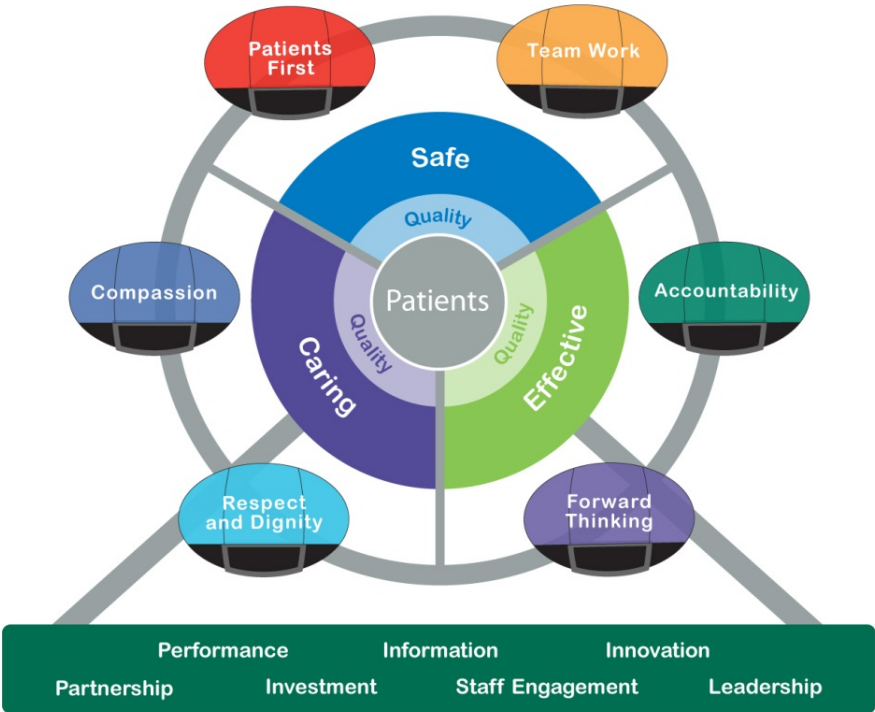


BOARD ASSURANCE FRAMEWORK

2016/17



March 2017															
CORPORATE OBJECTIVES 2016/17	Exec Lead	Monitoring Committee	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	
			Achieve Zero points on the Monitor (NHS Improvement) Compliance Framework	MF	F&I	20	20	20	20	20	20	20	20	20	20
Achieve a full year FSRR of 3 and in line with plan; achieve a surplus of £3.7m; maximise access to NHSE funds; return to underlying financial balance by Q4	RF	F&I	12	12	12	16	16	20	20	20	20	20	12	8	
Achieve HSMR of no more than 87	UP	Q&S	12	12	12	12	16	16	16	16	16	20	20	20	
Achieve SHMI of no more than 100	UP	Q&S		12	12	12	12	12	12	12	12	16	16	16	
Develop a WWL GM devolution plan focused on patient benefits by Q4	RM	F&I	9	9	9	9	9	9	9	9	9	9	9	9	
Jointly with the CCG, develop a locality-based transformational, integrated care and finance plan, including a 3-year financial plan for the Trust which meets Carter and sustainability fund requirements and is focused on patient benefits by Q3	RM	TB	8	9	9	12	12	12	12	12	12	12	12		
KEY STRATEGIC RISKS 2016/17															
Establish a Vanguard AAC testing the viability of a workable hospital chain/group considering governance implications, and considering the technology to develop a digital clinical enterprise. Implement findings based on workability, affordability, effectiveness and value for money	RF	TB	12	12	12	12	9	9	9	9	9	9	4		
Recruitment challenges for medical and nursing staff resulting in breach of the agency cap and affecting quality of patient experience	AB	HR	16	20	20	20	20	20	20	20	20	20	20		
Risk Banding			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Low Risk 1-3			0	0	0	0	0	0	0	0	0	0	0		
Moderate Risk 4-6			0	0	0	0	0	0	0	0	0	0	1		
High Risk 8-12			5	6	6	5	4	4	4	4	4	3	4		
Extreme Risk 15-25			2	2	2	3	4	4	4	4	4	5	3		
Total No. of BAF Risks			7	8	8	8	8	8	8	8	8	8	8		
Narrative on key changes following review: Following full review by Trust Board on 22.02.17, it was identified that there were 3 extreme risks, 4 high risks and 1 moderate risk															

Risk Appetite for NHS Organisations

A matrix to support better risk sensitivity in decision taking



Developed in partnership with the board of Southwark Pathfinder CCG and Southwark BSU – January 2012

Risk levels	0	1	2	3	4	5
Key elements	Avoid Avoidance of risk and uncertainty is a Key Organisational objective	Minimal (ALARP) (as little as reasonably possible) Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	Cautious Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	Open Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VFM)	Seek Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk).	Mature Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust
Financial/VFM	Avoidance of financial loss is a key objective. We are only willing to accept the low cost option as VFM is the primary concern.	Only prepared to accept the possibility of very limited financial loss if essential. VFM is the primary concern.	Prepared to accept possibility of some limited financial loss. VFM still the primary concern but willing to consider other benefits or constraints. Resources generally restricted to existing commitments.	Prepared to invest for return and minimise the possibility of financial loss by managing the risks to a tolerable level. Value and benefits considered (not just cheapest price). Resources allocated in order to capitalise on opportunities.	Investing for the best possible return and accept the possibility of financial loss (with controls may in place). Resources allocated without firm guarantee of return – 'investment capital' type approach.	Consistently focussed on the best possible return for stakeholders. Resources allocated in 'social capital' with confidence that process is a return in itself.
Compliance/regulatory	Play safe, avoid anything which could be challenged, even unsuccessfully.	Want to be very sure we would win any challenge. Similar situations elsewhere have not breached compliances.	Limited tolerance for sticking our neck out. Want to be reasonably sure we would win any challenge.	Challenge would be problematic but we are likely to win it and the gain will outweigh the adverse consequences.	Chances of losing any challenge are real and consequences would be significant. A win would be a great coup.	Consistently pushing back on regulatory burden. Front foot approach informs better regulation.
Innovation/Quality/Outcomes	Defensive approach to objectives – aim to maintain or protect, rather than to create or innovate. Priority for tight management controls and oversight with limited devolved decision taking authority. General avoidance of systems/technology developments.	Innovations always avoided unless essential or commonplace elsewhere. Decision making authority held by senior management. Only essential systems / technology developments to protect current operations.	Tendency to stick to the status quo, innovations in practice avoided unless really necessary. Decision making authority generally held by senior management. Systems / technology developments limited to improvements to protection of current operations.	Innovation supported, with demonstration of commensurate improvements in management control. Systems / technology developments used routinely to enable operational delivery. Responsibility for non-critical decisions may be devolved.	Innovation pursued – desire to 'break the mould' and challenge current working practices. New technologies viewed as a key enabler of operational delivery. High levels of devolved authority – management by trust rather than tight control.	Innovation the priority – consistently 'breaking the mould' and challenging current working practices. Investment in new technologies as catalyst for operational delivery. Devolved authority – management by trust rather than tight control is standard practice.
Reputation	No tolerance for any decisions that could lead to scrutiny of, or indeed attention to, the organisation. External interest in the organisation viewed with concern.	Tolerance for risk taking limited to those events where there is no chance of any significant repercussion for the organisation. Senior management distance themselves from chance of exposure to attention.	Tolerance for risk taking limited to those events where there is little chance of any significant repercussion for the organisation should there be a failure. Mitigations in place for any undue interest.	Appetite to take decisions with potential to expose the organisation to additional scrutiny/interest. Prospective management of organisation's reputation.	Willingness to take decisions that are likely to bring scrutiny of the organisation but where potential benefits outweigh the risks. New ideas seen as potentially enhancing reputation of organisation.	Track record and investment in communications has built confidence by public, press and politicians that organisation will take the difficult decisions for the right reasons with benefits outweighing the risks.
APPETITE	NONE	LOW	MODERATE	HIGH	SIGNIFICANT	

