

Trust Board

Agenda Item	10.	Date: 26.07.17																																																			
Title of Report	BAF																																																				
Purpose of the report and the key issues for consideration/decision	The Board are asked to receive and agree the scores proposed by sub-committees for July.																																																				
Prepared by: Name & Title	Trust Board Secretary Office																																																				
Presented by:	Paul Howard, Trust Board Secretary																																																				
Action Required (please X)	Approve		Adopt		Receive for information x																																																
Strategic/Corporate Objective(s) supported by this paper	Governance																																																				
Is this on the Trust's risk register?	No	x	Yes		If Yes, Score																																																
Which Standards apply to this report?	<table border="1"> <tr> <td>CQC</td> <td>x</td> </tr> <tr> <td>NHSLA</td> <td>x</td> </tr> <tr> <td>BAF Objectives</td> <td>x</td> </tr> <tr> <td>WWL Wheel</td> <td>x</td> </tr> </table>					CQC	x	NHSLA	x	BAF Objectives	x	WWL Wheel	x																																								
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Have all implications related to this report been considered?	<table border="1"> <thead> <tr> <th></th> <th>Yes/No/NA</th> <th>Any Action Required</th> <th></th> <th>Yes/No/NA</th> <th>Any Action Required</th> </tr> </thead> <tbody> <tr> <td>Finance Revenue & Capital</td> <td>Y</td> <td></td> <td>Equality & Diversity</td> <td>Y</td> <td></td> </tr> <tr> <td>National Policy/Legislation</td> <td>Y</td> <td></td> <td>Patient Experience</td> <td>Y</td> <td></td> </tr> <tr> <td>NHS Contract</td> <td>Y</td> <td></td> <td>Governance & Risk Management</td> <td>Y</td> <td></td> </tr> <tr> <td>Human Resources</td> <td>Y</td> <td></td> <td>Terms of Authorisation</td> <td>Y</td> <td></td> </tr> <tr> <td>Consultation/Communication</td> <td>Y</td> <td></td> <td>Human Rights</td> <td>Y</td> <td></td> </tr> <tr> <td>Other:</td> <td>Na</td> <td>Na</td> <td>Carbon Reduction</td> <td>Na</td> <td>Na</td> </tr> <tr> <td colspan="6">If action required please state:</td> </tr> </tbody> </table>						Yes/No/NA	Any Action Required		Yes/No/NA	Any Action Required	Finance Revenue & Capital	Y		Equality & Diversity	Y		National Policy/Legislation	Y		Patient Experience	Y		NHS Contract	Y		Governance & Risk Management	Y		Human Resources	Y		Terms of Authorisation	Y		Consultation/Communication	Y		Human Rights	Y		Other:	Na	Na	Carbon Reduction	Na	Na	If action required please state:					
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National Policy/Legislation	Y		Patient Experience	Y																																																	
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Human Resources	Y		Terms of Authorisation	Y																																																	
Consultation/Communication	Y		Human Rights	Y																																																	
Other:	Na	Na	Carbon Reduction	Na	Na																																																
If action required please state:																																																					

Previous Meetings

Please insert the date the paper was presented next to the relevant group

ECC	Audit Committee	Quality & Safety Committee	Finance & Investment Committee	Management Board	IM&T Strategy Committee	Workforce Committee	NED	Other
17.07.17	Na	12.07.17	18.07.17	Na	Na	Na.	Na	Na

Board Assurance Framework 2017-18

Quality

Corporate Objective:	To deliver safe, high quality, effective, evidence-based patient care		Lead Director: P Law, Director of Nursing / S Arya, Medical Director	Responsible Monitoring Committee: Quality & Safety
Measurement	Mortality; compliance with 10 DNACPR Always Events; reduction in moderate and serious falls; reduction in hospital acquired infections; development of a metric to measure Right Patient Right Ward; Development of ward accreditation system; reduce avoidable harms measures through a reduction in SI's theatre effectiveness; accurate and validated SLR figures; prioritise in terms of short, medium and long term, implement choose wisely UK campaign with 100% adherence; reduce unnecessary investigations by 10%, interventions by 10% and prescription drugs by 10%			
What does the objective mean?	To deliver safe, high quality, effective, evidence-based patient care		Impact of not achieving the objective	Unsafe, poor quality care, regulatory enforcement; increase in STEIS reportable incidents (serious incidents), complaints and clinical claims, poor patient experience.

