BOARD ASSURANCE FRAMEWORK 2016/17 March 2017

RISK 6	Unable to retain and/or build and embed leadership capability at all levels within the Trust
Risk Register (≥15) Cross Ref.	
Causes:	Frequent changes in senior team / key individuals / key staff
	Instability at Board level - interim posts and vacancies
	Lack of succession planning and talent management / investment in leadership development
	Reputational damage makes it difficult to attract and retain high calibre leaders
	Operational failures / 'fire fighting' has negative impact on leadership development
Effects:	Trust does not secure return on investment in leadership
	Demoralisation and resistance to change
	Lack of innovation and vision
	Lack of accountability and ownership / inability to embed clinical leadership model
	Deterioration in service quality

OVERALL RISK RATING	Target Risk	Previous Residual Risk	Current Residual Risk
	4	9	12
Likelihood	1	3	3
Consequence	4	3	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 and TEC

Controls Gaps in Control	Sources of Assurance Gaps in Assurance	Divisional/ Corporate /Independent	Positive Assurances Negative Assurances	Actions	Target date - Board month
a. Management Structure	Structure reported to Board and Committees	Corporate	Substantive appointment to some key senior positions to be resolved. Substantive MD appointed (From April). Substantive DoN appointed (from March). Interim COO appointed (from April) Substantive CEO appointed (from May 2017) Revised Operational Management Structure in place. New DD for W&C / head of Midwifery & Nursing in post. See Risk 6a. above. Significant executive/Board transition inc. the need for interim FD support -	Flexible 'acting up' and interim arrangements in place where appropriate and recruitment activities ongoing to explore networks for high calibre candidates. COO contract extension / handover/ induction of new appointees and working with NHSI on Interim FD	May 2017 update
b. Board capacity and succession planning	Reports to Board and Governors' Council Chair's appraisal and NED appraisal process reports to Govs - Oct 2016 Operational Structure report to BoD - Sep 2016	Corporate	See Risk 6a. above		

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	Monthly Board Assessment CQC Report Well-led Framework Review - self assessment reporting to BoD - Jan 2017 Corporate Governance Statement	Corporate and Independent	CQC (August 2015 report) assessed Trust as 'green' in the 'well-led' domain. Board development programme, in place. Annual Corporate Governance Statement submission agreed by BoD - June 2016 Well-Led Framework for Governance self- assessment completed - external review to be commissioned in 2017 in-line with regulatory expectations. Well-led self-assessment position agreed by Board - Feb 2017	Action Plan to be developed for areas for improvement - to be monitored quarterly	May 2017
c. Clinical leadership structure	Periodic reports to Workforce Committee and BoD	Corporate	Consultant Leadership Development Programme rolled out in 2016. Revised Operational Structure in place from the end of May 2016. Recruitment to posts progressing well. Associate MDs appointed - September 2016. All CD positions recruited to except Surgery - interim postholder in place. 16/17 - Divisional Accountability Internal Audit - 'Green' Substantive MD in post from April 2017		