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Corporate Objective: Performance & Investment	Achieve Zero points on the Monitor (NHS Improvement) Compliance Framework			Lead Director: M Fleming, Director of Operations & Performance	Responsible Monitoring Committee: Finance & Investment
Value: Accountability	For all staff to deliver local plans to achieve all statutory care standards and agreed performance indicators			Level of Risk Appetite? None N Low L Moderate M High H Significant S	Key Element affected by risk? Financial F Compliance C Quality Q Reputation R
Potential outcome of not achieving objective	Failure to meet the Monitor RAF targets caused by inadequate compliance and/or insufficient operational control could lead to harm to patients, financial penalty, reputational risk and intervention by Monitor and the CQC.			Date added to BAF	1.4.16
				Date of last review	
Key Risk	Key Controls	Assurance on controls	Impact of gap in Control and or Assurance	Action/Plans including timescales for delivery	
What are the key risks including links to the Corporate Risk Register?	What controls/systems are in place to assist in securing delivery of objective and managing principal risks? What is the mitigated risk score?	Where we can gain evidence that our control/systems, on which we are placing reliance are effective	Potential areas of weakness resulting in ineffective controls?		
Failure to meet National Metrics RTT Incomplete (18 weeks) Cancer (62 Days) A&E (4 hours) CDiFF (national Target)	Infection control policies and procedures Bed Escalation policy Weekly Operational Monitoring Weekly A&E Comms Cell Systems resilience Group Winter Pressure Resilience Plan Mitigated Score: 20	Achievement of Risk Assessment Framework metrics reported to F&I committee & Trustboard via Performance report Output from Bed Meetings Operational Dashboards 7 Days no Delays project scheduled to take place following known pressure points.	Failure to achieve operational standards Failure to achieve A&E quarterly targets Clinical Variation – Discharge v admission rates Confidence in 'minimum' breach requirement Impact of Junior Doctor contract Access to community beds Closure of neighbouring Emergency care facilities.	Systems resilience group monitoring - monthly Effective Scheduling Meetings - monthly GE commissioned to scope bed capacity model – Q3 GM Academic Health Science commissioned to review admission pathways. – June 2016 Clinical Variation app rolled out to Divisions – monthly specialty review taking place throughout the year. On-going	

Achieve Zero points on the Monitor (NHS Improvement) Compliance Framework				C	L	S	
Review date:		Risk appetite	level	element			
ECC 11.05.16	ECC discussed the opening score for this objective and 5 x 4 = 20 was agreed.				5	4	20
F&I 17.05.16	F&I deferred scoring to Trust Board as document was not sufficiently complete				-	-	-
ECC 13.06.16	Confirmation of scores for May It was noted that A&E was currently failing the target. This could have an impact on the governance rating for the Trust as well as access to the sustainability funding. It was agreed to retain the score at 20.				5	4	20
F&I 21.06.16	The A&E position and the likely failure of Q1 was noted. It was noted that this would have an impact on access to the sustainability funding. The Committee agreed that the score could not be reduced at this time so the current score of 20 was retained.				5	4	20
TB 29.06.16	Confirmation of scores for June The Board had received and discussed the performance report and had also received the update from the F&I Committee. Given the continued challenges in A&E, it was agreed that 20 remained a suitable score.				5	4	20
F&I 19.07.16	It was noted that the Trust had failed the A&E target for Q1. It was agreed to keep the score at 20.				5	4	20
ECC 01.08.16	ECC discussed this score and agreed that 20 was suitable at this time.				5	4	20
ECC 30.08.16	There had been no change with regard to this score and it was agreed it would remain at 20.				5	4	20
F&I 20.09.16	The Committee noted the continued challenges around A&E performance. It was agreed to keep the score at 20.				5	4	20
TB review 28.09.16	The Board reviewed this objective and noted pressures around paediatric bed numbers (action being undertaken) and winter funding. It was agreed to retain the score at 20.				5	4	20

F&I 18.10.16	The Committee noted that there continued to be pressures around A&E. It was agreed that this was a matter that needed input and action from the whole health economy and a letter should be sent from the CEO to the CCG, copied into the Chair of the Health & Wellbeing Board. It was agreed to retain the score at 20.	5	4	20
ECC 31.10.16	Full review of BAF undertaken and ECC agreed to keep this score at 20.	5	4	20
F&I 22.11.16	The Committee noted that there continued to be pressures around A&E but all other performance targets were being achieved. It was agreed to retain the score at 20.	5	4	20
TB 30.11.16	This was currently scored at 20 and it was agreed, given the continued pressures on the hospital system, to retain this at 20.	5	4	20
TB 21.12.16	The Board noted that the pressures on the system continued but were assured that actions would gain traction in January. It was agreed to retain the score of 20 for this objective.	5	4	20
F&I 17.01.17	The Committee noted that whilst all other access targets had achieved, A&E continued to be challenged and had failed for Q3. It was agreed to retain the score of 20.	5	4	20
TB 25.01.17	The Board noted the continued pressures on A&E and the failure to achieve the target in Q3. It was agreed to retain the score at 20.	5	4	20
F&I 14.02.17	The Committee noted the continuing pressures on A&E and agreed to retain the score at 20.	5	4	20
TB 22.02.17	The Board accepted the scoring of the F&I Committee and agreed this should remain at 20.	5	4	20
F&I 21.03.17	The Committee noted that WWL would achieve all access targets for Q4 with the exception of A&E. However, whilst A&E continued to be under pressure, the impact of this was being well handled and learning had been taken from winter and implemented. It was agreed to reduce the score to $5 \times 2 = 10$.	5	2	10

