type: none"> Board Assurance and Escalation framework including information flow mapping diagram Monthly integration updates for Board (with effect from June 2014) Actions from meeting of the executive partnership programme Vision 2018 work stream outputs Review of commercial and business development processes report Board development programme WUTH 'perfect day' programme Listening into action event with WUTH (May 2014) Informal assurance - Vision 2018, WUTH joint working, multiple contacts Formal assurance - SLAs 	<p>Amber</p> <p><i>(agreed at board development session in June 2014)</i></p> <p><i>Key question: how do we assure ourselves of the robustness of these relationships?</i></p>

Recommendation made	Action taken	Evidence	Status
<p><i>The only reason our rating is not 'green' is that this developmental work is just beginning; there is every reason to expect it to deliver what is required by the original recommendation and more - AMBER rating</i></p>			
<p>5. The Board should review the extent to which meetings are held in public, and consider creating a two part Board meeting, to ensure that matters considered to be commercial in confidence can be discussed openly amongst Board members</p>	<ul style="list-style-type: none"> Discussed at board and reviewed in the context of the principles of good governance An annual cycle of business has been developed and is under constant review Annual Governance Statement and IBP state the frequency of board meetings Agreement to meet in public for up to 10 occasions per year, with private sessions each month to consider matters considered commercially sensitive 	<ul style="list-style-type: none"> Annual Cycle of Business 2014/15 Board and Board Committee meeting schedule Annual Governance Statement (June 2014) 	<p>Green</p>
<p>6. As the Committee membership is revised, the Board should consider the provision of interim flash reports between meetings update NEDs</p>	<ul style="list-style-type: none"> Chief Executive updates the Board, by email, outside of Board/Committee formal structure on relevant topics Board development sessions at least monthly provide an opportunity for information sharing and exchange, joint development and self-assessment between board members outside of the formal board and committee structure. ProDeCapo Trust Board dashboard has been developed to provide real-time analysis of performance against strategic objectives. Other dashboards are available for board review (e.g. quality dashboard against quality goals) 	<ul style="list-style-type: none"> Trust Board papers - November 2012 E-mails on relevant information sent on an ad hoc basis by the Chief Executive to Board members ProDeCapo Trust Board dashboard Board development schedule 	<p>Green</p>
<p>7. The Board should establish an effective succession and development plan to ensure it manages key personnel risks and</p>	<ul style="list-style-type: none"> The HR Strategy and OD plan include the development of a leadership framework and talent management programme 		

Recommendation made	Action taken	Evidence	Status
<p>candidates can adapt appropriately to the differing demands of being an FT Board member.</p>	<ul style="list-style-type: none"> • Regular review of board composition and capacity • Executives PDPs include developing appropriate knowledge and skills required of an FT Director • Senior staff, below Director level, involved in formal development programmes to develop internal capacity for the future • Links established, locally and nationally to ensure identification of appropriate potential candidates if board level vacancy arises • Roles and responsibilities across the Executive team reviewed resulting in a revised executive management structure (see no. 2) • Chairman in contact with TDA regarding NED renewal of contracts, clarifying the Trust's position and seeking confirmation of the process • Performance management framework including appraisal, to support discussions around future progression and talent management 	<ul style="list-style-type: none"> • Revised Executive management structure • HR strategy and OD plan • Performance management framework • Communication with TDA on NED contracts 	<p style="text-align: center;">Green with ongoing focus</p>
<p>8. In line with the above, the Board needs to review the current performance appraisal processes and personal development planning, and for the Chair to set objectives specific to directors role on the Board, as distinct from their functional responsibilities</p>	<ul style="list-style-type: none"> • Board specific objectives set for all board members with the chairman • Chairman and NEDs participate in annual appraisals • Chairman has regular 1:1 meetings with Executive Directors 	<ul style="list-style-type: none"> • Personal objectives and performance appraisals for Executive Directors in place for 2013/14 • NED appraisals 	<p style="text-align: center;">Green with on-going focus</p>
<p>9. The Board should look specifically to develop the company secretary role focusing on both the short and long term. In particular, attention should be paid to the differing demands</p>	<ul style="list-style-type: none"> • Job description of the Trust Board Secretary addresses new responsibilities associated with FT status, i.e. members and governors. 	<ul style="list-style-type: none"> • Job Description of Trust Board Secretary 	<p style="text-align: center;">Green</p>

Recommendation made	Action taken	Evidence	Status
upon leadership of governance in the light of plans for significant partnership development, and the role of Governors			
<p>10. The Patient story, particularly when done as a taped interview, is a very effective means of conveying the purpose and challenges facing the Trust and staff at the front line. The Board should ensure that ‘good news stories’ are balanced with less positive views of the Trust’s service, to avoid becoming complacent.</p>	<ul style="list-style-type: none"> • Patient stories are balanced and provide a wide ranging view of the services, in addition to the learning points. Stories with less positive views are also presented. All patient stories are presented with an action plan. • Quarterly report with a summary of progress against actions identified through the patient story. • Monthly complaints and concerns report is now discussed at public board • Staff stories presented to Education & Workforce committee also present staff perspective 	<ul style="list-style-type: none"> • Monthly patient story to Board with action plan • Quarterly patient story action update • Monthly complaints and concerns report to Board • Monthly staff patient story to EWC 	Green
<p>11. The Trust should consider using NEDs in a formal programme of reviews and quality audits, involving discussions with patients and carers. This will provide them an insight into the work of the Trust at the front line, as well as a means of gaining assurance about the quality and impact of the Trust’s services.</p> <p>Grant Thornton comment (September 2013)</p> <p><i>We recommend the Trust considers a further involvement of NEDs, by</i></p>	<ul style="list-style-type: none"> • Leadership and patient safety walk rounds established for all board members and shadowing visits for NEDs. • The Business development group has NED membership and meets monthly. • NED involvement in divisional review meetings. • NED attendance at business planning events (to launch 5-year strategy with all staff) • NEDs have been involved in critical review panels for recent tender activity 	<ul style="list-style-type: none"> • Staff Listening Events (2013) and Business Plan events (2014) • Patient experience and leadership walk round schedule in place • NED shadowing visits of services introduced • Quarterly reports provided to Board on the output from the leadership walk rounds and shadowing visits. • Business Development Group Terms of Reference 	Green

Recommendation made	Action taken	Evidence	Status
<p><i>identifying one NED as 'attached' to each service review. The NED would interact with the review team, and comment on scope, approach and findings. When the review is reported to a Committee and/or Board, the relevant NED is a key participant in the discussion.</i></p>			
<p>12. The Board should establish an effective Board development programme to ensure that it continues to develop in line with its aspirations of managing an organisation within a regulatory framework, compared to the current performance managed framework</p>	<ul style="list-style-type: none"> • Board Development Programme established which aims to balance opportunity for information exchange, joint development and self-assessment of the Board. • In parallel, work is now underway with external support to consider board dynamics, behaviours and effectiveness aligned to the NHS Healthy Board and taking account of the Monitor well-led governance framework reviews (recommended for all FTs every 3 years) • Clarity sought from NHS TDA regarding Monitor's 'well-led framework for governance reviews' and its role in the FT authorisation process 	<ul style="list-style-type: none"> • Quarterly paper on board composition and capacity includes board development schedule 	<p>Green</p>
<p>13. The Board should consider whether it needs to develop a set of KPIs in addition to those required for contractual purposes, to support the on-going development of services and identify areas of weakness or potential opportunities for growth.</p>	<ul style="list-style-type: none"> • Performance framework supports the monitoring of contractual KPIs • Head of Business Intelligence in post • Indicators developed aligned to the delivery of the 5-year strategic objectives and 2-year organisational goals - ProDeCapo Trust Board dashboard • Quality goals established to support the delivery of the Quality Strategy - ProDeCapo Quality dashboard 	<ul style="list-style-type: none"> • ProDeCapo dashboards reporting on performance against strategy 	<p>Green with ongoing focus</p>
	<ul style="list-style-type: none"> • Raising concerns policy updated and available for all staff 		

Recommendation made	Action taken	Evidence	Status
<p>14. The Trust should conduct a specific piece of work to identify whether the concerns about a blame culture amongst staff are widespread, or reflect a small number of isolated incidents.</p>	<ul style="list-style-type: none"> Listening events and business plan events held for all staff Annual staff survey with action plan monitored via EWC Staff FFT (friends and family test) launched and reported quarterly Leadership and Patient Safety walkrounds provides an opportunity for staff to talk to EDs and NEDs Raising concerns internal campaign launched providing staff with an opportunity to raise concerns 	<ul style="list-style-type: none"> Raising Concerns Policy (reminder campaign June 2014) Staff Listening Events (2013) and Business Plan events (2014) Staff survey results 2013 and action plan 	<p>Green with ongoing focus</p>
<p>15. The Board should develop an effective communications and engagement framework for internal stakeholders. This should also identify mechanisms to improve Board exposure and visibility to staff groups.</p>	<ul style="list-style-type: none"> Staff Council well established Internal communications and marketing plan with quarterly action plan update Stakeholder engagement plan Patient safety and leadership walkrounds programme includes all services NED shadowing visits proving successful Weekly staff bulletin well established Business plan events involved engagement with over 400 members of staff A specific 2-year organisation goal has been agreed : <i>Develop and deliver improved opportunities for workforce views to inform the board in their decision making about services and patient care</i> 	<ul style="list-style-type: none"> Stakeholder engagement plan Communications and Marketing Strategy and action plan updates received quarterly by Board IBP communications plan Quarterly report on walkrounds, NED shadowing and Quality visits 	<p>Green with ongoing focus</p>
<p>16. The Board should develop an effective external engagement and branding strategy that will enable it to build a distinct identity, whilst supporting its ambition to become the leader of integrated services and partnership working across the</p>	<ul style="list-style-type: none"> Communications and Marketing strategy and 5-year business plan identifies key stakeholder groups Regular liaison with CCG in addition to formal contract meetings, e.g. meetings with CCG divisions, Medical Director/Chief Executive visits to GP practices, presentation of 5-year plan to GP community Livewell branding well recognised in the local 	<ul style="list-style-type: none"> Monthly membership update to Board Monthly integration updates to Board Communications and Marketing strategy 	<p>Green with ongoing focus</p>

