





Strategic Objective 1 – To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience			
Link to the Corporate Risk Register: T_MAE003, T018, T028, T_EST008, T036, T021, T016, T_EST005, T031			CQC Standards: Safe ✓ Well Led ✓ Caring ✓ Effective ✓ Responsive ✓
Corporate Risks relating to Strategic Objective 1 scoring 12 or over:			Quality Account Objectives: Clinical Effectiveness ✓ Patient Experience ✓
T_MAE003	Risk of falls resulting in harm for specific highly vulnerable patients Linked to ED012 and AM001	12	
T018	Risk that handover of care to Out Of Hours (OOH) teams and provision of care at nights and weekends could compromise the ability to deliver the same quality of care as during normal working hours.	12	
T_EST008	Esher Wing windows are distorted and overall are beyond their useful life. This materially affects the environment for patients in the wards in winter.	12	
T036	Risk to the Trust's reputation if the Friends & Family Test inpatient scores remain nationally in the bottom quartile.	12	
Corporate objectives			Owner
1.1 To comply with Care Quality Commission and Monitor requirements to maintain licence to practice			CE
1.2 To ensure sustainable delivery of national standards and targets and CQUIN targets			DDs
1.3 Priority Objective 1 - To improve the quality of care on the wards across all hours of the day and days of the week			DoNPE/MD
1.4 To refresh the Quality Strategy			DoNPE
1.5 To implement the revised administrative structure function and processes to improve the patient and GP experience with the hospital			DCE
1.6 To address quality of care issues associated with the environment through implementation of year one of the Trust Estates Strategy			DCE
1.7 To work towards paperlight using information technology and record management across the Trust.			DCE
1.8 To deliver year 1 of the dementia strategy			DoNPE
Assurances and Controls			
Controls	Positive Assurance	Negative Assurance	Gaps in Assurance/Control
<ul style="list-style-type: none"> Quality Strategy CQC Prepatration and Peer Reviews QAC and Sub Groups (QIC, QIWG) Clinical Audit Process Revalidation CNST Dementia Strategy Delivery Group Out of Hours Steering Group Estates Steering Group SLM Trios Process to carry out Board Self Assessments Quality Account Roll out plan e-prescribing/clinical documentation Cancer action plan Meeting with CCG to discuss CQUIN performance Administration Improvement Plan 	<ul style="list-style-type: none"> CQC Report Maternity Survey A&E Target Performance SHMI Referral to Treatment targets Data for pilot of e-prescribing and clinical documentation CQUIN Green Rated Clinical Audits Quality Strategy refresh plan Report from London Cancer Alliance on cancer action plan Improved Cancer performance 	<ul style="list-style-type: none"> Friends and family test is lowest 20% nationally Falls above reduction trajectory Serious Incidents/Never Events Red Rated Clinical Audit Cancer performance/targets Grade 2-4 pressure ulcer rate CQC IMR VTE Assessment Performance below threshold Discrepancy with CCG over % delivered in Quarter 1 Delays in letters to GPs 	<ul style="list-style-type: none"> Quality Performance at Service Line Inability for staff to describe Quality Vision Trust wide oversight and evidence of morbidity and mortality data Escalation between cancer tracking teams and service lines