Key Risk	Key Controls	Assurance on controls	Gaps in Control and or Assurance	Initial risk			Target risk			Month 2017-18	Committee	Discussion/Rationale for score including further actions agreed and timescale for delivery	Relevant Corporate Risks Identified In-year	Current Score			
				C	L	S	C	L	S					C	L	S	
What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?														
Failure to achieve an improved benchmarked position for mortality	Weekly death audits and annual summary identifying themes;	HSMR/SHMI data – Trust Board Performance Report;	Trust-wide mortality group	5	5	25	5	3	15	April	Q&S 12.04.17	Mortality data for the Trust was still high ; unscheduled care pressures had contributed to this position as well as the increased morbidity of patients and delays in transfers to care homes; a significant amount of internal work was being done including the establishment of a mortality group. The Committee agreed to retain the proposed opening score of 25.	Na.	5	5	25	
	Focussed improvements in relation to Sepsis and AKI;	Dr Foster Mortality Alerts;	Trust-wide understanding/ plan for areas requiring focus/improvement							May	Q&S 10.05.17	The Mortality Group would be meeting for the first time on 01.06.17. The mortality data hadn't changed since the last meeting. It was agreed to retain the score at 25.	Na.	5	5	25	
	Mortality Framework linking with the management of serious incidents;	Quarterly mortality reports to Quality and Safety Committee.								June	Q&S 14.06.17	The Committee had received and noted the update from the Mortality Working Group and had taken assurance that appropriate action and discussions were taking place. However, there remained concerns around the mortality data and it was agreed to retain the score at 25	Na.	5	5	25	
	Joint project with the CCG reviewing deaths within 30 days of discharge;																

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Failure to achieve an improved benchmarked position for mortality cont.	System to review deaths of patients with a learning disability.			5	5	25	5	3	15	July	Q&S 12.07.17	The Medical Director reported that there had been a reduction in hospital mortality during May and June. It was anticipated that this trajectory would continue into July. The Committee noted that discussions with external organisations and the work of the Mortality Working Group continued. The Committee agreed to retain the score at 5 x 5 = 25 pending confirmation that the improving trajectory continued.		5	5	25		
				August														
				Sept														
				Oct														
				Nov														
				Dec														
				Jan														
				Feb														
				March														

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What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?	5	4	20	5	3	15				5	4	20	
Failure to achieve infection control trajectories	Infection control team;	Numbers of CDT's; MRSA; MSSA; e-coli infections – Trust Board Performance Report; Learning from infection investigations/scrutiny; Achievement of CDT trajectory for 2017-18 (19); No lapses in care.	Benchmarking data with other organisations	5	4	20	5	3	15	April	Q&S 12.04.17	As a consequence of the pressures on the hospital system, it was noted that infection rates had started to increase. The acuity and dependency of patients meant increased susceptibility to infection. There had been one CDT in April and a possible other case that was being investigated. There would need to be focus on maintaining the Trusts internal standards. The Committee agreed to retain the proposed opening score of 20.	Na.	5	4	20
	Strategy and work-plan;		Process for new reporting standards							May	Q&S 10.05.17	The Committee had received a paper from the Infection Control team. It was noted that the deep clean schedule had been postponed due to bed pressures. It was agreed to retain the score at 20 until the deep cleans could be commenced.	Na.			
	Infection Control Committee;		Compliance issue with ANTT;							June	Q&S 14.06.17	L Barkess Jones advised that this would be a very challenging year in terms of Infection Control. The Committee agreed to retain the score at 20.	Na.			
	System for infection investigations/scrutiny;		Availability of side rooms.							July	Q&S 12.07.17	The Director of Nursing reported that the deep clean schedules were progressing as planned although these could be affected by bed pressures. The Committee agreed to retain the score at 5 x 4 =20.	Na.			
	Infection control audits and follow up									August						
	Deep clean schedule;									Sept						
	PLACE Assessments – Cleanest hospital for three years running.									Oct						
										Nov						
										Dec						
										Jan						
		Feb														
		Mar														

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Failure to reduce clinical variation and drug costs by 10%	<p>Agreement on focus of scheme: clinical variation and demand management are two areas of scope within this work. One area has been identified for each Division: Colorectal, Gastroenterology and hips and knees; Project group established;</p> <p>Plan to undertake a retrospective review;</p> <p>'10 things we should stop doing' presented to Management Board in January 2017</p>	Weekly Delivery Board; Management Board	Availability of necessary and accurate data to inform decision making	4	5	20	4	2	8	April	Q&S 12.04.17	Risk could not be scored this time.	Na.	-	-	-			
												May	Q&S 10.05.17	The Committee noted that work had commenced around clinical variation with key specialties identified for focus. It was agreed to retain the opening score of 20.	Na.	4	5	20	
													June	Q&S 14.06.17	A Abbasi advised that work continued within the Divisions and was led clinically. Fortnightly meetings were taking place and good progress was being made. The Committee agreed to retain the score at 20.	Na.	4	5	20
													July	Q&S 12.07.17	The Medical Director reported that positive progress was being made to reduce drug costs. In terms of clinical variation, it was noted that data collection continued. The Committee agreed to retain the score at 4 x 5 = 20.	Na.	4	5	20
													August						
													Sept						
													Oct						
													Nov						
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Workforce