Corporate Objective: Performance	Achieve a full year FSRR of 3 and in line with plan; achieve a surplus of £3.7m; maximise access to NHSE funds; return to underlying financial balance by Q4			Lead Director: R Forster, Director of Finance	Responsible Monitoring Committee: Finance & Investment		
Value: Accountability	For all staff to deliver plans to achieve all financial targets to achieve financial sustainability and release potential for future capital investment.			Level of Risk Appetite? None N Low L Moderate M High H Significant S	Key Element affected by risk? Financial F Compliance C Quality Q Reputation R		
Potential outcome of not achieving objective	Failure to meet the Financial target as a result of insufficient operational control could lead to lack of opportunity for future investment and intervention by Monitor.			Date added to BAF	1.4.16		
				Date of last review	10.05.16		
Key Risk	Key Controls	Assurance on controls	Impact of gap in Control and or Assurance	Action/Plans including timescales for delivery			
What are the key risks including link to the Corporate Risk Register?	What controls/systems are in place to assist in securing delivery of objective and managing principal risks?	Where we can gain evidence that our control/systems, on which we are placing reliance are effective	Potential areas of weakness resulting in ineffective controls?				
1. No reduction in expenditure run rate and commissioner intentions could impact financial achievement 2. Non-achievement of access targets, temp spend reductions or finance trajectory will remove the opportunity to access the essential Sustainability funding of £7.9m	Mitigations: CIP Plan Service line reviews I&E Reserves Mitigated Score:	<ul style="list-style-type: none"> Financial Board report F&I review Divisional Performance Reviews Temp Spend Report 	No achievement of plan and SLT funding resulting in deficit trading position	<ul style="list-style-type: none"> CIP plans each month Temp Spend Working Group Ongoing CCG negotiation 			
Achieve a quarterly and full year FSRR of 3; achieve a surplus of £3.7m; maximise access to NHSE funds; return to underlying balance by Q4					C	L	S
Review				Risk appetite	level	element	

date:						
ECC 11.05.16	ECC discussed the opening score for this objective and 4 x 3 = 12 was agreed.	4	3	12		
F&I 17.05.16	F&I deferred scoring to Trust Board as document was not sufficiently complete	-	-	-		
ECC 13.06.16	Confirmation of scores for May ECC agreed that the score should be kept at 12.	4	3	12		
F&I 21.06.16	The Committee noted that there was a good chance that FSRR of 3 could be achieved by the end of the year but not by Q1. There were also still uncertainties around the sustainability funding given the lack of guidance. It was agreed to keep the score at 12.	4	3	12		
TB 29.06.16	Confirmation of scores for June The Board had received and discussed the finance report and had also received the update from the F&I Committee. It was agreed that 12 was a suitable score at this time.	4	3	12		
F&I 19.07.16	It was agreed that this score needed to be increased given the challenging financial forecast. A deep dive exercise was planned with the Divisions to ensure that plans were brought back into line. The score was increased to 4 x 4 = 16.	4	4	16		
ECC 01.08.16	ECC discussed this score and agreed that 16 was suitable at this time.	4	4	16		
ECC 30.08.16	There had been no change with regard to this score and it was agreed it would remain at 16.	4	4	16		
F&I 20.09.16	The Committee had received Divisional presentations on their forecast position. It was noted that there was a considerable gap between the Divisional forecasts and the overall financial plan. It was agreed to increase the score to 20.	5	4	20		
TB review 28.09.16	The Board noted that the score had been increased to 20 at the F&I Committee. It was noted that further discussion around the financial challenge would take place in the part 2 meeting but the Board supported the increase in score.	5	4	20		
F&I 18.10.16	The Committee noted that good performance of M6 but agreed that the score should remain at 20 for the time being given the ongoing challenges around finances.	5	4	20		
ECC 31.10.16	Full review of BAF undertaken and ECC agreed to keep this score at 20.	5	4	20		
F&I 22.11.16	The Committee noted the deterioration in the financial position at M7 but also noted the actions being taken to address this. The score will be retained at 20.	5	4	20		
TB 30.11.16	The financial position had been discussed at length at F&I Committee and it was agreed to keep the score at 20 pending traction on the financial recovery.	5	4	20		
TB 21.12.16	The Board noted that, whilst there were positive signs of recovery, there were still significant risks around the financial position. It was agreed to keep the score at 20.	5	4	20		

F&I 17.01.17	The Committee noted that, whilst there had been good financial performance in month and S&T funding had been secured for Q3, there continued to be significant financial risk. It was agreed to retain the score at 20.	5	4	20
TB 25.01.17	The Board noted the discussions that had taken place at F&I and felt the score of 20 to be appropriate given the continued financial risk.	5	4	20
F&I 14.02.17	The Committee noted the positive news that the land sale could be included in the control total. R Forster felt confident that the plan would be delivered at year end. The Committee agreed to reduce the risk score to $3 \times 4 = 12$.	3	4	12
TB 22.02.17	Trust Board accepted the scoring of the F&I Committee and agreed this should remain at 12.	3	4	12
F&I 21.03.17	The Committee noted that WWL was on track at M11 to deliver the financial plan. It was agreed to reduce the score to $4 \times 2 = 8$.	4	2	8

