BOARD ASSURANCE FRAMEWORK - 21st AUGUST 2012
VISION ... To be the preferred hospital for local people

The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

STRATEGIC KEY THEME 1. CLINICAL QUALITY AND PATIENT CARE

Risk No.		CORPORATE OBJECTIVE 1a. IMPROVED PATIENT EXPERIENCE, SAFETY AND OUTCOMES	LEAD	MONITORING COMMITTEE	KEY CONTROLS & GAPS IN CONTROL	SOURCES OF ASSURANCE				POSITIVE ASSURANCES & GAPS IN ASSURANCE	ACTIONS	TARGET DATE	RESIDUAL RISK LXC	TARGET RISK
						Internally initiated or commissioned activity		Externally initiated or commissioned activity						
1a	i	Failure to maintain consistently high quality services, resulting in poor patient outcomes (including mortality), patient experience and loss of reputation.	MD	BoD	*Nursing and Midwifery Policies (Intranet)	3	Management Checks - Nursing Indicators (DoH Safety Express methodology)	7	CQC/NHSLA Assessments	Reported to Board monthly - June (reported in July) 2012 exceptions - HA Pressure Ulcers grade 3 x 3 ▲ CQC Visit on Privacy, Dignity and Nutrition - 21st August - outcome awaited.	Pressure Ulcers gradings / definitions changed by SHA. Tissue Viability Nurses working to reduce incidence - Under Pressure Campaign. Additional equipment purchased.	Sept 2012	3x4	1x4
				CANS & CGC	Clinical Policies and Guidelines (Intranet)	3	Clinical Audit	6	Specialty Reviews	All Specialty Reviews reported to CGC	Clinical Governance Internal Audit planned for February 2013.			
								6	Specialty Review Internal Audit 2011 / 12	Specialty Review Internal Audit 2011 / 12 - Satisfactory	Associate MD has amended Specialty Review process in line with IA recommendations	Complete		
					Clinical Audit & Effectiveness Policy			6	Peer Reviews		Stroke Network Review - August 2012			
				Q&R	Policy for the management of adverse events and serious incidents	4	SI and Never Event reporting (inc. PCT Review)	6	External reporting and benchmarking - NPSA	1 never event reported in July 2012. 6 serious incidents reported in Jul 2012 ▼	Never Event RCA outcome to be reported to Q&R	August 2012		
						3	CLIP Report	3	Benchmarking	June 2012 - 27 clinical complaints. - 3 non-clincial complaints. CLIP Annual Report to Q&R in August 2012. Complaints reduced slightly relative to patient contacts, since 2011/12.	Non-Clinical complaints - Car Park Consultation - May / June 2012. Short Term improvements to be implemented by September 2012			
				Q&R	Quality Strategy	6	Quality Strategy Implementation Monitoring (monitored by Joint Quality Meeting - PCT)	6	Annual Quality Report	Q1 Quality Stratregy Implementation Plan reported to Q&RC in August 2012. All targets amber or green except readmissions, medical outliers and delayed discharge before midday - which are red (>20% off target).	POD 19 seeking to address emergency capacity and flow issues			
				P&S	CQC Standards	4	Internal CQC Audits	9	CQC Visits	Compliant with all standards except Outcome 21 (Records). Minor Concern identified in Infection Control Training on self-assessment - May 2012. CQC Visit on Privacy, Dignity and Nutrition - 21st August - outcome awaited.	CQC Action Plan in place. New Patient Record implemented in May 2012. Post Implementation Audit reporting in July 2012. Training issues being addressed re. Infection Control			
						1	Compliance Monitoring	5	CQC Compliance Monitoring Internal Audit 2011/ 12		CQC Compliance Monitoring Internal Audit 2011/12 - Good			