Recommendation made	Action taken	Evidence	Status
<p>Wirral</p>	<p>community and presence of camper van across Wirral</p> <ul style="list-style-type: none"> • Strong membership with good support for the Trust • Trust representation on JSNA steering group, LMC and Mental Health Forum • Community Panel established in support of the Equality, Diversity & Human Rights Strategy • Engagement with Older People’s Parliament • Big Local Lottery scheme involvement • The trust has advertised to its membership for patient representatives for the Medicines Management Group and Medical Devices Group. The Patient Engagement Group will also involve members bringing the number of groups in which members are explicitly engaged to eight 		
<p>17. The Board should develop its own strategy and model for how it aims to maximise value from governors (drawing on the evidence of varying successes from existing FTs), and develop relevant plans early, before beginning the recruitment of governors.</p> <p>Grant Thornton comment (September 2013)</p> <p><i>The Trust has well advanced plans for encouraging members to apply to be governors, which should help with the calibre of those ultimately elected. There is less in place as to how Governors’ energy, skills and commitment will best be harnessed for</i></p>	<ul style="list-style-type: none"> • On-going communication with members who have expressed an interest in the governor role • Previous taster sessions held (2012/13) • Programme of members events and opportunities for members to get involved in the Trust (e.g. representatives on the Community Panel, membership of the practice development research partnership steering group) • Membership and Engagement Strategy updated (June 2014) - consideration given to sub-groups of the CoG • Draft constitution developed • Draft induction plan developed for governors 	<ul style="list-style-type: none"> • Monthly membership and engagement update to board (from October 2013) • Governor development sessions for public and staff • For You magazine with information aimed specifically at members • Programme of members events 	<p style="text-align: center;">Green with ongoing focus</p>

Recommendation made	Action taken	Evidence	Status
<p><i>the benefit of the Trust and service users, and this is an area that the Trust should consider now. We gave the example, available on their website through Board and Council reports, of the way Tees, Esk and Wear Valley FT structures governor’s sub-committees around patients, carers and staff.</i></p> <p><i>We recommend the Trust considers ways in which Governors can work, drawing examples from existing Foundation Trusts. – AMBER rating</i></p>			

Board Assurance Framework - Quarterly Update

Agenda Item:	20	Reference:	WCT14/15-170
Meeting Name:	Trust Board	Meeting Date:	8 October 2014
Lead Director:	Alison Hughes		
Job Title:	Trust Board Secretary		

Link to Business Plan:	The Board Assurance Framework sets out the strategic objectives of the Trust and identifies risks in relation to each strategic objective.				
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>		
Have the Public & Stakeholders been consulted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>		
To Approve <input type="checkbox"/>	To Note <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>			

Financial Implications:
*E.g. What is the Impact on the Trust? Does it provide Value for Money?
 All costs should be clearly explained in the section below.*

None.

Overall Cost / Pressure:	£ TBC	Overall Income:	n/a
Additional Funding Required:	n/a	Funding Already Ring Fenced:	n/a

Identified Risks:

The Board Assurance Framework ensures the board is able to systematically assess and manage its key strategic risks.

Assurance to Board:

The Board Assurance Framework provides assurance that the risks to the organisation's strategic objectives have been identified and are being managed and mitigated appropriately.

Publish on Website: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Private Business: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Report History

Submitted to	Date	Brief Summary of Outcome
Trust Board	2 September 2013	The board received a quarterly update report and reviewed the revised BAF. A board development session took place on 9 September and further input was provided on the format and content of the revised BAF.
Trust Board	6 January 2014	The board received a quarterly update report and reviewed the revised BAF. A board development session was agreed to be scheduled in March 2014 to consider the new 5-year strategic objectives.
Trust Board	7 April 2014	Following a board development session in March, the board reviewed the BAF updated to reflect the new 5-year strategic objectives.
Trust Board	7 July 2014	The board received a quarterly update report and reviewed the detail included in the BAF.

Wirral Community NHS Trust

Board Assurance Framework - Quarterly Update July - September 2014

Purpose

1. The purpose of this paper is to present the Board Assurance Framework (BAF) to the Trust Board for the reporting period July - September 2014.
2. This paper also proposes a programme of work to review the BAF and its links with the operational risk register to ensure sufficient rigor around the board's focus on risks to strategic objectives, following the recent QGAF review conducted by Monitor.

Executive Summary

3. The BAF provides a structure and process that enables the board to focus on risks that might compromise it achieving its strategic objectives.
4. The BAF sets out the strategic objectives, identifies any major risks in relation to each strategic objective, together with controls in place and assurances available on their operation.
5. The overall risk management process ensures that reporting arrangements provide the board with an overview of the key risks identified in the organisation.
6. The BAF should drive the board agenda to ensure sufficient focus is given to those areas presenting the trust with the most risk.

Current position

7. The current BAF is included in **appendix 1** with key changes since the last reporting period highlighted in red text.
8. The key changes reflect recent discussions at the Finance & Performance Committee and the proposed work to review the governance process supporting the Board Assurance Framework, identified through the Monitor QGAF review.

Strategic Objective	Board Assurance Framework principal risk	Risk rating (July 2014)	New risk rating
We will deliver to the expectations of our commissioners and demonstrate value and quality	8a. Failure to deliver against contractual requirements (as a result of lack of organisational capacity and inability to deliver required efficiencies)	12	16
We will continuously develop the organisation and its governance framework	11a. Corporate and quality governance arrangements do not support the Trust in its achievement of strategic goals	6	9
We will effectively manage our finances and fully deliver our efficiency programme	15a. Failure to deliver CIP targets resulting in a drop in financial risk rating 15c. Failure to deliver strategic efficiencies resulting in inability to deliver CIPs and other improvements	12	15

We will deliver transformation supported by innovation and research	16a. Failure to establish a culture that supports innovation and research with investment in resources	16	12
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Proposed Review

9. In their recent review of the QGAF, Monitor identified some points in relation to the BAF. These points have been acknowledged and welcomed by the team and provide an opportunity to revisit the links between the BAF and the operational risk register.
10. The following paragraphs therefore intend to provide an update on the proposed programme of work to review the BAF and its link to the wider risk management process. A detailed action plan is included in **appendix 2**.
11. This work will involve a review of the 'risk journey' to ensure 'top down' and 'bottom-up' risks are cross-referenced with the BAF.
12. The format of the BAF will change to reflect the comments raised by Monitor. For example, it is proposed that each principal risk is 'risk rated' and linked to any relevant risks recorded on the operational risk register that could also impact on the achievement of strategic objectives.
13. The role of the Quality & Governance Committee to monitor and escalate risks, as per the recently approved Quality Strategy (GP5) will be crucial, and the work of the Quality Patient Experience and Risk Group (QPER) will be important to influence the BAF.
14. The board will receive a monthly BAF report at public board. It is proposed that this is a summary report, by exception, highlighting any proposed changes to risk ratings based on changes in assurance during the month.
15. A board development session will be scheduled to review the process and consider future reporting arrangements.
16. To ensure the review has meaning it will be essential to embed the BAF process in the annual planning cycle for the trust.

Next steps

17. The principal risks included in the BAF will be reviewed with executive leads via Senior Management Team (SMT) and individual risk ratings agreed. This review will also include a detailed analysis of the controls and assurances in place.
18. The links to high-level operational risks will be identified and cross-referenced with the BAF.
19. The board development session will be scheduled for November 2014.
20. The next quarterly report of the BAF will be due in January 2015 when it is anticipated the review will be complete. Monthly summary reports will be presented from this point forward.

Conclusion

21. The BAF is recognised as a useful tool in the board's management of risk and following the recent QGAF review by Monitor, further opportunities to strengthen the links between the BAF and the operational risk register have been identified and welcomed.

Board Action

22. The board is asked to note the current draft of the BAF, particularly where changes have been made since the last quarterly report.
23. The board is asked to note the proposed review, consider the detail in the attached action plan and approve the direction of travel.

Alison Hughes
Trust Board Secretary
30 September 2014

Board Assurance Framework: overview of principal risks aligned to strategic themes

Our Patients and Community

- 1a. Failure to embed a culture that supports achievement of high quality, safe and effective patient care
- 1b. Systems and processes do not support quality assurance and clinical governance improvement across the organisation
- 1c. Failure to have safe systems and processes in place to ensure staffing levels meet patient needs
- 2a. Failure to embed a culture where patients are central to the delivery of their care
- 3a. Failure to have effective mechanisms to engage with, listen to and respond appropriately to people who use our services and the wider community
- 4a. Failure to understand and recognise the diverse needs of our population, be responsive and flexible in the delivery of services

Our Services

- 5a. Absence of effective strategic relationships with key stakeholders and commissioners
- 5b. Failure to establish our organisation as a credible and reliable healthcare partner
- 6a. Failure to retain core business, deliver growth through new and expanding business opportunities
- 6b. Lack of capacity to identify and pursue new business opportunities
- 7a. Failure to develop a multi-disciplinary approach to the underpinning of integrated care models
- 8a. Failure to deliver against contractual requirements

Our People

- 9a. Failure to deliver an organisational culture that supports staff engagement and patient care
- 9b. Inadequate investment in training and engagement with staff resulting in a lack of competency to deliver quality care
- 9c. Failure to plan, recruit and maintain an appropriate workforce
- 10a. Systems and processes not adequate to support scale of leadership development and change management required
- 11a. Corporate and quality governance arrangements do not support the Trust in its achievement of strategy goals

Our Sustainability

- 12a. Poor resource and performance management resulting in inefficient processes, increased costs and sub-optimal health outcomes
- 12b. Failure to implement full coverage of appropriate fit for purpose, IT systems now and in the future
- 13a. Inadequate management and inappropriate estates capacity to underpin core business growth, development and income generation
- 13b. SLA for IT support fails to deliver organisational requirements
- 14a. Failure to interpret and use information to support organisational performance management
- 14b. Failure to use information to understand local needs and the market
- 14c. Ineffective data generation resulting in failure to transmit and provide statutory and contractual required data
- 15a. Failure to deliver CIP targets resulting in a drop in FRR
- 15b. Inability to manage the Trust's finances resulting in regulatory and other sanctions
- 15c. Failure to deliver strategic efficiencies resulting in inability to deliver CIPs and other improvements
- 16a. Failure to establish a culture that supports innovation and research with investment in resources

