BOARD ASSURANCE FRAMEWORK 2016/17

September 2016

RISK 3	Unable to develop effective partnerships that lead to transformative care pathways for patients
Risk Register (≥15) Cross Ref.	
Causes:	Unclear longer term vision and strategy
	Lack of capacity and capability
	Unable to identify opportunities and secure effective partnerships
	Current business model and structure are not clinically / financially sustainable
	Unable to innovate, use new technologies, 'deliver differently' and drive transformational change at pace
	Lack of horizon-scanning and innovation
Effects:	Inability to meet efficiency and financial performance targets / erosion of future sustainability
	Inability to access funding sources
	Sub-optimal care pathways
	Competitors take advantage of QE weakness and increase market share
	Sub-optimal contract arrangements

OVERALL RISK RATING		Target Risk	Previous Residual Risk	Current Residual Risk
		8	12	12
Likelihood		2	3	3
Consequence		4	4	4

Risk likely to impact Strategic Objectives:				
1. Safe Services	2. Patient and Staff Experience	3. Effective Outcomes	4. Work-force	5. Efficiency and use of resources
✓	✓	✓	✓	✓

Executive Lead	Monitoring Committee
CEO	Board & Transformation Committee

Controls Gaps in Control	Sources of Assurance Gaps in Assurance	Divisional/ Corporate /Independent	Positive Assurances Negative Assurances	Actions	Target date - Board month

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a. Strategic Planning / Transformation Programme	APR Transformation Programme reporting via TEC to BoD - monthly Sustainability and Transformation Plan / Programme / footprint Extraordinary Board meeting 18 October to sign-off STP submission.	Corporate	2016/17 APR final draft submitted. Governors' views taken into account. Transformation Programme reporting to TEC Sustainability and transformation plans (STP) footprint identified - CCGs - West Norfolk, North Norfolk, Gt Yarmouth & Waveney, Norwich and South Norfolk. Norfolk & Waveney STP governance structure in place and meeting regularly. BoD Development on STP - May 2016. STP revised plan due to be submitted - 21 October 2016. Board:Board with CCG to discuss strategic options - 30 Sept.		
	Strategic and tactical service delivery solutions / developments	Corporate	EPA contract arrangements and Vascular services arrangements in place - service delivery concerns remain. Ongoing concerns identified regarding service from Histopathology contract - evidence of improving histopathology turnaround times but additional concerns identified latterly concerning contract sustainability. Norfolk Provider Partnership MoU signed and publicised January 2016 - key regional strategic partnership to provide mutual support and explore and deliver shared solutions. Clinical Strategy endorsed by Board - identifies potential for different ways of delivering services. Transformation Programme in place and working on key projects. Acute Services Review commissioned (KPMG) - using CPT report as baseling - outturn report pending.	Continuing monitoring of EPA services and histopathology service and early escalation to tPP.	July 2016 update

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b. Healthcare Community Engagement	CPT outputs	Independent	WN Transformation Board & Oversight Group in place to take forward the CPT recommendations.		
	CCG and Strategic Partner engagement	Corporate	SRG, SROG and CQRM meetings in place and attended by the Trust. Norfolk Provider Partnership MoU agreed - and publicised Jan 2016. Macmillan / QE Cancer Strategy - funding approved following 'visioning' day - launch event - July 20 2016 Board:Board with CCG - 30 Sept 2016		
c. Commissioner and partner contracts	Contract reporting inc. contract variations & penalties	Corporate / Independent	2015/16 activity outturn position agreed with CCG without need for arbitration. Contracts agreed with Commissioners Activity assumptions in line with CPT modelling (demographic growth and repatriation of elective activity (orthopaedics). Trust working with CCG and external providers to secure support for demand management and discharge for medically fit patients - 30 beds to be secured (Nursing/Residential/Virtual)		