				P&S	NHSLA & CNST Standards	1	NHSLA Action Plan	9	NHSLA & CNST Assessments	NHSLA Assessment Preparation reporting to P&S - Gantt chart and gap analysis in place				
						1	Compliance Monitoring							
				CANS & CGC	DoH and external agency guidance	6	Clinical Outcomes Group review - informed by CHKS re patient safety outlier status)	9	National Audits	3 alerts recorded by CHKS - reported in July 2012 - (1) High rates of birth trauma injury to neonates, (2) High rates of death in hospital within 30 days of non-elective surgery, (3) low rates of weekend discharge for emergency admissions as a % of the weekday rate	(1) being investgated by division (2) likley to relate to recording of invasive procedures - in-depth analysis being undertaken by clinical coding and elective division (3) part of work of POD 19			
						3	CANS Group Activity							
				BoD and P&S	Targets / KPIs e.g. HSMR /SHMI, Infection Control	3	Weekly / Monthly Monitoring	9	Dr Foster and CHKS reviews and Infection Control benchmarking	RAMI - April - May 2012/13 82.1 compared to peer group of 93.2. C.Diff - 1 case reported for June 2012 Under trajectory). MRSA - 0				
1a	ii	Failure to maintain the estate and equipment to specified standards, resulting in increased risk for patients and non-compliance with national standards.	DoNCS	BoD & F&I	Estates Strategy	1	Periodic Monitoring	9	6 Facet Survey	BoD approved Estates Strategy Options Appraisal - June 2012. Options Appraisal delayed	Clinical Strategy to be determined before supporting strategies.	Q3 2012-13	3x4	2x2
				BoD & F&I	Backlog Maintenance Programme	1	Delivery Monitoring	7	External checks e.g. roof	External checks continue. Backlog Maintenance programme being delivered in accordance with plans.				
				BoD & F&I	Capital Programme	1	Monitoring			Month 3 - 372k under plan due to slippage in expenditure on IM&T, medical equipment, estates backlog and the MRI project. Risks to Capital Programme delivery (£10.1m) - Combined Heat and Power - potential delays due to OJEU procurement, Pathology IT project - dependent on outcome of tendering process.	Board to receive Capital Programme report - with re-prioritisation if required in August 2012.	Aug. 2012		
			MD	Medical Equipment Group / Medical Devices Committee	Medical Devices Policies	1	Monitoring	9	MDA Alerts	Comprehensive Medical Devices Training systems in place (Pratice Development Nurses and Manufacturers). Some recording issues remain. Equipment Library in place, including effective systems to track, trace and monitor equipment.	Systems to be fully embedded	Sept 2012		

1a	iii	Failure to achieve sustained emergency access performance, leading to poor patient experience and outcomes	DoCS	TEC	Policies and procedures - Choose & Book & Escalation Policy	1	Management Checks	9	Compliance Framework	Compliance Framework GRR - Green for Q1.			4x3	2x2
				BoD and P&S	Operating Framework Guidance	1	Compliance Monitoring							
				BoD & P&S	Targets / KPIs	3	Monitoring - weekly reports to BoD & Monthly Performance Report	9	Silver Command Activity reports	June 2012 (reported in July) C&B slot utlisation 76%. ▲ A&E - 96.7%. ▲	Commissioner External Assessment report due in July 2012	August 2012		
1a	iv	Elective procedures are cancelled resulting in increased waiting times	DoCS	TEC	Escalation Procedures	1	Management Checks	4	Contract activity delivery	Activity - July BoD report 2012 - Elective inpatient activity is under plan by 17 cases. Daycase activity was 301 cases below plan. ▲	Recovery Plan in place in Elective Division to deliver planned elective activity by end of Q1	August 2012	4x3	1x2
				BoD & Q&R	Ring-fenced elective capacity	1	Medical Outlier monitoring			June Monthly average - reported in July 2012 - medical outliers 16 ▼	POD 19 seeking to address emergency capacity and flow issues	ongoing		
1a	v	Failure to prevent and control the incidence of C.Diff & MRSA below the 2012/13 ceiling, resulting in poor patient outcomes, and both contract and regulatory consequences	MD	BoD & Q&R	IPAC Policy, Strategy and Protocols	4	RCAs and KPI monitoring	3	Benchmarking	C.Diff - 1 case reported for June 2012 ▼ (Under trajectory). MRSA - 0			3x4	1x3
						4	Antibiotic Audits	9	PCT & SHA review	PCT / SHA confirm that QE is following best practice. Pharmacist presence on wards				
1a	vi	Failure to address the key issues identified via patient feedback, resulting in poor patient experience, low levels of satisfaction, high levels of complaints and CQUINs consequences	DoPE	PESG	CQUINs funded Patient Experience Lead	3	Patent Experience Steering Group reports to TEC			PPI lead post appointed to. Post funded until March 2012	Business Case to be prepared for substantive post	Dec 2012	3x3	1x2
				Q&R	Complaints and Compliments Monitoring	6	CLIP Report	4	Patient Stories at Board	June 2012 - 27 clinical complaints. ▲ 3 non-clincial complaints. CLIP Annual Report to Q&R in August 2012. Complaints reduced slightly relative to patient contacts, since 2011/12.	Car Park Consultation - May / June 2012. Short Term Car Park improvements (Patient / Visitor only parking) to be implemented by September 2012	Sept 2012	4x3	
				BoD & Q&R	Internal Satisfaction Surveys, including Net Promoter	6	Internal Satisfaction Survey results and trends	9	External Satisfaction Survey results, benchmarking and trends	Net Promoter - 62 (inpatient) - 37 (outpatient June 2012 ▼ Response rate down from 72% in May to 41% in June	Methodology being reviewed to encourage improved response rate. Patient Experience Steering Group addressing satisfaction issues	ongoing	3x3	
				GC & BoD	GC PEC Work Programme & LINks work programme	4	PEC reports to GC	9	LINks Assessments	Positive assessment of PEC contribution - GC Year 1 self-assessment. PEC involved in CQC audits, PEAT and development of Patient Experience KPIs. V. posiitve LINks assessment of Day Surgery - August 2012				
1a	vii	Failure to ensure that the BSP does not impact adversely on quality, resulting in poor patient outcomes, safety and / or experience	All	TEC & Q&R	BSPG - Quality Impact Assessments for all PODs	4	BSPG report to TEC & Q&R			June 2012 - BSP on track overall. Clinical & Quality Impacts on 'green'			3x4	1x1

