

Board Assurance Framework

May 2019

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1.1 Strategic Risks - Summary of strategic risks

Trust strategic objectives	Ref	Risk	RAG	Exec Lead	Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
<i>We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities</i>	SR1	There is a risk that we are not recognised locally as a key and valued provider; resulting in the Trust not having an equal voice in discussions with providers, commissioners and the community compromising our ability to deliver outstanding community services		CEO	Board	16	8 On Target	8
	SR2	There is a risk that we do not provide a clear vision for community based services and the case for change to promote increased investment in new models of care is not made robustly; resulting in investment continuing to be focused on acute provision		CEO	Board	16	16	12
	SR3	There is a risk that we do not effectively celebrate our successes internally, locally and nationally; resulting in lack of knowledge of the range and quality of our services.		Dir. HR&OD/ D of N	Resources	16	8 On Target	8
	SR4	There is a risk that we fail to maximise the use of clinical innovation, business intelligence (including demand) and research and development to maintain and improve the quality of care; resulting in possible harm to patients, poor experience, reduction in quality of care, and loss of reputation for excellence.		D of N/ Med. Dir.	Q&P	16	9	6
	SR5	There is a risk that we fail to recruit and retain colleagues with right knowledge, skills, experience and values required to deliver sustainable services and support transformation; resulting in care which does not meet the needs of service users.		Dir of HR&OD	Resources	20	16	12

Trust strategic objectives	Ref	Risk	Strategic risks	RAG	Exec Lead	Assurance Body	Inherent Risk	Current Risk Score	Target Risk Score
<i>We will make sure the needs and views of service users, carers and families shape the way we plan and deliver care</i>	SR6	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to our local population; resulting in services which are not optimally designed to meet the needs of service users and carers.			COO	Board	16	12	8
	SR7	There is a risk that we don't recognise and value the contribution of service users and carers in designing their own care; resulting in poorer outcomes and experiences.			COO	Board	12	6 On Target	6
<i>We will provide services in partnership with other providers so that people experience seamless care and support.</i>	SR8	There is a risk that we are too internally focused and do not support system transformation; resulting in services being fragmented and disjointed thereby impacting on quality and service user experience.			CEO	Board	16	12	8
	SR9	There is a risk that lack of mutual understanding of the services and assets provided by ourselves and by other system partners compromises the experience of service users; resulting in service users experiencing care and support which is not seamless.			CEO	Board	16	12	8
<i>We will have an energised and enthusiastic workforce and each individual will feel valued and supported.</i>	SR10	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to colleagues; resulting in disengagement by colleagues and a culture that does not promote openness.			Dir HR&OD	Resources	20	12	6
	SR11	There is a risk that we do not support colleagues health and wellbeing in an environment of constant change and demand management; resulting in poor morale and increased levels of sickness and absence.			Dir HR&OD	Resources	20	12	8

Trust strategic objectives	Ref	Risk	RAG	Exec Lead	Assurance Body	Inherent Risk	Current Risk Score	Target Risk Score
	SR12	There is a risk that we under invest in leadership and management development ; resulting in a lack of capacity to nurture a highly engaged and motivated workforce.	↔	I Dir HR/OD	WF&OD	16	12	8
<i>We will manage public resources effectively so that the services we provide are sustainable.</i>	SR13	There is a risk that we fail to maintain and develop an infrastructure fit for future services; resulting in fragmented service delivery models and escalating costs.	↔	D of F	Finance	16	8	8
	SR14	There is a risk that we do not invest in long term sustainability, resulting in inability to sustain quality and compromising year on year cost improvement.	↔	D of F	Finance	20	15 On Target	15
	SR15	There is a risk we do not maintain robust internal controls and governance systems; resulting in potential financial and organisational instability.	↔	D of F/TS	Audit & Assurance	20	9	6
	SR 16	There is a risk that system pressures have an unplanned effect on the organisation's ability to ensure ongoing sustainability.	NEW Risk	JCEO	Board	20	8	8
We will, jointly with ² gether NHS Foundation Trust, deliver transformational care for our communities in line with our agreed Strategic Intent .	SR 17	There is a risk that capacity to progress the Strategic Intent is not sufficient across the two Trusts leading to delays in progress impacting on the Strategic Intent with timeliness, impacting on morale, reputation and achievement of benefits	↔	JCEO	Strategic Intent Leadership Group	20	12	6
	SR 18	There is a risk that competing agendas and demands from primary care, GHFT, GCC, GCCG, ICS in both Gloucestershire and Herefordshire and other partners lead to delays and hamper progress and delivery of benefits.	↔	JCEO	Strategic Intent Leadership Group	20	12	6

Trust strategic objectives	Strategic risks							
	Ref	Risk	RAG	Exec Lead	Assurance Body	Inherent Risk	Current Risk Score	Target Risk Score
	SR19	There is a risk that having successfully merged (ie completed the transaction) the newly formed organisation fails to maintain momentum and take forward transformational care with pace		JCEO	Strategic Intent Leadership Group	20	12	6
	SR 20	There is a risk that changes at a national level relating to health and/or social care impact on the planned transformation		JCEO	Strategic Intent Leadership Group	20	12	8

1.2 Detail of strategic risks

Links to Primary Regulatory Framework CQC, NHSI, Well Led Framework, Single Oversight Framework			
Strategic Objective	<i>We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities</i>		
Risk SR2	There is a risk that we do not provide a clear vision for community based services and the case for change to promote increased investment in new models of care is not made robustly; resulting in investment continuing to be focused on acute provision		
Type	Reputation	Executive Lead	Chief Executive
Risk Rating	(Likelihood x impact)	Assurance Committee	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	Date Identified	1 st April 2017
Previous Meeting Risk Score	4 x 4 = 16	Date of Review	July 2019
Current Risk Score	4 x 4 = 16	Date Next Review	September 2019
Tolerable (Target) Score	3 x 4 = 12	Date to Achieve Target	1 st October 2019
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Documented service vision for community services aligned to place base model to be progressed as part of the Transformation work to develop an integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust.		Increase system investment in community based services	
Achieved business development plan		Delivery of QIPP priorities, CQUIN priorities and quality priorities and business plan milestones	
Agreed benefits realisation framework developed through the STP to support community based service developments - to be progressed in 18/19		Benefits realisation framework	
Rationale For Current Score (Identifying progress made in previous period)			
The development of the Joint Strategic Intent has provided an opportunity to develop a new vision for integrated physical and mental health services and move to a new look organisation better able to champion the role of community based services. It is, however, clear that the ability to influence patterns of investment in the shorter term remains challenging, particularly in light of ongoing financial issues with the main acute service provider in Gloucestershire. The progression of the shadow integrated care system (wave 2) will be an opportunity for these issues to be further reviewed.			
March Update - The Board will be considering a proposal on Integrated Locality Partnerships at its March meeting which will support further development of place based working. The recent national development of Primary Care Networks is currently being reviewed by the shadow Executive to recognise risks and opportunities. Discussions at the Integrated Care System level are considering priorities at the system. The recently issued Long Term Plan sets out ambitions for greater provision of services in the community – how this is mapped to funding has not yet been clarified.			

Key Controls To Manage Risk		Assurance on Controls	Type of Assurance	
Production of annual operational plan		NHSI Confirmation	Board oversight Regulator Oversight	
Agreement of quality priorities		Regular reports on performance	Board Oversight	
Contractual agreements		Regular contract monitoring meetings	Executive	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Development of clearly documented service vision for our community services. This will now reflect the developing integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust	Will now be part of wider discussion with 2gether to reflect intent to deliver new physical and mental health offer. This will be a key element of the transformation strand of this work and included within the Strategic Case to be submitted to NHSI autumn 2018 Strategic Case submitted, d overarching vision set	CEO/COO	Autumn 2018 Complete
2	Business plan to be delivered	Business Plan agreed and in place. To be monitored through Executive and Board Executive monitoring ongoing. Confirmed on track by Executive Feb 2019. Development 19/20 Business Plan approved March 2019 Board	DoF	March 2019 Complete at March 2019 Board
3	Development of benefits realisation methodology across the ICS	This will now be a key element of the Integrated Care System work.5 year plan for ICS to be submitted Summer 2019. Benefits realisation element of plan.	DoF/CEO	July 2019
4	Place based model processes embedded – One Place One Budget	To be developed through ICS development and work with 2gether. Place-based working reflected in the Strategic Case. Development of ICS Integrated Locality Partnerships (ILP)in progress as key enabler. Update on this considered at Joint Board Development session Dec 2018 and proposal to Board March 2019. May 2019 Update: ILP revised configuration agreed March 2016. Place based key element within Business Case for Merger. Helen Goodey appointed to GCS Board as Director of Locality Development and Primary Care (joint post with GCCG to support place based working.	CEO	July 2019

5.	Clear processes and structures to support progress on joint strategic intent with 2gether to develop shared vision for strengthened physical and mental health offer	Programme Delivery Structure reviewed and revised following appointment of Strategic Intent Programme Director. Workstream leads in place for Transition, Transaction and Transformation. Programme being implemented and monitored by PME and the shadow executive and shadow board. Ongoing through Transaction processes. Post Transaction Implementation Plan in place and Merger Business Case approved and submitted May 2019.	CEO/Chair	Stage 1 complete July 2018 Stage 2 Complete May 2019
6.	Integrated Care System	Governance processes to be clearly defined, supported through development with the Kings Fund Three sessions held to. NEDs network developed and second session planned. Interim ICS Chair (6 months from Feb 2019) in place to support governance developments moving forward. Governance leads meeting regularly to consider governance processes going forward. March 2019: Interim ICS Chair appointed to take forward the ICS agenda which should support the further development of work at a system level. May 2019 Update: Ongoing governance development work continues. Appointment process for permanent ICS Chair in development Joint CEO is lead for number of key streams within the ICS to ensure understanding of GCS input is clearly understood (for example diagnostics and QI).	CEO/Chair with system partners	Spring/summer 2019
		The potential challenges and opportunities for system control totals within the Integrated Care System are to be further explored and clarified. Issues of double lock and delegation from Board to be considered	ICS Board	July 2019