Corporate Objective: Patients First	Achieve HSMR of no more than 87			Lead Director: U Prabhu, Medical Director	Responsible Monitoring Committee: Quality and Safety
Value: Accountability	For all staff to deliver local plans to achieve all statutory care standards and agreed performance indicators			Level of Risk Appetite? None N Low L Moderate M High H Significant S	Key Element affected by risk? Financial F Compliance C Quality Q Reputation R
Potential outcome of not achieving objective	Failure to achieve mortality target leading to harm to patients, reputational risk and intervention by Monitor and the CQC.			Date added to BAF	1.4.16
				Date of last review	10.05.16
Key Risk	Key Controls	Assurance on controls	Impact of gap in Control and or Assurance	Action/Plans including timescales for delivery	
What are the key risks including link to the corporate risk register?	What controls/systems are in place to assist in securing delivery of objective and managing principal risks?	Where we can gain evidence that our control/systems, on which we are placing reliance are effective	Potential areas of weakness resulting in ineffective controls?		
Failure to reduce patient harms, SUIs Failure to implement MEWS effectively Possible increase in Never Events Death rates at weekends Unplanned readmission SHIMI	<ul style="list-style-type: none"> Deaths Audits Monitoring of patient harms RCA of SUI SIRI Panel Dr Foster Monitoring Independent Review of Never Events 7 Day working programme Focussed work on high risk areas Weekly Exec Review Committee Q&S Oct 2015 meeting presentation/discussion 	<ul style="list-style-type: none"> Yearly Improved performance of HSMR Excellent benchmarking scores on Patient Survey results Reduction in red flags on Dr Forster Improvement in CQC Intelligent monitoring reports Reduced mortality rate at weekends Internal inspection Outcome of Q&S Oct meeting 	<ul style="list-style-type: none"> Failure to reduce serious falls Failure to implement Senior Review Failure to implement WHO checklist Lack of middle grade doctors Failure to embed learning from SUI/Never Events 	<ul style="list-style-type: none"> 7 day no delay project Professor Toft report improvement plan Mini inspection reports Minutes of Oct Q&S meeting Work to understand the patient journey following discharge is being progressed as this may impact on the high SHMI rates Coding audits undertaken for pneumonia and aspiration pneumonia in place 	

Achieve HSMR of no more than 87				C	L	S	
Review date:		Risk appetite	level	element			
ECC 11.05.16	ECC discussed the opening score for this objective and 3 x 4 = 12 was agreed.				3	4	12
Q&S 11.05.16	U Prabhu advised that HSMR data was quite good and plans were in place for SHMI. It was agreed to score at 3 x 4 = 12. It was recommended and agreed that, as last year, the objective was split into two.				3	4	12
ECC 13.06.16	Confirmation of scores for May It was agreed to keep the score at 12.				3	4	12
June Q&S	A Foster noted that the HSMR data was reasonable with WWL on or close to the NHS average. It was agreed to keep the score at 12.				3	4	12
TB 29.06.16	Confirmation of scores for June This objective had been discussed at the Q&S Committee and it had been noted that WWL data was reasonable and was close to the NHS average. It was agreed to keep the score for this at 12.				3	4	12
Q&S 13.07.16	U Prabhu felt there was no rationale at this time to change either score. Actions were being undertaken and all were on track at this stage. A Foster noted that, by the current data for HSMR, the Trust was a green outlier when compared to last year's average but these figures would soon be re-based. He noted that SHMI was a long way behind but this was out of date data. It was agreed to keep both scores at 12.				3	4	12
ECC 01.08.16	ECC discussed this score and agreed that 12 was suitable at this time given the consistent HSMR performance.				3	4	12
ECC 30.08.16	Following rebasing, the annual figure had been raised to 101. It was agreed to increase the score to 16.				4	4	16
Q&S 14.09.16	It was noted that the HSMR average had increased to just over 100. This was concerning as there was no particular pattern to this other than that the hospital had been busier than usual. The Committee noted the concerns and it was agreed to maintain the score at 16 on this occasion pending further data. It was also noted that analysis was being undertaken to exactly identify the causes for the increase which would be fed back to the Committee				4	4	16
TB review 28.09.16	The Board noted the Q&S decision to maintain the score at 16 pending further data on HSMR. This was supported by the Board.				4	4	16

Q&S 12.10.16	A Foster provided an update on HSMR. He advised that the latest figure, which was for June, was 85 which was very low. However, he noted that there had been considerable pressure in the Trust over the summer which might be reflected in higher mortality scores in those months. It was agreed to retain the score at 16.	4	4	16
ECC 31.10.16	Full review of BAF undertaken and ECC agreed to keep this score at 16.	4	4	16
Q&S 09.11.16	The current score was noted to be 16. A Foster didn't believe there was a need to increase this at the moment but noted that it could be reviewed at the next meeting once the August data was known. It was agreed that the score would remain at 16 this time.	4	4	16
TB 30.11.16	The Board had been informed that the data for August was the highest the Trust had received for some years. However, it was agreed to have the in-depth discussion at Q&S Committee before changing the score. The score would stay at 16.	4	4	16
Q&S 14.12.16	The Committee received a comprehensive presentation from M Farrier in relation to HSMR / SHMI. The Committee noted that, whilst the August data for HSMR was the highest of recent years, it was sufficiently assured that this did not reflect a failing of the Trust. It was agreed the score would remain at 16 pending further data.	4	4	16
TB 21.12.16	The Q&S Committee had discussed this objective following the presentation from M Farrier and had made the recommendation that this remained at 16. The Board supported this recommendation. Priority would be given to scheduling a presentation to TB from M Farrier in January or February.	4	4	16
Q&S 11.01.17	Following in depth discussion, it was agreed by the Committee that the score for the HSMR objective 'Achieve HSMR of no more than 87' should be increased to 20. It was agreed that it was unlikely that the Trust would achieve this objective by year end given the continued pressures in the hospital and issues in the borough. However, it was noted by all that the Trust would continue in its work to find solutions with local health economy partners to the current issues thereby ensuring safe, appropriate care for its patients.	4	5	20
TB 25.01.17	The Board noted the discussions that had taken place at Q&S Committee and supported the decision to increase this score to 20.	4	5	20
Q&S 08.02.17	HSMR data continued to be poor for the Trust and the number of patients dying in the hospital per week, on average, had increased significantly. Whilst the majority of these deaths were expected as a result of patients being admitted to the hospital to die, there was agreement that scrutiny within the Trust needed to be continued. There was also agreement to the implementation of a mortality working group and that an external peer review would be sought. The score would remain at 20.	4	5	20
TB 22.02.17	Trust Board accepted the scoring of the Q&S Committee and agreed that this should remain at 20.	4	5	20
Q&S	S Arya noted that there had been some improvement in the HSMR figures but there was much to do as WWL was still above 100. A	4	5	20