Risk No.		CORPORATE OBJECTIVE 1b. INTEGRATED LOCAL SERVICES	LEAD	MONITORING COMMITTEE	KEY CONTROLS and GAPS IN CONTROL	SOURCES OF ASSURANCE				POSITIVE ASSURANCES & GAPS IN ASSURANCE	ACTIONS	TARGET DATE	RESIDUAL RISK LXC	TARGET RISK
						Internal		External						
1b	i	Failure to secure commissioner support, resulting in unfunded service development initiatives and misaligned strategies	MD/DoNCS	F&I & BoD	Contract	5	SPRG meetings			Signed contract in place. 1% CQUIN remains unresolved in July 2012	Weekly meetings with Commissioners continue	ongoing	3x3	2x2
1b	ii	Failure to secure effective partnership relationships, resulting in non-delivery of the Trust's Strategy	DoS&T	BoD	New Dir. Strategy and Transformation post in exec. Team	6	Strategic Intelligence, discussed at BoD's Strategy workshops	10	DoH leadership Academy Diagnostic	Leadership Academy diagnostic undertaken in July 2012. Partnership arrangements with LA being explored. West Norfolk System Leaders Service Development Group.	Leadership Academy diagnostic reporting in July 2012. DoS&T Public / Private Partnership Forum membership from September 2012.	July 2012 Sept 2012	3x3	2x2
1b	iii	Failure to influence / respond to local and regional strategic agendas, resulting in QE's interests not being represented	CEO	BoD	Chair's membership of Strategic Partnership & Membership of Strategic Leaders' Forum	4	Chair's reports to BoD			Monthly update reports to Board.	Meeting arranged with Wisbech GPs	Sept 2012	3x3	2x2
					Membership of Norfolk branch of Academic Health Sciences Network	4	Responses to HA Documents	4	Attendance at HA meetings	QE to be a 'node' in AHSN.				
					Daily review of external emails and communications to CEO and other senior staff to ensure timely response to local and regional guidance, consultations etc.	4	Paediatric Rheumatology network response Burns facility submission Stroke review submission Senior staff registered on SHA leadership programmes Responses to AQP tenders Responses to external consultations	9	Outcomes of external / network evaluation of QE proposals, submissions, representations	Stroke network, PCT and CCG support for Trust stroke submission. Stakeholder engagement and marketing strategy to be updated to ensure a more systematic approach to influencing/responding to local and regional/national agendas which may impact on the QEH Trust through phase 1 of Burns tender. Staff accepted on leadership courses	Stakeholder and Marketing strategy to be updated as part of the Trust strategy refresh	March 2013	3x3	2x2

Risk No.		CORPORATE OBJECTIVE 1c. INTEGRATED PATIENT PATHWAYS	LEAD	MONITORING COMMITTEE	KEY CONTROLS and GAPS IN CONTROL	SOURCES OF ASSURANCE				POSITIVE ASSURANCES & GAPS IN ASSURANCE	ACTIONS	TARGET DATE	RESIDUAL RISK LXC	TARGET RISK
						Internal		External						
1c	i	Failure to secure effective network arrangements that will benefit local people and the Trust, resulting in reduction of local services available at the QE for our population, loss of income and loss of status in the healthcare community	MD, DoCS & DoS&T	BoD	Key Network relationships - WNCCG, NCH&C, N&NUH, Addenbrookes	4	BoD Strategy workshops	6	Network arrangements and contracts	QE to be Trauma Unit in Major Trauma Network. Eastern Pathology Alliance (EPA) - successful partnership bid - some issues to be resolved re. boundaries. Stroke Network - regional stroke service review risk. receonficuration risk. Critical Care Network. Cancer Network. Vascular Network issues to be resolved. Trust has met criteria to be a burns unit - reported to Board in August 2012.	Vascular Network Consultation Period ongoing. Plastics / Burns bid in. EPA update report to Board in July 2012. Stroke Service Review outcomes to be reported to Board when available. A collaborative approach has been undertaken with a cluster submission sent on 10th August 2012 by the PCT on behalf of our locality	ongoing Stroke Service Review outcome - Jan 2012	3x4	2x2
					Systems in place to bid for services	6	Business Development reports to BoD	6	Network arrangements and contracts	AQP opportunities identified and bids being made (Submitted 2 - 3 in preparation)				
1c	ii	Failure to develop and implement an effective, integrated emergency care pathway, resulting in inappropriate admissions, delayed discharges, inefficiencies in the care process and sub-optimal patient experience and outcomes	MD/DoCS	BSPG, TEC and BoD	Emergency Flow POD (19)	4	Monitoring of emergency admissions, readmissions, LoS & delayed discharge	4	Contract activity delivery reports	May figures - July BoD report - LoS (elective) - 1.9 (target 2.2) LoS (emerg. - 4.7 (target 5.0) Readmission rates (elective) 3.2% (target 2.5%), Readmission rate (emergency) 8.7% (target 5.1%)	POD 19 seeking to address emergency capacity and flow issues	March 2013	3x4	2x2
					1% CQUIN	4	BoD reports	4	1% CQUIN Agreement	1% CQUIN remains unresolved in July 2012	Weekly meetings with Commissioners continue	ongoing	4x3	2x3