Links to Primary Regulatory Framework

Single Oversight Framework

Well Led Framework

Strategic Objective	We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities			
Risk SR4	There is a risk that we fail to maximise the use of clinical innovation, business intelligence and research and development to maintain and improve the quality of care; resulting in possible harm to patients, poor experience, reduction in quality of care, and loss of reputation for excellence.			
Type	Quality	Executive Lead	Director of Nursing	Med Director
Risk Rating	(Likelihood x impact)	Assurance Committee	Quality & Performance Committee	
Inherent (without controls being applied) Risk Score	4 x 4 =16	Date Identified	April 2017	
Previous Meeting Risk Score	3 x 3 = 9	Date of Review	July 2019	
Current Risk Score	3 x 3 = 9	Date Next Review	September 2019	
Tolerable (Target) Score	3 x 2 = 6	Date to Achieve Target	October 2019	
Key 2018/19 Deliverables		Relevant Key Performance Indicators		
Implementation of plan for use of BIRT reporting to inform CIPS, Service Development & Pathways Reference Group which supports use of research and development and innovation by identifying variation – further work to deliver ongoing		Safety Thermometer (Fall and Pressure ulcer levels)		
Increased use of technology to support clinical practice, eg smartphones for clinical support – continuing to be investigated and implemented – in discussion with service users		Quality Priorities performance (incorporating research and evidence based development)		
Achievement Quality Priorities.		Progress to Quality Priorities		
Rationale For Current Score (Identifying progress made in previous period)				
There has been good progress in investing and developing clinical innovation, for example system one, use of smart phones, developing use of virtual consultations, rapid response diagnostic testing, e-prescribing, internal R&D Group, End of Life, Complex Leg Wound Service. These are now to be further embedded and work undertaken with service users to ensure benefits are recognised and understood.				
March 2019: Research and innovation workstream and forum is now in place across GCS and 2g. Business Intelligence for the newly merged organisation subject to shadow executive discussion.				
May 2019: Research progress being actively monitored within both Trusts using common framework.				

Key Controls To Manage Risk		Assurance on Controls		Type of Assurance
Clinical Reference Group Monitoring		Quality Visits		Board Oversight
Internal R & D Group		Benchmarking Review		Board & Management
PACE Team Workplan, including Clinical Audits		Quality & Performance Report		Board & Management
Quality Improvement Monitoring (Quality Priorities)		Clinical Reference Group and Quality & Performance Committee		Management & Board
Staff Development Investment – supported through – Essential to Role and Statutory and mandatory training matrices		Quality and Improvement Networks		Management
CQC Compliance Processes		Quality & Performance Committee		Board
Investment in specialist practitioners		Workforce & OD Committee		Board
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	More in depth Benchmarking Review to identify areas of significant variation and any aresponsive action identified	Further work to ensure benchmark information easily accessible on BIRT implemented – part of phase 2 development. May 2019 Update: Work continues to be ongoing.	DoF	July 2019
2	Development BIRTIE reporting on this area to inform CIPS and Service Development.	Discussions with DoN ongoing to ensure BIRTIE used to inform quality and performance priorities and the quality dashboard. Incorporated in phase 2. Reference costs are used as element of cost improvement process. March 2019: Cost Improvement Plan approach presented to Board as part of the Operating Plan Submission. Confirmation that this iintegrates business intelligence. May 2019 Update: CIP process for 2019 agreed and in place. Role of QEIA in process clearly defined. CIP process for proposed new Board in development – this will build on good practice at GCS and 2g	DoF	July 2019
3	R&D Strategy	To be developed and reviewed in conjunction with ² gether NHS Foundation Trust Research and Development work continuing collaboratively In the last 12 months GCS has been recognised nationally rate of increase as highest increase in clinical research	DoN	October 2019

		<p>March 2019 Update Joint research workshop in Jan 2019 which developed a recommendation to be taken to shadow board to develop combined research strategy based on the current 2g strategy.</p> <p>May 2019 Update: Scheduled for shadow Board review</p>		
4	Project reviews on impact of new technology to learn lessons for implementation	Project Review Proforma implemented and feedback reviewed for learning	Executive	Complete
5	CPD Offer and Personal Development to be linked to quality priorities	<p>CPD and Personal Development Budget focused for 2018/19. And monitored for impact. Updated PDR document issued.</p> <p>Strategy agreed to improve PDR and Mandatory Training processes at Resources Committee 11/1/19</p> <p>March 2019: Trajectory plans for PDR and Mandatory Training in development.</p> <p>May 2019: Detailed setting of Quality Priorities in place for 2019/20 – the approach of linking to CPD will be considered. Appropriate training to support quality priorities will be put in place.</p>	IIDHR&OD&OD	Oct2019

Links to Primary Regulatory Framework

Strategic Objective	We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities		
Risk SR5	There is a risk that we fail to recruit and retain colleagues with right knowledge, skills, experience and values required to deliver sustainable services and support transformation; resulting in care which does not meet the needs of service users.		
Type	Quality	Executive Lead	Director of HR
Risk Rating	(Likelihood x impact)	Assurance Committee	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	April 2017
Previous Meeting Risk Score	4 x 4 = 16	Date of Review	July 2019
Current Risk Score	4 x 4 = 16	Date Next Review	Sepotember 2019
Tolerable (Target) Score	3 x 4 = 12	Date to Achieve Target	October 2019
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Reduction in hard to fill roles (nursing and physiotherapy including specialist functions)		Vacancy levels – less than 10% - to monitor for all areas	
Reduce turnover rates in line with Community Trust average;		Turnover rates – below 16/17 baseline	
Reduction in agency spend		Agency spend – in line with cap set	
Jointly support the delivery of educational programmes (pre and post registration) – increased emphasis on post registration support			
Local plans to respond to issues raised in staff survey			
Rationale For Current Score (Identifying progress made in previous period)			
Turnover rate has remained consistent (not worsened), demonstrating Trust is still able to attract to the organisation. There is uncertainty about the impact of National bursary scheme ceasing for pre-reg learning. Variances remain in rate of applications received. There is a hot spot in Band 5 hospital nurses which is not reducing. Update March 2019: The Staff Survey 2018 indicates on going challenges to staffing resilience, but an improving picture against 2017. Update May 2019 – Position has not substantively changed from above. Recent Internnal Audit of Recruitment and Retention identified 2 medium risks relating to the recruitment process. The Audit and Risk Assurance Committee has requested more detailed management responses to support monitoring of improvement.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Recruitment drives / fayres to attract new staff		Workforce data which is reported through the Workforce & OD Committee and thereafter to Board	Board Oversight
Revised establishment control process for community		Safer Staffing data which is included within the Quality and	Management & Board Oversight

hospitals		Performance Report which goes to Board		
E-rostering across the Trust		Top-level workforce plan submitted to Workforce & OD Committee		Board Oversight
Centralised bank and agency function		Agency working group chaired by the Chief Operating Officer		Management
Gloucestershire Nursing Degree programme in place		Recruitment and Retention Steering Group chaired by Head of HR		Management
Monitor impact & effectiveness of Gloucestershire Trainee Nursing Associate programme		Strategic Workforce Group (system-wide)		Management (Educational)
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Real time workforce information, particularly in terms of establishment & vacancies, which is essential in order to drive activity and response	Information now in place for HR and Service Leads and Managers. Business planning process and monitoring to confirm effectiveness.	Head of Performance and Information	Complete
2	Clear progression pathways for clinical colleagues	Talent management programme to be developed to be undertaken jointly with 2gether NHS Foundation Trust. This has been incorporated within the Transition work for the merger. Work to take this forward is on track..	Head of OD	Sept 2019
3	Process to learn from exit interviews	Triangulated against latest staff survey information March/April 2018 and discussed at June Workforce Committee. Issue also highlighted within presentation from Freedom to Speak Up Guardian at June Board. Freedom To Speak Up Guardian now part of the process to ensure learning from exit interviews.	Head of HR	Complete
4	Ensure CQC Must dos in relation to mandatory training and PDR compliance are achieved	CQC Improvement Plan achieved with timeliness. Monitoring is ongoing, monitored by the Quality and Performance Committee and also the Executive. Detailed discussion at Resources Committee, Weekly monitoring by Exec. Workshops with NEDs & Exec. Strategy agreed to improve PDR and Mandatory Training processes at Resources Committee 11/1/19 May 2019 Update: Trajectories being developed to map planned improvement. To be considered by Resources Committee June 2019.	Exec	Ongoing
Links to Primary Regulatory Framework CQC.				