Detailed Progress of Strategic Objective 1															
		Reporting	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	
Strategic Objective 1 – To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience	1.1 To comply with Care Quality Commission and Monitor requirements to maintain licence to practice - Chief Executive														
	Maintain licence to practice and remove any conditions set upon license to practice through achievement of action plans Milestone M1: Review against Monitor Licence and mid-year review Milestone M2: Quarterly Submissions to Monitor (Monitor rating remains Green with no conditions to licence)	Quarterly to Monitor and the Trust Board	M1	Rt	M2	Rt			M1/ M2/ Rt				M2/ Rt		M2/ Rt
	Quarterly reports to the Board on compliance	Trust Board and Monitor				Rt		Rt				Rt		Rt	
	Development and implementation of plan to prepare for the new CQC regime Milestone M1: Completion of peer reviews – Revised Milestone Completion date of 4 th August 2014 <i>Further milestones to be developed once notification of inspection date is received</i>	Clinical Quality Improvement Committee			M1		Revised M1								
	1.2 To ensure sustainable delivery of national standards and targets and CQUIN targets - Divisional Directors/Deputy Chief Executive														
	Achievement of all standards and targets on an on-going basis Milestone M1: Quarterly Submissions to Monitor (Monitor rating remains Green with no conditions to licence)	Performance report presented to EMC and Trust Board.			M1				M1			M1			M1
	Achievement of 100% CQUIN target	quarterly to Commissioners			M1				M1			M1			M1
	Review of performance at every Trust Board and Finance and Investment Committee	Trust Board and FIC													
	1.3 To improve the quality of care on the wards across all hours of the day and days of the week - Director of Nursing and Patient Experience and Medical Director														
	Ensure CQC standards are met and maintained Milestone M1: to be developed	Quality Report presented to the Board and QAC.		Rt		Rt			Rt		Rt		Rt		Rt
Improvement against nurse sensitive indicators of quality across all wards: <ul style="list-style-type: none"> 10% reduction for grade 2-4 pressure ulcers against 2013/14 outturn 10% reduction in falls per 1000 bed days against 2013/14 outturn Milestone M1: 5% reduction Milestone M2: 10% reduction	Quality Report presented to the Board and QAC.		Rt		Rt (Amber for Pressure Ulcers)		(Amber for falls and Pressure Ulcers)	M1/ Rt		Rt		Rt		M2/ Rt	
Key		Completed		Some slippage/Some issues identified			Rt	Report to Board, Sub-Committee or external organisation e.g. monitor							
		On Track/No issues identified		Serious issue			M	Milestone							

	Reporting	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Strengthened out of hours working across the Trust by ensuring that the patients move through their care pathway efficiently, that interventions are not delayed and that escalation of care is as effective out of hours as in hours. Measures: <ul style="list-style-type: none"> Reduce delayed transfer of patients after 8 pm between wards Increased discharges at weekends Baseline figures will be set in Q1 and trajectory agreed Milestone M1: report on progress to Quality Assurance Committee	Quality Report presented to the Board and QAC.		Rt		Rt		Rt		M1/Rt		Rt		Rt
1.4 To refresh the Quality Strategy – Director of Nursing													
Refreshed quality strategy Milestone M1: refreshed strategy is presented to the Trust Board in November	Trust Board and QAC								M1				
Implementation of 2014/15 action plan Milestone M1: to be developed following refreshed strategy being considered by the Trust Board in November	Trust Board and QAC												
Every member of staff is aware of the quality goals Milestone M1: to be developed in November following quality strategy refresh	Trust Board and QAC												
Effective mechanisms for patient engagement Milestone M1: to be developed following presentation to the Board in July	Trust Board and QAC												
Evidence of action taken in response to patient feedback Milestone M1: Reported in the Quality Report	Trust Board												
To implement the revised administrative structure function and processes to improve the patient and GP experience with the hospital – Deputy Chief Executive													
Roll out of Patient Pathway Co-ordinator – by March 2014													
All outpatient and discharge letters to GPs within 5 days – by end of September 2014							M1						
Access policy to be revised and effective new structure – by September 2014							M1						
Reduction in DNAs by 5% by March 2015													M1
Review of all patient information letters by October 2015													M1
Implement a Customer Care training programme for all administrative staff – by March 2015													M1

Key		Completed		Some slippage/Some issues identified	Rt	Report to Board, Sub-Committee or external organisation e.g. monitor
		On Track/No issues identified		Serious issue	M	Milestone