STRATEGIC KEY THEME 2. OPERATIONAL EFFECTIVENESS

Risk No.		CORPORATE OBJECTIVE 2a. INVESTMENT IN WORKFORCE	LEAD	MONITORING COMMITTEE	KEY CONTROLS and GAPS IN CONTROL	SOURCES OF ASSURANCE				POSITIVE ASSURANCES & GAPS IN ASSURANCE	ACTIONS	TARGET DATE	RESIDUAL RISK LXC	TARGET RISK
						Internal		External						
2a	i	Failure to deliver Continuing Professional Development, including Mandatory Training to key staff, resulting in poor quality/unsafe services, inadequately trained staff, dissatisfied staff, revalidation issues	DoR	BoD & TEC	Mandatory Training intranet site and role specific training plans	3	Mandatory Training target delivery - Workforce report to BoD	5	Workforce Development and Mandatory Training Internal Audit 2011 /12	Fire Training compliance 86.7% ▲ IG 80.2%. Infection Control - 75.4% ▲ Workforce Development and Mandatory Training Internal Audit 2011 /12 - Good	Mandatory Training workbooks being rolled out - full compliance expected within 6 months	Dec 2012	3x3	2x2
					Induction Training	3	Uptake monitoring			New format Core Induction from June 2012. Consistent 100% attendance				
2a	ii	Failure to undertake annual appraisals for all staff, resulting in poor development of staff skills and competencies and dissatisfied staff	DoR	BoD & TEC	Appraisal Policy & procedures	1	Appraisal Target delivery - Workforce report to BoD	3	Benchmarking	May 2012 - reported to Board in June 2012 - Appraisals (inc. Bank Staff) 73% (target 90%) ▲	Appraisal 'anniversaries' being reviewed to spread appraisal programme more effectively over the year.		3x3	2x2
					Annual Appraisal process, which includes CPD			6	Appraisal Internal Audit 2011 - 12	Appraisal Internal Audit 2011 - 12 - Good				
					Staff Satisfaction Surveys			9	Staff Satisfaction Survey outcomes - reported to BoD	V. Positive Staff Survey in 2012			2x2	2x2
2a	iii	Failure to manage the causes of sickness absence, resulting in poor morale, high sickness absence and high temp. staff pay costs	All	BoD & TEC	Sickness absence Management Policy	1	Management Checks			May 2012 (July report to BoD) Sickness absence rate 4.2% ▼	Sickness absence policy and occupational health activities being utilised to address issues.	ongoing	3x3	2x2
					Bank and Agency control procedures	1	Pay Costs variance - report to BoD			June 2012 (reported to BoD July) Bank Usage up to 129 FTE FTE. ▲ Agency usage12 FTE. Expenditure reduced in June.				
					Business Partners Model - HR and Financial Management Support	3	Sickness absence monitoring - report to BoD	3	Benchmarking	May 2012 (reported to BoD in June) - Sickness absence %- 4.2. (target 3.5) ▼	Sickness absence policy and occupational health activities being utilised to address issues. Absence Management Internal Audit Planned for 2012/13 - in progress.	ongoing. IA - July 2012		
					Occupational Health Services - return to work activities									