Corporate Objective:	Have a safe and flexible workforce that meets the needs of the service now and for the future		Lead Director: A Balson, Director of Workforce	Responsible Monitoring Committee: Workforce
Measurement	Pay bill – reduce agency expenditure below agency ceiling and to under 2.11% of pay bill, reduce cap breaches by 15%, pay bill reduction by Carter definition of 7%; Rostering – vacancy rate under 3.5%, nursing shift fill rates over 89%, 100% job plan completion aligned to standardised SPA framework, block contract and locality plan; Health & Wellbeing – sickness rate below 4%, statistically significant improvement in pulse survey score for energy, reduction in health age from 4 years 7 months as defined by Britain’s Health Workplace survey, be in top 50% of Britain’s Healthiest workplaces, below average sickness rate for S4W programme participants; Learning and Development – draw down more than 85% of the apprenticeship levy fund, mitigate the pay bill impact of apprenticeship levy to under 4%, statistically significant improvements in pulse survey scores - personal development, statistically significant reduction in reason for leaving ‘lack of personal development’			
What does the objective mean?	As above		Impact of not achieving the objective	Unsafe patient care, poor staff morale and unsafe staffing levels.

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What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?														
Failure to stay under agency ceiling, impact of IR35 and associated impact on safe staffing levels	Trust Grade Medical posts to be advertised to mitigate expected vacancies Procurement framework to support reduction in rate cards	Workforce Committee F&I Committee GM Strategic Workforce Board GM HRD network	GM / NW agreement and implementation	5	4	20	5	3	15	April	Workforce	Could not be scored for April – template not complete	-	-	-		
											May	Workforce	Not scored for May	-	-	-	
												June	Workforce	The Committee agreed to score the risk at 5 x 3 = 15. This was on the basis that the risk could impact on the provision of safe staffing levels. However it was noted that the Trust had successfully reduced its agency spend and proactive work was being undertaken to enhance recruitment, retention and improve wellbeing of staff.	5	3	15
												July	ECC	ECC noted that good progress was being made in terms of the agency ceiling. It was agreed to retain the score at 5 x 3 = 15.	5	3	15

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Failure to stay under agency ceiling, impact of IR35 and associated impact on safe staffing levels cont.	Development of regional capped rates			5	4	20	5	3	15	August						
	Redesign of staffing models to reduce demand for temp staffing									Sept						
	E-locum shift management system									Oct						
										Nov						
										Dec						
										Jan						
										Feb						
										Mar						

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What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?	5	4	20	5	2	10								
National shortage occupations and inefficient use of available resources	E-rostering system and associated reports	Workforce Committee GM Strategic Workforce Board	Lack of e-job planning system	5	4	20	5	2	10	April	Workforce	Could not be scored for April – template not complete					
										May	Workforce	Not scored for May					
	Manual job planning processes for Medical Staff		June							Workforce	The Committee agreed to score this risk at 5 x 4 = 20. While significant work had gone into rostering and nurse shift patterns, these would not be implemented until July. Good progress had been made with the Mch programmes but there were still uncertainties in certain specialties and around apprenticeship standards.	Na	5	4	20		
	Nursing & Midwifery strategy		July							ECC	ECC noted that there had been good progress with the Mch programme but there were potential issues around certificates of sponsorship. It was agreed to retain the score at 5 x 4 =20		5	4	20		
	MCH & MMED learn, learn & return programmes		Aug														
	GM Workforce Strategy		Sept														
			Oct														
			Nov														
			Dec														
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What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?																		
Sickness absence impacts on safe staffing levels and ability to reduce pay bill	Attendance Management Policy Steps 4 Wellness Programmes Well Being Partners Occupational Health Service Go Engage – The WWL Way	Workforce Committee	Counselling capacity	4	3	12	4	2	8	April	Workforce	Could not be scored for April – template not complete	-	-	-						
											May	Workforce	Not scored for May	-	-	-					
												June	Workforce	It was agreed to score this risk at 4 x 3 = 12. Lots of positive work was being undertaken to improve sickness levels but there remained pockets of high absence.	Na.	4	3	12			
												July	ECC	ECC noted that sickness absence levels remained at a steady rate of 4%. It was agreed to keep the score at 4 x 3 = 12.	Na.	4	3	12			
												Aug									
												Sept									
												Oct									
												Nov									
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What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?																
Failure to utilise available resources to improve personal development opportunities, which impacts on retention and does not mitigate the cost of the apprenticeship levy	WWL Route Planner	Workforce Committee	Lack of suitable apprenticeship standards	4	4	16	4	3	12	April	Workforce	Could not be scored for April – template not complete	-	-	-				
	Participation in trailblazer apprenticeship programmes e.g. nursing associate	GM HRD network	Out of workplace learning – impact on staffing levels							May	Workforce	Not scored for May	-	-	-				
	Membership of apprenticeship working group to inform new standards	GM Strategic Workforce Board								June	Workforce	The Committee agreed to score this risk at 4 x 4 =16. The significant risks around the lack of CPD funding internally and nationally were noted and the potential impact on recruitment and retention. There was also concern at the delay in developing apprenticeship standards.	Na	4	4	16			
	Development of apprenticeship targets to Divisions									July	ECC	ECC noted the concerns around the lack of funding for CPD. It was agreed to retain the score at 4 x 4 = 16.	Na.	4	4	16			
	Workforce planning									Aug									
	GM workforce strategy									Sept									
											Oct								
											Nov								
											Dec								
											Jan								
											Feb								
											Mar								