Strategic Objective	We will make sure the needs and views of service users, carers and families shape the way we plan and deliver care		
Risk SR6	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to our local population; resulting in services which are not optimally designed to meet the needs of service users and carers (Service Transformation Focus).		
Type	Quality	Executive Lead	Chief Operating Officer
Risk Rating	(Likelihood x impact)	Assurance Committee	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	Date Identified	20 April 2017
Previous Meeting Risk Score	3 x 4 = 12	Date of Review	July 2019
Current Risk Score	3 x 4 = 12	Date Next Review	September 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	October 2019
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Mechanism for initial impact on projects developed – to be further developed in conjunction with 2gether NHS Foundation Trust. Transformation centred on co design with service users.		FFT Response Rate	
Negative assurance, eg complaints etc, being fed into the business planning process – to be monitored to ensure happening across GCS and also that learning are across both Trusts.		FFT % recommend service – likely , extremely likely	
Exemplars of co-design – examples of Transformation Centred co design		Number compliments, complaints, concerns	
Policy on Policy updated to include co-design and patient centred care focus. – Policy now being reviewed against 2gether Policy as element of Strategic Intent work		Feedback from service users at engagement events	
Rationale For Current Score (Identifying progress made in previous period)			
While strong progress is being made in a number of areas through place based working to develop local solutions to meet local needs, we have recognised that there is further work to progress in the context of the Transformation strand of the Trust's work with 2gether NHS Foundation Trust. May 2019 Update: Values sessions progressing positively. 2018 Staff Survey results improving picture of engagement. Transformation continues to be key element within merger work. Update on values session within Board June Papers.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Use of the Friends and Family Test (FFT) across all Trust settings		Operational Meetings	Management
Direct feedback to teams from FFT comments		Relevant metrics within the Quality and Performance Report received at the Quality and Performance Committee and Board	Board Oversight

Complaints Policy		6-monthly Understanding You Report	Board Oversight	
The Service User Experience team which manages surveys including the FFT as well as complaints, Duty of Candour, concerns and compliments		Service user stories at Board	Board Oversight	
The Community Partnerships Team which manages a range of engagement activities to include focus groups, community events and consultation opportunities		The Your Care, Your Opinion Group	Board Oversight	
Annual Report and Quality Account		Board	Board	
Information provided by external agencies such as Healthwatch, NHS Choices and Patient Opinion		Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG	Management Oversight	
On-going review of all feedback so as to ascertain themes		Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability	Management Oversight	
QEIAs will be completed and signed off for all appropriate CIP schemes before they are implemented		Reports to Q and P Committee	Board Oversight	
Learning Assurance Framework		Reports to Q and P Committee		
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Control – ensuring opinions we collect feed into service design and development	Mechanism to ensure feedback captured through Transformation strand of work with 2gether NHS Trust. GCS review of FFT service user detailed feedback to be considered by Executive.	COO/DoN	July 2019
2	Your Care Your opinion , Understanding You report to be reviewed against planned wider stakeholder engagement to identify any areas where GCS specific areas required	Review of your care your opinion against planned wider service user engagement to be undertaken. Merger engagement activity within the Transformation strand will be a key element of this. Recognised within planned values work – stage 2 March 2019: Key element of co production within values sessions May 2019 Update – Proposal for People's Committee to be Board Committee in the new organisation. Development process for this now in place.	COO/DoN	Sept 2019
3.	Skills for Co-production require further development	Co production development of teams to be undertaken. In conjunction with work with 2gether to learn from good practice. Values sessions with service users took place Nov 2018	COO	Sept 2019

		Recognised within planned values work – stage 2 March 2019 Update: Key element of co production within values sessions May 2019 Update: Co production is key pillar of transformation for the new organisation and mechanisms to support this are being developed jointly by the Trusts.		
4	Service audits to be reinstated.	Service audits reinstated and monitored for impact	COO	Complete
		Increase use of “You said We did” feedback processes. This is an element within the merger processes.	COO	Ongoing
5	Business Planning Process incorporates feedback.	Business Planning monitoring to include consideration feedback Strand of co-production is an element in business planning	DOF	Complete
Links to Primary Regulatory Framework CQC Constitution Right and Pledges				

Strategic Objective	We will provide services in partnership with other providers so that people experience seamless care and support		
Risk SR8 – proposed to close	There is a risk that we are too internally focused and do not support Integrated Care system transformation; resulting in services being fragmented and disjointed thereby impacting on quality and service user experience.		
Type	Quality	Executive Lead	Chief Executive
Risk Rating	(Likelihood x impact)	Assurance Committee	Trust Board
Inherent (without controls being applied) Risk Score	4 x 5 =20	Date Identified	1 st April 2017
Previous Meeting Risk Score	3 x 4 = 12	Date of Review	July 2019
Current Risk Score	2 x 4 = 8	Date Next Review	September 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	October 2019
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
1. Locality provider boards embedded with Executives now linked to localities		1. Completion of realignment of GCS services to locality working	
2. GCS effective in discussions to progress system working with establishment of shadow Integrated Care System		2. Reablement KPIs agreed and achieved	
3. Reset of GCC relationship		3.	
Rationale For Current Score (Identifying progress made in previous period)			
The STP has provided a stimulus for improved partnership working, particularly the opportunities offered through place based working. The development of the joint strategic intent has also demonstrated our commitment to system transformation. The risk remains unchanged however given the potential increase in risk associated with service continuity in the short term. The approval of Gloucestershire as a shadow Integrated System provides further opportunities to further develop system working.			
March 2019 Update: JCEO has taken on range of lead roles within system, for example QI and Diagnostics to help support integrated working. Interim ICS Chair appointment Feb 2019 who is supporting development of greater clarity and engagement through the system to further develop joined up working.			
May 2019 Update: Audit and Risk Assurance Committee view is that this risk has moved significantly with the increased work on system transformation, through the merger, the joint director appointment with primary care, the appointment of an ICS Chair from a provider organisation. On this basis it is proposed to move this risk to target level and close it.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Quality and performance reporting		Q&P Committee oversight	Board
Place Based Pilot board reports		Executive oversight	Management
Regular STP reports to the Board		Regular reports to Board	Board
System QIPP priorities		Q&P	Board
Active membership of HWBB, GSF and attendance at HOSC		Board reports	Board
Director of the “Better Care Together” transformation		Regular reporting through the Strategic Intent Management	Management and

programme in place.		processes	Board	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Lack of whole system performance framework	Work with GSF to develop whole system performance using the drivers within the Integrated Care System ICS development sessions with Kings Fund to set key framework mechanisms which will lead to development of performance framework. March 2019 Update: Revised governance framework agreed GSF Feb 2019. Further work to support this development ongoing May 2019 Update: Further ICS development work on agreeing priorities and approaches is ongoing.	CEO	Oct 2019
2	Move Strategic Intent into Action, with focus on service users	Strategic Intent Leadership Group and Programme Executive Group in Place and regular meetings scheduled to take forward required actions. Governance processes in place Executive Workstream processes in development. Engagement activities. Transformation strand work to be further developed. March 2019 Update: Values development and benefits realisation work ongoing. May 2019 Update Session 8 th May on incorporating engagement with service users and co-production. Board members involved in sessions to help promote. Service User proof of concept story key element within Business Case to support embedding of co-production and transformation. “People’s Committee” concept to be developed to ensure this is at the heart of Board operation as well as the organisation.	CEO DoN/Director of the “Better Care Together” transformation programme	Sept 2018 Ongoing
3	Director of the “Better Care Together” transformation programme is developing relationship and framework for work with the Integrated Care System	Regular meetings with key ICS leads. Development of framework for transformation processes and benefits realisation mapping to engage with ICS leads	Director Better Care Together	Ongoing

Strategic Objective	We will provide services in partnership with other providers so that people experience seamless care and support		
Risk SR9	There is a risk that lack of mutual understanding of the services and assets provided by the Trust and by other system partners compromises the experience of service users; resulting in service users experiencing care and support which is not seamless.		
Type	Quality	Executive Lead	Chief Executive
Risk Rating	(Likelihood x impact)	Assurance Committee	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	Date Identified	1 st April 2017
Previous Meeting Risk Score	3 x 4 = 12	Date of Review	July 2019
Current Risk Score	3 x 4 = 12	Date Next Review	September 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	October 2019
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Effective Provider Locality Boards creating advocates for the Trust		Friends and Family test, complaints, compliments	
Establishment of cluster MDT working with full participation by GCS		Regular Integrated Locality Board Meetings	
Rationale For Current Score (Identifying progress made in previous period)			
While good progress has been made to develop new ways of working with primary care, including MDT working and redesign of ICTs, progressing public health nursing services transformation and the development of the joint strategic intent to improve the interface between physical and mental health, we have seen significant pressures impacting across the wider system, in particular: pressures in relation to domiciliary care which are impacting on service user experience; the additional pressures to mitigate the issues associated with the GHFT implementation of TrakCare and the responsiveness of Arriva. May 2019 Update: GCS continues to co-ordinate with GHFT and 2g to support system working.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Partnership working through STP - Key development work undertaken		MDT KPI Measures	Management
Leadership of place based model and meetings - Key development work undertaken		Reports to Board on STP	Board
Regular Exec to Exec networks and LMC – in place			

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Lack of formal and relevant frameworks for joint working with key partners	Develop formal frameworks for joint working with 2G and GCCC Actions to date Strategic Intent Leadership Group and Programme Executive Group in Place and regular meetings scheduled to take forward required actions. Joint Working Framework strand of agreed activity	CEO/COO	Complete
2	System quality indicators	Develop Business Plan incorporating Estates	COO	Complete
3	Relationship building with provider partners to resolve issues swiftly.	Trakcare escalation processes in place. Monitoring on going. Proposals for Joint action groups being progressed, for example re SIRIs and Mortality. Reablement support for Domiciliary Care. Development of Intergrated Care System Director of the "Better Care Together" programme building relationships with ICS leads and attending relevant ICS programme meetings	COO DoN COO CEO Dir Bettercare Together	Complete Nov 2017 Complete Complete Above all complete indicating developing relationship building Ongoing Ongoing
4	Development of Seamless Care key element of Strategic Case and Full Business Case.	Strategic Case submitted Full Business Case submitted to NHSI May 2019		Complete May 2019

