BOARD ASSURANCE FRAMEWORK 2015/16

November 2015

RISK 7	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	9
Likelihood	1	3	3
Consequence	4	4	4

Risk likely to impact Strategic Objectives:				
1. Safe Services	2. Patient and Staff Experience	3. Effective Outcomes	4. Workforce	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

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Management Structure	Structure reported to Board and Committees	Corporate	All Exec Director posts substantive except Interim COO. Substantive appointment from January 2016. Revised Management Structure agreed to underpin Quality Governance. Revised Operational Management Structure agreed - June 2015 - 2 new CDs. Quality Governance structure agreed. TEC structure and ToR revisited to strengthen tactical leadership and accountability Management strengthened. Matron refocus - 'Leading the way' programme expected to deliver stronger leadership on the wards. Appointment to some key senior positions to be resolved.	Flexible 'acting up' and interim arrangements in place where appropriate and recruitment activities ongoing to explore networks for high calibre candidates.	Jan 2016
Board capacity and succession planning	Reports to Board and Governors' Council	Corporate	Exec Director posts substantive apart from Interim COO. Substantive postholder in post from January 2016. NED recruitment complete - 2 new NEDs (1 quality and 1 finance specialist) take office from 03 August 2015. Transformation / clinical specialism NED from November 2015 Comprehensive independently facilitated Board development programme in place.		

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	Board Assessment	Corporate and Independent	Good progress being made in the delivery of the Quality Governance Improvements following KPMG review. Board development programme, externally facilitated - in place from December 2014		
Clinical leadership structure	Periodic reports to Workforce Committee and BoD	Corporate	TEC structure and ToR revisited to strengthen tactical leadership and accountability. Revised CD Job description agreed - drives leadership, accountability and governance engagement. Monthly RO meeting for consultants in place Associate MD for Education responsible for development of educational and clinical supervisors Divisional Management Structure re-designed to align triumvirate on Medicine, Surgery and Core Services. Supporting Senior Nurse structure published in August 2015		