Staff Engagement

Corporate Objective:	To improve levels of staff engagement, developing a culture of confidence and optimism where staff can directly influence change		Lead Director: A Balson, Director of Workforce	Responsible Monitoring Committee: Workforce
Measurement	Overall engagement score 4 (national staff survey); FFT recommendations above 80%; statistically significant improvements in pulse survey scores - influence, mindset, clarity and recognition; implement new leadership framework and behaviours – assessed through new 360			
What does the objective mean?	As above.		Impact of not achieving the objective	Poor staff morale, poor staff retention, increased sickness absence levels and deterioration of staff survey results.

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What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?														
Engagement does not improve – direct correlation between staff engagement and patient satisfaction / outcomes	Go Engage – The WWL Way	Workforce Committee	Improved internal communication methods (new intranet)	4	4	16	4	2	8	April	Workforce	Could not be scored for April – template not complete					
										May	Workforce	Not scored for May					
	Pulse surveys	National Staff Survey	Uncertainty caused by external environment							June	Workforce	The Committee agreed to score the risk at 4 x 3 = 12. There was a significant amount of positive work being undertaken around the strategic narrative. There had been positive results from the Friends and Family test recommending WWL as a good place of work. It was noted that there had been a dip in engagement levels in the Corporate Division.		4	3	12	
	Strategic narrative work programme	Locality Workforce Plan															
	Steps 4 Wellness Programmes	Pulse surveys									July	ECC	ECC noted that there had been a positive Pulse survey in June but it was agreed to retain the score at 4 x 3 = 12 pending the launch of the strategic narrative.		4	3	12
	WWL Route Planner									August							
										Sept							

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Engagement does not improve – direct correlation between staff engagement and patient satisfaction / outcomes cont.	Locality workforce programmes Partnership working with trade unions			4	4	16	4	2	8	Oct								
											Nov							
												Dec						
												Jan						
												Feb						
												Mar						

Performance

Corporate Objective:	To meet all national access targets		Lead Director: M Fleming, Director of Operations and Performance	Responsible Monitoring Committee: Finance and Investment
Measurement	A& E 4 hour target (90% Q1, 91.5% Q2, 92% Q3, 92.8% Q4); 18 weeks/RTT Incomplete Pathway (92%); Cancer targets – 2 weeks to be seen, 31 days to first treatment and 62 day wait urgent GP referral to first treatment; Diagnostic-seen within 6 weeks.			
What does the objective mean?	The Trust is required to meet a number of national access targets in relation to A&E, cancer treatment and diagnostics.		Impact of not achieving the objective	Impact on quality of care and financial position. Possibility of regulatory action.

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What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?														
Failure to meet the A&E 4 hour target (90% Q1, 91.5% Q2, 92% Q3, 92.8% Q4) If the Trust is unable to manage the level of emergency demand it may lead to: An inability to deliver operational standards. Affect quality of care for large number of patients. Unmanageable staff workloads. Negative financial position. Regulatory action.	Emergency Demand & patient flow management arrangements	Daily and Weekly meetings: Patient Flow meeting Daily Board rounds	Not achieving 95% standard Commissioner Contracting (Chorley A&E)	5	4	20	5	3	15	April	F&I 25.04.17	The Committee noted that the only risk to the achievement of national access targets was the achievement of A&E. Currently, A&E was performing well at over 90% achievement. There were no concerns around the achievement in April. The Committee agreed a score of 5 x 3 = 15.	Na.	5	3	15	
	Emergency Department Standard Operating Procedures.	Achievement against standard reported to F&I Committee & Trust board via Performance Report.	Increased Acuity of patients							May	F&I 23.05.17	The Committee noted that A&E had achieved the revised trajectory of 90% in April. There were currently no concerns around performance. The Committee agreed to retain the score of 15.	Na.	5	3	15	
	Monthly Performance management meeting NHSI A&E Improvement Plan Winter Resilience Plan Patient Flow Projects– Gettinge HIS	Daily/weekly performance data monitoring/ NHS England/Urgent Care Dashboards Friends and Family Feedback Output from A&E Quality Improvement Group	Weakness in local/regional Escalation Process Co-location of Primary Care Managing Demand Access to Community Beds							June	20.06.17 F&I	The Committee noted that A&E was currently meeting the revised trajectory of 90% and there were no concerns around the delivery of Q1. However it was noted that, whilst the A&E team had implemented a number of improvement initiatives, there were increased attendances to A&E by young mental health patients and out of area patients which provided additional pressure and could potentially put year end achievement of 95% at risk. The Committee noted and discussed the potential to lose S&T funding should the target not be	Na.	4	4	16	