	Reporting	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
1.5 To address quality of care issues associated with the environment through implementation of year one of the Trust Estates Strategy – Deputy Chief Executive													
Develop detailed implementation plan Milestone M1: Achieve agreement on required loan Milestone M2: Development of plan					M1			M2					
Delivery against key milestones once implementation plan agreed Milestone: to be agreed following development of plan under M2 above													
1.6 To work towards paperlight using information technology and record management across the Trust – Deputy Chief Executive													
Implementation of E-prescribing Milestone M1: Pilot Completed Milestone M2: Medical Wards roll out Milestone M3: Rest of wards Milestone M4: Roll out Completed				M1				M2		M3			M4
Implementation of clinical documentation Milestone: as above			M1				M2			M3			M4
Implementation of some device integration Milestone M1: to be developed										M1			M1
Increasing electronic links with GPs Milestone M1: to be developed										M1			M1
1.7 To deliver year 1 of the dementia strategy - Director of Nursing and Patient Experience													
Implementation of 2014/15 action plan Milestone M1: Formal launch of the Strategy Milestone M2: Review of progress.	Trust Board and QAC		M1 Rt							Rt			M1

Key		Completed		Some slippage/Some issues identified	Rt	Report to Board, Sub-Committee or external organisation e.g. monitor
		On Track/No issues identified		Serious issue	M	Milestone

Strategic Objective 2 - To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients

Link to the Corporate Risk Register: T009, T033, T025, T_HR009, T035		12	CQC Standards: Safe ✓ Well Led ✓ Caring ✓ Effective ✓ Responsive ✓
Corporate Risks relating to Strategic Objective 2 scoring 12 or over:			
T009	Risk that the Trust lacks the organisational capacity to deliver the large number of change programmes required.		Quality Account Objectives: Patient Safety ✓ Clinical Effectiveness ✓ Patient Experience ✓

Corporate objectives	Owner	Status
2.1 To ensure all our staff are up to date with core (mandatory) training, have clear objectives, regular appraisal and a personal development plan reflecting our values	DCE	
2.2 To eliminate the need for agency staff	DW	
2.3 To refresh the workforce strategy	DW	
2.4 To ensure that the Trust recruitment function is fit for purpose	DW	
2.5 Priority Objective 2: To strengthen the engagement of staff across the organisation through the effective adoption of service line management	CE	

Assurances and Controls			
Controls	Positive Assurance	Negative Assurance	Gaps in Assurance/Control
<ul style="list-style-type: none"> Appraisal , PDP policies and procedures and monitoring Reports to EMC Registration and employment checks Budget and establishment setting for 2014/15 Nursing Staffing Ratios Leadership development and other training plans Corporate staff development programmes SLM Accreditation Staff Survey Introduction of mandatory training booklet 	<ul style="list-style-type: none"> Staff survey Training numbers Vacancies Objective rates TPF discussions Agency spend controls 	<ul style="list-style-type: none"> Staff Survey Training numbers Turnover and rotation Agency usage Complaints E-rostering capacity and reporting Spend on bank and agency Audit of appraisals 	<ul style="list-style-type: none"> Plans to reduce agency E-rostering optimisation Statutory and mandatory training Consultant engagement with EMC SLM/Corporate information

Key		Completed		Some slippage/Some issues identified	Rt	Report to Board, Sub-Committee or external organisation e.g. monitor
		On Track/No issues identified		Serious issue	M	Milestone