BAF overview of principal risks: current risk rating - September 2014

Likelihood	Almost certain	5						
	Likely	4					8a ↑	
	Possible	3		1a 1b 1c	3a 4a 9a 5a 6a 9b 5b 6b 13a 11a ↑ 13b	7a 16a ↓ 12a 12b 15b 14a 14b 14c	15a ↑ 15c ↑	
	Unlikely	2			2a	10a		
	Rare	1						
				1	2	3	4	5
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			Impact/consequence					

Our Patients and Community

Lead Director	Strategic Objective	Risk Rating Chart	Overall Risk Rating												
Director of Quality & Nursing	<p>1. We will deliver safe and effective patient care</p> <p><i>2-year organisational goals</i></p> <ul style="list-style-type: none"> <i>Embed a patient safety culture within a learning organisation</i> <i>“Safe Staffing” across the organisation</i> 		<p>Likelihood x Consequence = Score</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: none;">Initial</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">12</td> </tr> <tr> <td style="border: none;">Current</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">6</td> </tr> <tr> <td style="border: none;">Target</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">6</td> </tr> </table>	Initial	3	4	12	Current	3	2	6	Target	2	3	6
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a. Failure to embed a culture that supports achievement of high quality, safe and effective patient care	<ul style="list-style-type: none"> - Corporate and local induction programme - Clinical policies, procedures and protocols in place - Mandatory training matrix - Service training matrix 	<p>Board Reports</p> <ul style="list-style-type: none"> Monthly patient story with quarterly action update Monthly Quality dashboard Monthly complaints and concerns report 	<p>No gaps identified</p> <p>Multiple opportunities to embed a patient safety culture have been established and are regularly</p>	

	<ul style="list-style-type: none"> - Performance management framework (appraisals linked to mandatory training and 5-year strategic objectives) Datix system: <ul style="list-style-type: none"> - Incidents, near-misses, SUIs - Patient experience (complaints, concerns, comments, compliments) - Organisational risk register - Patient and Young Peoples Experience and Engagement Strategy 2014-2017 - Monthly Quality, Patient Experience and Risk Group meetings (QPER) - Leadership and Patient Safety walk rounds by Board members - Patients and staff FFT (friends and family test) - Front line focus - External assurance (MIAA, CQC) - Staff stories at Education & Workforce committee - Quality strategy with clear quality goals - Quality Account - Clinical Forum & Quality Forum - Information Governance Strategy - Open and honest report - Sign up to safety campaign 	<ul style="list-style-type: none"> • Monthly safe staffing report • Quarterly Safeguarding Assurance • Quarterly Infection and Prevention Control Assurance • Quarterly Controlled Drugs Assurance • Quarterly Patient Experience • Quarterly Leadership and Patient Safety • Quarterly Safety Thermometer • Monthly CQC Quality and Risk Profile (currently not available) • CQC Inspection reports (ad-hoc) • Bi-monthly clinical forum minutes <p>Committee Reports</p> <ul style="list-style-type: none"> • Monthly Quality Report and Quality dashboard • Divisional Scorecards • Quarterly Learning and Development • Monthly QPER minutes • Quarterly CQC Compliance • Claims Report and action plans • Root Cause Analysis and action plans • MIAA review reports • HR Update <p>Other Documentation/Evidence</p> <ul style="list-style-type: none"> • Escalation reports from QPER to Quality and Governance Committee • Caldicott Annual Report • QGAF • CQUIN Annual Report • Risk Management Strategy • Being open policy • Staff FFT • Patients FFT 	<p>monitored via board and committee</p>	
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<p>b. Systems and processes do not support quality assurance and clinical governance improvement across the organisation.</p>	<p>Datix system:</p> <ul style="list-style-type: none"> - Incidents, near-misses, SUIs - Patient experience (complaints, concerns, comments, compliments) - Organisational risk register - Quality Strategy with clear quality goals - Clinical Audit plan - Quality dashboard - Information Governance Strategy - Information Governance Toolkit 	<p>Board Reports</p> <ul style="list-style-type: none"> • Monthly Integrated Performance • Quarterly Infection and Prevention Control Assurance • Quarterly Controlled Drugs Assurance • Quarterly Patient Experience • Quarterly Patient Experience Walk Rounds • Quarterly Safety Thermometer • Quarterly Learning and Development <p>Committee Reports</p> <ul style="list-style-type: none"> • Monthly Quality report and Quality dashboard • Quarterly learning & development • Team, Service and Divisional Scorecards • Claims Reports and Action Plans • Root Cause Analysis (RCA) and Action Plans <p>Other Documentation/Evidence</p> <ul style="list-style-type: none"> • Escalation reports from QPER to Quality and Governance Committee • Caldicott Guardian Annual Report • Quality Strategy • QGAF • Complaints Annual Report • CQUIN Annual Report 	<p>No gaps identified</p> <p>Robust processes to support quality assurance and clinical governance are in place and regularly monitored</p>	
<p>c. Failure to have safe systems and processes in place to ensure staffing levels meet patient needs</p>	<ul style="list-style-type: none"> - Safe Staffing steering group - Raising concerns escalation process - Business continuity plans 	<p>Board Reports</p> <ul style="list-style-type: none"> • Monthly safe staffing report • Monthly quality dashboard <p>Committee Reports</p> <ul style="list-style-type: none"> • Safe Staffing steering group minutes to EWC 	<p>Establishment setting by service</p> <p>Staff communications to ensure concept and approach to safe staffing is understood</p>	<p>Director of Quality & Nursing, Director of Operations</p> <p><u>Safe staffing action plan</u></p>

Our Patients and Community

Lead Director	Strategic Objective	Risk Rating Chart	Overall Risk Rating																																																												
Director of Quality & Nursing	<p>2. We will deliver a positive experience of our services</p> <p><i>2-year organisational goals</i></p> <ul style="list-style-type: none"> Develop, deliver and embed a culture where staff feel confident and able to raise concerns Develop, deliver and monitor increased opportunities for listening and responding to what patients tell us Be an organisation that our patients and our staff will recommend to friends and family 	<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">LIKELIHOOD</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>Almost Certain</td><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>Likely</td><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>Possible</td><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>Unlikely</td><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>Rare</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td></td><td style="writing-mode: vertical-rl; transform: rotate(180deg);">Insignificant</td><td style="writing-mode: vertical-rl; transform: rotate(180deg);">Minor</td><td style="writing-mode: vertical-rl; transform: rotate(180deg);">Moderate</td><td style="writing-mode: vertical-rl; transform: rotate(180deg);">Major</td><td style="writing-mode: vertical-rl; transform: rotate(180deg);">Catastrophic</td></tr> <tr><td></td><td colspan="5" style="text-align: center; font-weight: bold;">CONSEQUENCE</td></tr> </table> </div>	Almost Certain	5	10	15	20	25	Likely	4	8	12	16	20	Possible	3	6	9	12	15	Unlikely	2	4	6	8	10	Rare	1	2	3	4	5		1	2	3	4	5		Insignificant	Minor	Moderate	Major	Catastrophic		CONSEQUENCE					<p>Likelihood x Consequence = Score</p> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>Initial</td><td>3</td><td>4</td><td>12</td></tr> <tr><td>Current</td><td>2</td><td>3</td><td>6</td></tr> <tr><td>Target</td><td>2</td><td>1</td><td>2</td></tr> </table>	Initial	3	4	12	Current	2	3	6	Target	2	1	2
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a. Failure to embed a culture where patients are central to the delivery of their care	<ul style="list-style-type: none"> Quality Strategy 2014-17 Patient and Young Peoples Experience and Engagement Strategy 2014-2017 Service-led patient quality groups Leadership and patient safety walk rounds by board members Frontline focus Clinical Forum Quality Forum 	<p>Board Reports</p> <ul style="list-style-type: none"> Annual patient experience Monthly complaints and concerns Quarterly update on the implementation of the action plan following the Mid-Staffordshire Public Inquiry Quarterly update on the Equality, Diversity and Human Rights strategy action plan 	<p style="text-align: center;">No gaps identified</p> <p>Multiple opportunities to embed a patient centric culture have been established and are regularly monitored via board and committee</p>	

	<ul style="list-style-type: none"> - Incident Reporting via the Datix system - Corporate and local induction programme - Mandatory Training - Annual Staff Survey - Patients FFT (friends and family test) - Membership strategy 2014-17 and membership events - Equality, Diversity and Human Rights strategy and action plan - Establishment of Community Panel - Open and Honest Project - Sign up to safety campaign 	<ul style="list-style-type: none"> • Monthly Open & Honest Project • Monthly patient story with action plans for follow up, Committee Reports • Monthly Quality Report & Quality dashboard • Claims Reports and Action Plans • Root Cause Analysis (RCA) and Action Plans • Quality Account 		
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Our Patients and Community

Lead Director	Strategic Objective	Risk Rating Chart	Overall Risk Rating																																																																				
Director of Quality & Nursing	<p>3. We will engage effectively with the patients and communities we serve</p> <p><i>2-year organisational goals</i></p> <ul style="list-style-type: none"> Develop, deliver and measure engagement and involvement of the local community, members and diverse groups Create a culture where patient voices drive the Board strategic development 	<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">LIKELIHOOD</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>Almost Certain</td><td>5</td><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>Likely</td><td>4</td><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>Possible</td><td>3</td><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>Unlikely</td><td>2</td><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>Rare</td><td>1</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td></td><td></td><td style="writing-mode: vertical-rl; transform: rotate(180deg);">Insignificant</td><td style="writing-mode: vertical-rl; transform: rotate(180deg);">Minor</td><td style="writing-mode: vertical-rl; transform: rotate(180deg);">Moderate</td><td style="writing-mode: vertical-rl; transform: rotate(180deg);">Major</td><td style="writing-mode: vertical-rl; transform: rotate(180deg);">Catastrophic</td></tr> <tr><td></td><td></td><td colspan="5" style="text-align: center;">IMPACT/CONSEQUENCE</td></tr> </table> </div>	Almost Certain	5	5	10	15	20	25	Likely	4	4	8	12	16	20	Possible	3	3	6	9	12	15	Unlikely	2	2	4	6	8	10	Rare	1	1	2	3	4	5			1	2	3	4	5			Insignificant	Minor	Moderate	Major	Catastrophic			IMPACT/CONSEQUENCE					<p>Likelihood x Consequence = Score</p> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>Initial</td><td>4</td><td>4</td><td style="background-color: red;">16</td></tr> <tr><td>Current</td><td>3</td><td>3</td><td style="background-color: yellow;">9</td></tr> <tr><td>Target</td><td>1</td><td>2</td><td style="background-color: green;">2</td></tr> </table>	Initial	4	4	16	Current	3	3	9	Target	1	2	2
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a. Failure to have effective mechanisms to engage with, listen to and respond appropriately to people who use our services and the wider community.	<ul style="list-style-type: none"> - Equality, Diversity & Human Rights Strategy - Establishment of Community panel - Patient and Young Peoples Experience and Engagement Strategy 2014-2017 - Membership strategy and membership events - Leadership and Patient Safety Walk rounds - Complaints and concerns process - Work placements programme - Volunteering policy and core training 	<p>Board Reports</p> <ul style="list-style-type: none"> • Monthly patient story with quarterly action update • Monthly membership & engagement • Quarterly Equality, Diversity and Human Rights Strategy update • Quarterly leadership & patient experience update • Monthly complaints & concerns reports • Annual complaints report • Annual patient experience report 	<p>No gaps identified</p> <p>A full programme of patient and staff engagement has been developed with reporting via multiple channels</p>	