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Failure to meet the A&E 4 hour target cont.	A&E Delivery Board Outputs Systems Resilience Operational group CQC inspection			5	4	20	5	3	15			achieved. It was agreed that the Committee needed to have visibility of GP out of hours, deflection projects and community bed plans to gain assurance around the external factors impacting on delivery. The Committee agreed to score as 4 x 4 = 16.		4	4	16	
				July	F&I 18.07.17	The Committee noted that A&E performance continued to be under pressure and that Q1 had been achieved with the inclusion of walk in centre activity. The concerns of the Board had been escalated to the A&E Delivery Board. The Committee agreed to increase the score to 4 x 5 = 20.	Na.	4	5	20							
				Aug													
				Sept													
				Oct													
				Nov													
				Dec													
				Jan													
				Feb													
				March													

Finance

Corporate Objective:	To achieve two year budget stability		Lead Director: R Forster, Director of Finance and Informatics	Responsible Monitoring Committee: Finance and Investment
Measurement	Financial Budget and Control Total; FRR; Big 12 schemes; Capital Investment versus plan			
What does the objective mean?	As above		Impact of not achieving the objective	Budget overspend will lead to non-achievement of the Sustainable Transformation fund

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				C	L	S	C	L	S					C	L	S		
What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?	C	L	S	C	L	S									
Failure to Deliver the 12 big schemes	Executive Leads for all big schemes; Weekly delivery meetings; Monthly Management Board	Strategy Committee; Finance and Investment; Trust Board: Monthly Finance Report (with trend and variance analysis); External audit/internal audit sign off reviews.	Savings from 12 big schemes to be defined; Big 12 Summary reports	5	3	15	5	1	5	April	F&I 25.04.17	The Committee was not able to score this time as the template not complete	Na.	-	-	-		
											May	F&I 23.05.17	The Committee noted that work around the Big 12 continued to progress. It was not anticipated that the schemes would deliver the full savings required but plans were in place to cover the shortfall by Divisional CIP.	Na.	5	3	15	
												June	F&I 20.06.17	The Committee noted that there continued to be thorough investigation into and scrutiny of the Big 12 schemes. It was agreed to score the risk at 5 x 3 = 15.	Na.	5	3	15
												July	F&I 18.07.17	The Committee noted that, while progress continued to be made on the Big 12, it was likely that some of the schemes may not deliver as anticipated. Replacement schemes would be considered. The Committee agreed to increase the score of the risk to 5 x 4 = 20.		5	4	20
												Aug						

Key Risk	Key Controls	Assurance on controls	Gaps in Control and Assurance	Initial risk			Target risk			Month 2017-18	Committee	Discussion/Rationale for score including further actions agreed and timescale for delivery	Relevant Corporate Risks Identified In-year	Current Score			
				C	L	S	C	L	S					C	L	S	
What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?														
Failure to Deliver the 12 big schemes cont.				5	3	15	5	1	5	Sept							
											Oct						
												Nov					
												Dec					
												Jan					
												Feb					
												Mar					

Key Risk	Key Controls	Assurance on controls	Gaps in Control and or Assurance	Initial risk			Target risk			Month 2017-18	Committee	Discussion/Rationale for score including further actions agreed and timescale for delivery	Relevant Corporate Risks Identified In-year	Current Score				
				C	L	S	C	L	S					C	L	S		
What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?															
Failure to Deliver Divisional CIPs	CIP Oversight reviews; Divisional Performance Reviews	Strategy Committee; Finance and Investment; External audit/internal audit sign off reviews.	Divisional CIP process/plan; Quality Impact Assessments	5	3	15	5	1	5	April	F&I 25.04.17	The Committee was not able to score this time as the template not complete	Na	-	-	-		
											May	F&I 23.05.17	The Committee had not had the opportunity to scrutinise CIP plans as yet so it was agreed to score the risk at 5 x 4 = 20.	Na	5	4	20	
												June	F&I 20.06.17	The Committee had not yet seen the Divisional CIP plans but assurance was given by the ED team that Divisions continued to work on plans. It was also noted that the Divisional CIP requirement had reduced to £4m. It was agreed to score the risk at 5 x 3 = 15.	Na	5	3	15
												July	F&I 18.07.17	The Committee noted that a process led by the Director of Operations and Performance had been put in place to monitor divisional CIPs. It was agreed to score the risk at 5 x 3 = 15.	Na	5	3	15
												Aug						
												Sept						
												Oct						
												Nov						
												Dec						
												Jan						
												Feb						
												Mar						