Strategic Objective	We will have an energised and enthusiastic workforce and each individual will feel valued and supported.		
Risk SR10	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to colleagues; resulting in disengagement by colleagues and a culture that does not promote openness		
Type	Quality	Executive Lead	Director of HR
Risk Rating	(Likelihood x impact)	Assurance Committee	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	April 2017
Previous Meeting Risk Score	3 x 4 = 12	Date of Review	July 2019
Current Risk Score	3 x 4 = 12	Date Next Review	September 2019
Tolerable (Target) Score	2 x 3 = 6	Date to Achieve Target	October 2019
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Manager toolkit in place to be reviewed with 2gether NHS Trust to monitor impact		• Staff engagement levels (from annual staff survey)	
Improvement in staff friends and family test (colleagues recommending the Trust as a place to work		• Staff friends and family test results	
Continuing increase in metric in staff survey on number of individuals willing to raise concerns the number of informal and formal concerns raised –		• Staff Survey Question on feeling supported to raise concerns.	
Local Plans to spread good practice and target issues identified by the staff survey			
Rationale For Current Score (Identifying progress made in previous period)			
Staff Friends and Family score is consistently below community trust average as place of work . Overall Staff Engagement outcome in NHS survey whilst improving remains below average for a community trust.			
Update March 2019: Improved Staff Survey Outcomes 2018			
Update May 2019: Engagement to be considered June Resources Committee. Feedback through Pulse survey and Frequently asked Questions key two way engagement processes in place.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Fourth year of listening into action		Improvement in staff engagement levels (from survey results)	Independent
Investors in People standards/ accreditation		Improvement in the number of colleagues recommending the Trust as a place to work	Independent
Further embedding of the CORE values behavioural framework		Number of informal and formal grievances and concerns raised (awaiting benchmark data)	Management/Board
Review of Freedom to Speak Up (Raising Concerns at Work) Policy.		Report to Audit & Assurance Committee and Workforce & OD Committee	Board
Investment in Freedom to Speak Up Guardian – active in national network and regional Chair		Report to Audit & Assurance Committee and Workforce & OD Committee	Board

Monthly Core Colleague Network Meetings		Review & Feedback of CORE	Management	
Annual celebration events (AHP, Nursing, Admin & Clerical etc)		Review of Events for levels of engagement & impact internally and externally	Management	
Range of Mechanisms to encourage raising of concerns - Katie's Open Door, Meet the Execs, Chair and CEO meetings		Feedback at Execs and Board	Management/Board	
Workforce and OD Plan		Workforce and OD Committee	Board	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Low completion rate of staff friends and family test	<p>Q1 Staff FFT results are as follows:</p> <ul style="list-style-type: none">Response rate to staff recommending the Trust as a place to work has risen from 49% in Q4 2017/18 to 63% in Q1 2018/19.Response rate to staff recommending the Trust as a place to receive treatment has also risen from 85% in Q4 2017/18 to 88% in Q1 2018/19. <p>We also had a higher response rate than in previous FFTs at 22.1%</p> <p>In Qtr. 2 of 2018/19, 58.5% of staff would recommend the Trust as a place to work (target is 61%) and 88.5% would recommend the Trust as a place to receive treatment (target is 67%). – reduction from Qtr 1 discussed at Board and work on going at Execs to demonstrate responding to feedback</p> <p>Update Staff Survey March 2019</p> <p>Key results include:</p> <ul style="list-style-type: none">Compared to last year, two of the themes have shown significant statistical improvements - 'Safety culture' and 'Staff engagement'.Encouragingly the other 8 themes have remained stable.Equality, diversity and inclusion comes close to the best.Overall the Trust is the same as the benchmarking group average in five out of the ten themes. The other five are	Head of OD	Oct 2019

		<p>only slightly worse.</p> <ul style="list-style-type: none"> • 'Immediate managers', 'Morale', 'Quality of appraisals', 'Quality of care' and 'Safe environment – Bullying and harassment' are in most need of improvement. • These results will need further analysis over the coming months to unpick and understand the distinctions and nuances of the results. <p>It is also worth noting the following scores:</p> <ul style="list-style-type: none"> • Recommending the Trust as a place to work has increased from 51% in 2017 to 55.8% in 2018. (Below the average benchmarking score of 59.4%) • If a friend or relative needed treatment, respondents being happy with the standard of care provided by the Trust has increased from 73% in 2017 to 76% in 2018. (Above the average benchmarking score of 74.8%) <p>Historically the responses to these questions in the Staff FFT are consistently higher: The FFT Q2 results 2018 were:</p> <ul style="list-style-type: none"> • How likely are you to recommend Gloucestershire Care Services NHS Trust to friends and family as a place to work? - 59% • How likely are you to recommend Gloucestershire Care Services NHS Trust to friends and family if they needed care or treatment? - 89% <p>May 2019 Update: Actions to respond to survey findings ongoing. Discussed at April Resources</p>		
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		Committee		
2	Management Toolkit	Launched Jan 2018 with funding from SW Leadership Academy Funding CORE Leadership Session discussed Jan 2018 To review as part of transition work	Head of OD	Complete
3	Staff Engagement Framework	Review Staff Engagement Framework to ensure embedding of CORE values and LiA – through development of a “quality Academy” Being taken forward within the Engagement processes relating to the merger. Values Programme engaged significant proportion of staff Oct 2018 Stage 2 Values Programme in launch process.	Director of HR	Oct 2019
Links to Primary Regulatory Framework. CQC				

Strategic Objective	We will have an energised and enthusiastic workforce and each individual will feel valued and supported.		
Risk SR11	There is a risk that we do not support colleagues health and wellbeing in an environment of constant change and demand management; resulting in poor morale and increased levels of sickness and absence.		
Type	Quality	Executive Lead	Director of HR
Risk Rating	(Likelihood x impact)	Assurance Committee	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	April 2017
Previous Meeting Risk Score	3 x 4 = 12	Date of Review	July 2019
Current Risk Score	3 x 4 = 12	Date Next Review	September 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	Not applicable
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Reduction in overall sickness absence rate		Rolling 12 month sickness absence rate	
Reduction in absences relating to stress		Reasons for sickness absence	
Reduction in absences relating to musculoskeletal conditions			
Rationale For Current Score (Identifying progress made in previous period)			
While a significant amount of work has been progress to support colleague health and wellbeing, we are seeing an increase in sickness absence rates in a number of areas with increasing pressure on colleagues to meet competing demands. This suggests that this risk is increasing and further focus is needed. Related CQUIN not achieved. Following consideration of the Staff Survey outcomes at Board local plans are being developed which should help to reduce the risk. The need for work on supporting the mental well being of colleagues was also flagged.			
Update May 2019: The Audit and Risk Assurance Committee recognised that the merger, and the development of the structure for the new organisation has the potential to impact on this. This issue is recognised within the risk register for the merger which is kept under review by the shadow board and the Programme Management Executive.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Working Well services including in house fast track physiotherapy		Contract review meetings with working well	Management
Employee Assistance programme		Contract review meeting with Care First	Management
Employee health and wellbeing plan including health and hustle initiative		Employee health and wellbeing plan monitored through Workforce and OD committee	Board
Healthy eating initiative		CQUIN	Independent
Mental health first aid training		CQUIN	Independent
Stress management workshop, including mindfulness and resilience.		CQUIN	Independent

Stress management policy		Annual staff survey results regarding the organisation taking positive action on H&W.	Independent	
Employee Health and Wellbeing Charter achieved		Employee Health and Wellbeing Charter achieved	Independent	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Line manager capability and capacity to undertake stress risk assessment audits	To further develop managers toolkit and guidance. Further guidance and support issued to managers.	Head of OD	July 2018 Complete
2	Review of Application of Sickness Policy to ensure follow up	Regular workshop on Absence Management in place, attendance to be reviewed. Executive monitoring of application to be implemented. Monitoring and Review ongoing	IDHR&OD	Complete
3	Local Staff Survey response plans with focus on well being to be developed	Development session at CORE to provide support for development. Plans now being monitored.	IDHR&OD Heads	Complete
4	Ensure CQC Must dos in relation to mandatory training and PDR compliance are achieved	CQC Improvement Plan achieved with timeliness. Being monitored by the Quality and Performance Committee and the Executive. Update May 2019: Additionally discussions with Resources Committee relating to trajectories for improvement – to be discussed 25 th June 2019	DON	Ongoing
5	Ensure CQC Must do's in relation to training (in particular End of Life) are in place	CQC Improvement Plan achieved with timeliness. Being monitored by the Quality and Performance Committee and the Executive. End of Life Group working to take this forward. Being monitored by Q&P Committee	DON	Ongoing
Links to Primary Regulatory Framework				

