

NCA Group Board Assurance Framework 2021/22

Strategic Themes	2021/22 Objectives	2021/22 Deliverables
1. Partnerships in Place	1.1. Supporting place based systems to overcome structural inequalities and generate value for our local communities	<ul style="list-style-type: none"> • Support the development of robust plans in our localities to improve population health (Q1-4) • Increase our local employment <ul style="list-style-type: none"> ○ 60% by 2025, with target of 58% for 2021/22 ○ 425 pre-employment opportunities in place ○ Increase career ambassadors to 500
	1.2. Be a leader and collaborative partner	<ul style="list-style-type: none"> • Scope opportunity, with local commissioners, to develop a system financial efficiency approach within the localities served by the NCA (Q1) • Support the refresh of locality governance, strengthening collaborative working with Local Authorities, Primary Care Networks and other place-based partners (Q3) • Secure the delivery of community health services in Bury, Oldham and Rochdale (Q1) • Work with local system partners to identify and deliver further benefits from greater integration, including back office and transactional opportunities (Q3)
	1.3. Recover planned activity ensuring inequalities are deeply understood and addressed	<ul style="list-style-type: none"> • Develop specific inequality actions & solutions for testing across Bury system (Q1) – locality specific and NCA wide • Apply learning and approach to other localities (Q2-3), • Engage our clinical teams in inequalities data and decisions (Q1-4)
	1.4. Continue to build on ‘Home First’ strategy to ensure safe and reliable care across our communities Deliverables:	<ul style="list-style-type: none"> • Develop our community capacity/workforce model (Q1) • Increase virtual care by 15% (Q3) • Finalise our community dashboard (Q1) and use data to determine CO improvement actions (Q2/3) • Launch NCA Home Safe collaborative (Q1) to enable alternatives to hospital care and reduce stranded and super stranded patients by 10%
2. Caring for and Inspiring our People	2.1. Delight our people with a fantastic experience, encouraging inclusivity in everything we do	<ul style="list-style-type: none"> • In our professional forums, teams and CF2 conversations embed and act upon ‘what matters most to me’ <ul style="list-style-type: none"> • Line managers to have 90% compliance with CF2 conversations • Improve staff survey results <ul style="list-style-type: none"> • Target for key questions: <ul style="list-style-type: none"> ➢ 0% of staff to experience bullying, harassment or abuse from managers and colleagues ➢ Senior managers act on feedback – 45% (31) ➢ Senior managers involve staff in important decisions – 45% (32) ➢ Communication between senior management and staff is effective – 55% (41) ➢ Staff feel able to provide the care they aspire to – 80% (66) • Improve experience for staff with protected characteristics <ul style="list-style-type: none"> • BAME leaders at 8A increases to 85 (72) – 130 by 2025 • Likelihood of appointment to improve to 1.55 (1.85) – 1 by 2025 • Likelihood of entering disciplinary to improve to 1.3 (1.39) – 1 by 2025 • 2 BAME Board members • Belief in fair career progression to a minimum of 75% for all staff with protected characteristics • 62% of staff with a protected characteristic recommend the NCA as a place to work
	2.2. Improve the wellbeing of all staff and ensure we are providing a safe and supportive environment for them	<ul style="list-style-type: none"> • Improve key areas in the staff survey through the People Sprint plan <ul style="list-style-type: none"> • Organisation takes positive action on health and wellbeing – 50% (27)

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	2.3. Develop leaders who inspire their teams and support all staff with development to be at their best	<ul style="list-style-type: none"> • Embed a culture of flexible working, offering both a range of approaches and providing opportunities to work flexibly, to attract and retain a diverse workforce <ul style="list-style-type: none"> • Question 5h (satisfied for opportunities for flexible working) on staff survey improves from 58% to 65% • Roll out for Leadership by All including management foundation skills, system leadership, leadership for QI, HPMS and Medical Leadership <ul style="list-style-type: none"> • 1680 places offered with 70% attendance on each module • 1140 leaders to have received development by year end • Improvement to above average in 10 national staff survey questions relating to line manager around team, feeling valued, recognition and feedback (4h, 4i, 5a, 5b, 5c, 5d, 5e, 5f, 8a, 8c, 8f, 8g) • Launch HPMS training academy modules (Q1), roll out of DAAS (Q2) and performance management system (Q1), secure broader partnership to drive HPMS concepts (Q4) <ul style="list-style-type: none"> • Roll out of High Performing Teams Scorecard delivered by end Jun 2021 with 75% of 8B leaders trained (338 leaders) – 100% by Mar 22 • 8A leaders having CF2 conversations with their leader – 80% by end September, 95% by Mar 22 • Talent and performance conversations in Ops cascaded to B7 managers by end September • All managers at B7 and above (117) validated as competent in Foundation and mandated specialist Ops development areas (specific breakdown by band available) • Enact the recommendations of the Communications function review, including the roll-out of our new website (Q1) and Care Organisation microsites (Q2) and supporting NCA Strategic Priorities and Vision 2025
	2.4. Develop a plan that gives us the right number of people with the right skills doing the right things every day	<ul style="list-style-type: none"> • Develop an NCA strategic workforce model and plan (Q1 & 2) • 2 year plan produced by end September 2021 • Embed talent management • Talent forums at Director -1 level across NCA • Succession plans in place for all roles one layer below Director by Dec 2021
3. Clinical and Operational Excellence	3.1. Deliver on improvement plans to achieve our aim of Zero hospital acquired infections for patients Deliverables:	<ul style="list-style-type: none"> • Embed our IPC strategies, act on learning to ensure avoidable harm using QI methods to improve • All Care Organisations to achieve 100 days without a nosocomial COVID infection.
	3.2. Aim to be in top decile for clinical effectiveness and outcomes across a range of specialities	<ul style="list-style-type: none"> • Improve HSMR (including COV provision) - all care organisations to be in the better than expected category. • Increase number of trained staff who have undertaken a structured judgement review by 25% based on 2019/2020 figures • All services to ensure GIRFT recommendations and action plans have been completed. • Concise/SI action plans – 95% of all incident action plans to be completed within 3 months of incident completion. • Embed and codify the NCA's approach to highly reliable, standardised care at scale achieving top decile performance for: <ul style="list-style-type: none"> - Major Trauma outcomes as evidenced by the Ws score, orthopaedic surgical site infections, National Bowel cancer outcomes, delivery of antibiotics within 60 minutes in sepsis.