Key Risk	Key Controls	Assurance on controls	Gaps in Control and Assurance	Initial risk			Target risk			Month 2017-18	Committee	Discussion/Rationale for score including further actions agreed and timescale for delivery	Relevant Corporate Risks Identified In-year	Current Score				
				C	L	S	C	L	S					C	L	S		
What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?															
Budget overspend; Cashflow reductions and liquidity	Divisional Performance Reviews; DFM weekly cash monitoring; Monthly Capital Committee.	Finance and Investment; Trust Board: Monthly Finance Report (with trend and variance analysis); REMC escalation of 'in-year' risks; External audit/internal audit sign off reviews.	None identified	5	3	15	5	1	5	April	F&I 25.04.17	The Committee was not able to score this time as the template not complete	Na	-	-	-		
											May	F&I 23.05.17	The Committee noted that M1 had achieved to plan and that the cash position was strong. It was agreed to score the risk at 5 x 2 = 10.	Na	5	2	10	
											June	F&I 20.06.17	The Committee noted that, whilst the budget was overspent, there were robust plans in place to address this. The cash position continued to be good. It was agreed to score the risk at 5 x 2 = 10.	Na	5	2	10	
											July	F&I 18.07.17	The Committee noted that the cash position continued to be closely monitored however there continued to be overspend against budget in M3. It was agreed to score the risk at 5 x 3 = 15.	Na.	5	3	15	
											Aug							
											Sept							
											Oct							
											Nov							
											Dec							
											Jan							
											Feb							
											Mar							

IT

Corporate Objective:	Make the most of our IT Investment to improve quality and efficiency		Lead Director: R Forster, Director of Finance and Informatics	Responsible Monitoring Committee: Strategy
Measurement	HIS phase 2 implementation; HIS usage; paper reduction usage; success on GM Digital funding application; digital maturity score			
What does the objective mean?	As above		Impact of not achieving the objective	

Key Risk	Key Controls	Assurance on controls	Gaps in Control and or Assurance	Initial risk			Target risk			Month 2017-18	Committee	Discussion/Rationale for score including further actions agreed and timescale for delivery	Relevant Corporate Risks Identified In-year	Current Score				
				C	L	S	C	L	S					C	L	S		
What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?															
Failure to achieve HIS Phase 2 project timescales	Senior IT Team; Digital Delivery Board; HIS Phase 2 project plan.	See gaps in Assurance External and Internal Audit Reports; IG toolkit	IT Trust Board Report; No defined reporting arrangements for IM&T following the ceasing of the IM&T Strategy Board	3	3	9	3	1	3	April	Strategy	Could not be scored for April – template not complete	-	-	-			
											May	Strategy	Not scored for May	-	-	-		
												June	ECC 03.07.17	It was agreed to score this risk at 3 x 3 =9.	Na	3	3	9
												July	ECC	The launch of the A&E system was on track. It was agreed to score at 3 x 3 =9	Na	3	3	9
												August						
												Sept						
												Oct						

Key Risk	Key Controls	Assurance on controls	Gaps in Control and Assurance	Initial risk			Target risk			Month 2017-18	Committee	Discussion/Rationale for score including further actions agreed and timescale for delivery	Relevant Corporate Risks Identified In-year	Current Score						
				C	L	S	C	L	S					C	L	S				
What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?	C	L	S	C	L	S											
Failure to achieve HIS Phase 2 project timescales cont.				3	3	9	3	1	3	Nov										
											Dec									
												Jan								
												Feb								
												Mar								

Key Risk	Key Controls	Assurance on controls	Gaps in Control and Assurance	Initial risk			Target risk			Month 2017-18	Committee	Discussion/Rationale for score including further actions agreed and timescale for delivery	Relevant Corporate Risks Identified In-year	Current Score			
				C	L	S	C	L	S					C	L	S	
What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?														
Failure of the organisation to successfully adopt technology	Senior IT Team; Digital Delivery Board; HIS Phase 2 project plan; HIS Champions and Floorwalkers	Audit Committee	IT Trust Board Report; No defined reporting arrangements for IM&T following the ceasing of the IM&T Strategy Board	3	3	9	3	1	3	April	Strategy	The Committee was not able to score this time as the template not complete	Na	-	-	-	
		Other Committees (F&I, Q&S)								May	Strategy	Not scored for May	-	-	-		
		SIRO meetings								June	ECC 03.07.17	It was agreed to score this at 3 x 3 = 9	Na	3	3	9	
		Data Quality meetings								July	ECC	The adoption of HIS at WWL had been strong and was cited as an exemplar. However, the removal of costs following the reduction in paper had not yet been demonstrated. It was agreed to leave the score at 3 x 3 = 9.	Na	3	3	9	
										Aug							
										Sept							
										Oct							
										Nov							
										Dec							
										Jan							
										Feb							
										Mar							