Detailed Progress of Strategic Objective 2														
	Reporting	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
Strategic Objective 2 - To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients	2.1 To ensure all our staff are up to date with core (mandatory) training, have clear objectives, regular appraisal and a personal development plan reflecting our values – Deputy Chief Executive/ Director of Workforce													
	80% of staff to have had an appraisal and agreed objectives and a personal development plan (PDP) by the end of June 2014 (M1) and 90% by September (M2)	Weekly to EMC			M1			M2						
	All doctors appraisals and revalidation is undertaken Milestone M1: 80% of appraisals are completed by due date Milestone M2: deferred appraisals and revalidations less than 5 per quarter.				M1	M1	M1	M1				M1		
	All staff are formally evaluated against the Trust values as part of the annual appraisal process Milestone M1: 80% by June 14 M2: 90% by September 14	Weekly to EMC			M1			M2						
	All managers have feedback on their people management skills from their staff and have the results built into their PDP	Weekly to EMC			M1			M2						
	80% of staff up to date with their mandatory training Milestone M1: 80% to be achieved by October 2014	Weekly to EMC							M1					
	2.2 To eliminate the need for agency staff – Director of Workforce													
	All service lines and other areas of high turnover to have a strategy/plan to address this e.g. healthroster utilised for rotas and agency controls embedded in the system, Milestone M1: Retention analysis carried out for each service line Milestone M2: Suite of measures developed to address retention issues Milestone M3: Service lines implement service specific measures to reduce turnover and increase retention	EMC Workforce Committee						M1	M2	M3				
	To develop a measure that can accurately monitor turnover/stability and then agree an appropriate target. Milestone M1: Develop measure Milestone M2: Agree target	EMC Workforce Committee						M1	M2					
	50% reduction of nursing agency usage by April 2015 Milestone M1: Determine reasons for agency expenditure Milestone M2: Address reasons for agency e.g. vacancy, sickness Milestone M3: Utilise Healthroster to control agency usage	EMC Workforce Committee						M1	M2		M3			
	Expansion in the number of registered bank staff by April 2015	EMC Workforce Committee												
	Reduce the vacancy rate to 5% by April 2015 Milestone M1: Overseas recruitment Milestone M2: Recruitment open days	EMC Workforce Committee					M1			M2				
	2.3 To refresh the workforce strategy – Director of Workforce													
	To develop and agree the workforce strategy by March 2015 Milestone M1: Draft taken to the workforce committee Milestone M2: Agreed at Board	EMC Workforce Committee									M1			M2

Key		Completed		Some slippage/Some issues identified	Rt	Report to Board, Sub-Committee or external organisation e.g. monitor
		On Track/No issues identified		Serious issue	M	Milestone

	Reporting	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2.4 To ensure that the Trust recruitment function is fit for purpose – Director of Workforce													
Milestone M1: Service level agreement created, agreed and business case for recruitment team developed. Milestone M2: SOP's are developed for all recruitment processes. Milestone M3: An end to end recruitment system is purchased and fully utilised. Milestone M4: Reduction in lead times to recruit Milestone M5: Agreed KPI's are achieved.	EMC Workforce Committee						M1	M2	M3	M4			M5
	Priority Objective 2 - To strengthen the engagement of staff across the organisation through the effective adoption of service line management – Chief Executive												
Improvement in engagement scores on the staff survey in February 2015 (M1) 80% of service lines functioning autonomously by March 2015 (M2)												M1	M2

Key		Completed		Some slippage/Some issues identified	Rt	Report to Board, Sub-Committee or external organisation e.g. monitor
		On Track/No issues identified		Serious issue	M	Milestone

Strategic Objective 3 - To work creatively with our partners (NHS, Commercial and Community) to develop sustainable high quality care as part of a thriving health economy for the future.

Link to the Corporate Risk Register: T007, T008, T_AC_PAT0019, T006, T012, T_MAE_AM016, T003

CQC Standards:

Safe Well Led ✓
Caring Effective ✓
Responsive

Corporate Risks relating to Strategic Objective 3 scoring 12 or over:

Quality Account Objectives:

Patient Safety
Clinical Effectiveness
Patient Experience

Corporate objectives	Owner	Status
3.1 To work closely with other providers in the local health economy, in SW London and beyond to deliver demonstrable benefits for our patients and to continually improve the health and wellbeing of the local population	CE	
3.2 To implement year 1 of the commercial strategy	DSD	
3.3 To work with commissioners and other partners on pathway redesign to support the Better Care Fund agenda	DCE	
3.4 To embed the work of the council of governors and embed governance arrangements so that value is added and understood by the governors, the organisation and stakeholders	HCA	
3.5 To develop and embed the full involvement of the community in the running of the hospital	HC	