Strategic Objective	We will have an energised and enthusiastic workforce and each individual will feel valued and supported.		
Risk SR12	There is a risk that we under invest in leadership and management development ; resulting in a lack of capacity to nurture a highly engaged and motivated workforce.		
Type	Quality	Executive Lead	Director of HR
Risk Rating	(Likelihood x impact)	Assurance Committee	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	5 x 4 = 20	Date Identified	April 2017
Previous Meeting Risk Score	3 x 4 = 12	Date of Review	July 2019
Current Risk Score	3 x 4 = 12	Date Next Review	September 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	October 2019
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Refresh of leadership development plan including talent management – combining with review of 2gether processes		Level of support provided by manager (measured through staff survey)	
		PDR compliance rates	
Managers induction implemented and monitored		Number and percentage of managers participating in leadership development programmes	
Rationale For Current Score (Identifying progress made in previous period)			
While continuing to support a number of leadership development activities, Professional Development Review and Mandatory Training levels remain below target with limited resources to support required investment in system and transformational leadership. This is becoming an increased risk in light of the level of change and transformation required at a time of significant service pressure. Identified for action within Transition and Transformation workstreams			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Range of leadership programmes in place		Workforce Education & Development Group which reports to the Workforce & Organisational Development Committee	Board
Annual leadership conference		Leadership plan approved and monitored through Workforce & OD Committee	Management
Monthly leadership Core Colleague Network meetings		Exec Planning and Review	Management Oversight
CORE values behaviour framework		Reports to Workforce and OD Committee	Board Oversight

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Talent Management Strategy	<p>Strategy to be developed and approved through Resources. Also to be supported by the merger transition work.</p> <p>Currently on hold – part of transition work</p> <p>March 2019 Update System Wide talent development further cohorts launched</p> <p>May 2019 Update: Cohort for GCS (and 2g) identified. Additionally agreed Managers appointed at tier 2 will need specific development programme pre and post merger.</p>	Head of OD	Sept 2019
2	The assessment of individual's ability against the NHS Leadership Competency Framework is varied and it not intrinsically linked to personal development plans	<p>360 Programme in development to increase self-awareness and personal impact. Also to be supported by the merger transition work.</p> <p>Currently on hold – part of transition work</p>	Head of OD	-
3	Managers induction	Managers toolkit and induction delivered. Review whilst planned manager development within transition workstream being considered. To be rolled out 2019/20	Head of OD	July 2019
4	Leadership Development Programme – regional	Colleagues attending SW leadership development programme	Head of OD	Complete
5	Leadership Development Programme - local	ICS 5 elements of leadership programme – 16 leaders from GCS band 7 and above. – piloting managers toolkit	Head of OD	Complete

Strategic Objective	We will manage public resources effectively so that the services we provide are sustainable		
Risk SR15	There is a risk we do not maintain robust internal controls and governance systems; resulting in potential financial and organisational instability.		
Type	Financial	Executive Lead	Director of Finance
Risk Rating	(Likelihood x impact)	Assurance Committee	Audit & Assurance Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	1 st April 2017
Previous Meeting Risk Score	3 x 3 = 9	Date of Review	July 2019
Current Risk Score	3 x 3 = 9	Date Next Review	September 2019
Tolerable (Target) Score	2 x 3 = 6	Date to Achieve Target	October 2019
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Review of SFI Compliance		No high priority Internal Audit Recommendations (with IA assignments continuing to be risk based)	
Timely compliance with Internal and External Audit recommendations		At least 50% of Internal Audits give Substantial assurance	
Rationale For Current Score (Identifying progress made in previous period)			
While good progress made to strengthen internal controls, current significant pressure on capacity could distract from maintaining control if not effectively managed, recognising that cumulative gaps can lead to a significant impact.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Clinical and corporate governance arrangements enable controls to be effectively managed		The sub-Board Committee structure, and in particular, the Audit and Assurance Committee, the Quality and Performance Committee, the Finance Committee, and the Workforce and OD Committee, provide assurance on all corresponding controls to the Trust Board	Board
Committee / reporting structures enable controls to be monitored and reviewed		Internal Audit of Governance December 2016, Reported to the Audit and Assurance Committee February 2017, classified Corporate Governance – Governance Framework as low risk and advised;	Independent
The Trust’s strategy framework provides oversight of activity and controls in all key operational and support areas		“Our review of corporate policies and documentation, including committee structure, terms of reference, minutes, board papers and other ad-hoc document identified that, overall, the Trust has appropriate structures in place to support good governance.”. – Internal Audit	Independent

The Trust maintains its Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation of Powers by which its authority is managed and controlled		IA and EA feedback	Independent	
Line management structures provide clarity in terms of responsibilities and accountabilities		Management Review	Management	
Internal and external audit and plans provides additional scrutiny		Degree that Internal Audit is risk based.	Board	
Robust project structure and governance framework in place to ensure continual monitoring and reporting with clear escalation		Internal Audit Review	Independent	
IT Investment to maintain Cyber Security Protection		Reports to Audit & Assurance Committee through IM&T Group	Board	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Confirmation of Compliance with SFIs	Review of Compliance SFIs	DOF	Oct 2019
2	Well led framework needs further consideration by Board following consultation changes	To be further reviewed as part of the work with 2gether NHS Foundation Trust. Development work with 2gether will take this forward.	TS/Board/SILG	Sept 2019
3	Up to date Board development programme to support understanding of roles and appreciative enquiry	Board Development Programme implemented. Development process ongoing.	Chair	Ongoing
4	Confirmation governance TOR and Effectiveness processes for use end of year 2017/18	Complete ToR and Review of Effectiveness for all Board Sub-committees and mechanism for management committees to update. Incorporated within Annual Report. No significant issues highlighted, but proposal to combine Workforce and Finance Committees currently ongoing. . 2018/19 stage ongoing	TS	Complete
5	Preparation for Use of Resources	Use of Resources implications considered at Execs Sept 2017. To be considered by Board. Financial Report revised to include metrics from Use of Resources.	DoF	Sept 2018 Complete

		Initial actions complete, further information awaited from NHSI on implementation date for Community Trusts. Actions to date shared with 2gether.		
		Timely Actioning of EA and IA – follow up process embedded. Confirmation at end of year Audit Committee that this is being achieved.	DoF	Complete
		Reference Costs Monitoring to support best value. Programmed for discussion CORE & Finance Committee	DoF	April 2018 Complete
6	Merger Governance processes in place to ensure merger process is managed effectively	Merger governance processes – PME, SILG, Risk Register , Budget monitoring etc in place.	CEO/Chair/DoF	Ongoing

**Links to Primary Regulatory Framework
SOF, Well Led, CQC.**

Strategic Objective	We will manage public resources effectively so that the services we provide are sustainable		
Risk SR16 NEW RISK	There is a risk that system pressures have an unplanned effect on the organisation’s ability to ensure ongoing sustainability .		
Type	Financial	Executive Lead	Director of Finance
Risk Rating	(Likelihood x impact)	Assurance Committee	Audit & Assurance Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	1 st April 2017
Previous Meeting Risk Score	New Risk	Date of Review	July 2019
Current Risk Score	2 x 4 = 8	Date Next Review	September 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	Ongoing
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Continued engagement in ICS processes and debates to ensure GCS role in the system is understood		Control Total	
Ongoing Lobbying at a national level relating to the role of community services		Cost Improvement Plan Levels	
Rationale For Current Score (Identifying progress made in previous period)			
The Trust’s current financial position is strong and the proposal to merge with 2gether should ensure ongoing strength in position discussions. The indications within the Long Term Plan are encouraging for community providers but this will need to be further reviewed once more information is available on how this will be taken forward, particularly in the light of the new Primary Care Network proposals and the outcomes of the NHSE’s proposals for legislative change to commissioning and procurement processes.			
Controls below to be further developed by Audit and Risk Assurance Committee.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
GCS key part of ICS – Chair, Exec and CEO engagement		Regular Reports to Board on ICS Activity	Board
ICS Governance		NED ICS Forum	Board
ICS Governance – mechanism for setting priorities to be transparent		ICS Board Feedback	Board

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Ongoing review of the increasingly complex operational framework to ensure Board is appropriately sighted to make best use of opportunities	Structure of board for new organisation contains post which focuses on Strategy and Partnerships	Chair/JCEO	1 st Oct
2	GP NED position on new Trust to be filled	Work ongoing to fill this Board position to help continue relationship building with localities	Chair/JCEO	1 st Oct
3	Work with GCCG on localities	Plans for key shared post developed.	Board	1st April
4	Local ICS in initial stages	Development of priorities, protocols and ways of working to be further refined to reflect current and future challenges	Chair/JCEO	On going
5	Review required to consider impact of aggregation of potential risks through the system due to range of external factors	Review to be undertaken	Executive	1 st December
Links to Primary Regulatory Framework SOF, Well Led, CQC.				