Risk No.		CORPORATE OBJECTIVE 2b. INVESTMENT IN INFRASTRUCTURE	LEAD	MONITORING COMMITTEE	KEY CONTROLS and GAPS IN CONTROL	SOURCES OF ASSURANCE				POSITIVE ASSURANCES & GAPS IN ASSURANCE	ACTIONS	TARGET DATE	RESIDUAL RISK LXC	TARGET RISK
						Internal		External						
2b	i	Failure to deliver the forecast surplus, resulting in lack of funding for the capital programme and backlog maintenance programme,	DoR	BoD & F&I	Budgetary Controls Business Plan Business Sustainability Programme	1	Regular variance monitoring and mitigation - report to BoD			Business Plan in Place June 2012 - BSP on track overall - £0.99m ▲. Risk re. back ended delivery of several PODs	Business Plan - delivery updates from August 2012 Where milestones have slipped- recovery plans in place. Some savings reforecast.	August 2012	3x4	1x1
2b	ii	Misalignment of Estates Strategy, resulting in investment decisions which do not support the Trust's Strategy or Clinical Strategy	DoNCS	BoD	Estate Options Appraisal	6	Strategic Options - considered by BoD at Strategic Workshops			BoD approved Estates Strategy Options Appraisal - June 2012. Options Appraisal delayed	Clinical Strategy to be determined before supporting strategies.	Q3 2012-13	3x4	2x4
2b	iii	Failure to achieve medium to long-term financial sustainability, resulting in risk to services and business	CEO	BoD	Transformational Change Programme Establishment of a PMO to manage and monitor in year risks Commissioning external support to identify and support the delivery of a 3 year CIP programme	6	Transformational Change report to Board BSP reports to Board B Evans review of Financial Governance with resultant Fin Gov action plan	10	DH Leadership Academy - Leadership Programme diagnostic Deloitte review of Fin Gov, Aug 2012	Diagnostic Report to BoD in July 2012 Fin Gov action plan implementtaion to monthly F&I Deloitte report - Aug 2102	Bespoke transformation support programme to be determined	Sept 2012	3x5	1x5
2b	iv	Failure to deliver the Capital Programme	DoNCS	BoD & F&I		1	Regular Reports to Board			Macmillan Centre and NICU approved to progress in 2012/13. WHU out to tender. MRI almost complete (July 2012) - delay has associated Capital & Revenue costs - which may result in re-prioritisation of 12/13 programme.	Board to see Capital Programme paper and recommendations in Sept 2012	Sept 2012	4x3	2x3
2b	v	Failure to identify and deliver IM&T Strategic priorities, resulting in inability to deliver related efficiencies	DoNCS	IM&T SG	IM&T Work Programme	1	IM&T Strategy Implementation monitoring	6	Internal Audit - IT Developments 2011 / 12	PAS being deployed. Network Refresh tender spec. stage. EPA - delay in tender outcome decision and complexity of design- potential IM&T programme risk. IT Developments Internal Audit 11/12 - Good	Working to quantify issues and assess risk	Oct 2012	3x4	2x3
2b	vi	Lack of organisational capacity leads to inability to deliver key projects effectively and on time	All	TEC	Management and A&C Reviews	6	Review outcome - TEC and BoD - revised structure			Management Review being consulted on - draft Management Structure reported to TEC in June			3x4	2x3
				BSPG & BoD	BSP - Governance Infrastructure	4	BSP delivery - reports to BoD			BSP Reports to Board - monthly. PMO fully staffed - external support skills transfer complete - end July 2012				