	<ul style="list-style-type: none">- Safeguarding strategic group- Patient FFT	<ul style="list-style-type: none">• Annual safeguarding assurance report Committee Reports <ul style="list-style-type: none">• Monthly Quality report & Quality dashboard		
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Our Patients and Community

Lead Director	Strategic Objective	Risk Rating Chart	Overall Risk Rating																																																						
Medical Director	<p>4. Reducing inequalities will be integral to all service development and delivery</p> <p><i>2-year organisational goals</i></p> <ul style="list-style-type: none"> <i>Develop our services to reflect JSNA and PHOF policies</i> <i>Assess the equality impact of all that we do</i> <i>Develop, deliver and monitor the impact of implementation of our Equality & Diversity Strategy</i> 	<table border="1" style="margin: auto; border-collapse: collapse; text-align: center;"> <tr><td>5</td><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td></td><td>Insignificant</td><td>Minor</td><td>Moderate</td><td>Major</td><td>Catastrophic</td></tr> </table>	5	5	10	15	20	25	4	4	8	12	16	20	3	3	6	9	12	15	2	2	4	6	8	10	1	1	2	3	4	5		1	2	3	4	5		Insignificant	Minor	Moderate	Major	Catastrophic	<p>Likelihood x Consequence = Score</p> <table style="margin-left: auto; margin-right: auto;"> <tr><td>Initial</td><td>5</td><td>4</td><td>20</td></tr> <tr><td>Current</td><td>3</td><td>3</td><td>9</td></tr> <tr><td>Target</td><td>1</td><td>4</td><td>4</td></tr> </table>	Initial	5	4	20	Current	3	3	9	Target	1	4	4
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a. Failure to understand and recognise the diverse needs of our population, be responsive and flexible in the delivery of services	<ul style="list-style-type: none"> - Equality, Diversity and Human Rights Strategy - Equality & Diversity champions identified across the trust - Establishment of Community panel - Patient and Young Peoples Experience and Engagement Strategy 2014-2017 - Membership of Health & Wellbeing Board - Membership of the Families and Wellbeing Policy and 	<p>Board Reports</p> <ul style="list-style-type: none"> Quarterly Equality, Diversity and Human Rights Strategy Update Monthly Chief Executive Report Monthly complaints and concerns report Quarterly communications and marketing strategy update 	<p>No gaps identified</p> <p>Monitoring to identify any weaknesses in controls is fully in place</p>	

	<p>Performance Committee</p> <ul style="list-style-type: none">- On-going relationship with Healthwatch- Membership strategy 2014-17 and membership events- Equality Impact Assessments on all strategies and key programmes of work- Representation on JSNA steering group (Medical Director)- Leadership & patient safety walkrounds			
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Our Services

Lead Director	Strategic Objective	Risk Rating Chart	Overall Risk Rating																																																
<p>Director of Finance & Development</p>	<p>5. We will effectively manage and develop our relationships with our current and new commissioners and stakeholders</p> <p><i>2-year organisational goals</i></p> <ul style="list-style-type: none"> • <i>Demonstrate a systematic approach to managing key commissioner & stakeholder relationships</i> • <i>Develop our service pathways to support self-care in order to reflect commissioner priorities</i> • <i>Work strategically with our commissioners including engaging fully with Vision 2018</i> • <i>Develop further the reputation of the trust through targeted marketing and engagement activities</i> 	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>5</td><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td></td><td>Insignificant</td><td>Minor</td><td>Moderate</td><td>Major</td><td>Catastrophic</td></tr> </table>	5	5	10	15	20	25	4	4	8	12	16	20	3	3	6	9	12	15	2	2	4	6	8	10	1	1	2	3	4	5		Insignificant	Minor	Moderate	Major	Catastrophic	<p>Likelihood x Consequence = Score</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>Initial</td><td>4</td><td>4</td><td>16</td></tr> <tr><td>Current</td><td>3</td><td>3</td><td>9</td></tr> <tr><td>Target</td><td>2</td><td>3</td><td>6</td></tr> </table>	Initial	4	4	16	Current	3	3	9	Target	2	3	6
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a. Absence of effective strategic relationships with key stakeholders and commissioners	<ul style="list-style-type: none"> - Stakeholder engagement plan - Marketing and communications strategy - Exec to Exec meetings with commissioners and other key stakeholders - Board to board meetings with key stakeholders - Development sessions held periodically with services - Membership of Health & Wellbeing Board 	<p>Board Reports</p> <ul style="list-style-type: none"> • Monthly Chief Executive report • Quarterly Communications and Marketing Strategy update <p>Other Documentation/Evidence</p> <ul style="list-style-type: none"> • Strategic relationship management 	<p>Implementation of the key stakeholder engagement plan and mechanisms for monitoring /measuring success</p>	<p>Director of Finance & Development</p> <p><u>Stakeholder engagement plan action plan</u></p>

	<ul style="list-style-type: none"> - Regular contract review meetings with commissioners - Vision 2018 programme board representation - Membership of Families and Wellbeing Policy and Performance Committee 			
<p>b. Failure to establish our organisation as a credible and reliable healthcare partner</p>	<ul style="list-style-type: none"> - Regular Executive to Executive meetings with key stakeholder organisations - Board to board meetings with key stakeholders - Vision 2018 programme board representation; integration board and domain groups structure, communications workstream - Community Nursing teams working with WUTH on appropriate discharge of patients - Partnership assessment framework - Membership of Health & Wellbeing Board - Regular engagement with Health Watch - Joint activities with partner organisations; WUTH 'perfect day' WUTH Listening into Action - pressure ulcer event - 0-19 years integrated childrens service successful bid 	<p>Board Reports</p> <ul style="list-style-type: none"> • Monthly Chief Executive Report <p>Committee Reports</p> <ul style="list-style-type: none"> • Bi-monthly report on Integration • Quarterly productive community services report <p>Other Documentation/Evidence</p> <ul style="list-style-type: none"> • Partnership agreement and governance framework for sexual health. • Wirral CT/WUTH partnership • Communications and Marketing Strategy • Stakeholder Engagement Plan • Nursing Strategy • Major Incident Plan • Integrated Care and Long Term Conditions Model • Urgent Care Model 	<p>No gaps identified</p> <p>The trust has established multiple channels to position itself as a credible partner across the health and social care economy.</p>	

Our Services

Lead Director	Strategic Objective	Risk Rating Chart	Overall Risk Rating												
Chief Executive	<p>6. We will defend and grow our core business</p> <p><i>2-year organisational goals</i></p> <ul style="list-style-type: none"> • <i>Deliver growth year on year</i> • <i>Select strategic partners for business development and core business</i> • <i>Deliver efficient and productive services evidenced through recognised benchmarks including NICE</i> 	<p style="font-size: small;">LIKELIHOOD</p> <p style="font-size: small;">IMPACT/CONSEQUENCE</p>	<p>Likelihood x Consequence = Score</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">Initial</td> <td style="border: 1px solid black; padding: 2px;">3</td> <td style="border: 1px solid black; padding: 2px;">4</td> <td style="border: 1px solid black; padding: 2px; background-color: yellow;">12</td> </tr> <tr> <td style="text-align: right;">Current</td> <td style="border: 1px solid black; padding: 2px;">3</td> <td style="border: 1px solid black; padding: 2px;">3</td> <td style="border: 1px solid black; padding: 2px; background-color: yellow;">9</td> </tr> <tr> <td style="text-align: right;">Target</td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">3</td> <td style="border: 1px solid black; padding: 2px; background-color: yellow;">6</td> </tr> </table>	Initial	3	4	12	Current	3	3	9	Target	2	3	6
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PRINCIPAL RISKS	KEY CONTROLS	ASSURANCES ON CONTROLS	CONTROL AND ASSURANCE GAPS	ACTION PLANS
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a. Failure to retain core business, deliver growth through new and expanding business opportunities	<ul style="list-style-type: none"> - Specific bid resources identified for individual tender opportunities - PMO established and working across the organisation - CQC registration and being registered without conditions - New business opportunities measured against key criteria - Business Intelligence function - Monthly contract meetings - Successful implementation of sexual health service 	<p>Board Reports</p> <ul style="list-style-type: none"> • Monthly Business Development and Commercial Viability • Monthly PMO update • CQC Quality and Risk profile (currently not available) <p>Committee Reports</p> <ul style="list-style-type: none"> • Monthly Quality and Patient Experience <p>Other Documentation/Evidence</p>	<p>No gaps identified</p> <p>The trust has developed robust processes to monitor on-going business and consider future business opportunities.</p>	

	<ul style="list-style-type: none"> - 0-19 years integrated childrens service successful bid 	<ul style="list-style-type: none"> • Commercial Assessment Framework • Quarterly divisional review meetings 		
<p>b. Lack of capacity to identify and pursue new business opportunities</p>	<ul style="list-style-type: none"> - Register of business opportunities established - Strategic fit criteria implemented to assess all new business opportunities - Monthly business development group - Model for business development process identified and implemented 	<p>Board Reports</p> <ul style="list-style-type: none"> • Monthly Business Development and Commercial Viability <p>Other Documentation/Evidence</p> <ul style="list-style-type: none"> • Commercial Assessment Framework 	<p>Process to be reviewed via SMT to consider the role and function of PMO and the make-up of bid teams.</p> <p>Executive level involvement to be reviewed against timeline of bid development.</p>	<p>Director of Finance & Development</p> <p><u>Business development process action plan</u></p>