08.03.17	mortality group had been set up including a variety of staff from across the Trust. Terms of reference were in place and the first meeting had been scheduled for April. The Committee agreed to retain the score at 20.			
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Corporate Objective: Patients First	Achieve SHMI of no more than 100		Lead Director: U Prabhu, Medical Director	Responsible Monitoring Committee: Quality and Safety
Value: Accountability	For all staff to deliver local plans to achieve all statutory care standards and agreed performance indicators		Level of Risk Appetite? None N Low L Moderate M High H Significant S	Key Element affected by risk? Financial F Compliance C Quality Q Reputation R
Potential outcome of not achieving objective	Failure to achieve mortality target leading to harm to patients, reputational risk and intervention by Monitor and the CQC.		Date added to BAF	1.4.16
			Date of last review	10.05.16
Key Risk	Key Controls	Assurance on controls	Impact of gap in Control and or Assurance	Action/Plans including timescales for delivery
What are the key risks including link to the corporate risk register?	What controls/systems are in place to assist in securing delivery of objective and managing principal risks?	Where we can gain evidence that our control/systems, on which we are placing reliance are effective	Potential areas of weakness resulting in ineffective controls?	
Failure to reduce patient harms, SUIs Failure to implement MEWS effectively Possible increase in Never Events Death rates at weekends Unplanned readmission SHIMI	<ul style="list-style-type: none"> Deaths Audits Monitoring of patient harms RCA of SUI SIRI Panel Dr Foster Monitoring Independent Review of Never Events 7 Day working programme Focussed work on high risk areas Weekly Exec Review Committee Q&S Oct 2015 meeting presentation/discussion 	<ul style="list-style-type: none"> Yearly Improved performance of HSMR Excellent benchmarking scores on Patient Survey results Reduction in red flags on Dr Forster Improvement in CQC Intelligent monitoring reports Reduced mortality rate at weekends Internal inspection Outcome of Q&S Oct meeting 	<ul style="list-style-type: none"> Failure to reduce serious falls Failure to implement Senior Review Failure to implement WHO checklist Lack of middle grade doctors Failure to embed learning from SUI/Never Events 	<ul style="list-style-type: none"> 7 day no delay project Professor Toft report improvement plan Mini inspection reports Minutes of Oct Q&S meeting Work to understand the patient journey following discharge is being progressed as this may impact on the high SHMI rates Coding audits undertaken for pneumonia and aspiration pneumonia in place

Achieve SHMI of no more than 100				C	L	S	
Review date:		Risk appetite	level	element			
ECC 11.05.16	ECC discussed the opening score for this objective and 3 x 4 = 12 was agreed.			3	4	12	
Q&S 11.05.16	U Prabhu advised that HSMR data was quite good and plans were in place for SHMI. It was agreed to score at 3 x 4 = 12. It was recommended and agreed that, as last year, the objective was split into two.			3	4	12	
ECC 13.06.16	Confirmation of scores for May It was agreed to keep the score at 12.			3	4	12	
June Q&S	A Foster noted that WWL would not perform as well on SHMI data as it did not factor in deprivation and also counted deaths 30 days post discharge. The data was also noted to be 18 months out of date. It was agreed to keep the score at 12.			3	4	12	
TB 29.06.16	Confirmation of scores for June This objective had been discussed at the Q&S Committee where it had been noted that SHMI data did not perform as well as HSMR as it did not factor in deprivation and counted deaths 30 days post discharge. The data was also significantly out of date. It was agreed to keep the score for this at 12.			3	4	12	
Q&S 13.07.16	U Prabhu felt there was no rationale at this time to change either score. Actions were being undertaken and all were on track at this stage. A Foster noted that, by the current data for HSMR, the Trust was a green outlier when compared to last year's average but these figures would soon be re-based. He noted that SHMI was a long way behind but this was out of date data. It was agreed to keep both scores at 12.			3	4	12	
ECC 01.08.16	ECC discussed this score and agreed that 12 was suitable at this time.			3	4	12	
ECC 30.08.16	There had been no change with regard to this score and it was agreed it would remain at 12.			3	4	12	
Q&S 14.09.16	SHMI remained high but issues around the timeliness of the data and the lack of consideration for deprivation were noted. It was agreed to keep the score at 12.			3	4	12	

TB review 28.09.16	The Board noted the decision to keep the score at 12 at Q&S and supported this given the lack of up-to-date data.	3	4	12
Q&S 12.10.16	The Committee agreed to retain the score at 12.	3	4	12
ECC 31.10.16	Full review of BAF undertaken and ECC agreed to keep this score at 12.	3	4	12
Q&S 09.11.16	A Foster noted that the latest data was for December 2015 and that WWL continued to be an outlier. It was agreed to keep the score at 12 this time and it was noted that M Farrier would be attending the December meeting to give a presentation around SHMI.	3	4	12
TB 30.11.16	The current score was at 16. It was agreed to retain this score pending the in-depth discussion at Q&S Committee.	3	4	12
Q&S 14.12.16	The Committee received a comprehensive presentation from M Farrier in relation to HSMR / SHMI. It was agreed that the score would remain at 12 given the lack of confidence in the data.	3	4	12
TB 21.12.16	As per the above discussion around the HSMR objective, it was agreed that this objective should stay at 12.	3	4	12
Q&S 11.01.17	Following discussion around the HSMR objective, it was agreed to increase this score to 16 as it was similarly unlikely that the Trust would achieve this objective.	4	4	16
TB 25.01.17	The Board noted the discussions that had taken place at Q&S Committee and supported the decision to increase the score to 16 for this objective.	4	4	16
Q&S 08.02.17	HSMR data continued to be poor for the Trust and the number of patients dying in the hospital per week, on average, had increased significantly. Whilst the majority of these deaths were expected as a result of patients being admitted to the hospital to die, there was agreement that scrutiny within the Trust needed to be continued. There was also agreement to the implementation of a mortality working group and that an external peer review would be sought. The score would remain at 16.	4	4	16
TB 22.02.17	Trust Board accepted the scoring of the Q&S Committee and agreed that this should remain at 16.	4	4	16