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	3.3. Meet our agreed Integrated Care System & Care Organisation restoration for planned care (Diagnostics, Outpatient, Inpatient & Day Case)	<ul style="list-style-type: none"> • Finalise models for capacity & demand with KPMG and determine improvement actions to get to 'optimum' restoration case (Q1) • Determine CO trajectories and improvement & investment plans for IP/OP/DC/Diagnostic and cancer patients (Q1) • Deliver on agreed trajectories (Q1-4) • Maximise use of additional activity & capacity through IS/other provider services – 3-5% of activity delivered in partnership with others (Q1-4)
	3.4. Deliver on phase 1 of our Cancer strategy to improve earlier detection, diagnosis and outcomes for patients	<ul style="list-style-type: none"> • Completion and ongoing monitoring of cancer actions plan to enable compliance against specific Cancer WT standards by June, May 21 and March 22. • Implementation of improved QI harm & learning processes across Care Orgs for 62- 104 day delays (Q1).
	3.5. Waiting Well - Establish a safe, effective and personal system for patients waiting for treatment	<ul style="list-style-type: none"> • Embed system and processes for fully clinical validated RTT/Diagnostic waiting list and all patients assigned P category (Q1) with >85% of P2 patients booked in 4 weeks (Q2) • Develop our plan (Q1) and deliver (Q2) our 'Keeping in Touch' programme in collaboration with primary care for patients waiting • Ensure all specialities have embedded risk stratification tools for management of FU (Q3) • Consolidation of single NCA elective access team (Q4)
	3.6. Achieve Urgent & Emergency Care quality standards, prepare for winter & potential COVID wave	<ul style="list-style-type: none"> • Engagement and deployment of UEC Improvement programme focussing on UEC by appointment, Frailty, SDEC and Home Safe to achieve zero tolerance of 12 hour delays and achieve new UEC standards focussing on mean time in dept & decision to proceed standards (Q1-4), • Continue to deliver vaccination programme for COVID in line with nationally agreed timescales for all cohorts (Q1-4) • All critical care units will have plans in place to deal with winter and potential COVID surge by end of Q2. • Protected Green pathway capacity across Corg will be finalised within robust winter plans (Q3)
	3.7. Engage and involve the people who use our services to shape high quality sustainable services and organisational culture	<ul style="list-style-type: none"> • Refresh (Q1) and restart (Q2) implementation of Patient, Carer and Relatives Experience Strategy to ensure views are encouraged, heard and acted upon to shape services and culture • Refresh (Q2) and restart (Q3) implementation of Membership & Public Engagement Plan
	3.8. Continue our Quality Improvement Journey to improve patient safety and reduce harms, re-focussing our strategy to meet our current population needs	<ul style="list-style-type: none"> • Launch one collaborative per CO, (Q1) with measurable improvements and hold group-wide learning event (Q3/4) <ul style="list-style-type: none"> • Determine and communicate CO quality strategies; focus on improvement actions relating to fundamental standards of care (PU, Falls, CAUTI, VTEs, Cardiac Arrests) (Q1) and supported by CO QI forums (Q2)
	3.9. Build staff capacity & capability for improvement	<ul style="list-style-type: none"> • 30 x Teams engaged in QI via Patient Experience Collaborative and microsystems, 160+ staff trained in QI through collaboratives & microsystems, 200+ Staff trained via formal QI Capability Building offer, 48 QI focused leader led reality rounds across the NCA in 12 months
	3.10. Deliver on our financial plans and refine models for delivery across our Integrated Care System & localities	<ul style="list-style-type: none"> • At Group and individual Care Organisation deliver against 21/22 control totals for H1 and full year. • At Group and individual Care Organisation deliver against a 21/22 £56m [subject to confirmation] Productivity and Value based Efficiency target both in year and recurrently
4. New Models of Care	4.1. Deliver our Major Change Programmes working in partnership with others	<ul style="list-style-type: none"> • Mobilise phase 1 of CDH in Salford and Oldham (Q2-4) with FBC (Q1) • Deliver year 1 benefits of Digital Control Centre (Q3-4)

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		<ul style="list-style-type: none"> • Invest in (Q1) and scale up safely our plans for High volume surgical care to overachieve on 19/20 baseline (Q2-4) • A) Deliver with clear outcomes >30% of OP new appointments virtually, B) PIFU - establish a plan (Q1), determine trajectories (Q2) deliver on trajectories (Q3/4) and C) repurpose OP clinical space (Q4)
	4.2. Refresh our Service Development Strategy (SDS) in line with current and future requirements	<ul style="list-style-type: none"> • Complete refresh of the SSDS aligned with Vision 2025 and incorporating changes associated with the PAHT transaction and agreed changes agreed within GM (Q2) • Establish any revised priorities to be progressed in 2021/22 (Q3)
	4.3. Commence mobilisation of our Single Shared Services with greater standardisation	<ul style="list-style-type: none"> • Finalise Single Shared Service models of care and strategic cases for Critical Care, Urology and Orthopaedics (Q1) • Commence phased mobilisations of Single Shared Services, ensuring alignment with the agreed clinical disaggregation process for the PAHT transaction (Q2 onwards)
	4.4. Approve, resource and commence delivery of our GM Neurosciences Strategy	<ul style="list-style-type: none"> • Finalise and approve the NCA's 5-year Neurosciences strategy including forward programme management arrangements (Q1) • Commence mobilisation of year 1 priorities (FBC developed for IAT expansion, commissioning case to support increased theatre activity, Neuro rehab single GM service, reconfigure Neurology outpatients)
5. Digital Research and Innovation	5.1. Improve the experience and offer for students and trainees	<ul style="list-style-type: none"> • Maintenance of an excellent student experience, as evaluated by University of Manchester, -academic year 2020-2021, assessed July 2021, Q1 <ul style="list-style-type: none"> • Maintain above 95% for nursing / midwifery and AHPs <ul style="list-style-type: none"> ○ Increase experience, evaluation and retention of students and junior doctors by 5% ○ 75% of GM nursing students with job offer prior to qualification ○ 80% of nursing students take up post ○ Less than 20% of nursing students withdraw from preceptorship ○ 65% of final placement nursing students take up transitional placement ○ 95% retention of NQ nurses at 12 months ○ 80% retention of junior doctors at 2 years • Clear education outcomes for students and trainees across medical and nursing are delivered <ul style="list-style-type: none"> • SAR report confirms satisfactory delivery of education outcomes • Improve access to digital technology for all staff to support learning, education, research and innovation. <ul style="list-style-type: none"> • Training delivered through digital means increases by 10%
	5.2. Establish a common and consistent digital environment and integrate leading technology	<ul style="list-style-type: none"> • Maintain our position as a Global Digital Exemplar. • Approval for additional stabilisation funding and delivery of the programme. • Design of a digital disaggregation programme and funding approved. • Single Patient Record delivered and Digital Control Centre and Stabilisation complete. • Complete roll out of the new EPR system for community health services in Bury, Rochdale and Oldham
	5.3. Provide opportunities for all clinical staff to participate in research to improve patient experience and clinical outcomes	<ul style="list-style-type: none"> • Finalise the NCA's R&I Strategy and commence mobilisation (Q1) • Secure co-investment to enhance research alignment between NCA and our University partners (Q3) • Establishment of the Geoffrey Jefferson Brain Research Centre and growth of research portfolio including awarding pump-priming research funding and achieving NIHR fellow status for a key investigator(Q1) • Develop research capability and capacity to support placed-based/integrated care with a specific focus on population health (Q2)

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		<ul style="list-style-type: none"> • Maximise the opportunities available for enhancing patient care by collaborating with the new Robotics centre at UOS initially developing a memorandum of understanding between UOS and NCA (Q1)
6. Sustainable Futures	6.1. Complete the acquisition of Bury, Rochdale and Oldham	<ul style="list-style-type: none"> • Acquisition completed by Sept 2021 • Develop by end of Q1 a revised five year Long Term Financial Model (LTFM) that supports a green/amber rating for the acquisition of Pennine Acute Hospitals Trust. • Secure by end January 2022 the capital resource limit and source of funding to support investment plans for 21/22 in line with our Acquisition case.
	6.2. Deliver on our Major Capital programmes – The GM Major Trauma Centre, The Geoffrey Jefferson Research Institute and Rochdale Elective Care Centre	<ul style="list-style-type: none"> • Programme for JPB on track, of high quality and within cost • Capital works programme for 2021 delivered on time and on budget • Completion of our NCA estate master planning with a phased programme of work aligned at system and local level • OBS plus FBC minus by September (for Oldham) in line with the proposed acquisition • Launch of Geoffrey Jefferson Research Institute (Q1)
	6.3. Support the development of the Greater Manchester Integrated Care System (ICS)	<ul style="list-style-type: none"> • Contribute and influence the review and development of the new GM ICS architecture, including the GM Provider Collaborative through participating actively in forums across GM (Q2).
	6.4. Care for and maintain our buildings and facilities to deliver safe, clean and personal care	<ul style="list-style-type: none"> • Review & refresh our PEAT and PLACE processes (Q1) and act on findings (Q2-4) • Determine (Q1) and deliver (Q2-3) annual investment plan to improve patient environment to support safety and experience • Deliver on backlog & life cycling annual plan (Q3) • To deliver the 21/22 capital investment plan by end of Q3 to ensure all start of year funding is fully utilised and access to potential funding in Q4 is optimised.
	6.5. Deliver on our plans and commitment to environmental sustainability	<ul style="list-style-type: none"> • Review & refresh our PEAT and PLACE processes (Q1) and act on findings (Q2-4) • Determine (Q1) and deliver (Q2-3) annual investment plan to improve patient environment to support safety and experience • Deliver on backlog & life cycling annual plan (Q3) • To deliver the 21/22 capital investment plan by end of Q3 to ensure all start of year funding is fully utilised and access to potential funding in Q4 is optimised.

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Risk Appetite as defined within the current NCA Risk Management Strategy

The long term sustainability of the organisation depends on the delivery of the strategic objectives and relationships with patients and service users, staff, public and strategic partners. We do not accept risks that materially impact on patients or staff safety or compliance and regulatory objectives. The NCA has a higher risk appetite relating to our pursuance of innovation and transformation objectives.

Key to Board Assurance Framework

Risks are stated in the “IF....THEN...” format

Likelihood scores are defined as:

- 1 = rare - do not expect this to happen
- 2 = unlikely - most probably will not happen
- 3 = occasionally - 50:50 chance of occurring
- 4 = likely - most probably will happen
- 5 = almost certain - confident that this will happen.

Impact scores are defined as:

- 1 = almost non - no obvious harm
- 2 = minor - no permanent harm (recovery within month)
- 3 = moderate - semi-permanent harm (recovery takes longer than 1 month but no more than 1 year) and/or adverse publicity for the Group.
- 4 = major - permanent harm not resulting in death or severe disability to a person or persons and/or start of a national investigation into the Group and/or disruption of key Group services which significantly hinder the NCA in meeting its responsibilities
- 5 = catastrophic - death or permanent severe disability to a person or persons and/or significant loss of reputation for the Group and/or loss of key Group services which prevent the NCA meeting its responsibilities

Control scores are defined as:

- 1 = risk is fully under control
- 2 = risk is adequately controlled
- 3 = action to control risk adequately has started and appears effective
- 4 = action to control risk is agreed but no action started or not yet effective
- 5 = no actions to control risk identified.

Risk tolerance levels:

- 3 – 5 = minor risk which is adequately managed and may be retained if further control limits the capacity to control higher ranking risks.
- 6 - 9 = moderate risk which must be reported and managed locally by the departmental, directorate or group manager/lead clinician.
- 10 - 11 = Serious risk which must be reported to the Group Executive Risk and Assurance Committee (GRAC).
- 12 - 15 = Significant risk to the Group which must be reported to the Group Board of Directors via GRAC

Principal Risk 1.

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Principal Objectives	Principal Risk	CO/GBU Significant Risks	Likelihood	Impact	Key Control Established	Key Gaps in Controls	Controls	Key Assurances	Key Gaps in Assurance	Action plan summary	Opening position 2021/22	Q1 2021/22 position	Q2 2021/22 position	Q3 2021/22 position	Q4 2021/22 position	Closing position 22021/22	Target Risk Score
<p>1.3. Recover planned activity ensuring inequalities are deeply understood and addressed</p> <p>3.3. Meet our agreed Integrated Care System & Care Organisation restoration for planned care (Diagnostics, Outpatient, Inpatient & Day Case)</p> <p>3.5. Waiting Well - Establish a safe, effective and personal system for patients waiting for treatment</p> <p>4.1. Deliver our Major Change Programmes working in partnership with others</p> <p>6.2. Deliver on our Major Capital programmes – The GM Major Trauma Centre, The Geoffrey Jefferson Research Institute and Rochdale Elective Care Centre</p>	<p>1. IF we do not create additional planned care capacity & redesign pathways whilst addressing existing inequalities THEN we will not deliver on our ICS commitments or improve patient experience, health, wellbeing and safety</p> <p>Risk Owner: Chief Delivery Officer</p>	<p>D&P</p> <ul style="list-style-type: none"> - Diagnostic capacity–12 - Radiology BAU and recovery–12 - Non –Vasc IR-12 - CT capacity – 12 - CT guided biopsy – 12 - Cellular Path – 12 <p>OCO</p> <ul style="list-style-type: none"> - Elective care – 12 - 52 weeks – 12 - Estates capacity – 12 <p>SCO</p> <ul style="list-style-type: none"> - Operating capacity – 13 - 52 weeks -13 - WL size-13 - WL management–12 - Bariatric Th. capacity–12 - Access to non-vasc. IR–12 - Angio. suite access–12 - IAT service-12 	4	4	<ul style="list-style-type: none"> • Annual business planning process supported by strategic capacity modelling with KPMG • CO/D&P plans and schemes to address capacity gaps to meet plan outputs • Business cases for FGH green floor and RI HVLA surgical hub • IS capacity & contracts (Q1) • Leadership alignment to GM & Bury locality Inequalities work, • GM elective reform Board, Diagnostics programmes and GM CRGs • CDH strategic business plan & programme board. 	<ul style="list-style-type: none"> • Current workforce gaps • Financial business case approval for RI phase 2 scheme and CDH early adopters • Final agreed tests of change for inequalities projects • B&S resources & NCA/CO Standard Operating Models to safely & effectively manage current WL • IS contracts and Christie capacity finalisation 	4	<ul style="list-style-type: none"> • EMC oversight of Capacity Plans • Board scorecards and restoration/safety reports • Single Oversight Framework 		<ul style="list-style-type: none"> • Strategic Workforce Planning project– commence Q1 • RI HVLA surgical Programme Board and Phase 2 business case – Q2 • CDH FBC – Q1 • Bury Inequalities Project delivery – underway • Agreed budget setting for B&S for 21/22 – Q1 • Planned Care safety programme – ongoing • IS Contracts agreed for Q2 Q1 • Christie Capacity for Oldham patients Q1 	12						

Principal Risk 2.

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Principal Objectives	Principal Risk	CO/GBU Significant Risks	Likelihood	Impact	Key Control Established	Key Gaps in Controls	Controls	Key Assurances	Key Gaps in Assurance	Action plan summary	Opening position 2021/22	Q1 2021/22 position	Q2 2021/22 position	Q3 2021/22 position	Q4 2021/22 position	Closing position 2021/22	Target Risk Score
<p>1.1. Supporting place based systems to overcome structural inequalities and generate value for our local communities</p> <p>3.10. Deliver on our financial plans and refine models for delivery across our Integrated Care System & localities</p> <p>4.4. Approve, resource and commence delivery of our GM Neurosciences Strategy</p> <p>6.4. Care for and maintain our buildings and facilities to deliver safe, clean and personal care</p> <p>6.2. Deliver on our Major Capital programmes – The GM Major Trauma Centre, The Geoffrey Jefferson Research Institute and Rochdale Elective Care Centre</p>	<p>2. IF we fail to agree a robust financial strategy that builds up from care organisation and corporate operational plans to support delivery on control totals (capital and revenue) THEN we will not achieve the Group investment objectives, ICS financial requirements or meet population health and future care needs</p> <p>Risk Owner: Chief Finance Officer</p>	<p>D&P - PaVE Programme – 12 - Balanced financial position – 12 SCO - Financial control - 12</p>	3	5	<ul style="list-style-type: none"> ICS control total agreed for H1 NCA annual budget approved eHub system established to track and confirm delivery of productivity / efficiency schemes. Group PAVE committee established to oversee delivery of productivity / efficiency requirements. Capital plans to deliver against risks identified through the Acquisition FBC and to maintain safe and effective assets approved by board. 	<ul style="list-style-type: none"> c50% of Productivity and Value Based Efficiency plan (PAVE) unidentified or medium/high risk. ICS capital control total currently not achieved. 	4	<ul style="list-style-type: none"> Executive Strategic Finance and investment Committee Group Capital Committee Audit Committee Insights Group established to track benchmark data sets e.g. Model Hospital 		<ul style="list-style-type: none"> ICS to agree plan to achieve Capital control total. Confidence of identified PAVE schemes to be improved and potential for other schemes to be identified or brought forward to be confirmed. Non recurrent mitigation schemes to be identified. 	12						

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Principal Risk 3.

Principal Objectives	Principal Risk	CO/GBU Significant Risks	Likelihood	Impact	Key Control Established	Key Gaps in Controls	Controls	Key Assurances	Key Gaps in Assurance	Action plan summary	Opening position 2021/22	Q1 2021/22 position	Q2 2021/22 position	Q3 2021/22 position	Q4 2021/22 position	Closing position 22021/22	Target Risk Score
<p>3.6. Achieve Urgent & Emergency Care quality standards, prepare for winter & potential COVID wave</p> <p>4.1. Deliver our Major Change Programmes working in partnership with others</p>	<p>3. IF the emergency care capacity and flow of patients through our acute hospital beds is not reliable and responsive to fluctuating patient demand and clinical needs THEN overcrowding, LLOS will occur and patient experience and safety will be at risk.</p> <p>Risk Owner: Chief Delivery Officer</p>	<p>SCO - ED overcrowding - 12</p>	4	4	<ul style="list-style-type: none"> NCA UEC improvement programme and CO plans Locality UEC Boards & plans NCA community care programme GM UEC strategy & programme Winter Planning processes Full Capacity and MI Protocols GM & NCA vaccination programmes 	<ul style="list-style-type: none"> Full bed capacity mitigation schemes Reliability of daily processes to support flow & Home First Embedded NCA Frailty Model Optimal usage of SDEC Paed capacity modelling for winter 21/22 	4	<ul style="list-style-type: none"> EMC – UEC oversight GRAC Group Board 	<ul style="list-style-type: none"> Whole system capacity oversight to support UEC system 	<ul style="list-style-type: none"> Continuation of bed mitigation schemes to be described and delivered at CO – ongoing CO Improvement programmes to support hospital flow – Home safe collaborative start Q1 Frailty collaboratives – start Q1 SDEC project across NCA – commenced Q1 Paediatric capacity modelling and plan – commence Q1 	12						

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Principal Risk 4.

Principal Objectives	Principal Risk	CO/GBU Significant Risks	Likelihood	Impact	Key Control Established	Key Gaps in Controls	Controls	Key Assurances	Key Gaps in Assurance	Action plan summary	Opening position 2021/22	Q1 2021/22 position	Q2 2021/22 position	Q3 2021/22 position	Q4 2021/22 position	Closing position 22021/22	Target Risk Score
<p>3.6. Achieve Urgent & Emergency Care quality standards, prepare for winter & potential COVID wave</p> <p>4.1. Deliver our Major Change Programmes working in partnership with others</p>	<p>4. IF our community and locality services are not right sized and reliably delivered to meet the emerging health and care needs of our populations THEN moves to more care at home/in community will not be achieved and the acute hospital system will be overwhelmed.</p> <p>Risk Owner: Chief Delivery Officer</p>		3	4	<ul style="list-style-type: none"> Oversight & leadership of Community Services within LCO Boards Community services improvement programme & dashboards Locality partnerships and neighbourhood integrated care projects 	<ul style="list-style-type: none"> Community workforce capacity to support redesign Rapid access & diagnostic capacity across all localities 	4	<ul style="list-style-type: none"> LCO Boards EMC GRAC NCA Board 	<ul style="list-style-type: none"> Oversight of whole system capacity to support system demands 	<ul style="list-style-type: none"> Community workforce capacity planning to enable redesign of pathways (KPMG model) – Q2 Design and delivery of CDH phased models – start Q1 Locality Integrated work to be progressed on capacity planning for rapid access 	11						

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Principal Risk 5.

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			3	4			3				10						
1.1. Supporting place based systems to overcome structural inequalities and generate value for our local communities	<p>5. IF we do not establish robust locality plans with clear accountability arrangements with our partners in place THEN we will not improve the overall health and reduce inequality in our local communities</p> <p>Risk Owner: Chief Strategy Officer</p>		3	4	<ul style="list-style-type: none"> Locality transformation plans and partnership governance established for each LCO Pan-locality arrangements established to support integrated and equitable approach to Covid recovery planning Established relationships with local colleges and plans in each locality to increase local employment 	<ul style="list-style-type: none"> Formal agreement for NES community services at end of 'hosting' period Revised place-based governance under development as part of GM ICS Uncertainty of funding to support the resource to do Anchor work 	3	<ul style="list-style-type: none"> LCO partnership frameworks previously approved by Group Board Regular updates re changes in GM and locality governance presented to Group Board Social value dashboard presented to Group Board 		<ul style="list-style-type: none"> Support the development of robust plans in our localities to improve population health (Q1-4) Support mobilisation of new locality system governance arrangements as part of the development of the ISC in 2021/22 Q2 Finalise position with locality commissioners regarding NES community service contract, to be presented at May Group Board.Q1 Progress Rochdale LCO Contract proposal.Q1-2 Increase our local employment as per operational plan deliverables. Q1-4 	10						

Principal Risk 6.

NCA Group Board Assurance Framework 2021/22

Principal Objectives	Principal Risk	CO/GBU Significant Risks	Likelihood	Impact	Key Control Established	Key Gaps in Controls	Controls	Key Assurances	Key Gaps in Assurance	Action plan summary	Opening position 2021/22	Q1 2021/22 position	Q2 2021/22 position	Q3 2021/22 position	Q4 2021/22 position	Closing position 2021/22	Target Risk Score
<p>3.4. Deliver on phase 1 of our Cancer strategy to improve earlier detection, diagnosis and outcomes for patients</p> <p>4.1. Deliver our Major Change Programmes working in partnership with others</p>	<p>6. IF we do not invest in, redesign and increase capacity to support improved cancer pathways THEN cancer survival and population health outcomes will not improve</p> <p>Risk Owner: Chief Delivery Officer</p>	<p>SCO - 62 day Ca - 12</p>	3	5	<ul style="list-style-type: none"> • Cancer Improvement Plans by Tumour Group & CIC deep dives • NCA Cancer Strategy • RDC pathways and processes • NCA wide cancer leadership team • MDT & pathway clinical leadership • NCA Quality assurance process 	<ul style="list-style-type: none"> • Completion of all actions in improvement plans • Reliable systems and processes for cancer pathway management & harm review learning • Specialist diagnostic capacity • Operative capacity on ROH site • GM tertiary pathway capacity inc diagnostics • RDC future models of care expansion 	3	<ul style="list-style-type: none"> • Cancer Improvement Committee • EMC • GRAC • NCA Group Board • GM Cancer Alliance/GM Gold 		<ul style="list-style-type: none"> • Detailed pathway improvement plans by all tumour pathways – delivery ongoing • Improvement plan outlined for NCA cancer team – delivery ongoing • Test of change for 62-104 day harm reviews – start Q1 • Capacity planning & mobilisation for specialist diagnostics incl retention GM endoscopy unit • Access to CTC across system • Internal capacity expansion for CT/MR/Endo • PET CT with Christie • Oldham capacity agreement with Christie – Q1 • Co-ordination on cross system GM Cancer Alliance pathway groups - ongoing • RDC Improvement Programme – ongoing 	11						

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Principal Risk 7.

Principal Objectives	Principal Risk	CO/GBU Significant Risks	Likelihood	Impact	Key Control Established	Key Gaps in Controls	Controls	Key Assurances	Key Gaps in Assurance	Action plan summary	Opening position 2021/22	Q1 2021/22 position	Q2 2021/22 position	Q3 2021/22 position	Q4 2021/22 position	Closing position 22021/22	Target Risk Score
<p>4.1. Deliver our Major Change Programmes working in partnership with others</p> <p>4.3. Commence mobilisation of our Single Shared Services with greater standardisation</p> <p>4.4. Approve, resource and commence delivery of our GM Neurosciences Strategy</p>	<p>7. IF we do not have the required capacity to implement the major change programmes THEN the NCA will fail to realise the intended quality of care and financial benefits</p> <p>Risk Owner: Chief Delivery Officer</p>		3	3	<ul style="list-style-type: none"> Systems and processes for managing major change programmes in line with MSP QI, project teams, PMO & DMO resources 	<ul style="list-style-type: none"> Robust investment business cases with clearly articulated benefits for all MC programmes NCA model for programme resourcing 	3	<ul style="list-style-type: none"> EMC GRAC S&I 		<ul style="list-style-type: none"> Business case for Phase 4B at Oldham Q2 Business case for programme resource for Rochdale HVLA hub Q2 Agreed NCA standard model for programme partnering and resourcing Q1 	9						

NCA Group Board Assurance Framework 2021/22

Principal Risk 8.

Principal Objectives	Principal Risk	CO/GBU Significant Risks	Likelihood	Impact	Key Control Established	Key Gaps in Controls	Controls	Key Assurances	Key Gaps in Assurance	Action plan summary	Opening position 2021/22	Q1 2021/22 position	Q2 2021/22 position	Q3 2021/22 position	Q4 2021/22 position	Closing position 2021/22	Target Risk Score
3.7. Engage and involve the people who use our services to shape high quality sustainable services and organisational culture	<p>8. IF we fail to encourage, hear and act on a full and diverse range of views and concerns, from people who use our services, THEN we may fail to fully understand how to shape services and culture</p> <p>Risk Owner: Chief Nursing Officer</p>		4	3	<ul style="list-style-type: none"> Re-fresh of experience plan focus on engaging people and communities. Develop NCA's approach to deliver and embed personalised care CO's have re-established experience committees Launch & delivery of QI experience collaborative Alignment of volunteers and experience programmes of work Volunteer recruitment plans agreed Development of business plan to deliver lived experience model Developed training modules with AQUA Trialled, tested and embedded co-design with elective access needs programme Staff experience strategy developed Membership & public engagement plans? 	<ul style="list-style-type: none"> Lack of clear set of outcome measures Longer term impact of COVID on delivering engagement and involvement Capacity of experience team to deliver intensive programme of work and support each locality Capacity within localities to commit to development of their local delivery model If business case not approved Lack of funding for involvement /co-design events Ability for staff to be released to attend development sessions 	4	<ul style="list-style-type: none"> Experience plans monitored at CO's QPE's and escalated to EQPE Twice yearly reports to CiC Engagement with Governors and reporting to subcommittee on plans Programme Board for elective access waiting list HealthWatch partnership board – update on local developments Staff experience plan 	<ul style="list-style-type: none"> No current outcome measures agreed Appropriate funding allocated to deliver partnership work Inability to clearly link staff experience plans to driving user experience 	<ul style="list-style-type: none"> Re-fresh of experience plan to establish clearer plans on delivery model & outcomes measures Clearly define NCA's plans for establishing people as equal partners Develop and test out approach by end of Q4 (within Bury) Get approval for business case to deliver integrated involvement & volunteer's model Developed and delivered first wave of training with AQUA 	11						

Principal Risk 9.

NCA Group Board Assurance Framework 2021/22

Principal Objectives	Principal Risk	CO/GBU Significant Risks	Likelihood	Impact	Key Control Established	Key Gaps in Controls	Controls	Key Assurances	Key Gaps in Assurance	Action plan summary	Opening position 2021/22	Q1 2021/22 position	Q2 2021/22 position	Q3 2021/22 position	Q4 2021/22 position	Closing position 2021/22	Target Risk Score
<p>6.3. Support the development of the Greater Manchester Integrated Care System (ICS)</p> <p>1.2. Be a leader and collaborative partner</p> <p>4.3. Commence mobilisation of our Single Shared Services with greater standardisation</p> <p>4.2. Refresh our Service Development Strategy (SDS) in line with current and future requirements</p> <p>2.3. Develop leaders who inspire their teams and support all staff with development to be at their best</p> <p>4.1. Deliver our Major Change Programmes working in partnership with others</p> <p>3.10 Deliver on our financial plans and refine models for delivery across our Integrated Care System & localities</p>	<p>9. IF we do not develop collaborative relationships underpinned by our values and behaviours across the NCA, within Place, and across the wider GM system THEN both the Group and the wider health and care systems will not prosper and deliver optimal care for our patients and populations</p> <p>Risk Owner: Chief Strategy Officer</p>		3	3	<ul style="list-style-type: none"> NCA Collaboration Strategy approved Well-established mechanisms for collaboration within each NCA locality Pan-locality alliance established across NCA footprint CEO and Chair meetings established with NHSE/I region Regular Chair, CEO and Exec meetings established with MFT counterparts Continued engagement and active involvement within PFB, GM Gold and ICS-wide recovery planning arrangements Engagement and review with Pennine Acute Board as part of the PAHT transaction 	<ul style="list-style-type: none"> Maturity of relationships with partners Embedding of NCA collaborative behaviours 	3	<ul style="list-style-type: none"> Regular review of stakeholder relationships and insight at EMC Ipsos MORI survey of stakeholders and associated actions reported to Group Board Regular review of Collaboration Strategy progress by the Group Board 	<ul style="list-style-type: none"> Understanding of stakeholder views and perceptions about the NCA is limited 	<ul style="list-style-type: none"> Continue structured engagement mechanisms with placed-based and GM system partners. Q1 and Q2 Progress executive development work with Cirrus on collaborative behaviours Q1 Continue to contribute to the development of proposals for the establishment of GM as an ICS Q3 Repeat Ipsos MORI survey Q4 	9						

NCA Group Board Assurance Framework 2021/22

6.1. Complete the acquisition of Bury, Rochdale and Oldham				<ul style="list-style-type: none">• Cirrus commission to support collaborative leadership behaviour												
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Principal Risk 10.

NCA Group Board Assurance Framework 2021/22

Principal Objectives	Principal Risk	CO/GBU Significant Risks	Likelihood	Impact	Key Control Established	Key Gaps in Controls	Controls	Key Assurances	Key Gaps in Assurance	Action plan summary	Opening position 2021/22	Q1 2021/22 position	Q2 2021/22 position	Q3 2021/22 position	Q4 2021/22 position	Closing position 2021/22	Target Risk Score
<p>3.1. Deliver on improvement plans to achieve our aim of Zero hospital acquired infections for patients</p> <p>3.2. Aim to be in top decile for clinical effectiveness and outcomes across a range of specialities</p> <p>3.8. Continue our Quality Improvement Journey to improve patient safety and reduce harms, re-focussing our strategy to meet our current population needs</p> <p>3.9. Build staff capacity & capability for improvement</p>	<p>10. IF our Board and Executive leaders fail to focus on our Quality improvement strategy THEN we may not provide the quality of care we aspire to.</p> <p>Risk Owner: Chief Nursing Officer</p>	<p>OCO - Birthrate+ - 12 - IPC – 12</p> <p>SCO - Major trauma clinical outcomes - 12</p>	3	4	<ul style="list-style-type: none"> 12 month quality and safety plan enacted in Care Organisations – harm and capability building focus Monthly updates to Executive Quality Committee QI teams embedded in all Care Organisations Clinical Effectiveness Committee (CEC) established in each Care Organisation Group-wide Learning from Deaths Programme established 	<ul style="list-style-type: none"> 2019 QI Strategy potential misalignment with post-Covid environment Variation in compliance with clinical policies Reliable implementation of actions from analyses of deaths 	4	<ul style="list-style-type: none"> Quality metrics on Board Scorecard Monthly project update to Executive Quality Committee Quarterly Project update to CiC Key risks in CO BAFs overseen via CO CECs Issues escalated appropriately via GRAC and Statements of Assurance to Group. Clinical Audit Audit Committee 		<ul style="list-style-type: none"> Deliver QI 12 month plan Review/revision process for 2019 QI Strategy and relaunch of revised strategy 	11						

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Principal Risk 11.

Principal Objectives	Principal Risk	CO/GBU Significant Risks	Likelihood	Impact	Key Control Established	Key Gaps in Controls	Controls	Key Assurances	Key Gaps in Assurance	Action plan summary	Opening position 2021/22	Q1 2021/22 position	Q2 2021/22 position	Q3 2021/22 position	Q4 2021/22 position	Closing position 2021/22	Target Risk Score
<p>2.3. Develop leaders who inspire their teams and support all staff with development to be at their best</p> <p>2.4. Develop a plan that gives us the right number of people with the right skills doing the right things every day</p>	<p>11. IF we do not develop a robust plan and recruit, train and retain the right number of staff, with the right skills and abilities THEN we will not deliver on our strategic & operational plans</p> <p>Risk Owner: Chief of People</p>	<p>D&P - Interventional radiologists - 12</p> <p>BCO - CC WF model – use of locums – 12 - CC WF model – quality and governance - 12</p> <p>SCO - Neuroscience th. staffing -12</p>	4	4	<ul style="list-style-type: none"> • Pay spend analysis in place to identify opportunity and risk • Workforce acuity and workload tool (Trendcare) • successfully deployed across acute, community and AHPs • Workforce design tool in place • Clinical Transformation Steering Group established • Pre-employment and apprenticeship programmes well established 	<ul style="list-style-type: none"> • System wide workforce planning • capability • Capacity and capability of leadership teams • to develop people • transformation plans • Lack of available funding from HEE • Current roster systems not fit for purpose • Workforce modelling tool in its infancy 	4	<ul style="list-style-type: none"> • Safe staffing reports at Exec • People Committee • Nursing establishment reviews six monthly • Basic dashboard now developed with BI • Quarterly reports on pre-employment and apprenticeships 	<ul style="list-style-type: none"> • Data on rosters not yet available consistently • Forward looking data not robust enough 	<ul style="list-style-type: none"> • Further facilitator training in Calderdale Framework – Q1 • Skill mix redesign work to start in Q2 • Work with HEE to establish available support for development of alternative roles – Q2 • Implement KPMG workforce modelling tool – Q2 • Procurement of new roster system to commence – Q1 • Anchor Institution plans around local employment – Q3 • Pilot and roll out business plan tool for service managers’ – Q2 	12						

Principal Risk 12.

NCA Group Board Assurance Framework 2021/22

Principal Objectives	Principal Risk	CO/GBU Significant Risks	Likelihood	Impact	Key Control Established	Key Gaps in Controls	Controls	Key Assurances	Key Gaps in Assurance	Action plan summary	Opening position 2021/22	Q1 2021/22 position	Q2 2021/22 position	Q3 2021/22 position	Q4 2021/22 position	Closing position 2021/22	Target Risk Score
<p>2.3. Develop leaders who inspire their teams and support all staff with development to be at their best</p> <p>2.2. Improve the wellbeing of all staff and ensure we are providing a safe and supportive environment for them</p> <p>2.1. Delight our people with a fantastic experience, encouraging inclusivity in everything we do</p> <p>5.1. Improve the experience and offer for students and trainees</p>	<p>12. IF as a leadership team we do not invest in, inspire and care for our staff THEN we will not have the workforce capacity to deliver on our plans and provide our staff with a fantastic experience in work experiencing higher turnover and sickness absence impacting on patient care, experience and outcomes</p> <p>Risk Owner: Chief of People</p>		4	4	<ul style="list-style-type: none"> • Staff side engagement and consultation • Staff survey action plans in place for NCA and Care Orgs • Equality & Diversity Model Employer Action plan • Health and Well Being Strategy and SCARF • Wellbeing conversations and Wellbeing plans • Mental Health First Aiders and Champions • Staff Clinical Psychologist Policies and Procedures in place: • Bullying & Harassment Task and Finish Group • Freedom to Speak Up Guardian and Champions • Guardians of Safe Working; • Staff Networks • Leadership by All development programme • Leader induction • HPMS 	<ul style="list-style-type: none"> • Capacity and investment to upskill managers • Investment in time allocation for staff in networks and advocate roles • Manager capacity and capability to deliver effective wellbeing conversations • Effective and standardised learning management system (LMS) not in place Talent management not fully embedded. 	3	<ul style="list-style-type: none"> • WHO weekly temperature check • ED&I Dashboard • Care Org People Committees • Analysis of Occupational Health referral data • Compliance data for mandatory training, CF2 and wellbeing conversations • Quarterly Pulse and National Staff Survey Results • Milestone plan in place with regular updates on all programmes to EPC • Board scorecard • Quarterly people report to Board 	<ul style="list-style-type: none"> • Failure to record wellbeing conversations and stress risk assessments • Lack of robust data against some measures • Wellbeing dashboard in its infancy • System for monitoring talent not yet available 	<ul style="list-style-type: none"> • Agree funding to support capacity for all programmes of work – Q1 • ED&I Model Employer plan– Mar 22 • Develop Staff Experience Strategy – Q1 • Continue to develop SCARF programme of work – Q4 • Develop wellbeing app in conjunction with BI – Q2 • Develop flexible working plan – Q2 • Implement staff engagement approach – Q2 • Implement just culture principles into our policies and processes – Q2 • Standardise LMS Q2 • Implement staff survey action plans – Q4 • Medical engagement programme– Q3 • Talent management processes – Q2 • Secure funding to develop a digital Virtual Campus talent and leadership – Q1 • Implement a Leader (re)validation scheme – Q3 • Refresh our appraisal system – Q2 	11						

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Principal Risk 13.

Principal Objectives	Principal Risk	CO/GBU Significant Risks	Likelihood	Impact	Key Control Established	Key Gaps in Controls	Controls	Key Assurances	Key Gaps in Assurance	Action plan summary	Opening position 2021/22	Q1 2021/22 position	Q2 2021/22 position	Q3 2021/22 position	Q4 2021/22 position	Closing position 22021/22	Target Risk Score
6.5. Deliver on our plans and commitment to environmental sustainability	<p>13. IF we do not have local plans and objectives that are owned by all of our employees to improve environmental sustainability THEN we will not support our locality strategic objectives or the NHS commitment to carbon reduction</p> <p>Risk Owner: Chief Delivery Officer</p>		3	4	<ul style="list-style-type: none"> Strategic Management & Development Plan Environmental mission and associated plans Dashboards & oversight systems Connectivity to locality & GM sustainability plans 	<ul style="list-style-type: none"> Robust communication plans for staff Finalised plans for all care orgs <p>Energy Center?</p> <p>Waste Contracts?</p>	3	<ul style="list-style-type: none"> Sustainability Committee People Committee (Anchor report) NCA Board (Anchor and Environment reports) 		<ul style="list-style-type: none"> Develop Communications plan for 21/22 Roll out of agreed Care Org plans – ongoing 	10						

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Principal Risk 14.

Principal Objectives	Principal Risk	CO/GBU Significant Risks	Likelihood	Impact	Key Control Established	Key Gaps in Controls	Controls	Key Assurances	Key Gaps in Assurance	Action plan summary	Opening position 2021/22	Q1 2021/22 position	Q2 2021/22 position	Q3 2021/22 position	Q4 2021/22 position	Closing position 22021/22	Target Risk Score
<p>3.10. Deliver on our financial plans and refine models for delivery across our Integrated Care System & localities</p> <p>4.1. Deliver our Major Change Programmes working in partnership with others</p> <p>4.2. Refresh our Service Development Strategy (SDS) in line with current and future requirements</p>	<p>14. IF we fail to fully understand, and plan the NCA's response to, the formation of the Integrated Care System (ICS) and associated regulatory and system changes THEN the potential to drive improvements in population health and tackle health inequalities may not be realised</p> <p>Risk Owner: Chief Strategy Officer</p>		2	4	<ul style="list-style-type: none"> Secured lead provider arrangements in Rochdale and host for Bury / Oldham Community Services Locality transformation plans and partnership governance established for each LCO Senior NCA involvement in development of GM ICS arrangements, including future place-based arrangements High level agreement reached as to the future governance for each locality within the NCA footprint 	<ul style="list-style-type: none"> GM Future Directions Review and ICS arrangements to be finalised Financial model for ICS for H2 onwards not yet determined Finalisation of revised place-based governance as part of the new GM ICS 	4	<ul style="list-style-type: none"> LCO partnership frameworks previously approved by Group Board Regular updates re changes in GM and locality governance presented to Group Board 	<ul style="list-style-type: none"> Finalisation and approval of revised place-based collaboratives and GM ICS governance 	<ul style="list-style-type: none"> Support mobilisation of new locality system governance arrangements as part of the development of the ISC in 2021/22 – Q2 Continue regular Board updates on GM ICS arrangements and implications for place-based working monthly Continued assessment of the implication and required response to the ICS as part of the development of Vision 2025 and SDS refresh Q1-2 	10						

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Principal Risk 15.

Principal Objectives	Principal Risk	CO/GBU Significant Risks	Likelihood	Impact	Key Control Established	Key Gaps in Controls	Controls	Key Assurances	Key Gaps in Assurance	Action plan summary	Opening position 2021/22	Q1 2021/22 position	Q2 2021/22 position	Q3 2021/22 position	Q4 2021/22 position	Closing position 22021/22	Target Risk Score	
6.1. Complete the acquisition of Bury, Rochdale and Oldham	<p>15. IF we do not meet the agreed deliverables in the transaction plan and have stakeholder support THEN this could adversely impact on the timescale to the acquire Bury Rochdale and Oldham and the associated benefits</p> <p>Risk Owner: Chief Finance Officer</p>		2	5	<ul style="list-style-type: none"> Transaction Programme Management office Established programme structure of working groups. Standing agenda on Executive Management Team PAT Board in place Ongoing engagement and weekly/fortnightly meetings with NHSIE dedicated to SRFT transaction MFT transaction concluded and staff / service split implemented 	<ul style="list-style-type: none"> Revised LTFM to be completed 	2	<ul style="list-style-type: none"> SRFT Acquisition Committee Monthly senior stakeholder meetings between SRFT / NHSEI CCG support for the FBC Reporting accountant opinion. 		<ul style="list-style-type: none"> Updated LTFM to be completed Oldham CQC action plan to be completed. NHSI evidence schedule to be completed 	9							

NCA Group Board Assurance Framework 2021/22

Principal Risk 16.

Principal Objectives	2020/21 Risk	CO/GBU Significant Risks	Likelihood	Impact	Key Control Established	Key Gaps in Controls	Controls	Key Assurance	Key Gaps in Assurance	Action plan summary	Opening position 2021/22	Q1 2021/22 position	Q2 2021/22 position	Q3 2021/22 position	Q4 2021/22 position	Closing position 2021/22	Target Risk Score
5.2 Establish a common and consistent digital environment and integrate leading technology	<p>16. IF we do not invest in our digital strategy and have stable systems THEN we will not deliver on the future clinical, operational and financial benefits of new technology and interoperability</p> <p>Risk Owner: Chief Finance Officer</p>	<p>Digital</p> <ul style="list-style-type: none"> - Cyber security – 13 - Single care record – 12 - Digital infrastructure – 12 - GM Single care record - 12 - Engagement with planning cycle - 12 - Demand for change prioritisation – 12 - IG & IT security - 12 - Digital services impacting of projects, e.g. EPR, VDI etc. - 12 	3	5	<ul style="list-style-type: none"> • 21/22 capital investment secured within the ICS Control Total • Development of a single Digital Team across both organisations supported by third party expertise where it adds value. • Includes NCA wide IS/IG team to proactively monitor for system performance and cyber vulnerabilities • Adoption & use of a recognised co-design methodology • Established system to monitor and review outstanding audit actions and other risks. Reports to EDHEC, GRAC & Audit Committee. • PTIDG established to oversee disaggregation of PAHT data & digital eco system. 	<ul style="list-style-type: none"> • Securing year 2 and 3 funding for major programmes. • A number of posts within the Digital Team remain filled by contractors. • FBC for the Single Patient System. • Migration to first phase of new data centre underway and due to complete Sept. • Significant numbers of out of support operating systems remain in use. • Digital data and technology strategy . 	3	<ul style="list-style-type: none"> • Group Digital Board meeting monthly to review KPIs and programme performance • EDHEC • Audit Committee • Stabilisation plan & SPR outline business case supported by NHSEI regional team • Industry standard third party advisory service for digital best practice, executive and technical advice & benchmarking. 	Enterprise architecture capabilities and governance	<ul style="list-style-type: none"> • Joint stabilisation investment plan with MFT due to complete Q4. This will close a number of operational and vulnerability risks. • SPR FBC due for assessment at Board Q2. • Single PAS expected implementation date Q4. • Enterprise Architecture Board and a Technical Design Authority established. Q1. • Digital data and technology strategy. Q2 	11						

Principal Risk 17.

NCA Group Board Assurance Framework 2021/22

Principal Objectives	2020/21 Risk	CO/GBU Significant Risks	Likelihood	Impact	Key Control Established	Key Gaps in Controls	Controls	Key Assurances	Key Gaps in Assurance	Action plan summary	Opening position 2021/22	Q1 2021/22 position	Q2 2021/22 position	Q3 2021/22 position	Q4 2021/22 position	Closing position 2021/22	Target Risk Score
<p>5.1. Improve the experience and offer for students and trainees</p> <p>5.3. Provide opportunities for all clinical staff to participate in research to improve patient experience and clinical outcomes</p> <p>3.2. Aim to be in top decile for clinical effectiveness and outcomes across a range of specialities</p>	<p>17. IF we fail to invest, engage and promote our research, innovation and education strategies THEN our patient care and our teaching hospital reputation will be adversely impacted</p> <p>Risk Owner: Chief Medical Officer</p>		3	4	<ul style="list-style-type: none"> • Heath Education and Training (HEAT) Committee established. • Simulation working group established and reports to HEAT Committee. • Suite of immediate digital requirements financed from NCA capital funding February '21. • Digital Literacy programme in L&D, grant funded by HEE. • NCA research strategy developed and explicit in describing research opportunities for all staff • Research committees in all care organisations with broad involvement including managerial colleagues • Refreshed , wider and inclusive membership of Exec research committee overseeing NCA research programme • Participation in national audits monitoring effective performance in key specialities 	<ul style="list-style-type: none"> • Research funding streams not clearly defined • Co-investment strategy UOM remains in development • Further development of the digital infrastructure , resources and training for education and training across the NCA footprint required • Inconsistent alignment of cross care organisation pathways and variable compliance to clinical effectiveness standards 	3	<ul style="list-style-type: none"> • SPACE programme reviews utilisation of NCA footprint • Executive research committee • Group education committee • Care Organisation research and education committees. • Reports to GRAC and NCA Board • NIHR reporting metrics • GMC trainee survey • University student experience annual review • HEENW reviews of trainee experience • National audits reported to COARCS with escalation of exceptions to GRAC • Clinical audit reported to NCA audit committee 	<ul style="list-style-type: none"> • No systematic method to encourage and identify capable researchers especially from non-academic clinical backgrounds • No systematic real time process of capturing student and trainee experience • Clinical pathway standardisation groups remain in development 	<ul style="list-style-type: none"> • Identify and find solutions for immediate short term issues relating to delivering digital and remote education and training • Identifying gaps in skills knowledge and behaviours and providing the necessary learning and support to support all stakeholders to operate in the current digital/ remote teaching and learning environment • Raise the quality of education and training by using blended learning both F2F and online and thus releasing traditional ties of time and place and allowing learner choice • Understand the digital resources required for medium and long term solutions and develop a business case • Fully establish, promote and drive clinical reliability groups in key disciplines and embed implementation of agreed evidence into practice • Finalise and agree MOU for co-investment strategy with UOM. 	10						