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Director of Operations	<p>7. We will lead the delivery of out of hospital integrated care</p> <p><i>2-year organisational goals</i></p> <ul style="list-style-type: none"> • <i>Demonstrate active engagement with Integrated Care Programme</i> • <i>Deliver sustainable community facing services</i> • <i>Undertake organisational structure redesign that best supports the services we deliver</i> 	<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">LIKELIHOOD</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>5</td><td style="background-color: yellow;">5</td><td style="background-color: yellow;">10</td><td style="background-color: red;">15</td><td style="background-color: red;">20</td><td style="background-color: red;">25</td></tr> <tr><td>4</td><td style="background-color: green;">4</td><td style="background-color: yellow;">8</td><td style="background-color: red;">12</td><td style="background-color: red;">16</td><td style="background-color: red;">20</td></tr> <tr><td>3</td><td style="background-color: green;">3</td><td style="background-color: yellow;">6</td><td style="background-color: yellow;">9</td><td style="background-color: red;">12</td><td style="background-color: red;">15</td></tr> <tr><td>2</td><td style="background-color: green;">2</td><td style="background-color: green;">4</td><td style="background-color: yellow;">6</td><td style="background-color: yellow;">8</td><td style="background-color: yellow;">10</td></tr> <tr><td>1</td><td style="background-color: green;">1</td><td style="background-color: green;">2</td><td style="background-color: green;">3</td><td style="background-color: green;">4</td><td style="background-color: yellow;">5</td></tr> <tr style="font-weight: bold;"> <td></td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> <tr style="font-weight: bold;"> <td></td> <td>Insignificant</td><td>Minor</td><td>Moderate</td><td>Major</td><td>Catastrophic</td> </tr> <tr style="font-weight: bold;"> <td></td> <td colspan="5">IMPACT/CONSEQUENCE</td> </tr> </table> </div>	5	5	10	15	20	25	4	4	8	12	16	20	3	3	6	9	12	15	2	2	4	6	8	10	1	1	2	3	4	5		1	2	3	4	5		Insignificant	Minor	Moderate	Major	Catastrophic		IMPACT/CONSEQUENCE					<p>Likelihood x Consequence = Score</p> <table border="1" style="border-collapse: collapse; text-align: center; margin-top: 10px;"> <tr> <td style="background-color: #e6f2ff;">Initial</td> <td style="background-color: #e6f2ff;">4</td> <td style="background-color: #e6f2ff;">4</td> <td style="background-color: #ff0000;">16</td> </tr> <tr> <td style="background-color: #e6f2ff;">Current</td> <td style="background-color: #e6f2ff;">3</td> <td style="background-color: #e6f2ff;">4</td> <td style="background-color: #ffff00;">12</td> </tr> <tr> <td style="background-color: #e6f2ff;">Target</td> <td style="background-color: #e6f2ff;">2</td> <td style="background-color: #e6f2ff;">4</td> <td style="background-color: #ffff00;">8</td> </tr> </table>	Initial	4	4	16	Current	3	4	12	Target	2	4	8
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a. Failure to develop a multi-disciplinary approach to the underpinning of integrated care models	<ul style="list-style-type: none"> - Membership of Health & Wellbeing Board - Active involvement and representation on Vision 2018 programme board - PMO established and working across the organisation - Divisional restructure - Joint activity 'perfect day' with WUTH 	<p>Board Reports</p> <ul style="list-style-type: none"> • Monthly Chief Executive • Regular Vision 2018 updates <p>Committee Reports</p> <ul style="list-style-type: none"> • Quarterly integration updates reported to Finance & Performance Committee 	<p>No gaps identified</p> <p>Work is actively progressing on all aspects of the integration agenda</p>	

Our Services															
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<p>Director of Operations</p>	<p>8. We will deliver to the expectations of our commissioners and demonstrate value and quality</p> <p><i>2-year organisational goals</i></p> <ul style="list-style-type: none"> Implement findings of the Business Strategy Review 2013 Deliver on our contractual requirements (measures will include CQUIN and KPIs) Develop and deliver our Annual Clinical Audit Plan Demonstrate compliance with the CQC fundamental standards of care Deliver harm free care 	<p>Likelihood x Consequence = Score</p> <table border="1"> <tr> <td>Initial</td> <td>3</td> <td>5</td> <td>15</td> </tr> <tr> <td>Current</td> <td>4</td> <td>4</td> <td>16</td> </tr> <tr> <td>Target</td> <td>2</td> <td>4</td> <td>8</td> </tr> </table>	Initial	3	5	15	Current	4	4	16	Target	2	4	8	
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<p>a. Failure to deliver against contractual requirements (as a result of lack of organisational capacity and inability to deliver required efficiencies)</p>	<ul style="list-style-type: none"> Quality strategy with clear quality goals Annual CQUIN schemes agreed with commissioners Key priorities aligned to commissioning intentions in 2-year annual plan Regular monitoring of CQC compliance Review of policies and procedures 	<p>Board Reports</p> <ul style="list-style-type: none"> Monthly Integrated Performance Quarterly Complaints/Concerns report and Annual Report <p>Committee Reports</p> <ul style="list-style-type: none"> Monthly Key Performance Indicators Divisional Performance 	<p>Poor KPI performance resulting in increased reporting of red indicators in some areas</p>	<p><u>See KPI action plan</u></p> <p><i>Detailed action plan developed and shared with commissioners demonstrate how issues of reporting performance will be resolved by December 2014.</i></p>

	<ul style="list-style-type: none"> - Datix incident reporting - Risk management and escalation process - Effective contract negotiations with commissioners - Monthly contract monitoring meetings 	<p>Scorecards</p> <ul style="list-style-type: none"> • Monthly quality and patient experience • Annual Infection Prevention and Control Quarterly and Annual • Safeguarding Quarterly and Annual <p>Other Documentation/Evidence</p> <ul style="list-style-type: none"> • Nursing Strategy 		
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Our People

Lead Director	Strategic Objective	Risk Rating Chart	Overall Risk Rating												
Director of HR and OD	<p>9. We will further develop and maintain a competent, caring and flexible workforce</p> <p><i>2-year organisational goals</i></p> <ul style="list-style-type: none"> <i>Develop a performance management framework to link individual performance and pay to organisational performance</i> <i>Increase staff satisfaction and engagement (measures are feedback, surveys, engagement activities etc.)</i> <i>Develop and deliver a flexible contractual model for workforce which reflects the needs of safe community staffing</i> <i>Right staff with the right skills at the right time</i> 		<p>Likelihood x Consequence = Score</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: none;">Initial</td> <td style="border: 1px solid black; padding: 2px;">4</td> <td style="border: 1px solid black; padding: 2px;">4</td> <td style="border: 1px solid black; padding: 2px; background-color: red;">16</td> </tr> <tr> <td style="border: none;">Current</td> <td style="border: 1px solid black; padding: 2px;">3</td> <td style="border: 1px solid black; padding: 2px;">3</td> <td style="border: 1px solid black; padding: 2px; background-color: yellow;">9</td> </tr> <tr> <td style="border: none;">Target</td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px; background-color: green;">4</td> </tr> </table>	Initial	4	4	16	Current	3	3	9	Target	2	2	4
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a. Failure to deliver an organisational culture that supports staff engagement and patient care	<ul style="list-style-type: none"> - Annual national staff survey - Regular local staff surveys (survey monkey/Staff Zone) - Annual staff awards - Monthly Joint Forum meetings - Monthly Staff Council meetings - Weekly staff bulletins - Business plan events to launch 2-year plan - Monthly Directors' Briefing, 	<p>Board Reports</p> <ul style="list-style-type: none"> Monthly Committee reports and minutes Quarterly reports on Leadership walk rounds <p>Committee Reports</p> <ul style="list-style-type: none"> Quarterly review of HR strategy implementation (divisional balanced scorecard) 	<p>Evolving leadership and talent management processes</p>	<p>Director of HR and OD</p> <p><u>HR strategy action plan</u></p>

	<ul style="list-style-type: none"> - team briefings - Communications and Marketing strategy - Flexible working arrangements - Vacancy panel - Leadership and patient safety walk rounds - Succession planning and ability to grow staff into key posts - Safe staffing steering group setting establishment levels - Staff FFT - Patient FFT 	<ul style="list-style-type: none"> • Quarterly staff survey action plan • Quarterly learning and development report • Staff stories presented at Education & Workforce Committee (from April 2014) <p>Other Documentation/Evidence</p> <ul style="list-style-type: none"> • HR Strategy • HR policies • Annual appraisals • E learning • Organisational change policy • Communications and Marketing Strategy • Organisational Development Strategy • MAFS • Clinical policies • Staff Zone on intranet – communications tool • Weekly staff bulletin 		
<p>b. Inadequate investment in training and engagement with staff resulting in a lack of competency to deliver quality care</p>	<ul style="list-style-type: none"> - Risk management strategy for the identification and escalation of risks - Monitoring and completion of the IG toolkit - Mandatory training matrix, service training matrix - Divisional and service governance groups with common agenda - Performance management framework - Management supervision - Learning & Development policies - OD strategy - Central training fund - AQUA subscription for patient 	<p>Board Reports</p> <ul style="list-style-type: none"> • Monthly Integrated Performance Report • Monthly patient story • Monthly complaints and concerns report • Quarterly safeguarding assurance report • Quarterly IPC report • Quarterly controlled drugs report • Quarterly patient experience report • Quarterly patient experience walkrounds report • Quarterly safety thermometer report 	<p>No gaps identified</p> <p>The Trust has established a thorough learning and development programme for all staff (clinical and non-clinical) with on-going focus on e-learning to maximise efficiencies. The core mandatory training for all staff is linked to pay progression.</p>	