Q&S 08.03.17	S Arya noted that there had been some improvement in the HSMR figures but there was much to do as WWL was still above 100. A mortality group had been set up including a variety of staff from across the Trust. Terms of reference were in place and the first meeting had been scheduled for April. The Committee agreed to retain the score at 16.	4	4	16
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Corporate Objective: Performance and Investment	Develop a WWL GM devolution plan focused on patient benefits by Q4			Lead Director: R Mundon, Director of Strategy and Planning	Responsible Monitoring Committee: F&I Committee
Value: Accountability	For clinical and operational staff to undertake reviews of services provided by WWL with a view to reconfiguring and/or transforming them to deliver improved patient benefits. For operational and corporate staff to assess the financial and practical consequences of proposed changes.			Level of Risk Appetite? None N Low L Moderate M High H Significant S	Key Element affected by risk? Financial F Compliance C Quality Q Reputation R
Potential outcome of not achieving objective	Failure to deliver high quality and sustainable services for residents of both Wigan and in broader GM leading to inconsistency, access issues and poor outcomes.			Date added to BAF	1.4.16
				Date of last review	
Key Risk	Key Controls	Assurance on controls	Impact of gap in Control and or Assurance	Action/Plans including timescales for delivery	
What are the key risks including link to the corporate risk register?	What controls/systems are in place to assist in securing delivery of objective and managing principal risks?	Where we can gain evidence that our control/systems, on which we are placing reliance are effective	Potential areas of weakness resulting in ineffective controls?		
Failure to engage clinicians in case for change. Insufficient capacity to manage change programme Misalignment between GM Strategic Plan (theme 3) and local needs Adverse reaction from public and other local stakeholders to proposed changes Service changes result in unmitigated financial consequences for WWL	Mitigations: NW Sector Programme Management arrangements including prioritisation Clinical lead appointed for each review area Communication and engagement plan	NW Sector Programme Board and associated infrastructure Service Transformation Board GM Provider Federation Board F&I Committee	Competing priorities amongst GM organisations Crowded agenda at STB allows insufficient time for discussion/decision Short term performance issues take precedence over longer term planning	Q1 HT clinical model of care agreed Q2 Recruit new NW Sector Programme Director Q2 Sign off immediate priority services for review Q2 Establish project group for GM orthopaedic lead provider Q4 Establish shadow sector single service for general surgery	

Develop a WWL GM devolution plan focused on patient benefits by Q4				C	L	S	
Review date:		Risk appetite	level	element			
ECC 11.05.16	ECC discussed the opening score for this objective and 3 x 3 = 9 was agreed.				3	3	9
F&I 17.05.16	F&I deferred scoring to Trust Board as document was not sufficiently complete.				-	-	-
ECC 13.06.16	Confirmation of scores for May This was on track to deliver the plan for WWL but needs Healthier Together endorsement. It was agreed to keep the score at 9.				3	3	9
F&I 21.06.16	R Mundon advised that good progress was being made and there was a degree of confidence that this would achieve by Q4. Work was being undertaken around definitions, modelling and collaboration on services with resiliency issues. WWL had been named as the lead Orthopaedic provider for GM. It was agreed to keep the score at 9.				3	3	9
TB 29.06.16	Confirmation of scores for June This objective had been discussed at the F&I Committee. Good progress was being made and there was a degree of confidence in delivery by Q4. WWL had been named as the lead Orthopaedic provider for the NW sector. It was agreed that the score of 9 was appropriate.				3	3	9
F&I 19.07.16	It was noted that nothing had changed with this objective and it was still on track to deliver by Q4. It was agreed to keep the score at 9.				3	3	9
ECC 01.08.16	ECC discussed this score and agreed that 9 was suitable at this time.				3	3	9
ECC 30.08.16	There had been no change with regard to this score and it was agreed it would remain at 9.				3	3	9
F&I 20.09.16	The Committee noted that progress continued to be made around this. It was agreed to keep the score at 9.				3	3	9
TB review 28.09.16	The Board noted that the score had been retained at 9 at the F&I Committee. This was supported.				3	3	9

F&I 18.10.16	R Mundon advised that there had been no change since this objective had last been reviewed and it continued to be on plan to deliver in Q4.	3	3	9
ECC 31.10.16	Full review of BAF undertaken and ECC agreed to keep this score at 9.	3	3	9
F&I 22.11.16	The Committee noted that there had been no change with regard to this objective. It will remain at 9.	3	3	9
TB 30.11.16	The current score was 9. R Mundon was not aware of any reason for this to be changed. It was agreed to retain at 9.	3	3	9
TB 21.12.16	R Mundon advised that this objective continued to progress and recommended it remained at 9. This was agreed.	3	3	9
F&I 17.01.17	R Mundon recommended that the score remained at 9. The objective continued to progress.	3	3	9
TB 25.01.17	The Board noted the continued progress around this objective. It was agreed to maintain the score at 9.	3	3	9
F&I 14.02.17	The Committee noted that work continued around this objective but there was no requirement to change the score at this stage.	3	3	9
TB 22.02.17	Trust Board accepted the scoring of the F&I Committee and agreed that this should remain at 9.	3	3	9
F&I 21.03.17	The Committee noted the continued progress around this objective but felt there was no need to change the score at this stage.	3	3	9

Corporate Objective: Performance and Investment	Jointly with the CCG, develop a locality-based transformational, integrated care and finance plan, including a 3-year financial plan for the Trust which meets Carter and sustainability fund requirements and is focused on patient benefits by Q3			Lead Director: R Mundon, Director of Strategy and Planning	Responsible Monitoring Committee: Trust Board
Value: Accountability	Leadership accountable for ensuring alignment between Locality Plan and WWL interests. Operational teams and clinicians accountable for collaborative effort to deliver sustainable out of hospital care.			Level of Risk Appetite? None N Low L Moderate M High H Significant S	Key Element affected by risk? Financial F Compliance C Quality Q Reputation R
Potential outcome of not achieving objective	Stated benefits in the Locality Plan do not accrue to Wigan residents.			Date added to BAF	1.4.16
				Date of last review	
Key Risk	Key Controls	Assurance on controls	Impact of gap in Control and or Assurance	Action/Plans including timescales for delivery	
What are the key risks including links to the Corporate Risk Register?	What controls/systems are in place to assist in securing delivery of objective and managing principal risks? What is the mitigated risk score?	Where we can gain evidence that our control/systems, on which we are placing reliance are effective	Potential areas of weakness resulting in ineffective controls?		
Failure to secure transformation resources Insufficient capacity to run change programme Continued mismatch between WWL and WBCCG financial plans Scope of ICO impacts adversely on WWL sustainability Failure to engage primary care in new model	Mitigations: Wigan Leaders meet monthly to ensure collective action Tactical Programme Board oversees implementation plan and enabling workstreams Shared PMO capacity across Borough delivering single delivery plan ICO Partnership Board oversees formation of	Wigan Health and Wellbeing Board Wigan Leaders Tactical Programme Board Service Transformation Board	Short term system performance issues distract from delivery. Scope of programme too large to enable traction at Wigan Leaders	Q1 Implementation Plan complete and presented to Wigan Leaders Q1 PWC complete First Phase (outcomes, vision and scope) of Wigan Rapid ICO Operating Model Design Q2 PWC complete phase 2 (model options, financial case, commission arrangements, enabler requirements) of ICO design Q3 PWC complete phase 3 (contracts, due diligence, transition and implementation plans) of ICO design	