Assurances and Controls

Controls	Positive Assurance	Negative Assurance	Gaps in Assurance/Control
<ul style="list-style-type: none"> EOC Partnership Board (commercial documents) SWL Pathology Partnership arrangements New Board strategy committee Market Share Reports WSTB BCF workshops and meetings, governance processes (attended by Board members) Arrangements with BMI Council of Governors and sub committees in place 	<ul style="list-style-type: none"> Regular meetings of EOC partnership board in diaries, information circulated, more routinely and independent chair appointed. Boards have signed off SWL Pathology and Managing Director appointed Stakeholder Engagement strategy signed off by the Board and operational plan in place with quarterly reports to strategy committee Q market share data shows stability and in specific areas market share is rising Trust Chair, is Chair of WSTB, working well so far COG members turn up and participate Governor Involvement Strategy and Matrix driven through the membership committee. Training and Development Programme in place for Governors. Presentation by Governors to MSC and Healthtalks on their role Patient Involvement strategy principles signed off by the Board All CoG committees in place and providing reports to CoG. 	<ul style="list-style-type: none"> Membership sub- committee requires more traction on engagement with membership 	<ul style="list-style-type: none"> Some work still to do around agreements Implications for providers as SWL strategy not yet worked through. Some work still to do to encourage more governors to participate in the involvement opportunities on offer.

Key	Completed	Some slippage/Some issues identified	Rt	Report to Board, Sub-Committee or external organisation e.g. monitor
	On Track/No issues identified	Serious issue	M	Milestone

Strategic Objective	Detailed Progress of Strategic Objective 3													
	Reporting	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	
Strategic Objective 3 - To work creatively with our partners (NHS, commercial and community) to consolidate and develop sustainable high quality care as part of a thriving health economy for the future.	3.1 To work closely with other providers in the local health economy, in SW London and beyond to deliver demonstrable benefits for our patients and to continually improve the health and wellbeing of the local population – Chief Executive													
	Contribution to the Local Education Training Board (LETB), ensuring the DGH voice is heard Milestone M1: Quarterly reports in Chief Executive's report to the Board	Trust Board		M1		M1				M1				M1
	Delivery of Pathology Programme Milestone M1: Consolidation of Gynaecological Cytology services Milestone M2: Microbiology transfers to be delivered from 1 site at St George's Milestone M3: New Microbiology Equipment is at the procurement stage (invitation to tender stage) (Milestone date to be confirmed following tender) Milestone M4: Blood services are undergoing the first stage of the procurement process (Milestone date to be confirmed following tender)	Trust Board and South West London Pathology Board	M1			M2								
	Contribution to the strategic development of South West London Milestone M1: Quarterly reports in Chief Executive's report to the Board, further reports may be presented as required	Trust Board		M1		M1				M1				M1
	To develop partnerships further with other local providers Milestone M1: Quarterly reports in Chief Executive's report to the Board, further reports may be presented as required	Trust Board		M1		M1				M1				M1
	3.2 To implement year 1 of the commercial strategy – Director of Strategic Development													
	Delivery of agreed commercial strategy action plan for 2014/15 Milestone M1: Commercial Strategy and action plan presented to the Board and Strategy Committee for approval Milestone M2: Quarterly updates to Board and Strategy Committee	Trust Board and Strategy Committee		M1		M2				M2			M2	
	Development of commercial strategy scorecard to monitor performance Milestone M1: Scorecard approved by the Strategy Committee Milestones M2: Scorecard reviewed quarterly by the Strategy Committee	Strategy Committee		M1		M2				M2			M2	

Key		Completed		Some slippage/Some issues identified	Rt	Report to Board, Sub-Committee or external organisation e.g. monitor
		On Track/No issues identified		Serious issue	M	Milestone