Risk No.		CORPORATE OBJECTIVE 2c. IMPROVED PRODUCTIVITY	LEAD	MONITORING COMMITTEE	KEY CONTROLS and GAPS IN CONTROL	SOURCES OF ASSURANCE				POSITIVE ASSURANCES & GAPS IN ASSURANCE	ACTIONS	TARGET DATE	RESIDUAL RISK LXC	TARGET RISK
						Internal		External						
2c	i	Failure to utilise assets effectively, resulting in higher than budgeted costs, lost income, poor margins and poor productivity	All	BSPG, F&I & BoD	BSP PODs	4	BSP delivery - reports to BoD			June 2012 - BSP on track overall - £0.99m ▲. Risk re. back ended delivery of several PODs	Where milestones have slipped- recovery plans in place. Some savings reforecast.		3x4	1x1
					Activity Plans	1	Activity Plan Monthly Monitoring	6	Contract	June 2012 (reported to Board in July): Inpatient Activity below plan by 17 cases for . Day case activity 301 cases below plan. Non-elective activity 65 cases below plan Outpatients - 325 attendances below plan	Divisions working to deliver receovery plans	Sept 2012	3x4	
					Income profile	1	Income Monthly Monitoring			June 2012 - Trust underdelivered against clinical income by £328k.			3x4	
2c	ii	Failure to secure organisational support for new ways of working in the short term and 'transformation' in the longer term (3ai)	DoS&T	TEC & BoD	New Dir. Strategy & Transformation in exec. Team	6	Strategic Intelligence, discussed at BoD's Strategy workshops			Transformation / OD team in place	Revised OD Strategy in development	Sept 2012	3x3	3x2
					Clinician Involvement in Strategy Development	6	Business Plan 2012/13			Revised Management Structure emphasis on clinical leadership. Business Plan in place.	Business Plan - delivery updates from August 2012. Revised Management Structure in place - Sept / Oct 2012	Sept / October 2012		
					CEO programme of drop-in sessions for staff	1	Attendance rates and engagement themes			Programme in place				
					QE Early adopter - DH Leadership Programme			10	Leadership Programme diagnostic	Diagnostic outcome - report to BoD - July 2012				
					Communications Strategy to support BSP	1	Team Brief			Team Brief circulated monthly. Full cascade to be achieved	Comm.s Team to drive full cascade	Sept 2012		
						3	Management Checks and analysis of engagement themes			Team Brief Cascade includes reposes to questions raised in previous month's Team brief				
2c	iii	Failure to identify and deliver opportunities for more productive and efficient ways of working and delivering services resulting in sub-optimal patient experience and outcomes, failure to deliver the forecast efficiency savings and an FRR below 3	All	BSPG, F&I & BoD	BSP / PODs	4	BSPG monitoring - All NEDs assigned to specific PODs and BoD reporting	7	Monitor assessment of Trust position in respect of breach in Terms of Authorisation	June 2012 - BSP on track overall - £0.99m ▲. Risk re. back ended delivery of several PODs. FRR2 for Q1.	Where BSP milestones have slipped- recovery plans in place. Some savings reforecast.		3x3	2x2

STRAGIC KEY THEME 3. GROWTH AND SERVICE DEVELOPMENT

Risk No.		CORPORATE OBJECTIVE 3a. CAPACITY DEVELOPMENT	LEAD	MONITORING COMMITTEE	KEY CONTROLS and GAPS IN CONTROL	SOURCES OF ASSURANCE				POSITIVE ASSURANCES & GAPS IN ASSURANCE	ACTIONS	TARGET DATE	RESIDUAL RISK LXC	TARGET RISK
						Internal		External						
3a	i	Failure to engage clinicians and the organisation in the development and delivery of the Trust's objectives, resulting in resistance to change and non-delivery of plans (see 2cii)	CEO, MD & DoST	BoD	Clinician Involvement in Strategy Development Formal process for engaging clinical staff	6	Business Plan delivery 2012/13 Clinician leads for all PODS POD 64 - Clinical Engagement			DoS&T programme of clinical / specialty engagement though summer 2012. Revised Management Structure emphasis in Clinical leadership. POD 64 outputs - establishment of a clinical reference group. Clinical leadership of GP engagement strategy, clinical involvement in SLR development	Revised Management Structure in place - Sept / Oct 2012 POD 64 actions to be embedded and delivering outstanding actions	Sept / October 2012 as above	3x3	3x2
3a	ii	Ineffective workforce planning, including management of the impact of changes resulting from the business sustainability programme; resulting in misalignment of the Trust's workforce with its service needs and its LTFM	All	HRODC & TEC		4	Annual / Business Plan delivery monitoring - reports to BoD			Business Plan in place.	Business Plan - delivery updates from August 2012.	August 2012	3x4	2x2
					Skills Mix Review	4	Review outcomes and monitoring of plans to address identified issues			Skills Mix review complete. (65:35 on general adult wards). Advertisements placed for qualified / registered nurses and senior nurses	Full skills mix implementation by March 2013	March 2013		
					Vacancy Controls	3	Workforce Report			Vacancy Panel meets weekly. EDs approve all appointments				
3a	iii	Failure to recruit, retain and develop key staff – resulting in vacancies in key posts, above budget agency and locum spend, sub-optimal skills mix ands underperforming teams	All	HRODC, TEC & F&I	Skills Mix review	3	Review outcomes and monitoring of plans to address identified issues			Skills Mix review complete. (65:35 on general adult wards). Advertisements placed for qualified / registered nurses and senior	Full skills mix implementation by March 2013	March 2013	3x4	3x2
					Recruitment campaigns and role reviews	3	Vacancy monitoring and locum / agency spend			June 2012 (Reported to BoD in July 2012) - Vacancies - 197 (187 in May 2012). June Agency spend - £139,971				
					Management and A&C Reviews	4	Review outcome - TEC and BoD - revised structure			Revised Management Structure emphasis in Clinical leadership. Structure being consulted on and discussed at TEC in June 2012.	Revised Management Structure in place - Sept / Oct 2012. A&C Review complete by early August 2012	Sept / October 2012		