Disputes between providers on model of care leads to inertia	ICO and locality based approach								
Jointly with the CCG, develop a locality-based transformational, integrated care and finance plan, including a 3-year financial plan for the Trust which meets Carter and sustainability fund requirements and is focused on patient benefits by Q3							C	L	S
Review date:						Risk appetite	level	element	
ECC 11.05.16	ECC discussed the opening score for this objective and 4 x 2 = 8 was agreed.						4	2	8
TB 25.05.16	It was agreed to increase the score to 3 x 4 = 12 which reflected the concerns of the Board on the levels of assurance around the locality plan.						3	4	12
ECC 13.06.16	Confirmation of scores for May Agreement had been reached on the financials around this so that the transformation fund can be accessed. It was agreed to reduce the score to 3 x 3 = 9 but it was agreed that the objective would need to consider the implementation of the plan.						3	3	9
TB 29.06.16	Confirmation of scores for June It was noted that the Board would be discussing this in detail with Wigan Council in the part 2 meeting. It was agreed to keep at 9 pending this discussion. The score will be reviewed next month on the basis of this discussion.						3	3	9
TB 27.07.16	It was noted that nothing much had changed since the previous review. There was still a high confidence level for delivery.						3	3	9
ECC 01.08.16	ECC discussed this score and agreed that this score should be increased to 12 given that further assurances around Carter were required.						4	3	12
ECC 30.08.16	There had been no change with regard to this score and it was agreed it would remain at 12.						4	3	12
Board review 28.09.16	The Board noted that the end of Q2 was imminent without delivery of the objective. It was agreed that it would be prudent to amend the objective slightly to Q3 whilst retaining the score at 12.						4	3	12
TB 26.10.16	R Mundon advised that the objective around this had been amended for achievement in Q3. Access to transformation funding had been						4	3	12

	delayed and an outcome was still awaited around this. It was agreed to retain the score at 12			
ECC 31.10.16	Full review of BAF undertaken and ECC agreed to keep this score at 12.	4	3	12
TB 30.11.16	R Mundon advised that there was already a locality based plan and there now needed to be delivery on the contract and funding element. This would remain at 12 for further review in December.	4	3	12
TB 21.12.16	R Mundon advised that funding had now been awarded but there were some matters still to resolve. He was confident that, with the funding now in place, the objective would be discharged. It was agreed to leave the score at 12.	4	3	12
TB 25.01.17	R Mundon noted that, moving forward, the Board might wish to consider re-wording this objective. The two main components of the objective had been achieved in terms of signing the contract and accessing transformation funding. This now needed to be transformed into a plan on a locality basis.	4	3	12
TB 22.02.17	R Mundon noted that a plan was in place along with the Carter arrangements and contract. This now needed to be delivered. It was agreed to keep the score at 12.	4	3	12

Corporate Objective: Performance and Investment	Establish a Vanguard AAC testing the viability of a workable hospital chain/group considering governance implications, and considering the technology to develop a digital clinical enterprise. Implement findings based on workability, affordability, effectiveness and value for money			Lead Director: R Forster, Director of Finance	Responsible Monitoring Committee: Trust Board
Value: Accountability	For organisational leadership to design or plan to harness power of combined Trust forces whilst retaining local accountability, and harness technology to develop a workable digital enterprise.			Level of Risk Appetite? None N Low L Moderate M High H Significant S	Key Element affected by risk? Financial F Compliance C Quality Q Reputation R
Potential outcome of not achieving objective	Foregoing advantages of standardised model and lack of vanguard funding.			Date added to BAF	1.4.16
				Date of last review	10.05.16
Key Risk	Key Controls	Assurance on controls	Impact of gap in Control and or Assurance	Action/Plans including timescales for delivery	
What are the key risks including link to the corporate risk register?	What controls/systems are in place to assist in securing delivery of objective and managing principal risks?	Where we can gain evidence that our control/systems, on which we are placing reliance are effective	Potential areas of weakness resulting in ineffective controls?		
<ul style="list-style-type: none"> No compatible governance model No national funding No GM funds Failure to agree solution 	Mitigations: Programme Management Board Credo validation PIDs for each work stream	Programme Management Board Trust Board	Escalating costs and lack of realised benefits.	Governance .. by Q1 2016/17 6 project plans to .. 16/17	

Establish a Vanguard AAC testing the viability of a workable hospital chain/group considering governance implications, and considering the technology to develop a digital clinical enterprise. Implement findings based on workability, affordability, effectiveness and value for money				C	L	S	
Review date:		Risk appetite	level	element			
ECC 11.05.16	ECC discussed the opening score for this objective and 4 x 3 = 12 was agreed.				4	3	12
TB 25.05.16	It was noted that work around governance arrangements was progressing but the finances remained a risk. It was agreed to leave the score at 12 pending further information around funding.				4	3	12
ECC 13.06.16	Confirmation of scores for May Governance arrangements had been agreed but the finances remained a risk. It was agreed to keep the score at 12.				4	3	12
TB 29.06.16	Confirmation of scores for June Work on the Vanguard continued to progress. R Forster felt that the current score of 12 was reasonable at this time.				4	3	12
TB 27.07.16	Work continued to progress and it was felt that 12 remained a reasonable score.				4	3	12
ECC 01.08.16	ECC discussed this score and agreed that 12 was suitable at this time.				4	3	12
ECC 30.08.16	The prospectus had been completed and shared with Salford. It was agreed to decrease the score to 9.				3	3	9
TB review 28.09.16	The Board noted that the Vanguard would be discussed in greater detail in part 2 but was in agreement with the current score of 9.				3	3	9
TB 26.10.16	R Forster advised that the project had now evolved with an acceptance that there would be two governance models. WWL was pursuing a federated model. A core element was digital standardisation and teletracking was being considered with a number of willing collaborators keen to join in with this. R Forster felt that the objective had achieved despite moving in a different direction to that originally thought. He proposed that the score was kept at 9. C Hudson felt that the wording of the objective was no longer relevant and suggested that this was re-worded following the meeting with the Vanguard team. In the meantime, the Board supported the score of 9.				3	3	9
ECC 31.10.16	Full review of BAF undertaken and ECC agreed to keep this score at 9.				3	3	9
TB 30.11.16	It was agreed that this objective now needed to be re-worded. It was agreed to keep the score at 9 pending this.				3	3	9
TB 21.12.16	R Forster proposed that the objective was changed to the following wording: <i>Establish a Vanguard AAC testing the viability of a workable hospital chain/group considering governance implications, and considering the technology to develop a digital clinical enterprise. Implement findings based on workability, affordability, effectiveness and value for</i>				3	3	9