Strategic Objective	We will, jointly with ² gether NHS Foundation Trust, deliver transformational care for our communities in line with our agreed Strategic Intent		
Risk SR17	There is a risk that capacity to progress the Strategic Intent is not sufficient across the two Trusts leading to delays in progress impacting on the Strategic Intent with timeliness, impacting on morale, reputation and achievement of benefits		
Type	Strategic	Executive Lead	Chief Executive
Risk Rating	(Likelihood x impact)	Assurance Committee	Strategic Intent Leadership Group
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	1/1/2018
Previous Meeting Risk Score	-	Date of Review	July 2019
Current Risk Score	3 x 4 = 12	Date Next Review	September 2019
Tolerable (Target) Score	2 x 3 = 6	Date to Achieve Target	31 st March 2020
Key 2019/20 Deliverables		Relevant Key Performance Indicators	
Shadow Board in place		Transaction remains on track	
Revised Structures developed			
Post Transaction Integration Plan			
Rationale For Current Score (Identifying progress made in previous period)			
.This risk is monitored at the Programme Management Executive and Strategic Intent Leadership Group on a regular basis. The monitoring includes review of the transaction, transition and transformation workstreams and feedback from colleagues through the regular pulse check updates.			
March 2019 Update: JCEO reviewing capacity and contingency issues – to be updated to shadow board and boards.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Dedicated Joint Strategic Intent Programme Management Team and Programme Management Office in place		Feedback to Strategic Intent Leadership Group and both boards	Board
Ring fenced Business as usual and Joint Strategic Intent posts		Feedback to Strategic Intent Leadership Group and both boards	Board
Programme plan for transaction mapped with aligned resources.		Feedback to Strategic Intent Leadership Group and both boards	Board
Better Care Transformation Programme dedicated lead in		Feedback to Strategic Intent Leadership Group and both boards	Board

place from 10 9 18.				
Development of engaging values programme		Feedback to Strategic Intent Leadership Group and both boards	Board	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Board level Capacity	Capacity at Board level to be kept under review at Remuneration Committee	Chair	Ongoing
2	Values Programme at pilot stage	Values Programme to be further developed, ensuring involvement colleagues, third sector, stakeholders and service users.	JCEO	April 2019 Complete
	Values Programme Development work complete	Outcome to be considered by Shadow Board 22/5/19 and updated to Boards	Chair	July 2019
3	Clearly defined relationship with the Integrated Care System	Ongoing work with ICS Partners	JCEO	Ongoing
Links to Primary Regulatory Framework SOF, Well Led, CQC.				

Strategic Objective	We will, jointly with ² gether NHS Foundation Trust, deliver transformational care for our communities in line with our agreed Strategic Intent .		
Risk SR18	There is a risk that competing agendas and demands from primary care, GHFT, GCC, GCCG, ICS in both Gloucestershire and Herefordshire and other partners lead to delays and hamper progress and delivery of benefits.		
Type	Strategic	Executive Lead	Chief Executive
Risk Rating	(Likelihood x impact)	Assurance Committee	Strategic Intent Leadership Group
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	1/1/2018
Previous Meeting Risk Score	-	Date of Review	July 2019
Current Risk Score	3 x 4 = 12	Date Next Review	September 2019
Tolerable (Target) Score	2 x 3 = 6	Date to Achieve Target	31 st March 2020
Key 2019/20 Deliverables		Relevant Key Performance Indicators	
Integrated Locality Partnerships further developed		-	
Integrated Care System Board further developed		-	
Rationale For Current Score (Identifying progress made in previous period)			
Progress in partnership working			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Both Trusts have clear business plans for 2018/19 to support delivery of core business with clarity on priorities agreed by Boards and aligned to resources		Feedback to Strategic Intent Leadership Group and both boards	Board
Maintain strong engagement as partner in ICS and development of robust ICS engagement plan.		Feedback to Strategic Intent Leadership Group and both boards	Board
Stage 1 engagement undertaken		Feedback to Strategic Intent Leadership Group and both boards	Board
Strategic Intent work monitored for implications to place based working to ensure inter-dependencies recognised –		Feedback to Strategic Intent Leadership Group and both boards	Board

interdependencies routine part of meeting review.			
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)	
		Action	Owner
1	Two way engagement process with stakeholders to be finalised for next stage of engagement	Communication and Engagement Plan to be implemented	JCEO
2	Key Relationships identified but specific activations required to be defined	Key Relationship Managers for key stakeholders to be put in place	JCEO
3	Knowledge of Gloucestershire and Herefordshire/Worcestershire to be built into Board working	Increased oversight of One Herefordshire at Board level to be built into Board agendas	Chair
Links to Primary Regulatory Framework SOF, Well Led, CQC.			

Strategic Objective		We will, jointly with ² gether NHS Foundation Trust, deliver transformational care for our communities in line with our agreed Strategic Intent .		
Risk SR19		There is a risk that having successfully merged (ie completed the transaction) the newly formed organisation fails to maintain momentum and take forward transformational care with pace		
Type	Strategic	Executive Lead	Chief Executive	
Risk Rating	(Likelihood x impact)	Assurance Committee	Strategic Intent Leadership Group	
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	1/1/2018	
Previous Meeting Risk Score	-	Date of Review	July 2019	
Current Risk Score	3 x 4 = 12	Date Next Review	September 2019	
Tolerable (Target) Score	2 x 3 = 6	Date to Achieve Target	31 st March 2020	
Key 2019/20 Deliverables		Relevant Key Performance Indicators		
Structures in place to deliver transformation		-		
Rationale For Current Score (Identifying progress made in previous period)				
Progress in partnership working				
Key Controls To Manage Risk		Assurance on Controls		Type of Assurance
Distinct transformation workstream and lead in place		Feedback to Strategic Intent Leadership Group and both boards		Board
Board Commitment to transformation		Feedback to Strategic Intent Leadership Group and both boards		Board
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Detailed benefits programme	Detailed benefits programme being developed	JCEO	31 st March 2020
2	Potential gap between Business Case and operation	Full Business Case to be deconstructed to provide operational guidance to ensure delivery	JCEO	Sept 2019
3	Potential lack of transition of organisational memory	Shadow Board appointees developing knowledge both Trusts and learnings from current Trust being built up. Appointees from both Trusts to serve on new board (both	All	Ongoing

		Non Execand Exec		
Links to Primary Regulatory Framework SOF, Well Led, CQC.				

Strategic Objective		We will, jointly with ² gether NHS Foundation Trust, deliver transformational care for our communities in line with our agreed Strategic Intent .		
Risk SR20		There is a risk that changes at a national level relating to health and/or social care impact on the planned transformation		
Type		Strategic	Executive Lead	Chief Executive
Risk Rating		(Likelihood x impact)	Assurance Committee	Strategic Intent Leadership Group
Inherent (without controls being applied) Risk Score		4 x 5 = 20	Date Identified	1/1/2018
Previous Meeting Risk Score		-	Date of Review	July 2019
Current Risk Score		3 x 4 = 12	Date Next Review	September 2019
Tolerable (Target) Score		2 x 3 = 6	Date to Achieve Target	31 st March 2020
Key 2019/20 Deliverables			Relevant Key Performance Indicators	
Community Engagement Plan			-	
Rationale For Current Score (Identifying progress made in previous period)				
Progress in partnership working				
Key Controls To Manage Risk		Assurance on Controls		Type of Assurance
Monitoring and keeping under review policy announcements.		Feedback to Strategic Intent Leadership Group and both boards		Board
Lobbying local and national stakeholders and policymakers.		Feedback to Strategic Intent Leadership Group and both boards		Board
Ensuring our plans contain future proofing and contingency options		Feedback to Strategic Intent Leadership Group and both boards		Board
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Knowledge and awareness levels of communities and service users of the impact of national changes.	Engaging across community groups to build knowledge and awareness of the interconnections of national and local policy implications for Trust operational services	JCEO	Ongoing

Links to Primary Regulatory Framework SOF, Well Led, CQC.				

Risks On Target

Strategic Objective	<i>We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities</i>		
Risk SR1	There is a risk that we are not recognised locally as a key and valued provider; resulting in the Trust not having an equal voice in discussions with providers, commissioners and the community compromising our ability to deliver outstanding community services –		
Type	Reputation	Executive Lead	Chief Executive
Risk Rating	(Likelihood x impact)	Assurance Committee	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	Date Identified	1 st April 2017
Previous Meeting Risk Score	3 x 4 = 8	Date of Review	November 2018
Current Risk Score	2 x 4 = 8 – ON TARGET	Date Next Review	January 2019
Target Score	2 x 4 = 8	Date to Achieve Target	1 st April 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Gloucestershire Strategic Forum (GSF) STP (Sustainability and Transformation Plan) agendas and approach informed by the needs of GCS as a partner - work to continue in 2018/19 and extended to reflect Strategic Intent with 2gether.		360 feedback from partners and stakeholders – postponed during Strategic Intent development process, to be reviewed in relation to Strategic Intent workstream plans	
Readiness for CQC with aim for good or outstanding overall rating. – Grading of Good Assessment confirmed April 2018		Visibility of our leaders and staff in local events and programmes Reports to Workforce Committee confirms this has been maintained in 17/18	
Development of Joint Strategic Intent with 2gether NHS Trust – Strategic Intent Formalised and now being progressed through joint processes			
We will have established an effective working relationship with the new Health and Care Oversight and Scrutiny Committee – continues to be a focus for 2018/19			
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Gloucestershire Strategic Forum (GSF) STP (Sustainability and Transformation Plan) agendas and approach informed by the needs of GCS as a partner - work to continue in 2018/19 and extended to reflect work towards developing an integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust.		Updates to GSF on GCS business as usual and Integrated Physical and Mental Health Care developments.	
CQC Outcome Rating of Good formally celebrated and recognised across Healthcare System and action plan work to further improve and spread good practice implemented		CQC Rating CQC Action Plan implementation Progress (completion of must dos with timeliness)	
Strategic Case Submitted to NHSI autumn 2018		Strategic Case approved by Board and NHSI	
We will have established an effective working relationship with the new Health and Care Oversight and Scrutiny Committee – continues to be a focus for 2018/19 (extended to reflect work towards developing an integrated		Joint induction/seminar in place for autumn 2018	