	<ul style="list-style-type: none"> - safety and quality training - NHS leadership academy funded leadership courses and talent management programme - Innovation group and criteria set to apply for funding 	<ul style="list-style-type: none"> • Quarterly L&D report • Open & Honest project report <p>Committee Reports</p> <ul style="list-style-type: none"> • Quarterly L&D report • Monthly QPER report • Quarterly CQC compliance report <p>Other documentation/evidence</p> <ul style="list-style-type: none"> • Risk management strategy • CQC inspection reports • Annual programme of clinical audits • Annual programme of internal audits • Clinical policies 		
<p>c. Failure to plan, recruit and maintain an appropriate workforce</p>	<ul style="list-style-type: none"> - Performance management framework including new appraisal paperwork - Vacancy panel - Staff FFT - Staff story at EWC with action plan and quarterly follow up for lessons learnt - Annual national staff survey - Regular local staff surveys (survey monkey/Staff Zone) - Safe staffing programme 	<p>Board Reports</p> <ul style="list-style-type: none"> • Monthly complaints and concerns report • Monthly safe staffing paper <p>Committee Reports</p> <ul style="list-style-type: none"> • Staff story at Education & Workforce committee with action plans 	<p>New values-based recruitment process being developed</p>	<p>Director of HR and OD</p> <p><u>HR strategy action plan</u></p>

Our People

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Director of HR and OD	<p>10. We will develop leadership at every level of the organisation</p> <p><i>2-year organisational goals</i></p> <ul style="list-style-type: none"> <i>Develop a Leadership Framework</i> <i>Develop and deliver a talent management process for the development of future band 8/Board level staff</i> <i>Develop and deliver improved opportunities for workforce views to inform the Board in their decision making about services and patient care</i> 		<p>Likelihood x Consequence = Score</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: none;">Initial</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center; background-color: red;">16</td> </tr> <tr> <td style="border: none;">Current</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center; background-color: yellow;">8</td> </tr> <tr> <td style="border: none;">Target</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center; background-color: green;">4</td> </tr> </table>	Initial	4	4	16	Current	2	4	8	Target	2	2	4
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<p>a. Systems and processes not adequate to support scale of leadership development and change management required</p>	<ul style="list-style-type: none"> - Weekly staff bulletins - Listening Events - Monthly Directors' Briefing - Flexible working arrangements - Vacancy panel - Leadership and patient safety walk rounds and shadowing - Team/leadership briefings - Exit interview process in place and HR review for trends - Annual staff survey and action plan following analysis of 	<p>Board Reports</p> <ul style="list-style-type: none"> Monthly Committee reports and minutes with escalation from group reports Quarterly reports on Leadership and patient safety walk rounds <p>Committee Reports</p> <ul style="list-style-type: none"> Monthly managing attendance report Monthly HR balanced scorecard 	<p style="text-align: center;">No gaps identified</p> <p>The trust is continually investing in multiple approaches to engage with leaders across the organisation</p>	

	<p>results</p> <ul style="list-style-type: none"> - Monthly extended SMT sessions - Divisional restructure to reflect and support the integration agenda - National leadership programme - Internal talent pipeline 	<ul style="list-style-type: none"> • Quarterly review of HR strategy implementation • Quarterly learning and development report • Monthly staff stories with action plan at EWC (with effect from April 2014) • Annual report of staff survey results with action plan following analysis of results <p>Other Documentation/Evidence</p> <ul style="list-style-type: none"> • HR Strategy • HR policies • Annual appraisals • Corporate and Local Induction • Work Experience • E-learning • Exit interview documentation • Organisational Development Strategy • MAFS • Clinical policies • Staff Zone on intranet - communications tool • Weekly staff bulletin 		
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Our People

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Chief Executive	<p>11. We will continuously develop the organisation and its governance framework</p> <p><i>2-year organisational goals</i></p> <ul style="list-style-type: none"> • <i>Implement and embed the reviewed annual planning and business cycle</i> • <i>Review, improve and embed the Board Assurance Framework</i> • <i>Develop and implement an enhanced process for engagement with staff regarding achievement against the agreed plan</i> • <i>Demonstrate continuous improvement of and compliance with our quality governance processes</i> 	<table border="1" style="margin-left: auto; margin-right: auto; text-align: center;"> <tr><td>5</td><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td></td><td>Insignificant</td><td>Minor</td><td>Moderate</td><td>Major</td><td>Catastrophic</td></tr> </table>	5	5	10	15	20	25	4	4	8	12	16	20	3	3	6	9	12	15	2	2	4	6	8	10	1	1	2	3	4	5		1	2	3	4	5		Insignificant	Minor	Moderate	Major	Catastrophic	<p>Likelihood x Consequence = Level</p> <table border="1" style="margin-left: auto; margin-right: auto; text-align: center;"> <tr><td>Initial</td><td>3</td><td>4</td><td>12</td></tr> <tr><td>Current</td><td>3</td><td>3</td><td>9</td></tr> <tr><td>Target</td><td>1</td><td>3</td><td>3</td></tr> </table>	Initial	3	4	12	Current	3	3	9	Target	1	3	3
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a. Corporate and quality governance arrangements do not support the Trust in its achievement of strategic goals	<ul style="list-style-type: none"> - Integrated Business Report - Board Governance Assurance Framework - Board Governance Memorandum - Quality Governance Assurance Framework - Corporate Governance Manual - Board Assurance and Escalation Framework 	<p>Board Reports</p> <ul style="list-style-type: none"> • Quarterly BGAF review • Quarterly QGAF review • Quarterly BAF review • Monthly high level risk report • Monthly Board Committee report • Monthly Committee minutes • Quarterly review of Board Composition • Annual review of board and 	<p>Board Assurance Framework and risk management processes to more effectively drive the Board agenda</p>	<p><u>See BAF and risk process action plan</u></p>

	<ul style="list-style-type: none"> - Operational Risk Register - Divisional quarterly reviews - Leadership events to launch annual plan - Leadership and patient safety walk rounds - ProdaCapo system measuring and tracking achievement of organisation goals - Monitor review of QGAF 	<p style="text-align: center;">committee effectiveness</p> <p>Committee Reports</p> <ul style="list-style-type: none"> • Quarterly risk register review <p>Other Documentation/Evidence</p> <ul style="list-style-type: none"> • Board/Committee annual review of effectiveness • Annual Governance Statement • Annual review of ToR for Board and Committees • Fraud and Corruption policy • Bribery policy • Internal/External Audit reviews 		
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Our Sustainability

Lead Director	Strategic Objective	Risk Rating Chart	Overall Risk Rating												
Director of Operations	<p>12. We will optimise the use of our resources</p> <p><i>2-year organisational goals</i></p> <ul style="list-style-type: none"> <i>Undertake value for money(VFM) exercise for all services annually</i> <i>Deliver an incremental reduction in our sickness absence</i> <i>Establish internal SLAs for support services with clear performance indicators</i> <i>Demonstrably link all enabling strategies to overall strategic goals and objectives</i> 	<p style="font-size: small;">LIKELIHOOD</p> <p style="font-size: small;">IMPACT/CONSEQUENCE</p>	<p>Likelihood x Consequence = Score</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding-right: 5px;">Initial</td> <td style="border: 1px solid black; padding: 2px 5px;">4</td> <td style="border: 1px solid black; padding: 2px 5px;">4</td> <td style="border: 1px solid black; padding: 2px 5px; background-color: red; color: white;">16</td> </tr> <tr> <td style="text-align: right; padding-right: 5px;">Current</td> <td style="border: 1px solid black; padding: 2px 5px;">4</td> <td style="border: 1px solid black; padding: 2px 5px;">3</td> <td style="border: 1px solid black; padding: 2px 5px; background-color: yellow;">12</td> </tr> <tr> <td style="text-align: right; padding-right: 5px;">Target</td> <td style="border: 1px solid black; padding: 2px 5px;">2</td> <td style="border: 1px solid black; padding: 2px 5px;">3</td> <td style="border: 1px solid black; padding: 2px 5px; background-color: yellow;">6</td> </tr> </table>	Initial	4	4	16	Current	4	3	12	Target	2	3	6
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What could prevent this objective being achieved?	What do we have in place to assist in securing delivery of our objective?	Where can we gain evidence that our control systems are effective and objectives are being delivered? <i>Note: Evidence may cover all principal risks</i>	Where are we failing to put controls / systems in place? Where are we failing in making them effective? Where we are failing to gain evidence that our controls / systems are effective?	
<p>a. Poor resource and performance management resulting in inefficient processes increased costs and sub optimal health outcomes</p>	<ul style="list-style-type: none"> - Managing attendance policy in place - Occupational Health facility available for staff - Four way performance meetings at Divisional level - Vacancy management process - Productive community services - Rapid improvement events - Managing capability policy - Workforce plan implemented 	<p>Board Reports</p> <ul style="list-style-type: none"> Monthly PMO update Monthly Safe staffing report (with effect from April 2014) <p>Committee Reports</p> <ul style="list-style-type: none"> Divisional performance scorecards HR balanced scorecard <p>Other Documentation/Evidence</p> <ul style="list-style-type: none"> Nursing Strategy Staff survey results and 	<p>Patient dependency tools for all services</p> <p>Staff rostering system for all services</p> <p>Establishment setting by service (work is on-going through the safe staffing steering group which will report to board monthly)</p>	<p>Director of Operations, Director of Quality & Nursing</p> <p style="text-align: center;"><u>Safe staffing action plan</u></p>

	<ul style="list-style-type: none"> - Safe staffing steering group - Performance management framework 	<ul style="list-style-type: none"> • action plans • Core management skills programme 		
<p>b. Failure to implement full coverage of appropriate fit for purpose, IT systems now and in the future.</p>	<ul style="list-style-type: none"> - Nursing system successful roll-out and implementation - Business Intelligence Strategy - Contingency plans in place for generation of data in event of system failure - Roll out of IT programme - IM&T board - IT options appraisal developed 	<p>Board Reports</p> <ul style="list-style-type: none"> • Monthly Integrated Performance report • Committee Reports/minutes <p>Committee Reports</p> <ul style="list-style-type: none"> • Monthly IM&T minutes • Updates provided on Nursing system • Divisional scorecards • IT options appraisal presented to Finance & Performance Committee <p>Other Documentation/Evidence</p> <ul style="list-style-type: none"> • IM&T Strategy • Programme updates to IM&T board • Community nursing system update 	<p>Support for IT within services outside of normal working hours</p> <p>Delay in mobile working roll-out</p>	<p>Director of Finance and Development</p> <p><u>24/7 IT support action plan</u></p> <p><u>Position paper to FPC in September 2014</u></p>