Key Risk	Key Controls	Assurance on controls	Gaps in Control and or Assurance	Initial risk			Target risk			Month 2017-18	Committee	Discussion/Rationale for score including further actions agreed and timescale for delivery	Relevant Corporate Risks Identified In-year	Current Score				
				C	L	S	C	L	S					C	L	S		
What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?															
Failure to mitigate against Cyber-attacks	Senior IT Team; IT Helpdesk and alerts process disseminating information across the organisation; Business Continuity Plans; SIRO Meetings; Incident Debriefs Malware Software	External and Internal Audit reports GM Digital Board	Intelligence from latest incident (Debrief scheduled)	5	4	20	5	1	5	April	Strategy	The Committee was not able to score this time as the template not complete	Na	-	-	-		
											May	Strategy	Not scored for May	-	-	-		
												June	ECC 03.07.17	It was noted that work was being undertaken to strengthen cyber security. It was agreed to score at 4 x 4 = 16 and to reduce further once implementation was complete	Na	4	4	16
												July	ECC	Work continued with regard to strengthening cyber security. It was agreed to keep this score at 4 x 4 = 16	Na	4	4	16
												Aug						
												Sept						
												Oct						
												Nov						
												Dec						
												Jan						
												Feb						
												Mar						

Key Risk	Key Controls	Assurance on controls	Gaps in Control and or Assurance	Initial risk			Target risk			Month 2017-18	Committee	Discussion/Rationale for score including further actions agreed and timescale for delivery	Relevant Corporate Risks Identified In-year	Current Score					
				C	L	S	C	L	S					C	L	S			
What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?																
Lack of funding for upgrades and developments	Senior IT Team; Capital prioritisation SIRO Meetings	See gaps in Assurance External and Internal Audit Reports; SIRO breach reports	INFORMATION REDACED	5	3	15	5	1	5	April	Strategy	The Committee was not able to score this time as the template not complete	Na	-	-	-			
											May	Strategy	Not scored for May	-	-	-	-		
												June	ECC 03.07.17	It was noted that some funding had been available to the IT team for necessary upgrades and developments. The score was agreed at 4 x 3 = 12.	Na	4	3	12	
												July	ECC	It was noted that funding had been made available for necessary upgrades. It was agreed to reduce the score to 4 x 2 = 8	Na	4	2	8	
												Aug							
												Sept							
												Oct							
												Nov							
												Dec							
												Jan							
												Feb							
												Mar							

Partnerships

Corporate Objective:	Improve hospital services through Partnership with Wigan locality commissioners and local provider partners in order to best meet the needs of Wigan residents		Lead Director: R Mundon, Director of Strategy and Planning	Responsible Monitoring Committee: Strategy
Measurement	Phase 2 of Transformation Fund successfully achieved; WWL to be integral part of Healthier Wigan Partnership through alliance agreement by March 2018; ICS metrics agreed by September 2017; Primary Care (including GP OOH) to be located adjacent to A&E by October 2017; WWL component of Locality Plan successfully delivered			
What does the objective mean?			Impact of not achieving the objective	Patient flow and quality of healthcare is diminished; loss on income

Key Risk	Key Controls	Assurance on controls	Gaps in Control and or Assurance	Initial risk			Target risk			Month 2017-18	Committee	Discussion/Rationale for score including further actions agreed and timescale for delivery	Relevant Corporate Risks Identified In-year	Current Score				
				C	L	S	C	L	S					C	L	S		
What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?	C	L	S	C	L	S									
Failure to agree Governance Structures	Cross Borough stakeholder meetings including Health and Wellbeing Board and Wigan Leaders; Secondary Care Transformation Board	Trust Board	Integrated Community Services Model: relationship between cause and effect metrics;	3	4	12	3	1	3	April	Strategy	Could not be scored for April – template not complete	-	-	-			
											May	Strategy	Not scored for May	-	-	-		
												June	ECC 03.07.17	It was agreed to increase the score to 4 x 4 = 16 given the ongoing work around the move to single commissioning and provision frameworks and the associated risks	Na	4	4	16
												July	ECC	Work continued in relation to the move to single commissioning and provision frameworks. It was agreed to retain the score at 4 x 4 = 16	Na	4	4	16
												August						
												Sept						

Key Risk	Key Controls	Assurance on controls	Gaps in Control and Assurance	Initial risk			Target risk			Month 2017-18	Committee	Discussion/Rationale for score including further actions agreed and timescale for delivery	Relevant Corporate Risks Identified In-year	Current Score		
				C	L	S	C	L	S					C	L	S
What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?	3	4	12	3	1	3	Oct						
Failure to agree Governance Structures cont.				3	4	12	3	1	3	Nov						
										Dec						
										Jan						
										Feb						
										Mar						

Key Risk	Key Controls	Assurance on controls	Gaps in Control and Assurance	Initial risk			Target risk			Month 2017-18	Committee	Discussion/Rationale for score including further actions agreed and timescale for delivery	Relevant Corporate Risks Identified In-year	Current Score				
				C	L	S	C	L	S					C	L	S		
What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?															
Changes to commissioning arrangements in Greater Manchester may slow processes	WWL relationships with commissioners and information sharing	GM Health and Social Care Partnership; Strategy Committee; Healthier Wigan Partnership Board	Consideration of further strengthening of relationships with appropriate stakeholders	3	3	9	3	1	3	April	Strategy	The Committee was not able to score this time as the template not complete	Na	-	-	-		
											May	Strategy	Not scored for May	-	-	-		
												June	ECC 03.07.17	It was agreed to retain the score at 3 x 3 = 9 as there was little detail around this	Na	3	3	9
												July	ECC	There had been no change in relation to this risk so it would remain at 3 x 3 = 9	Na	3	3	9
												Aug						
												Sept						
												Oct						
												Nov						
												Dec						
												Jan						
												Feb						
												Mar						