Physical and Mental Health Care Offer with 2gether NHS Foundation Trust.				
Rationale For Current Score (Identifying progress made in previous period)				
The joint work with 2gether has raised the profile of community based physical and mental health services, and increased understanding of the benefit of integrating this offer. This work will continue through a range of stakeholder events and activities to ensure that stakeholders are the best advocates for our services and champion greater equity of resources for community and mental health services. The current score reflects that the wider stakeholder engagement activities are commencing 29 th May and will be part of a wide programme of events.				
Key Controls To Manage Risk		Assurance on Controls		Type of Assurance
Development of programme to integrate community based physical and mental health services.		Monitoring by Strategic Intent Leadership Group and Board		Board Oversight
Communications and External engagement strategy		Workforce and OD Committee		Board Oversight
Regular reports to Health and Care Oversight and Scrutiny Committee (HOSC)		Regular Chair and Chief Executive reports		Board Oversight
Chair and Chief Executive Membership of Gloucestershire Strategic Forum (GSF)		Regular Chair and Chief Executive reports		Board Oversight
Member of Emergency Planning Preparation and Resilience Forum		Regular Chief Executive reports		Board Oversight
Chair membership of Health and Well Being Board		Regular Chair Reports		Board Oversight
Active member of NHS Providers and Community First Network		Regular Chair and Chief Executive reports		Board Oversight
Stakeholder Transformation events		Updates on Transformation at Board		Board Oversight
Quality Account		Review of Quality Account		Board oversight
Gaps in Controls and Assurance (additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Stakeholder Engagement informing integration with 2gether plans)	Stakeholder engagement processes launched and feedback mechanisms in place.	Chief Executive	Stage 1 complete June 2018
2	Clarity on GSF Decision Making (controls), particularly following announcement that One Gloucestershire has been granted status as a shadow Integrated Care System.	Memorandum of Understanding to be developed for Integrated Care System which reflects roles of GCS and 2gether and the planned integration.	Chief Executive	August 2018
3	Develop Relationship new HOSC members (assurance)	Joint induction session planned autumn 2018 and HOSC members to be fully integrated in Stakeholder events	Chief Executive	September 2018
4	Must dos identified by CQC	CQC Quality Improvement Plan actioned with timeliness	DoN	Ongoing

Strategic Objective	We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities		
Risk SR3	There is a risk that we do not effectively celebrate our successes internally, locally and nationally; resulting in lack of knowledge of the range and quality of our services.		
Type	Quality	Executive Lead	Director of HR
Risk Rating	(Likelihood x impact)	Assurance Committee	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4x 4 = 16	Date Identified	April 2017
Previous Meeting Risk Score	2 x 4 = 8	Date of Review	November 2018
Current Risk Score	2 x 4 = 8 – TARGET SCORE	Date Next Review	January 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	March 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Increase the Trust's profile on social media and that this focusses on quality		Number of national, regional and local awards	
Increase the number of entries to national, regional and local awards		Number of positive media stories	
Raise profile of range and breadth of services with primary care			
Review methodology of the friends and family test to increase completion rates		Friends and family Test - increased completion	
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Increase the Trust's profile (and that of the work with 2gether) on social media and that this focusses on quality		Number of national, regional and local awards	
Increase the number of entries to national, regional and local awards		Number of positive media stories	
Raise profile of range and breadth of services with primary care		Integrated Locality Board meetings well attended and positive feedback on role from primary care	
Maintain and further increase number of FFT responses and increase use of information provided.		Friends and family Test - increased completion and impact on services	
Rationale For Current Score (Identifying progress made in previous period)			
The Trust has improved its national, regional and local profile each year with good news stories outweighing negative stories. This has included the development of the 60 second service video's and the increased use of social media including Twitter by a range of Trust colleagues. The Trust's performance was recognised by CQC and a range of stakeholders in relation to winter pressures etc.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Communciations and engagement strategy and plan in place		Monitored through Workforce and OD Committee	Board
Calendar of entry dates for national, regional and local awards used to support entrants		Montioered through the Executive Team	Management
Investment in Annual Understanding You Awards		Trust Understanding You awards	Managemt & Board

Regular attendance at LMC meetings, Locality Meetings and Integrated Locality Boards	Feedback at Board from Executive and partners	Executive
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Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Monitoring and targets for media presence (positive, negative etc)	Communication Plan agreed by WF&OD Sept 2017 and now being progressed and monitored by WF&OD Committee.	DoHR	Sept 2018
2	Clear targets to improve response rates for the friends and family test (FFT) and to demonstrate use of information to drive engagement activities including the merger.	<p>Significant engagement activity has been ongoing and also the importance of FFT completion reiterated to colleagues. Feedback recently received is indicating an improved position. Q1 Staff FFT and the results are as follows:</p> <ul style="list-style-type: none"> Response rate to staff recommending the Trust as a place to work has risen from 49% in Q4 2017/18 to 63% in Q1 2018/19. Response rate to staff recommending the Trust as a place to receive treatment has also risen from 85% in Q4 2017/18 to 88% in Q1 2018/19. <p>We also had a higher response rate than in previous FFTs at 22.1% Engagement remains a key strand within the merger processes. Response rates for service user FFT are also increasing and being monitored by the Quality and Performance Committee.</p>	<p>DoHR/Director of Transition</p> <p>Director of Nursing</p>	<p>Ongoing</p> <p>Ongoing</p>
3	Mechanism to improve Service User Feedback systematically shared through organisation	Key element of Stakeholder Engagement programme which is at the Core of the work to develop an integrated Physical and Mental Health Care offer	Exec	September 2018
Links to Primary Regulatory Framework				

Strategic Objective	We will make sure the needs and views of service users, carers and families shape the way we plan and deliver care		
Risk SR7	There is a risk that we don't recognise and value the contribution of service users and carers in designing their own care; resulting in poorer outcomes and experiences.		
Type	Quality	Executive Lead	Chief Operating Officer
Risk Rating	(Likelihood x impact)	Assurance Committee	Trust Board
Inherent (without controls being applied) Risk Score	4 x 3 = 12	Date Identified	1st April 2017
Previous Meeting Risk Score	2 x 3 = 6	Date of Review	November 2018
Current Risk Score	2 x 3 = 6 – TARGET SCORE	Date Next Review	January 2019
Tolerable (Target) Score	2 x 3 = 6	Date to Achieve Target	March 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Revised Policy on Policies to reference co-design and person centred care –		FFT Response Rate	
Core Values reinforced to incorporate valuing contribution service user.		FFT % recommend service – likely , extremely likely	
Patient stories and evidence of impact.- Regular item at Board		Number compliments, complaints, concerns	
Delivery 17/18 CQUIN on Increased use of Personal Care Plans.			
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Revised Policy on Policies to reference co-design and person centred care – now being reviewed with 2g policy as part of Strategic Intent work		FFT Response Rate	
Core Values reinforced to incorporate valuing contribution service user.		FFT % recommend service – likely , extremely likely	
Patient stories and evidence of impact.- Regular item at Board		Number compliments, complaints, concerns	
Transformation with co-design at the heart of work with 2gether.		Stakeholder events and feedback	
Rationale For Current Score (Identifying progress made in previous period)			
There continues to be a clear focus on patient experience, including regular patient stories at Trust Board, regular training and development events, and through the Understanding You Group. To move forward to achieve target risk we recognise the need to progress training and development as part of essential to role training frameworks. To be further reviewed against Transfor			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Person focused initiatives eg End of Life		Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability	Management Oversight
Promotion of Patient First Culture through CORE behaviours, values and strategic objectives		Relevant metrics within the Quality and Performance Report received at the Quality and Performance Committee and Board	Board Oversight
Positive Risk Taking		6-monthly Understanding You Report	Board Oversight

Policies to support colleagues to make patient focused decisions		Service user stories at Board	Board Oversight	
Specification increasing personalisation requirements		Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG	Management Oversight	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Strength & consistency of processes throughout organisation to ensure value of service users contribution recognised and built in. Review with 2gether Policy now ongoing.	Update Policy on policies to make sure patient involvement in own care is appropriately reflected. Being undertaken jointly with 2gether.	Trust Secretary	Sept 2018
2	Patient Activation Measures and Personalised Care Plans not in place as standard.	Review Core values and behaviours to ensure they reflect positive risk taking and emphasis on service user perspective. This will now be part of wider vision and values work with 2gether.	CEO	Dec 2018
		Trial of Patient Activation Measures (goal setting to inform decision making)for patients with long term needs. Actions to date trialled in MacMillan Service and being tested across two other services, prior to review for further development across Trust.	COO	Sept 2018
		Actions to date - Engaging Individuals in personal commissioning – personal health budgets – developing process. Presentation to CORE leadership Group July 2017 to develop understanding. Further system workshops scheduled with Senior leads in April and June following Gloucestershire being a pilot site for Integrated personal care plans and budgets	COO	July 2018
Links to Primary Regulatory Framework CQC – Well led, Responsive Constitution – Rights & Pledge				