3a	iv	Failure to address shortfalls in governance and the capacity and capability of the organisation at Director level, leading to failure to deliver the Trust's ambitious plans and remaining in breach of the terms of its authorisation with Monitor	CEO	BoD	Financial Governance Review	4	Financial Governance Review - Action Plan monitoring - F&I Committee	7	Monitor assessment of Trust progress in addressing Financial Governance issues	Financial Governance Review Action Plan (March 2012) progress monitored at F&I monthly. Progress reported to Monitor at monthly meetings. Deloitte Review commissioned - July 2012. Draft Report received 22nd August 2012	Deloitte Review through July / August 2012. Draft Outturn Report to Board - August 2012	August 2012	3x4	1x1
								10	External Review of Action Plan					
						4	Reports to BoD re. BSP Governance			PMO fully staffed - external support skills transfer complete - end July 2012				
					Early Adopter - DH Leadership Programme			10	Leadership Programme diagnostic	Diagnostic outcome - report to BoD				
					Finance Function Review	6	Review of outcome			Review Complete - Finance Function Revised Structure out to consultation from 23rd July 2012				
					Board Development Programme	8	Programme delivery evidence			Board Development Programme agreed by Board - not yet timetabled	Board Development Programme to be timetabled - in line with Leadership Academy Diagnostic outturn actions	Sept 20122012		
					Board Skills Gap analysis	5	NED Recruitment - Person Spec.			NED Recruitment - Person Spec. Requirement for Financial acumen	NED Recruitment - Summer 2012.	Sept 2012		
3a	v	Divisions have insufficient information to support them to deliver and grow the business	DoR/DoNCS	BoD & F&I	SLR & Business Intelligence solution - July 2012 onwards	3	SLR Reports			SLR reported to Board in June 2012. SLR remains at too high a level to be an effective tool for identifying productivity opportunities at specialty level	SLR / Divisional reporting to be developed	October 2012	4x3	1x1

Risk No.		CORPORATE OBJECTIVE 3b. TACTICAL DEVELOPMENT OF BUSINESS RELATIONSHIPS (competitive & collaborative)	LEAD	MONITORING COMMITTEE	KEY CONTROLS and GAPS IN CONTROL	SOURCES OF ASSURANCE				POSITIVE ASSURANCES & GAPS IN ASSURANCE	ACTIONS	TARGET DATE	RESIDUAL RISK LXC	TARGET RISK
						Internal		External						
3b	i	Lack of capacity to drive and support optimisation of business opportunities (see 2biv)	CEO	BoD & TEC	Management Review	6	Review outcome - TEC and BoD - revised structure			Revised Management Structure emphasis in Clinical leadership. Structure being consulted on and discussed at TEC in June 2012.	Revised Management Structure in place - Sept / Oct 2012. A&C Review complete by early August 2012	Sept / October 2012	3x3	1x2
					BSP - Governance Infrastructure	4	BSP delivery - reports to BoD			BSP Reports to Board - monthly. June 2012 - BSP on track overall - £0.99m . PMO fully staffed - external support skills transfer complete - end July 2012	Where BSP milestones have slipped- recovery plans in place. Some savings reforecast.			
						4	BSPG monitoring - All NEDs assigned to specific PODs							
3b	ii	Failure to identify competitive threat effectively, resulting in lost business	DoST	BoD	Membership of Academic Health Science Network	6	Strategic Intelligence, discussed at BoD's Strategy workshops			QE to be a 'node' in AHSN. GW is Trust's rep. on AHSN.			3x4	2x2
					Membership of Urgent Care Network					Regular attenders at urgent Care network - will approve WN CQUINS. ECIST facilitated wards up and running				
					Business Plan 2012 /13	6	Business Plan delivery monitoring			Business Plan in place.	Business Plan - delivery updates from August 2012.	August 2012		
					IBP (late 2012)									
3b	iii	Being slow to respond and reactive rather than proactive, resulting in missed business opportunities	DoST	BoD	Business Plan 2012 /13	6	Tender Alert System			Tender Alert system in place. AQP Capacity being developed - AQP opportunities identified and bids being made (Submitted 2 - 3 in preparation)			3x4	1x2
3b	iv	Failure to win business at the Trust's boundaries, resulting in lost income and increased competition, closer to the Trust	DoST	BoD	Dir. Strategy Programme of visits to CCGs and GPs on Trust's borders	6	Strategic Intelligence - BoD Strategic workshops	6	Contracts, Partnerships and agreements - reported to BoD	Services at Littleport, Fakenham, Swaffham. There remain opportunities on the Trust's boundaries to be explored.	DoST to explore additional opportunities on the Trust's boundaries and to develop existing models	ongoing	3x4	2x2
3b	v	Failure to identify and engage effectively with strategic and business partners, resulting in missed opportunities to network and work collaboratively (see 1biii and 1ci)	CEO & DoST	BoD	Membership of relevant fora	4	Membership and attendance of relevant fora			Membership of Strategic Leaders' Forum. Embryonic relationships with private sector	DoS&T Public / Private Partnership Forum membership from September 2012	Sept 2012	2x3	1x2
					Chair's membership of Strategic Partnership	4	Chair's reports to BoD			Partnership opportunities with LA being explored				
					Membership of Norfolk branch of Academic Health Sciences Network	4	Attendance at HA meetings	4	Responses to HA Documents	QE to be a 'node' in AHSN. GW is Trust's rep. on AHSN.				
					Membership of NHS Confed. and FTN	10	Engagement in NHS Confed and FTN events - Lobbying and Netwroking			CEO attendance at NHS Confed. Conference 2012 - networking. Senior Officers attend regular FTN fora.				

					Key Network relationships - WNCCG, NCH&C, N&NUH, Addenbrookes	6	BoD Strategy workshops	6	Network arrangements and contracts	QE to be Trauma Unit in Major Trauma Network. Eastern Pathology Alliance (EPA) - successful partnership bid - some issues to be resolved re. boundaries. Stroke Network - regional stroke service review risk. receonficuration risk. Critical Care Network. Cancer Network. Vascular Network issues to be resolved. Trust has met criteria to be a burns unit - reported to Board in August 2012.	Vascular Network Consultation Period ongoing. Plastics / Burns bid in. EPA update report to Board in July 2012. Stroke Service Review outcomes to be reported to Board when available. A collaborative approach has been undertaken with a cluster submission sent on 10th August 2012 by the PCT on behalf of our locality	ongoing Stroke Service Review outcome - Jan 2012		
					Systems in place to bid for services	6	Business Development reports to BoD	6	Network arrangements and contracts	Tender Alert system in place. AQP Capacity being developed - AQP opportunities identified and bids being made (Submitted 2 - 3 in preparation)				

Risk No.		CORPORATE OBJECTIVE 3c. COST REDUCTION	LEAD	MONITORING COMMITTEE	KEY CONTROLS and GAPS IN CONTROL	SOURCES OF ASSURANCE				POSITIVE ASSURANCES & GAPS IN ASSURANCE	ACTIONS	TARGET DATE	RESIDUAL RISK LXC	TARGET RISK
						Internal		External						
3c	i	Poor pay and non-pay cost control, resulting in low margins, and a risk to EBITDA and the delivery of the planned surplus	DoR	BoD & F&I	Budgetary Control regime	3	Monthly BoD and F&I reports	6	Internal Audit and External Audits	May figures - reported to June Board - Expenditure in line with plan. Surplus YTD £0.5m ▼ EBITDA 1.3m ▼ Internal Audits 11/12: Bank and Agency follow up - Satisfactory; Financial ledger - Good	Budgetary Control Internal Audit deferred until 2012/13 - in progress. Bank Agency and Locum Staff Internal Audit planned for Oct 2012. Procurement Internal Audit planned for October 2012.	July 2012	3x3	1x2
3c	ii	Failure to deliver planned efficiency savings, resulting in non-delivery of the Trust's plans and forecasts, a poorer than planned FRR and regulatory consequences	CEO	BoD & F&I	BSP	4	BSPG - monitoring of BSP delivery - reports to BoD			June 2012 - BSP on track overall - £0.99m ▲. Risk re. back ended delivery of several PODs. FRR2 for Q1.	Where BSP milestones have slipped- recovery plans in place. Some savings reforecast.		3x4	1x1
3c	iii	Failure to achieve medium to long-term financial sustainability, resulting in risk to services and business ()see 2biii)	CEO	BoD	Transformational Change programme	6	Transformational Change report to Board	10	DoH Leadership Programme diagnostic	Diagnostic Report to BoD in July 2012	Bespoke transformation support programme to be determined	August 2012	3x5	1x5

KEY:

Lead Directors

CE (Chief Executive)
DoPE (Director of Patient Experience)
DNCS (Director of Non-Clinical Services)
DCS (Director of Clinical Services)
DoR (Director of Resources)
DoS&T (Director of Strategy and Transformation)
MD (Medical Director)

Key Committees

Q&RC – Quality and Risk Committee
P&S – Performance and Standards Committee
F&IC – Finance and Investment Committee
CGC – Clinical Governance Committee
NCGC – Non-Clinical Governance Committee
IPACC – Infection Prevention and Control Committee
CoG - Clinical Outcomes Group
GC – Governors' Council
TEC - Trust Executive Committee
BoD - Board of Directors
HRODC - Human Resources and Organisational Development Committee
BSPG - Business Sustainability Programme Group
CANS - Clinical Audit and National Standards Committee