Standardised Hospital Care

Corporate Objective:	Fully support Standardised Hospital Care across GM and play a lead provider role in standardising Orthopaedics		Lead Director: R Mundon, Director of Strategy and Planning	Responsible Monitoring Committee: Strategy
Measurement	HT implementation underway by June 2017; Shared Services Board to have met 4 times; NW Sector priority services scoped and implementation plan in place; MoU in place with GM/CMFT by June 2017; GM Theme 3 implications scoped by Sep 2017			
What does the objective mean?				Impact of not achieving the objective Wigan residents receive poorer services than other residents in Greater Manchester

Key Risk	Key Controls	Assurance on controls	Gaps in Control and Assurance	Initial risk			Target risk			Month 2017-18	Committee	Discussion/Rationale for score including further actions agreed and timescale for delivery	Relevant Corporate Risks Identified In-year	Current Score			
				C	L	S	C	L	S					C	L	S	
What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?	C	L	S	C	L	S								
Healthier Together: Failure to achieve standardised hospital services could result in stranded services and costs WWL are unable to meet	Transformation Fund; Healthier Together Delivery Board; North West Sector Partnership Board	Strategy Committee; Trust Board	None identified	4	4	16	4	2	8	April	Strategy	Could not be scored for April – template not complete	-	-	-		
										May	Strategy	Not scored for May	-	-	-		
										June	ECC 03.07.17	It was noted that the Healthier Together team had been made aware of concerns in relation to stranded costs and were considering these. The score would remain at 4 x4=16 pending resolution	4	4	16		
										July	ECC`	There had been no change since the last discussion. This would remain at 4 x 4 = 16	4	4	16		
										August							
										Sept							

Key Risk	Key Controls	Assurance on controls	Gaps in Control and Assurance	Initial risk			Target risk			Month 2017-18	Committee	Discussion/Rationale for score including further actions agreed and timescale for delivery	Relevant Corporate Risks Identified In-year	Current Score			
				C	L	S	C	L	S					C	L	S	
What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?														
Healthier Together: Failure to achieve standardised hospital services could result in stranded services and costs WWL are unable to meet cont.				4	4	16	4	2	8	Oct							
											Nov						
												Dec					
												Jan					
												Feb					
												Mar					

Key Risk	Key Controls	Assurance on controls	Gaps in Control and or Assurance	Initial risk			Target risk			Month 2017-18	Committee	Discussion/Rationale for score including further actions agreed and timescale for delivery	Relevant Corporate Risks Identified In-year	Current Score				
				C	L	S	C	L	S					C	L	S		
What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?															
NW Sector: Failure to agree what the portfolio of services looks like and to understand the co-dependences of services in the portfolio	NW Sector Priorities Group; NW Sector Partnership Board; Shared Services Board	Strategy Committee; Trust Board	Clinical Engagement	3	4	12	3	2	6	April	Strategy	The Committee was not able to score this time as the template not complete	Na	-	-	-		
											May	Strategy	Not scored for May	-	-	-		
												June	ECC 03.07.17	Priority services had been agreed within the NW Sector and detailed discussions were taking place. It was agreed to retain the score at 3 x 4 =12	Na	3	4	12
												July	ECC	Discussions continued with regard to a portfolio of services. It was agreed to retain the score at 3 x 4 = 12	Na	3	4	12
												Aug						
												Sept						
												Oct						
												Nov						
												Dec						
												Jan						
												Feb						
												Mar						

Key Risk	Key Controls	Assurance on controls	Gaps in Control and or Assurance	Initial risk			Target risk			Month 2017-18	Committee	Discussion/Rationale for score including further actions agreed and timescale for delivery	Relevant Corporate Risks Identified In-year	Current Score			
				C	L	S	C	L	S					C	L	S	
What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?														
GM Theme 3: Failure to generate orthopaedic business or to generate too much business to meet demand	Theme 3 Delivery Board; GM Health and Care Partnership Board	Strategy Committee; Trust Board	Completion of detailed plan (in design stage)	3	4	12	3	2	6	April	Strategy	The Committee was not able to score this time as the template not complete	Na	-	-	-	
										May	Strategy	Not scored for May	-	-	-		
										June	ECC 03.07.17	A GM wide consensus had been agreed on the consolidation of Orthopaedic activity but there was analysis to be undertaken around the potential impact of tariff. It was agreed for this reason to increase the score to 4x4=16.	Na	4	4	16	
										July	ECC	Discussions continued with regard to Orthopaedic activity. It was agreed to retain the score at 4 x 4 = 16	Na	4	4	16	
										Aug							
										Sept							
										Oct							
										Nov							
										Dec							
										Jan							
										Feb							
										Mar							