Our Sustainability

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Director of Finance & Development	<p>13. Our support and infrastructure services will operate to enhance delivery of our services, and secure future sustainability</p> <p><i>2-year organisational goals</i></p> <ul style="list-style-type: none"> • <i>Deliver IT systems that are fit for purpose and used effectively by services</i> • <i>Demonstrate incremental improvement in estate utilisation</i> • <i>Demonstrate on-going compliance and continuous improvement of all IG (information governance) goals</i> 	<table border="1" style="margin: auto; border-collapse: collapse; text-align: center;"> <tr><td>5</td><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td></td><td>Insignificant</td><td>Minor</td><td>Moderate</td><td>Major</td><td>Catastrophic</td></tr> <tr><td></td><td colspan="5">IMPACT/CONSEQUENCE</td></tr> </table>	5	5	10	15	20	25	4	4	8	12	16	20	3	3	6	9	12	15	2	2	4	6	8	10	1	1	2	3	4	5		1	2	3	4	5		Insignificant	Minor	Moderate	Major	Catastrophic		IMPACT/CONSEQUENCE					<p>Likelihood x Consequence = Score</p> <table border="1" style="margin: auto; border-collapse: collapse; text-align: center;"> <tr><td>Initial</td><td>4</td><td>3</td><td>12</td></tr> <tr><td>Current</td><td>3</td><td>3</td><td>9</td></tr> <tr><td>Target</td><td>2</td><td>3</td><td>6</td></tr> </table>	Initial	4	3	12	Current	3	3	9	Target	2	3	6
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a. Inadequate management and inappropriate estates capacity to underpin core business growth, development and income generation.	<ul style="list-style-type: none"> - Estates strategy - Estates management group - QIAs and risk assessment completed to support SCHC moves 	Committee reports <ul style="list-style-type: none"> • Estates management group reports to Finance & Performance Committee 	No gaps identified Estates management programme of work is supporting business growth and development	
b. SLA for IT support fails to deliver organisational requirements	<ul style="list-style-type: none"> - IM&T programme board (with CSU attendance) - On-going review of SLA and options appraisal 	Committee reports <ul style="list-style-type: none"> • IM&T programme board reports to Finance & Performance Committee • IT options appraisal presented to FPC 	SLA review and options appraisal to be finalised and reported through IM&T	Director of Finance & Development <u>Options appraisal paper</u>

Our Sustainability

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Director of Finance & Development	<p>14. We will develop our information and business intelligence to make informed decision about what we do</p> <p><i>2-year organisational goals</i></p> <ul style="list-style-type: none"> <i>Improve both the completeness and quality of the clinical data we collect</i> <i>Income maximisation programmes will be developed within each service line</i> 	<table border="1" style="margin: auto; border-collapse: collapse; text-align: center;"> <tr><td>5</td><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td></td><td>Insignificant</td><td>Minor</td><td>Moderate</td><td>Major</td><td>Catastrophic</td></tr> </table>	5	5	10	15	20	25	4	4	8	12	16	20	3	3	6	9	12	15	2	2	4	6	8	10	1	1	2	3	4	5		1	2	3	4	5		Insignificant	Minor	Moderate	Major	Catastrophic	<p>Likelihood x Consequence = Score</p> <table border="1" style="margin: auto; border-collapse: collapse; text-align: center;"> <tr><td>Initial</td><td>4</td><td>4</td><td>16</td></tr> <tr><td>Current</td><td>3</td><td>4</td><td>12</td></tr> <tr><td>Target</td><td>2</td><td>3</td><td>6</td></tr> </table>	Initial	4	4	16	Current	3	4	12	Target	2	3	6
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<p>a. Failure to interpret and use information to support organisational performance management</p>	<ul style="list-style-type: none"> - ProdaCapo system roll-out - Introduction of effective use of patient dependency and staff rostering systems - Managing capability policy - PMO established and working across the trust 	<p>Board Reports</p> <ul style="list-style-type: none"> Monthly Integrated Performance Report Monthly PMO update Monthly commercial and business development report Monthly quality dashboard <p>Committee Reports</p> <ul style="list-style-type: none"> Divisional performance scorecards HR balanced scorecard 	<p>Reporting on staffing levels</p> <p>Reporting on patient dependency levels</p>	<p>Director of Operations Director of Quality & Nursing</p> <p><u>Safe staffing action plan</u></p>

		Other Documentation/Evidence <ul style="list-style-type: none"> 5 Year Efficiency Plan 		
b. Failure to use information to understand local needs and the market	<ul style="list-style-type: none"> ProdaCapo system roll-out Development of Trust wide business scorecards Business Intelligence Strategy Representation on JSNA steering group (Medical Director) 	Board Reports <ul style="list-style-type: none"> Monthly Integrated Performance report Committee Reports/minutes Monthly commercial and business development report Committee Reports <ul style="list-style-type: none"> Divisional scorecards Other Documentation/Evidence <ul style="list-style-type: none"> Business Intelligence Strategy 	<p>No gaps identified</p> <p>Effective market analysis mechanisms in place</p>	
c. Ineffective data generation resulting in failure to transmit and provide statutory and contractual required data.	<ul style="list-style-type: none"> ProdaCapo system roll-out Data warehousing Monitoring of Business Intelligence Strategy Development of Trust wide business scorecards 	Board Reports <ul style="list-style-type: none"> Monthly Integrated Performance report Committee Reports/minutes Monthly quality dashboard Committee Reports <ul style="list-style-type: none"> Divisional scorecards Other Documentation/Evidence <ul style="list-style-type: none"> Business Intelligence Strategy Data Protection policy 	<p>No gaps identified</p> <p>The trust has developed effective systems to ensure accurate data generation and provide real-time monitoring</p>	

Our Sustainability

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Director of Finance & Development	<p>15. We will effectively manage our finances and fully deliver our efficiency programme</p> <p><i>2-year organisational goals</i></p> <ul style="list-style-type: none"> <i>Deliver a Financial Risk Rating of 3 and a Continuity of Services rating of 3 or higher</i> <i>Deliver our annual Cost Improvement Plan (CIP) recurrently.</i> <i>Demonstrate incremental improvement in our environmental efficiency and sustainability.</i> <i>Deliver full Service Line Reporting across all areas</i> <i>Collaborate across the health and social care economy in response to the local, national and regional economic challenges (Vision 2018)</i> 	<table border="1" style="margin: 10px auto; border-collapse: collapse;"> <tr><td>5</td><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td></td><td>Insignificant</td><td>Minor</td><td>Moderate</td><td>Major</td><td>Catastrophic</td></tr> </table>	5	5	10	15	20	25	4	4	8	12	16	20	3	3	6	9	12	15	2	2	4	6	8	10	1	1	2	3	4	5		Insignificant	Minor	Moderate	Major	Catastrophic	<p>Likelihood x Consequence = Score</p> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <tr><td>Initial</td><td>4</td><td>5</td><td>20</td></tr> <tr><td>Current</td><td>5</td><td>3</td><td>15</td></tr> <tr><td>Target</td><td>2</td><td>3</td><td>6</td></tr> </table>	Initial	4	5	20	Current	5	3	15	Target	2	3	6
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a. Failure to deliver CIP targets resulting in a drop in financial risk rating	<ul style="list-style-type: none"> - Clear and transparent governance arrangements in place for CIPs including QIA process - On-going monitoring of CIPs through Programme Management Board as well as confirm and challenge meetings. 	<p>Board Reports</p> <ul style="list-style-type: none"> Monthly PMO update on CIP progress Monthly Integrated Performance Report <p>Committee Reports</p> <ul style="list-style-type: none"> Monthly Financial 	<p>Embedding of CIP management processes throughout the organisation</p> <p>Clearly established mitigation plans and full review of all schemes and confidence levels</p>	<p>Director of Finance and Development</p> <p><u>CIP action plan & recovery plan</u></p>

	<ul style="list-style-type: none"> - Clear reporting to Board on financial position of the Trust - Annual financial plans - Annual business plan at Divisional level 	<p>Performance Report</p> <ul style="list-style-type: none"> • Monthly TDA self-certification • Monthly CIP recovery plan to FPC <p>Other Documentation/Evidence</p> <ul style="list-style-type: none"> • Procurement Strategy • Vacancy control management process • Divisional financial performance reports • Internal/External Audit plans 	for 2014/15 to be finalised	
b. Inability to manage the Trust's finances resulting in regulatory and other sanctions	<ul style="list-style-type: none"> - Clear reporting to Board on financial position of the Trust - Review of LTFM including downside scenarios and risk management framework assessment - 5 year efficiency plan in place - Annual financial plans - Annual business plan at Divisional level 	<p>Board Reports</p> <ul style="list-style-type: none"> • Monthly Integrated Performance Report • Monthly Business Development and Commercial Viability report <p>Committee Reports</p> <ul style="list-style-type: none"> • Monthly Financial Performance Report • Monthly FPEG meetings • Monthly TDA self-certification <p>Other Documentation/Evidence</p> <ul style="list-style-type: none"> • Service Level Reporting • LTFM • IBP • Financial policies • Procurement Strategy • Monthly contract meetings with Commissioners – including activity report • Divisional financial performance reports • Internal/External Audit plans 	<p>No gaps identified</p> <p>The trust continues to deliver financial performance through robust management and clear reporting through FPEG and FPC</p>	
c. Failure to deliver strategic efficiencies resulting in inability to	<ul style="list-style-type: none"> - PMO arrangements in place to monitor and challenge CIP 	<p>Board Reports</p> <ul style="list-style-type: none"> • Monthly Integrated 	Embedding of CIP management processes throughout the	Director of Finance and

<p>deliver CIPs and other improvements</p>	<p>targets</p> <ul style="list-style-type: none"> - Confirm and challenge meetings held monthly on CIP targets - Four way performance meetings at Divisional level - Vacancy panel - Productive community services - Rapid improvement events - Introduction of effective use of patient dependency and staff rostering systems 	<p>Performance Report</p> <ul style="list-style-type: none"> • Monthly PMO update <p>Committee Reports</p> <ul style="list-style-type: none"> • Divisional performance scorecards • Monthly KPI Report • Monthly CIP recovery plan to FPC <p>Other Documentation/Evidence</p> <ul style="list-style-type: none"> • CQUIN Annual Report • 5 Year Efficiency Plan 	<p>organisation</p> <p>Clearly established mitigation plans and full review of all schemes and confidence levels for 2014/15 to be finalised</p>	<p>Development</p> <p><u>CIP action plan & recovery plan</u></p>
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Our Sustainability

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<p>Director of Quality & Nursing (with Medical Director)</p>	<p style="text-align: center;">16. We will deliver transformation supported by innovation and research</p> <p><i>2-year organisational goals</i></p> <ul style="list-style-type: none"> <i>Develop and deliver a strategic partnership and relationship with local higher education bodies, NHS Trusts and other organisations to enhance our clinical, academic and research profile</i> <i>Develop a new Research and Innovation Strategy</i> <i>Continue to develop our continuous quality improvement framework</i> 	<p style="text-align: center;">LIKELIHOOD</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>5</td><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr> <tr><td>4</td><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr> <tr><td>3</td><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr> <tr><td>2</td><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td></td><td>Insignificant</td><td>Minor</td><td>Moderate</td><td>Major</td><td>Catastrophic</td></tr> <tr><td></td><td colspan="5" style="text-align: center;">IMPACT/CONSEQUENCE</td></tr> </table>	5	5	10	15	20	25	4	4	8	12	16	20	3	3	6	9	12	15	2	2	4	6	8	10	1	1	2	3	4	5		1	2	3	4	5		Insignificant	Minor	Moderate	Major	Catastrophic		IMPACT/CONSEQUENCE					<p>Likelihood x Consequence = Score</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: none;">Initial</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center; background-color: red;">20</td> </tr> <tr> <td style="border: none;">Current</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center; background-color: orange;">12</td> </tr> <tr> <td style="border: none;">Target</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center; background-color: green;">4</td> </tr> </table>	Initial	4	5	20	Current	3	4	12	Target	2	2	4
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a. Failure to establish a culture that supports innovation and research with investment in resources	<ul style="list-style-type: none"> - Clinical Forum steering group established - On-going relationship with Trustech - Internal campaign launched to gather staff views on 'how we can improve things for staff and patients' (ideas@wirralct.nhs.uk) - Membership of Academic Health Science Network (North West) 	<p>Board Reports</p> <ul style="list-style-type: none"> Bi-monthly clinical form reports Bi-monthly clinical forum minutes 	<p style="color: red;">Research & Innovation Strategy</p> <p style="color: red; text-align: center;">Mechanisms to monitor the implementation and roll-out of new innovations to be established</p>	<p style="color: red;">Director of Quality and Nursing Medical Director</p> <p style="color: red; text-decoration: underline;">Innovation & research action plan</p>

Board Assurance Framework and Risk Process - Action Plan 2014/15

Action Plan

KEY (Change status)

- 1 Recommendation agreed but not yet actioned
- 2 Action in progress
- 3 Recommendation fully implemented
- 4 Recommendation never actioned (please state reasons)
- 5 Other (please provide supporting information)

Action plan lead	Paula Simpson, Head of Quality and Governance Alison Hughes, Trust Board Secretary
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Action required	Action by date	Person responsible	Comments/action status	Change stage (see Key)
Arrange planning session for extended SMT presentation (<i>see below</i>)	w/c 30 September 2014	Alison Hughes		2
Develop flowchart of the 'risk journey' highlighting the links from operational risk register to QPER to Board and to BAF	w/c 6 October 2014	Amanda Adams		1
Review risk register form on Datix to include CIP category and to capture assurances	w/c 6 October 2014	Amanda Adams		1
Executive lead to be aligned to high-level operational risks (<i>on Datix</i>)	14 October 2014	Amanda Adams Alison Hughes		1
Develop presentation to extended SMT on; -process for risk identification, escalation and management - role of QPER	14 October 2014	Amanda Adams Alison Hughes Paula Simpson	Jointly develop discussion session (<i>see above</i>)	1

- links to the BAF - annual planning cycle				
Amend format of BAF template to allow risk score for individual risks, alignment to risks from operational risk register and inclusion of negative assurances	31 October 2014	Alison Hughes Amanda Adams		2
Develop template for monthly BAF summary report to Board (<i>from example version</i>)	31 October 2014	Alison Hughes Amanda Adams		1
Develop monthly paper to QGC on high-level operational risks (15+) linked to BAF and all risks scoring 12+ that haven't progressed and linked to the BAF if appropriate	31 October 2014	Amanda Adams Paula Simpson		1
Arrange planning session for board development session (see below)	w/c 3 November 2014	Alison Hughes		1
Review revised BAF template and monthly summary report with SMT	6 November 2014	Alison Hughes		1
Amend board cover sheets to include required link to BAF	7 November 2014	Alison Hughes		2
Complete mapping exercise of board agenda's for 14/15 against the BAF	7 November 2014	Alison Hughes Amanda Adams		1
Review principal risks from BAF (streamline where appropriate) and associated risk scores with Executive leads	w/c 10 November 2014	Alison Hughes		1
Board development session to; - discuss process around risk management/BAF - review principal risks and risk scores - agree links to operational risk register - consider the role of the board and committees and future reporting	26 November 2014	Amanda Adams Alison Hughes Paula Simpson	Jointly develop discussion session	1

arrangements - agree the relationship to the overall planning cycle				
Update Risk Policy (GP45) and review Risk Strategy (GP5) to reflect minor changes to process	November/ December 2014	Amanda Adams		1
Build this process in to the MIAA internal audit plan for 2015/16	January 2015	Alison Hughes Amanda Adams		1
Divisional workshop to launch planning process for 2015/16 including; -KPIs -Quality indicators -CIPs -Risks (and link to BAF)	January 2015	Sandra Christie Paula Simpson		1

High Level Risk Report

Agenda Item:	21	Reference:	WCT14/15-171
Meeting Name:	Trust Board	Meeting Date:	8 October 2014
Lead Director:	Alison Hughes		
Job Title:	Trust Board Secretary		

Link to Business Plan:	The effective management of risk is key to the delivery of the business plan.					
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have the Public & Stakeholders been consulted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
To Approve	<input type="checkbox"/>	To Note	<input checked="" type="checkbox"/>	To Assure	<input type="checkbox"/>	

Financial Implications:
*E.g. What is the Impact on the Trust? Does it provide Value for Money?
All costs should be clearly explained in the section below.*

None identified.

Overall Cost / Pressure:	n/a	Overall Income:	n/a
Additional Funding Required:	n/a	Funding Already Ring Fenced:	n/a

Identified Risks:

The report outlines the high level risks to the organisation on the risk register which have been formally approved by the relevant Manager/Director and escalated to board level.

Assurance to Board:

The report includes assurance in relation to the management of the escalated risks. Management of the strategic risks is included in the Board Assurance Framework reviewed on a quarterly basis.

Publish on Website: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Private Business: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Report History

Submitted to	Date	Brief Summary of Outcome
Trust Board	Monthly	Regular report to board with latest information included each month.

Wirral Community NHS Trust

High Level Risk Report

Purpose

1. This paper provides the trust board with a summary of high-level risks, compiled from the operational risk register with a current risk score of 15 and above.

Process

2. All risks are reported via the Datix system and those scoring 12 or under are reviewed on a monthly basis at divisional level through the divisional governance groups.
3. The Quality, Patient Experience and Risk Group (QPER) reviews all risks scoring 12 or more.
4. Following review at the QPER group, any risks scoring 12 or more, showing no progress in three months are considered for escalation to the Quality and Governance Committee.
5. The Quality and Governance Committee will also review all risks scoring 15 or more on a monthly basis and consider escalation to the trust board, where appropriate and specifically where there is a potential impact on achievement of strategic objectives.
6. The trust board will continue to receive a monthly report focusing on high-level strategic risks linked to the BAF.
7. The trust board will continue to receive the Board Assurance Framework (BAF) and a programme of work to review the links between the operational risk register and the BAF has been presented to the trust board.

Risks

8. There is one high-level organisational risk scoring 15 or more highlighted in the table below. This risk is in the Community Nursing service (ID182) and is being actively managed and monitored through the Quality & Governance Committee.
9. In September 2014 it was proposed to downgrade risk ID47 relating to CIP delivery to a score of 12. At the meeting of the trust board in September, this was challenged and a risk score of 15 agreed. Whilst it was acknowledged that the trust is planning to be back on track on its savings delivery profile by the end of December with a new trajectory plan to achieve this established, members of the trust board requested that this risk remain at a high-level to ensure continued focus and monitoring. The work to mitigate this risk is being closely monitored through the Finance & Performance Committee.
10. These risks are also linked to the principal risks identified through the Board Assurance Framework.

High level risks scoring 15 or more

Directorate	Risk	Key Controls	Current Position <i>(as at 30 September 2014)</i>	Link to Board Assurance Framework	
				Strategic objective	Principal risk
Organisation Wide	ID 47 - Cost Improvement Programme Risk score 15	<ul style="list-style-type: none"> - Robust CIP governance structure implemented. QIA tool in use for CIP programme. - Programme management arrangements in place. - Board engagement in CIP process from end to end. 	The trust's September Finance & Performance Committee were advised that we had exceeded our August recovery trajectory target en-route to being back on track by the end of December, but that the unidentified element in the programme had increased by £79k, to £398k. Potential mitigations to this gap sum in particular and the current year's CIP risk in general were also noted to the Committee. At the September Board it was agreed that the risk score should be 15 until the Trust was closer to its originally planned savings trajectory.	We will effectively manage our finances and fully deliver our efficiency programmes.	<p>Failure to deliver CIP targets resulting in a drop in FRR.</p> <p>Failure to deliver strategic efficiencies resulting in inability to deliver CIPs and other improvements</p>
Community Nursing	ID182 - A number of avoidable community acquired grade 3/4 pressure ulcers. Insufficient evidence in documentation to demonstrate sufficient preventative measures are being put in place. Risk score 16	<ul style="list-style-type: none"> - Action plan in place and reported to Quality & Governance committee - Case note reviews are underway to develop learning. - Review of pressure ulcer documentation. - Looking at a competency framework for pressure ulcers. 	A monthly pressure ulcer action plan and a deep dive summary is submitted to the Quality and Governance Committee to provide assurance in relation to the actions being taken to manage this risk.	We will deliver safe and effective care.	Failure to embed a culture that supports achievement of high quality, safe and effective patient care.

Rationale and Implications

11. This report reflects the position of the risk register as at 30 September 2014 following review at the QPER meeting.

Conclusion

12. The organisational risk register will continue to be monitored via the monthly QPER Group.

13. To reflect the updated risk strategy all risks scoring 15 and above will be reported to the Quality and Governance Committee via the monthly quality report.

14. The trust board will continue to receive a monthly report focusing on high-level strategic risks linked to the BAF.

Board Action

15. To note the current position in relation to the high-level risks.

Alison Hughes
Trust Board Secretary

30 September 2014