	<i>money.</i>			
	The Board were in support of this change and agreed to score this new wording at 9.			
TB 25.01.17	It was agreed to retain the score at 9.	3	3	9
TB 22.02.17	R Forster advised that the final invoice had now been raised for outstanding Vanguard money from Salford. On this basis, he suggested that the risk was reduced to $2 \times 2 = 4$. This was supported by the Board.	2	2	4

Corporate Objective: Performance and Investment	Recruitment challenges for medical and nursing staff resulting in financial overspend, breach of the agency cap and adversely affecting quality of patient experience		Lead Director: A Balson, Director of Workforce	Responsible Monitoring Committee: HR Committee
Value: Accountability	For staff to be ambassadors for the Trust, actively promoting WWL as a place to work and receive treatment		Level of Risk Appetite? None N Low L Moderate M High H Significant S	Key Element affected by risk? Financial F Compliance C Quality Q Reputation R
Potential outcome of not achieving objective	Inability to safely staff rotas Increased temporary staffing costs, including agency cap breaches, resulting in failure to meet agency ceiling and financial targets Negative impact on staff morale and engagement		Date added to BAF	1.4.16
			Date of last review	
Key Risk	Key Controls	Assurance on controls	Impact of gap in Control and or Assurance	Action/Plans including timescales for delivery
What are the key risks including link to the corporate risk register?	What controls/systems are in place to assist in securing delivery of objective and managing principal risks?	Where we can gain evidence that our control/systems, on which we are placing reliance are effective	Potential areas of weakness resulting in ineffective controls?	
Inability to safely staff rotas Increased temporary staffing costs, including agency cap breaches, resulting in failure to meet agency ceiling and financial targets Negative impact on staff morale and engagement Risk register reference: CCR/HR38 Risk register score: 20	Mitigations: Continual recruitment programmes International recruitment Refer a friend scheme Golden hello Agency framework use Recruitment fair MCh expansion Workforce re-design programmes Effective roster management Grow our own approach Mitigated Score: 16	Recruitment, retention & temporary staffing report (HR Committee) Safer Staffing report (F&I Committee) Finance report (F&I committee) Pulse survey (including Friends & Family Test) Patient Friends & Family test	National shortages: Registered Nurses, Theatre staff (Nursing & ODP's), Care of the Elderly Care Physicians, Dermatologists, Emergency Medicine Physicians Impact of junior doctor contract imposition	Launch of refer a friend and golden hello schemes (Q1) Launch of People Promise (Q1) Recruitment fair (Q1) Workforce re-design (ongoing) Roster template review (Q1) Apprenticeship programme identification (Q2) Nursing pre-apprenticeship programme (Q3)

Recruitment challenges for medical and nursing staff resulting in breach of the agency cap and affecting quality of patient experience				C	L	S	
Review date:		Risk appetite	level	element			
ECC 11.05.16	ECC discussed the opening score for this objective and 4 x 4 = 16 was agreed.				4	4	16
ECC 13.06.16	Confirmation of scores for May ECC noted that it would not be likely to fill these posts. It was agreed to increase the score to 4 x 5 = 20.				4	5	20
HR 22.06.16	The HR Committee had held an in depth discussion of the challenges around recruitment. A number of initiatives were under way but there continued to be significant risk around this. The Committee agreed to keep the score at 20.				4	5	20
TB 29.06.16	Confirmation of scores for June The Board noted that this was receiving scrutiny via the HR Committee. N Campbell noted that the recruitment challenges also had an impact on access to the sustainability and transformation funding as well as quality and safety of services. The HR Committee had agreed to escalate this issue to the Board. A Balson also noted that there had been early sight of the changeover rotas and regionally there was only a 70% fill rate which would bring additional challenges around vacancies. It was agreed to keep the score at 20.				4	5	20
ECC 01.08.16	ECC discussed this score and agreed that 20 was suitable at this time given the continued issues around recruitment in some areas.				4	5	20
ECC 30.08.16	There had been no change with regard to this score and it was agreed it would remain at 20.				4	5	20
HR 07.09.16	Discussions had taken place around the opportunities and work that was in train and it had been noted that there was more positivity around this now. However, it was felt that the score should be kept at 20 for now but the Committee would consider a reduction if the report at the next meeting continued to be positive.				4	5	20
TB review 28.09.16	The Board noted that there were still issues around this and whilst there were a number of initiatives underway, this would remain at 20.				4	5	20
TB 26.10.16	This objective had not been scored by the HR Committee as there was no meeting so the Board undertook the scoring on this occasion. A Balson advised that new staffing models were being considered and there were long term plans around associate nurses but the immediate challenges remained and there continued to be breaches of the agency ceiling. She suggested that the score remained at				4	5	20

	20. This was supported by the Board.			
ECC 31.10.16	Full review of BAF undertaken and ECC agreed to keep this score at 20.	4	5	20
HR 16.11.16	The Committee agreed to retain the score at 20 given the continued risks and challenges around recruitment and the agency cap.	4	5	20
TB 30.11.16	It was agreed to keep the score at 20 given the continued workforce challenges.	4	5	20
TB 21.12.16	A Balson noted that there were still national challenges but was pleased to note that the Trust had achieved the agency ceiling for the past 2 months. The Board noted that it might be possible to reduce this risk in the New Year but for now the score would stay at 20.	4	5	20
TB 25.01.17	A Balson noted that, whilst there had been some successes and some reduction in temp staffing spend, there were still significant challenges. It was agreed to keep the score at 20.	4	5	20
Workforce 08.02.17	The Workforce Committee discussed this risk. Whilst the recruitment challenges were an issue in terms of the impact on staff, work performance and morale, there were no immediate concerns that this was affecting patient experience. However, if the Trust continued to breach the agency cap this would eventually impact the Trusts ability to access S&T funding. It was agreed to retain the score at 20.	4	5	20
TB 22.02.17	Trust Board accepted the scoring of the Workforce Committee and it was agreed to keep the score at 20.	4	5	20