Strategic Objective	We will make sure the needs and views of service users, carers and families shape the way we plan and deliver care		
Risk SR7	There is a risk that we don't recognise and value the contribution of service users and carers in designing their own care; resulting in poorer outcomes and experiences.		
Type	Quality	Executive Lead	Chief Operating Officer
Risk Rating	(Likelihood x impact)	Assurance Committee	Trust Board
Inherent (without controls being applied) Risk Score	4 x 3 = 12	Date Identified	1st April 2017
Previous Risk Score	2 x 3 = 6	Date of Review	November 2018
Current Risk Score	2 x 3 = 6 – TARGET SCORE	Date Next Review	January 2019
Tolerable (Target) Score	2 x 3 = 6	Date to Achieve Target	March 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Revised Policy on Policies to reference co-design and person centred care –		FFT Response Rate	
Core Values reinforced to incorporate valuing contribution service user.		FFT % recommend service – likely , extremely likely	
Patient stories and evidence of impact.- Regular item at Board		Number compliments, complaints, concerns	
Delivery 17/18 CQUIN on Increased use of Personal Care Plans.			
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Revised Policy on Policies to reference co-design and person centred care – now being reviewed with 2g policy as part of Strategic Intent work		FFT Response Rate	
Core Values reinforced to incorporate valuing contribution service user.		FFT % recommend service – likely , extremely likely	
Patient stories and evidence of impact.- Regular item at Board		Number compliments, complaints, concerns	
Transformation with co-design at the heart of work with 2gether.		Stakeholder events and feedback	
Rationale For Current Score (Identifying progress made in previous period)			
There continues to be a clear focus on patient experience, including regular patient stories at Trust Board, regular training and development events, and through the Understanding You Group. To move forward to achieve target risk we recognise the need to progress training and development as part of essential to role training frameworks. To be further reviewed against Transfor			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Person focused initiatives eg End of Life		Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability	Management Oversight
Promotion of Patient First Culture through CORE behaviours, values and strategic objectives		Relevant metrics within the Quality and Performance Report received at the Quality and Performance Committee and Board	Board Oversight
Positive Risk Taking		6-monthly Understanding You Report	Board Oversight

Policies to support colleagues to make patient focused decisions		Service user stories at Board	Board Oversight	
Specification increasing personalisation requirements		Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG	Management Oversight	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Strength & consistency of processes throughout organisation to ensure value of service users contribution recognised and built in. Review with 2gether Policy now ongoing.	Update Policy on policies to make sure patient involvement in own care is appropriately reflected. Being undertaken jointly with 2gether.	Trust Secretary	Sept 2018
2	Patient Activation Measures and Personalised Care Plans not in place as standard.	Review Core values and behaviours to ensure they reflect positive risk taking and emphasis on service user perspective. This will now be part of wider vision and values work with 2gether.	CEO	Dec 2018
		Trial of Patient Activation Measures (goal setting to inform decision making)for patients with long term needs. Actions to date trialled in MacMillan Service and being tested across two other services, prior to review for further development across Trust.	COO	Sept 2018
		Actions to date - Engaging Individuals in personal commissioning – personal health budgets – developing process. Presentation to CORE leadership Group July 2017 to develop understanding. Further system workshops scheduled with Senior leads in April and June following Gloucestershire being a pilot site for Integrated personal care plans and budgets	COO	July 2018
Links to Primary Regulatory Framework CQC – Well led, Responsive Constitution – Rights & Pledge				

Strategic Objective	We will manage public resources effectively so that the services we provide are sustainable		
Risk SR13	There is a risk that we fail to maintain and develop an infrastructure fit for future services; resulting in fragmented service delivery models and escalating costs.		
Type	Financial	Executive Lead	Director of Finance
Risk Rating	(Likelihood x impact)	Assurance Committee	Finance Committee
Inherent (without controls being applied) Risk Score	5 x 4 = 16	Date Identified	20 April 2017
Previous Risk Score	2 x 4 = 8	Date of Review	November 2018
Current Risk Score	2 x 4 = 8 On Target	Date Next Review	January 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	Mar 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
1. Estates Strategy – Agreed		1. Capital Servicing capacity	
2. Financial Strategy – Business Plan Process Resilience element support		2. Income and Expenditure Margin	
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Business Plan delivered		1. Capital Servicing capacity	
Operational Plan delivered		2. Income and Expenditure Margin	
Capital Plan delivered		3. Reference Cost Index	
Rationale For Current Score (Identifying progress made in previous period)			
Development of clear service led estates strategy and IMT is progressing with a number of priority areas now moving forward e.g. Forest of Dean. JUYI			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Information and Management Technology (IM&T) Strategy		IM&T Steering Group	Management oversight
Capital Programme		Capital Expenditure Steering Group Group	Management oversight
Health and Safety and Security Policy		Health & Safety Steering Group – reporting to Audit and Assurance Committee	Management /Board oversight
		Board and Committee approval of IM&T , Estates and Financial Strategy and overall operating plan	Board oversight
		Finance Committee ERIC (Estates Return Information Collection) and PLACE (Patient Led Assessment Care Environment) monitoring	Board oversight
		Finance Committee Monitoring of Capital Programme	Board oversight

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Assessment of what required for future delivery of services needs to be undertaken	To be undertaken in tandem with work with integration with 2gether NHS Foundation Trust	Executive	Sept 2018
2	Business Plan implemented	Business Plan Monitoring	DoF	Nov 2017 Ongoing
Links to Primary Regulatory Framework NHSI Single Oversight Framework CQC – Well led				

Strategic Objective	We will manage public resources effectively so that the services we provide are sustainable		
Risk SR14	There is a risk that we do not invest in long term sustainability, resulting in inability to sustain quality and compromising year on year cost improvement.		
Type	Financial	Executive Lead	Director of Finance
Risk Rating	(Likelihood x impact)	Assurance Committee	Trust Board
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	20 April 2017
Previous Risk Score	3 x 5 = 15	Date of Review	November 2018
Current Risk Score	3 x 5 = 15 – TARGET SCORE	Date Next Review	January 2019
Tolerable (Target) Score	3 x 5 =15	Date to Achieve Target	March 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Updated Financial Strategy - Business Plan Process Resilience element supports		Forecast Trend for Return on Capital	
Business Development Strategy – Agreed focus on Business Planning Process		Service User Outcome data –(Mortality, Readmission, MSKat, reablement)	
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Updated Operating Plan		Forecast Trend for Return on Capital	
Business		Service User Outcome data –(Mortality, Readmission, MSKat, reablement)	
Rationale For Current Score (Identifying progress made in previous period)			
While good processes are in place, the operating environment is increasingly challenging and requires a longer term response which reflects the challenges within the operating plan, Cost Improvement Plan Targets and Control Totals. The work with 2gether NHS Foundation Trust will target the building of resilience			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Monthly Financial Reporting		Finance Committee monitoring	Management
CIP Steering Group		Progress against CIP targets is monitored at the CIP Steering Group which reports to the Finance Committee – Good historical delivery against QIPP and CQUIN. Trend on proportion of CIP delivered	Management/Board Oversight
QEIA's will be completed and signed off for all CIP schemes before they are implemented		QEIA Review at Clinical Reference Group and Executive or Board and Committees if necessary.	Management/Board
CIP Development Plan		NHS Benchmarking Group Report	Independent

		CIP Steering Group monitoring and Finance Committee	Management/Board	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Updated Financial Strategy linking to STP	Review Financial Strategy and update	DOF	July 2018
3	CIP Plan 2018/19 delivery	CIP Plan 2018/19 in Place and monitoring processes on going	DOF	March 2019
4	Work Force Plan 2018/19	Work Force Plan 2018/19 to be reviewed by Resources Committee and Board	IDHR&OD	Ongoing
		Benchmark against Carter Metrics (once issued) Workshop held with Execs of both Trusts, outcomes to be followed up.	DOF	Ongoing
Links to Primary Regulatory Framework		NHSI Single Oversight Framework		
CQC – Well led				

Definitions

The overall risk ratings below are calculated as the product of the Probability and the Severity

Score. **IMPACT SCORE**

LEVEL	INJURY / HARM	SERVICE DELIVERY	FINANCIAL / LITIGATION	REPUTATION / PUBLICITY
5 CATASTROPHIC	Fatality, Multiple fatalities or large number injured or affected.	Complete breakdown of critical service/ 'Significant under-performance' against key targets.	Losses; claims/damages; criminal prosecution, over-spending; resourcing shortfall: >£1M.	National adverse publicity/reputation irreparably damaged.
4 Major (HIGH)	Fatality/multiple serious injuries/major permanent loss of function/increased length of stay or level of care >15 days.	Intermittent failures of a critical service/'under-performance against key targets'.	£501K - £1M	Adverse national publicity
3 Moderate (MEDIUM)	Semi-permanent harm (1 month-1 year). Increased length of stay / level of care 8-15 days, >1 month's absence from work.	Failure of support services/under-performance against other key targets'.	£51K - £500K	>3 days local media publicity
2 Minor (LOW)	Short-term injury (<1 month). Increased length of stay or level of care <7 days, 3 days-1 month absence for staff.	Service Disruption	£11K - £50K	<3 days local media publicity
1 (Insignificant)	No harm. Injury resulting in <3 days' absence from work for staff.	No service disruption	<£10K	

LIKELIHOOD SCORE		
Level		
5	Almost certain	Will occur frequently given existing controls
4	Likely	Will probably occur given existing controls
3	Possible	Could occur given existing controls
2	Unlikely	Not expected to occur given existing controls
1	Rare	Not expected to occur, except for in exceptional circumstances, given existing controls

RISK RATING MATRIX

Likelihood	IMPACT				
	1	2	3	4	5
5	5 (LOW)	10 (MEDIUM)	15 (HIGH)	20 (CATASTROPHIC)	25 (CATASTROPHIC)
4	4 (LOW)	8 (MEDIUM)	12 (MEDIUM)	16 (HIGH)	20 (CATASTROPHIC)
3	3 (LOW)	6 (MEDIUM)	9 (MEDIUM)	12 (MEDIUM)	15 (HIGH)
2	2 (LOW)	4 (LOW)	6 (MEDIUM)	8 (MEDIUM)	10 (MEDIUM)
1	1 (LOW)	2 (LOW)	3 (LOW)	4 (LOW)	5 (LOW)

Impact Score x Likelihood Score = Risk Rating: