The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (PUBLIC)

SUBMITTED BY:	**REPORT FOR:**		**IMPACT:**		
Gwyneth Wilson Director of Nursing	**Decision**	√	**High**	**Med**	**Low**
CONSULTATION:	**Information**		√		
Chief Executive Interim Director of Integration Director of Operations Director of Finance	**REPORT TYPE:**		**RELATED WORK:**		
	Strategic	√	Strategic and Corporate Objectives – Dec 2011		
	Operational				
	Governance				
BAF ref:	All BAF risk areas				
Monitor Compliance Framework:	All				
CQC Essential Standard Reference:	All				
NHSLA Standard Reference:	N/A				
Media / Communications:	N/A				

Meeting Date: **26th March 2012**
Report Title: **Board Assurance Framework**

Purpose:

- To facilitate the Board's review of its strategic risk
- In respect of the key strategic risks, to update the Board concerning:
  - the key controls / gaps in controls
  - sources of assurance
  - assurances and gaps in assurance
  - residual and target risk (RAG rated)
  - mitigating actions

Summary:

The Board Assurance Framework (BAF) has been updated since the Board's last review in January 2012.

Where performance data has been used to demonstrate positive assurance or gaps in assurance, the data relates to the position reported in February 2012; updated where appropriate with data presented in the latest available weekly 'flash report' of 11th March 2012.

Where the residual risk 'RAG' rating has changed since the Board's last review, this is highlighted.

The Boards strategic risks will be rearticulated in April and May in line with the Board's agreement on its strategic priorities for 2012 / 13. Consequently, the BAF will be redrafted in for the Board's consideration at its meeting in May 2012.

Financial Implications:

No financial implications as a direct result of this report.

Risk Assessment (cross-reference with Risk Register where appropriate):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
✓	✓	✓	✓	✓	✓

The Board is invited to:

(i) Consider and agree its level of assurance in particular respect of the principal risks ('red', high 'amber' and where there are significant gaps in control or assurance) reported on the BAF

(ii) Consider and agree further actions required to provide the Board with additional assurance

Board Assurance Framework – MARCH 2012

Performance information – Position reported to BoD in February 2012 and latest available Flash Report (11 03 12)

PRINCIPAL RISK	KEY CONTROL GAPS IN CONTROL	SOURCE OF ASSURANCE ON CONTROL	MONITORING BODY	POSITIVE ASSURANCES & GAPS IN ASSURANCE	ACTIONS	TARGET DATE	EXEC. LEAD	Residual Risk LxC	Target Risk Rating	Risk Register Cross Ref.
STRATEGIC KEY THEME 1. CLINICAL QUALITY AND PATIENT CARE										
CORPORATE OBJECTIVE 1a. IMPROVED PATIENT EXPERIENCE, SAFETY AND OUTCOMES										
1.1 Failure to deliver consistent high quality services, resulting in poor patient experience and outcomes and loss of reputation	Quality Strategy	Quality Strategy Implementation Plan	Q&RC	Regular review at Q&RC			MD	3x2 6	1x4 4	
	Monitor Compliance Framework – Quality Governance	Quality Governance Action Plan (Deloitte) Internal Audit on Terms of Authorisation process – 'Good' – Jan 2012	Q&RC	Board signed-off Quality Governance (Deloitte) Action plan (all green) in Feb 2012. Challenge on Terms of Authorisation Internal audit opinion – as Trust is in breach	Review of outstanding Actions Terms of Authorisation Internal Audit to be reviewed by Audit Committee following challenge at F&I – February 2012	April 2012	DoN	3x3 9	1x4 4	
	CQC Essential Standards	- CQC Unannounced Visit reports - CQC Action Plan - Mock Inspection reports	P&SC Board	CQC revisit January 2012 – all re-inspected outcomes compliant. ▲ Moderate Concern on Outcome 21 – Records. Action Plan in place – target date March 2012	- Ongoing peer and external assessments - Ongoing monitoring of Action Plan - Outcome 21 – March 2012	On-going	DoN	3x3 9 ●	1x4 4	
	CQC Compliance Self-Assessment Regime (quarterly) CQC Compliance Policy – Feb 2012	- Internal Audit on CQC compliance processes.	C&IC CGC Q&RC	- Internal Audit Opinion on process – Audit Committee review – April 2012 - 2011 Self-assessment process did not reveal shortcomings identified during CQC visit in August 2011 - 2012 Self-assessment process rolling out through committees in March /April prior to Board declaration in April	Self-assessment process to be aligned with CQC Compliance Policy	April 2012	P&I	4x3 12	1x2 2	

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	NHSLA Standards NHSLA Action Plan	NHSLA Assessment outcome (next assessment – Sept 12) Action Plan monitoring outcomes	P&S	Trust currently at level NHSLA 2 New standards published. Gap analysis and Action Plan to P&S in March 2012. Meeting with Assessor – March 2012 Identified risk in records elements	Management of External Visits, Inspections and Accreditations Policy to be approved at P&S – March 2012 Action Plan delivery through summer 2012	Sept 2012	DoN	3x4 12	1x4 4	
	CNST Standards	Action Plan	P&S	Trust currently at level 1	Action Plan in development for next assessment	Summer 2012	DoN	3x4 12	1x4 4	
	CQC Compliance Policy	Policy adherence monitoring and review	P&S	CQC Policy approved Feb 2012	Dissemination of policy and alignment with 'Management of External Visits, Inspections and Accreditations Policy' and 'Assurance and Escalation Framework'	May 2012	DoN	2x4 8	1x4 4	
	Quality Risk Profile	QRP Monitoring and Review	C&IC P&SC	Jan QRP - no risk estimates had presented the Trust as 'worse than the average for all Trusts' for the review period ending November 2011. QRP assimilated into reporting at C&IC (Jan) and P&SC thereafter			P&I	2x2 4	1x2 2	
	PEAT Standards PEAT Inspections (local and National)	PEAT Inspection outcome reports	C&IC	Feb 2012 PEAT Inspection - results pending. Good initial feedback from assessors	Action Plan to address issues raised by inspection	April 2012	OPs	3x3 9	1x4 4	
	CQUINs	CQUINs reporting to Contract Quality Review Group	F&I	Q1 & Q2 – all CQUINs targets achieved. Awaiting outcome of Inpatient Survey	Inpatient Survey Action Plan	On public-ation	MD P&I	3x4 12	1x2 2	

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1.2 Failure to meet key access targets resulting in patients unable to access services effectively	- Cancer Wait target and reports - Cancer Waits Action Plan	- Performance reports - Cancer Waits Action Plan monitoring outcomes External Review (PWC on Cancer Waits)	P&SC	All Cancer targets achieved for December 2011. This remains a key risk should emergency activity levels remain high. The main areas of risk remain those patients requiring surgical treatment within 31 and 62 days. Q4 Bowel Screening programme likely to result in additional referrals	Demand modelling and capacity planning in place for Q4	May 2012 - March data	OPs	3x4 16	1x3 3	757 715
	18 weeks target	Monthly reporting	P&SC	Jan 12 – 18 weeks achieved for admitted and non-admitted. Some specialties below 90% target (admitted). New target from April 2012 – 92% of patients with an incomplete admitted pathway below 18 weeks. Trust at 95.8%	Catch-up and Day surgery recovery plans	April 2012	OPs	3x3 9	1x3 3	
	Choose and Book target	Monthly reporting	P&SC	Jan 12 - C&B Booking % 70% against a target of 90% Appointment slot issues – 0.11 against target of 0.05	Capacity Review by specialty.	April 2012	OPs	4x3 12	3x2 6	
	Diagnostics target	Monthly reporting	P&SC	Jan 2012 – 4 patients waited over 6 weeks (target 0)	Capacity Review by specialty.	Jan 2012	OPs	3x3 9	1x1 1	
	Stroke target	Stroke - Monthly reporting	P&SC	- Dec 11 - Patients spending 90% of their stay on a stroke ward (71%achieved against a target of 80%) and People at high risk of stroke experiencing a TIA assessed and treated within 24 hour (25% achieved against a target of 80%). - Action Plan with Stroke Network agreed – to be jointly monitored - Plan in place to deliver by January 2012 – March report	- Meeting with commissioners - Performance review with clinical lead and divisional manager to agree action plan to recover performance to contract levels -	Mar 2012 (Jan 2012 data)	MD P&I	4x4 16	1x4 4	

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1.3 Emergency demand reduces ability to provide elective services	Contract Monitoring and management	Activity Report	F& I -/Board	11 03 2012 Inpatient Elective - down 8% on contract Non-elective – up 5% on contract - Step down in place - Short stay ward in place - elective throughput improvements in Q4	- Financial Recovery Plan - Implementation of ECIST recommendations to improve patient flow - ensure cost of escalation where necessary, deliver best value - Maximise day case shift	April 2012	DoF P&I	3x4 12	2x3 6	757
	Cancelled Op.s monitoring and management	Performance Report	P&SC	Jan 2012 – 22 ops cancelled on the day – 10 of which due to 'no bed' 18 not reappointed within 28 days – none on urgent or cancer pathway 11 03 12 flash report – 6 cancelled ops in week – 4 urgent - Elective capacity ring-fencing - Urgent electives being treated as emergencies	All cancellation s to be approved by Divisional Clinical Directors Work with theatre teams to ensure equipment availability	April 2012	OPs	3x4 12	2x3 6	
	Medical outlier monitoring	Patient Safety – medical outlier report	Q&RC	11 03 12 Flash report –medical outliers reducing (1 in week ending 11 03 12) Position will be challenged as escalation beds due to close at end of March 2012	Emergency Care - reconfiguration - ECIST Plan - TEP3	April 2012	MD	3x3 9	2x2 4	724

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1.4 Failure to achieve sustained emergency care performance, leading to poor patient experience and outcomes	A&E 4 hour target	A&E Target Reporting A&E Action Plan monitoring	P&SC	Trust failed A&E4 hour target for Jan 2012 (94%) 97 – 99% for past 3 weeks (as at 15 03 12) 11 03 2012 flash report – 4 week rolling average – 95.3% - Current quarter position 95%	- Emergency Care Pathway reconfiguration - Clinical review of all breaches waiting to see an A&E doctor - Emergency Care Network – plan for West Norfolk - daily / weekly bronze, silver, gold escalation	March 2012 March 2012 April 2012	OPs	3x4 12	2x2 4	752
	QIPP system-wide plan	QIPP delivery	Board	QIPP Plans and Teams in Place: - Community Matrons - GP FoH - Intensive Support QIPP delivery variable	- PCT Review of Plans – 'End State' meeting and review resulting in revised plans	April 2012	MD	3x4 12	2x2 4	
	Demand Management Schemes Discharge Team	- Emergency Activity trends - LoS - DToC	Various	11 03 2012 Flash Report - ytd EM admissions (5% up on contract) - DToC – 13 - Patients over 30 days LoS 69 - Patients past EDD - 187 'Step Down' and 'Short Stay' wards in place Emergency Care reconfiguration	- Emergency Care Network – plan for West Norfolk	April 2012	MD & Ops	3x3 9	2x2 4	757
	ECIST Recommendations Emergency Access Action Plan	ECIST Report Action Plan monitoring	P&SC	Short Stay (Terrington) model operational from 11th January Urgent Care Network meeting – 24 /1/ 2012	Reengineering of the emergency care pathway (TEP3) Urgent Care Workshop	On-going in 12/13	Ops	3x3 9	2x2 4	

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1.5 Higher than planned mortality rates, resulting in poor patient outcomes	Quality Strategy	Quality Strategy Implementation Plan	Q&RC	Regular review at Q&RC				3x2 6	1x4 4	
	Mortality reporting	- SHMI - Dr Foster - Root Cause Analyses HSMR	Q&RC CoG CGC	April – December 2011 – crude mortality and HSMR improved by 6.9% on last year. Jan 12 – improvement of 0.9% since December 2011 CMR improved at 1.5% National Bowel Cancer Audit - & mortality from colorectal cancer – higher HSMR (132.8) from Dec 10 to Nov 11 – within expected range but above mean.	Monitoring by CANS and CoG. RIP Validation from March 2012	April 2012	MD	3x3 9	2x2 4	776
	Patient Safety Campaign: - management of complex patient - standardisation for common emergencies - end of life care management - harm reduction programme	'Harm' reporting in Patient Safety Report - Quality Strategy Implementation Plan	C&RC	Regular reporting to Board Trends positive 2 Falls (harms) and no avoidable pressure ulcers (3 unavoidable) reported for January 2012.			MD	3x2 6	2x2 4	
	Medical Outlier monitoring	Patient Safety Report	Q&RC	11 03 12 Flash report –medical outliers reducing (1 in week ending 11 03 12) Position will be challenged as escalation beds due to close at end of March 2012	Emergency Care - reconfiguration - ECIST Plan - TEP3	Jan 2012	MD	3x3 9	2x2 4	724

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1.6 Failure to achieve Infection prevention and control targets, resulting in higher than planned infection rates & capacity reduction	- IPAC Policies - Antibiotic prescribing protocols - Escalation and isolation protocols - Hand Hygiene Policy and Protocol -IPAC Lead Nurse in place	- High Impact Intervention reporting - Management observations of compliance	IPACC Q&RC	Jan 11 – deterioration since Dec 2011 ▼	Additional Audits through February	March 2012	MD DIPC	3x3 9	1x2 2	
1.6 Failure to achieve Infection prevention and control targets, resulting in higher than planned infection rates & capacity reduction	IPAC Targets: - MRSA - C.Diff	- Infection Control reporting - RCAs	IPACC Q&RC	Feb 2012 1 MRSA ▲	RCA and learning to be assimilated	March 2012	MD DIPC	3x3 9	1x2 2	
				Jan 2012 – 3 cases (36/37 ytd) Use of revised algorithm likely to have positively impacted performance against maximum in 11/12. Risk re. further revised algorithm for 12/13 – likely to result in additional reporting against a reduced maximum of 30	Benchmarking and planning for additional measures in 2012/13 – antibiotic prescribing guidance	Jan 2012		3x5 15		
				Nov 2011 - 0 MSSA	Active Monitoring			NA		
				Nov 2011 - 1 e-coli	Active Monitoring			NA		
	Hand Hygiene Policy and protocol	Management observations		Regular HII Audits – Jan 11 – improved position - 95% ▲				2x3 6		

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1.7 Failure to address the key issues identified by patients, resulting in poor patient experience	PALs and Complaints Handling Policies and procedures	CLIP Report (Quarterly)	Q&RC GC	Jan 2012 – 48 complaints received (60% increase on month & 23% increase on same period last year) (37 clinical / 21 – Nursing Care primary subject)	Complaints analysis and triangulation with Claims and SIs.	On-going	DoN	3x3 9	2x2 4	
	- Local Satisfaction Surveys protocols - Patient Stories	- Patient Experience Report - National and local Patient Survey outcomes - NHS Choices - Net Promoter - Monthly Patient Stories at Board - Focus Groups		Outpatient Survey received. Largely positive report – areas where Trust performed less well: - information to patient about medicine side effects - copies of GP letters to patients - information about danger signals to watch out for after going home	Action Plan Review Trust Policy on copying GP letters to patients	April 2012 May 2012		3x3 9	2x2 4	
	Governors and FT members involved in Patient Experience workshops and activities	Governor PEC activity reported through Patient Experience Reports	GC and Q&RC	Positive Governor and FT Member engagement. Governors on PEAT and Mock CQC Inspections Lead Governor invited to sit on interview panel for CQUINs funded Patient Experience Band 7 post (April 2012) Governors working with Trust on Finance Working Group – to maintain oversight of financial position and sustainability programme progress	Develop Patient Experience metrics Public Consultation and FT Member Focus group on Car Options	May 2012 April 2012		3x3 9	2x2 4	

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	GC Patient Experience Committee	Patient Experience Committee report to GC and to Board through Chair's report	GC & Board	Positive Governor engagement in variety of development projects – Car Park, Travel Plan, Smoking Shelters, Winter Planning, Outpatients development, Dignity Code development Choose and Book reviewed by PEC – March 2012				2x2 4	2x2 4	
	Strong external oversight – Governors, LINks, HOSC.	LINks minutes Governor Reports	Board GC	LINks rep. to GC PEC – Jan 2012 Meeting with LINks Chair – Jan 2012 Norfolk LINk Protocol drafted and sent to LINk – awaiting response Established links to HOSC and letter of invitation to Board meetings. Providers invite to initial meeting of the Health and Wellbeing Board – shadow form from April 2012.			CE	2x3 6	2x2 4	

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CORPORATE OBJECTIVE 1b. INTEGRATED LOCAL SERVICES										
1.8 Failure to secure commissioner support	- QIPP Programme - PCT Liaison - SPRG - Contract negotiations	- QIPP delivery - Contract and variations - SPRG Minutes	Board	Commissioning Intentions to F&I – March 2012 Additional CQUIN Income being 'top-sliced for integrated service delivery	Ongoing Contract negotiations	April 2012	DPI DoF	3x3 9	2x3 6	
1.9 Failure to secure effective partnership relationships, resulting in non-delivery of the Trust's Strategy	- Stakeholder Map LSP engagement - Agreed Strategic Priorities - ED Structure – includes Director of Strategy and Transformation with a mandate for progressing integration where appropriate.	- Strategic Priorities Action Plan monitoring - LSP Minutes - Strategy development Board papers and presentations – Jan / Feb/ March 2012	Board	Stakeholder Map in place Interim Director of Integration appointed Communications Strategy	Update Engagement Strategy LSP activity to be part of Chair's update Engagement principles and actions to be revisited post April 2012	May 2012 April 2012 May 2012	CE MD DI	2x4 8	2x2 4	
1.10 Failure to influence / respond to local and regional strategic agendas, resulting in QE's interested not being represented	MD/CE membership of cluster QIPP Group West Norfolk Leadership Group FTN Chair and CEOs' Group Membership of FTN SPRG	Cluster QIPP Plan Minutes of Leadership meetings FTN and other Consultation exercises CEO's report Contract / Commissioning reports	Board	Trust Strategy and QIPP Plan aligned Attendance by Chair and CEO at FTN Chair and CEO Groups – DS, LP and GR attendance at other network groups. CEO's BoD report – covering local, regional and national issues Correspondence relating to QIPP Contract			CE MD	2x3 6	2x2 4	
	Pathology Group (SHA)	Minutes and business case		No 'Heads of Agreement' on Pathology Agreement / Bid	Meeting of CEOs & Heads of Agreement expected in March	March 2012		4x4 16	2x2 4	

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CORPORATE OBJECTIVE 1c. INTEGRATED PATIENT PATHWAYS										
1.11 Failure to secure effective network arrangements that will benefit local people and the Trust	- Pathology Business Case	Pathology Programme Board working on formation of Network	F&I P&SC Board	Outline Business Case developed and agreed at Board in principle in Feb 2012. Heads of agreement to be circulated to Board before signing QE Service provision at risk	Business Case to SHA (timescales moving)	April 2012	MD	4x4 16	2x2 4	692
	- Vascular Plans	Progress reports to Board		Interim plans agreed. Solution likely to mean the loss of complex vascular surgery on-site	In discussions with Cambridge and Norwich.	On-going		4x4 16		
	- Upper GI and Cancer	Monthly Monitoring reports		Upper GI and Cancer – fully agreed networks				2x2 4		
1.12 Failure to achieve agreement on an effective emergency care pathway (Cross Reference with 2.10 and 3.8)	- QIPP – Demand Management Schemes - ECIST project - GP Front of House - Discharge Team - System-wide West Norfolk leadership model in place. - Weekly CE level gold meeting	- LoS - Mortality - Emergency Activity	P&S Board	Protocols in place on additional step-down beds Whole Local Health Economy Winter Planning event – Dec 2011. Short Stay model implemented Jan 2012 - Higher than contract emergency activity (5%) - delayed discharge and DToC	ECIST Action Plan Emergency Care reconfiguration	March 2012	Ops MD	3x4 12	2x2 4	757

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STRATEGIC KEY THEME 2. OPERATIONAL EFFECTIVENESS										
CORPORATE OBJECTIVE 2a. INVESTMENT IN WORKFORCE										
2.1 Ineffective workforce planning	- Workforce Plan - IBP / LTFM - Externally supported– Financial Sustainability project - TEP 1 - twice-yearly PCT return – role design - Org Structure from April 2012 – Director of Resources	Workforce performance reporting IBP/LTFM Review	F&I P&SC	Establishment currently under LTFM target – Jan 2012 Service Business Plans for divisions to be presented to Board – March 2012	Revise IBP/LTFM Business Planning cycle approved – to be implemented Workforce Panning Training to be provided for managers	May 2012 April 2012 April 2012	DoF HR& OD	3x3 9	2x2 4	867 868
2.2 Failure to recruit, retain and develop key staff – resulting in key vacancies and sub-optimal skills mix	- OD Strategy - Workforce Plan - Vacancy Panel - Skills mix Reviews - Training Plans - staff satisfaction survey - Learning & Development Strategy - Appraisal &PDP process	- Monthly Workforce report - Skills Mix Review outcomes - staff survey outcome review - L&DS evaluation reports - Appraisal reviews	P&SC HRODC	Last staff survey – QE in top acute trusts - IM&T (TEP 4) skill mix review showing low IT skills	LTFM/ IBP Admin and Clerical Review	Match 2012 2012 / 13	HR& OD	3x2 6	2x2 4	858 867 868

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CORPORATE OBJECTIVE 2b. INVESTMENT IN INFRASTRUCTURE										
2.4 Lack of investment capital leads to failure to deliver key elements of the Estates Strategy	- Six facet survey - Estates Strategy - Capital Programme - Backlog Maintenance Programme - Capital Investment Loan	- Regular reports on delivery and prioritisation of the Capital Programme - Corporate Risk Register - Capital Investment Loan utilisation	F&IC Capital Man, Comm.	- electrical infrastructure weakness	On Risk Register	2012/ 13	P&I DoF	4x4 16	3x3 9	392 405
				- Roof status	On risk register – ward refurb. programme	2012/ 13				
				- Theatres 5 & 6	Theatre Refurb. programme	2012				
				- CDS	On backlog maintenance programme and capital programme	2012				
				- Floor loading	Action plan – partial solution in place	2012				
				Surplus lower than original plan Recovery Plan forecast to deliver £1.4m surplus in 11/12 -	Review of s. m and l-term priorities Review financing options – inc. from delivery of a larger surplus					
2.5 Lack of investment capital leads to failure to deliver key elements of the IM&T Strategy	- IM&T Strategy - Capital Programme	- Regular reports on the delivery of the IM&T Strategy	C&IC IM&T Strategy Group	- Server Virtualisation complete - Network resilience - Isoft option approved – Feb 2012 - PAS – Board in March 2012	Network Refresh Clinical Systems upgrade	2012 2012/ 13	P&I	4x4 16	2x3 6	351

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2.6 Lack of organisational capacity leads to inability to deliver key projects effectively	- PMO - Business Case Process - Capital programme methodology	- Business cases - project milestone reports - post implementation review not currently undertaken for all key projects	F&I	MRI scanner project on target for delivery for agreed revised date Aseptic Suite project deliver – post implementation review programmed Lack of visibility of NHS Capital Planning methodology (Approval with indicative costs - Outline Business Case / Full Business Case) PMO structure and capacity reviewed to deliver Financial Sustainability Programme	PMO arrangements reviewed for Capital Programme. Governance arrangements under review Value re-engineering	2012/ 13 ongoing	MD P&I	3x3 9	2x2 4	
CORPORATE OBJECTIVE 2c. IMPROVED PRODUCTIVITY										
2.7 Failure to utilise assets effectively, resulting in lost income and poor productivity	- Theatre slot utilisation methodology - Cancelled Ops - Outpatient Clinic cancellation protocols	- Elective throughput – activity report - cancelled ops - cancelled outpatient clinics monitoring reports - weekly 'flash reports' to Board	F&I	- Increased use of Day Surgery - theatre refurb. and review planned - Jan 2012 – 22 ops cancelled on the day – 10 of which due to 'no bed' - Flash report 11 03 2012 – OP attendances 90% of December 11 forecast - Elective capacity ring-fencing -Urgent electives being treated as emergencies - Financial Sustainability Programme in place	Financial Sustainability Programme and monitoring	On-going in 2012/ 13	OPs	3x3 9	2x2 4	757

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2.8 Failure to deliver E-Rostering resulting in suboptimal capacity management	- IM&T Strategy	TEPs delivery monitoring - IM&T Strategy Implementation Monitoring - Bank and agency usage	F&I	- On course for implementation for nurses (top 12 spending wards – March 2012) - ahead of schedule on consultants - some additional hardware needed on the wards - 'changing practice' issues to be resolved	IM&T Group notified of hardware requirements Additional WIS resource in place Practice issues being addressed at performance Management meetings	Current ongoing	HR& OD P&I	3x3 9	3x2 6	
2.9 Failure to deploy bed management system resulting in suboptimal capacity management	Daily bed management meetings Escalation protocols	- Bed occupancy rates - medical outliers - escalation beds in use	P&SC	- Existing 'paper' system in place and functioning - Urgent Elective cases to be treated as Emergencies – Jan 2011 - Bed Management System not in place - Isoft option approved for development – Feb 2012	- Review of bed occupancy methodology / sit. Rep. - Bed Management system in iSOFT roadmap for approval	April 2012 2012/ 13	OPs	3x3 9	2x2 4	
2.10 Failure to identify and deliver opportunities for more productive and efficient ways of working and delivering services. (Cross Reference 3.8)	- TEPs programme - IBP - Financial sustainability project	- TEPs delivery - TEPs scheme identification - Financial Sustainability Project monitoring and outcomes - IBP Delivery and review	F&IC	Jan 2012 - TEPs delivery £1.2m behind plan ytd £18m opportunities identified through Financial Sustainability Programme Planning phase – no 'easy wins' & risk around delivery	- Undeliverable plans to be clearly identified and reviewed for 12/13 planning - Financial Sustainability project	March 2012 12/13 and life of IBP	EDs	3x5 15	1x2 2	

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STRAGIC KEY THEME 3. GROWTH AND SERVICE DEVELOPMENT										
CORPORATE OBJECTIVE 3a. CAPACITY DEVELOPMENT										
3.1 Failure to engage clinicians and organisation in the Trust's objectives	- Service Line Management Structure - Clinical leadership Group - Values and Behaviours Communications Strategy - Dir. Strategy & Transformation in revised Structure from April 2012	- Clinical presentations at Board - Service Line Management Reports - QRS - Values and Behaviours reports to BoD	Board F&I	- Clinical Directors in place for all Directorates - Clinician-led TEPs - evidence of some resistance to change - Clinicians on Financial Sustainability programme Board	King's Fund Clinical leadership Programme – providing people with skills Values and Behaviours workshops being rolled out across org.	current	MD HR& OD Ops	3x3 9	2x2 4	751
3.2 Staff have insufficient information to allow them to deliver and grow the business	Service Line Management / SLR	- Service Line Management Reports	F&I	Draft SLR reports in place from month 6. In process of being refined with Divisions – will inform KPMG work	Financial Sustainability Programme Board implementation. Divisional Performance Meetings	On-going	HR& OD	3x3 9	1x2 2	
CORPORATE OBJECTIVE 3b. TACTICAL DEVELOPMENT OF BUSINESS RELATIONSHIPS (competitive & collaborative)										
3.3 Lack of capacity to drive and support optimisation of business opportunities (cross reference 3a)	- Executive Structure - Strategic Priorities action plan	- Bi-monthly Strategic Board workshops	Board	- Interim Director of Integration appointed - Strategic Priorities assigned to range of lead officers and clinicians - KPMG Review of Capacity and Capabilities – reported to Execs and Board in Feb 2012 - Infrastructure not fully in place - development if business relationships - - development o capacity in Littleport and Fakenham	- weekly FSP Board meetings from mid-March 2012	March 2012	CE DI	3x4 12	2x2 4	

PRINCIPAL RISK	KEY CONTROL GAPS IN CONTROL	SOURCE OF ASSURANCE ON CONTROL	MONITORING BODY	POSITIVE ASSURANCES & GAPS IN ASSURANCE	ACTIONS	TARGET DATE	EXEC. LEAD	Residual Risk LxC	Target Risk Rating	Risk Register Cross Ref.
3.4 Failure to identify competitive threat effectively resulting in lost income	- Inventory of Business Opportunities - Stakeholder Map - Structured Board Strategy Workshop Programme	- Board Strategy Days outputs – June & November 2011 & Feb 2012	Board	- Public and private sector potential competitors / collaborators engaged - Board agreement on support for implementation phase of Financial Sustainability Programme – Feb 2012. Interim arrangement with KPMG until end of May. - Weekly meetings of FSPB from mid-March - Contract	Develop revised IBP Contract update & commissioning intentions to BoD in March 2012	Sept 2012	CE DI	3x4 12	2x2 4	
3.5 Being slow to respond resulting in missed business opportunities	- Inventory of Business Opportunities - Stakeholder Map - Engagement Strategy - Strategic Priorities	- Bi-monthly Strategic Board workshops	Board	- Inventory of opportunities compiled - Public and private sector potential competitors / collaborators engaged Board agreement on support for implementation phase of Financial Sustainability Programme – Feb 2012. Interim arrangement with KPMG until end of May. Weekly meetings of FSPB from mid-March - Weekly meetings of FSPB from mid-March - development o fbusiness in Littleport and Fakenham - £18m efficiency opportunities identified (over 2 years) – delivery risk	Build capacity to respond more quickly - tendering opportunities being identified	2012/13 On-going	CE DI	3x4 12	2x2 4	

PRINCIPAL RISK	KEY CONTROL GAPS IN CONTROL	SOURCE OF ASSURANCE ON CONTROL	MONITORING BODY	POSITIVE ASSURANCES & GAPS IN ASSURANCE	ACTIONS	TARGET DATE	EXEC. LEAD	Residual Risk LxC	Target Risk Rating	Risk Register Cross Ref.
CORPORATE OBJECTIVE 3c. COST REDUCTION										
3.6 Failure to manage capacity leading to high premium, bank and agency costs	- Financial Sustainability project - budgetary control - vacancy panel	- Financial Sustainability project monitoring - monthly finance reports	F&I	- Financial Sustainability project commissioned from Jan 9th 2012 - 11 03 2012 – Pay expenditure broadly in line or better than Dec forecast for all divisions except elective – additional activity sessions	Finalised data on bank and agency spend to be assimilated	April 2012	Ops DoN	3x4 12	2x2 4	
3.7 Poor non-pay cost control	- Procurement arrangements and restrictions - SFIs & scheme of delegation - TEPs	- Monthly I&E Monitoring - Waivers - write-offs	F&I Audit	11 03 2012 – non-pay expenditure on target (December 11 forecast)	Performance Management meetings	On-going	DoF Ops	2x3 6	2x2 4	
3.8 TEPs fail to deliver planned efficiency savings	- TEPs - Financial Sustainability Project	TEPs monitoring	F&I	Jan 2012 - TEPs delivery £1.2m behind original plan ytd Feb Position – revised plan on track	- TEP and CIP delivery plans to be maximised where possible. - Financial Sustainability project	March 2012 March 2012	EDs	3x4 12	1x2 2	

KEY:

Residual risk at last report where changed month-on-month

Direction of travel from last BAF report

Lead Directors

CE (Chief Executive)
DoN (Director of Nursing)
P&I (Performance & Informatics Director)
OPS (Director of Operations)
DoF (Director of Finance)
HR / **OD** (Human Resources & Organisational Development)
DI (Interim Director of Integration)
MD (Medical Director)

Key Committees

Q&RC – Quality and Risk Committee
P&S Committee – Performance and Standards Committee
F&IC – Finance and Investment Committee
CGC – Clinical Governance Committee
C&IC – Capacity and Infrastructure Committee
SSG - Safeguarding Steering Group
IPACC – Infection Prevention and Control Committee
CoG - Clinical Outcomes Group
GC – Governors' Council

Principal risks	*What could prevent this strategic objective being achieved?*
Key Control	*What controls / systems do we have in place to assist in securing delivery of our objective? "The ongoing policies, procedures, practices and organisational structures designed to provide reasonable assurance that objectives will be achieved and that undesired events will be prevented or detected and corrected" Ref: DoH, Building the Assurance Framework – a Practical Guide for NHS Boards*
Gaps in control	*Where are we failing to put controls / systems in place and where are we failing in making them effective?*
Assurances on Control	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective? (Management Checks, Internal Audit, Clinical Audit, CQC assessments, External Audit, Local Counter Fraud Services, NHSLA, other reviews)*
Positive assurances	*What evidence do we have that shows we are reasonably managing our risks and our objectives are being delivered?*
Gaps in assurance	*Where are we failing to gain evidence that our controls / systems, on which we place reliance, are effective?*
Residual level of risk	*What residual risk score remains when current controls are in place?*
Target Risk	*Risk appetite - What level of risk is the Board prepared to carry/accept?*
Progress / Actions required	*What actions are in hand to address the gaps in controls or assurance? What is the timeframe*
Executive Lead	*Who is responsible for ensuring actions are addressed?*

Risk Scoring Matrix (Revised Sept 2011)

LIKELIHOOD							
	Almost Certain	5	5	10	15	20	25
	Likely	4	4	8	12	16	20
	Possible	3	3	6	9	12	15
	Unlikely	2	2	4	6	8	10
	Rare	1	1	2	3	4	5
			1	2	3	4	5
			Negligible	Minor	Moderate	Major	Catastrophic
			CONSEQUENCE				