	Reporting	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Implementation of agreed stakeholder engagement action plan for 2014/15 Milestone M1: Plan for operationalisation of agreed at Trust Board Milestone M2: Review progress at EMC and present to Strategy Committee Quarterly	Trust Board and Strategy Committee		M1		M2				M2			M2	
3.3 To work with commissioners and other partners on pathway redesign to support the Better Care Fund agenda – Deputy Chief Executive													
Identify and agree key pathways for redesign Milestone M1: Develop Plan	Whole Systems Transformation Board.				Rt	M1							
Implementation of agreed pathways e.g. frail elderly Milestone M1: Commence pilot of D2A revised pathways										M1			
3.4 To embed the work of the council of governors and embed governance arrangements so that value is added and understood by the governors, the organisation and stakeholders - Head of Corporate Affairs													
Embedding of the work of the COG sub committees – by September 2014	Council of Governors			Rt			M/Rt			Rt	Rt		Rt
Annual self-assessment by the COG and its sub committees and action planning to address gaps Milestone M1: Council of Governors Sub-Committees to undertake Reviews of Effectiveness Revised milestone September 2014 Milestone M2: Council of Governors meeting to review output from subcommittees and undertake self-assessment and review of Sub-Committee Membership By November 2014. Two self effectiveness review reports were presented to the Council of Governors in October and two will be presented in December.	Council of Governors	M1				Revised M1				M2/Rt			
Embedding the output from the governor involvement strategy Milestone M1: Review of strategy presented to the Council of Governors	Council of Governors			Rt			Rt			Rt M1	Rt		Rt
Development of mechanisms for governors to engage more effectively with constituencies, working with the communications team Milestone M1: Externally facilitated workshop on engagement for Governors facilitated by QGI Further milestones will be developed following the workshop	Council of Governors			Rt	M1		Rt			Rt	Rt		Rt
Successful election process to be finalised by November 2014 and new governors (if appointed) inducted by January 2015	Council of Governors								M1		M2		

Key		Completed		Some slippage/Some issues identified	Rt	Report to Board, Sub-Committee or external organisation e.g. monitor
		On Track/No issues identified		Serious issue	M	Milestone

	Reporting	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
3.5 To develop and embed the full involvement of the community in the running of the hospital - Head of Communications													
Programme of events and engagement developed and implemented by Membership and Involvement Committee Milestone M1: Events Scheduled for the Summer and agreed by the Committee	Council of Governors		M1										
Members involved in key volunteering projects and fundraising initiatives	Council of Governors Membership, Recruitment and Engagement Committee			Rt			Rt			Rt	Rt		Rt
6 members health events during 2014/15 Milestone M1: Events planned, further milestones will be added once dates are confirmed.	Council of Governors Membership, Recruitment and Engagement Committee	M1	M1		M1								
Members form part of key patient initiatives and developments Milestone M1: to be developed	Council of Governors Membership, Recruitment and Engagement Committee		Rt				Rt			Rt	Rt		Rt
Implementation of 2014/15 action plan for the agreed volunteers strategy Milestone M1: Report to the Board on progress	Trust Board Council of Governors Membership, Recruitment and Engagement Committee							M1					M1
Implementation of 2014/15 action plan for the agreed fundraising strategy Milestone M1: Fundraising appeal successfully launched at AGM and official launch in November.	Council of Governors Membership, Recruitment and Engagement Committee							M1		M1			

Key		Completed		Some slippage/Some issues identified	Rt	Report to Board, Sub-Committee or external organisation e.g. monitor
		On Track/No issues identified		Serious issue	M	Milestone

Strategic Objective 4 – To deliver sustainable, well managed, value for money services

Link to the Corporate Risk Register:

T037, T002, T032, T_IG005, T_WCH_MAT010, T_EST004

CQC Standards:

Safe ✓ Well Led ✓
Caring Effective ✓
Responsive

Corporate Risks relating to Strategic Objective 4 scoring 12 or over:

ID	Description	Score	Quality Account Objectives:
T037	Implementation of the 'Better Care Fund' agenda results in a significant net financial deficit to the Trust and/or inability to meet quality targets e.g. waiting times	16	Patient Safety Clinical Effectiveness Patient Experience
T002	Failure to deliver the Trusts long term productivity programme Linked to GS004	12	
T032	Transition to SLM: Establishing Devolved Structure Transition to SLM could lead to reduction in control (eg. performance / finance) and other priorities getting pushed back. This is exacerbated by the fast pace Link to SLM009, SLM011, SLM010 and SLM012	12	
T_IG005	Risk of ICO fines through data breaches e.g handover sheets not being properly disposed of, emails being sent to incorrect destinations	12	

Corporate objectives

Objective	Owner	Status
4.1 To deliver the 2014/15 financial plan	DDs	
4.2 To provide quality and timely management information to support the effective adoption of service line management	DSD/DF	
4.3 To deliver the Trusts productivity programme that supports delivery of a balanced long term financial plan for the Trust	DPII	
4.4 To ensure there is an up-to-date five year plan for the Trust	DSD	

Assurances and Controls

Controls	Positive Assurance	Negative Assurance	Gaps in Assurance/Control
<ul style="list-style-type: none"> Regular management accounts worked up in association with Service Lines that feed a cycle of reporting through sub-committees to FIC/Trust Board on a monthly basis Financial information cross checked with performance information Clear Development programme for Service Lines to move to accreditation including detailed service line profit and loss accounts, trading and implementation of iSLR. Trust Wide plan to be presented to the senior leaders in May PMO and robust management of the programme, feeding into a regular reporting cycle to the Trust Board Agenda items on Board Development and project plan for production of plan managed through APSG including dates of review of document by EMC and Board 	<ul style="list-style-type: none"> Stay in quarterly monitoring by Monitor rather than the monthly. Understanding of position on a monthly basis including variations to plan and mitigations for any gaps All internal audits are rated 'adequate' or better Monthly report is either on plan or understanding of where we are off target, plus an explanation of the consequences Development of balanced scorecards underway SLM steering group established (chaired by Deputy CEO to oversee programme Procurement of iSLR product Service Lines achieve accreditation according to plan PMO in place all CIPS have QGIAs, cross-cutting and income CIPS monitored through Project Monitoring Group. Submission of credible plan to FTFF and Monitor in a timely fashion 	<ul style="list-style-type: none"> Any audit reports of a limited assurance Activity below plan Non-pay costs higher than plan 	<ul style="list-style-type: none"> Info on non-pay More information reasons for non-pay overspend

Key	Completed	Some slippage/Some issues identified	Rt	Report to Board, Sub-Committee or external organisation e.g. monitor
	On Track/No issues identified	Serious issue	M	Milestone

Strategic Objective	Detailed Progress of Strategic Objective 4													
Strategic Objective 4 – To deliver sustainable, well managed, value for money services	Reporting	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	
	4.1 To deliver the 2014/15 financial plan – Divisional Directors													
	Achievement of Trust's agreed control total Milestone M1: Monthly achievement of target Milestone M2: Quarterly Submissions to Monitor (Monitor Cosr remains at 3)	Trust Board FIC	M1	M1	M1/M2	M1	M1	M1/M2	M1	M1	M1/M2	M1	M1	M1/M2
	Monthly reports to Trust Board, I&E balance	Trust Board FIC	M	M	M	M	M	M	M	M	M	M	M	M
	Achievement of agreed CIPs for each of the Trust's divisions and corporate areas	Trust Board FIC												
	4.2 To provide quality and timely management information to support the effective adoption of service line management - Director of Strategic Development & Director of Finance													
	Balanced scorecards developed and populated for all service lines Milestone M1: to be developed													
	Fully developed recharging mechanism for indirect costs and overheads Milestone M1: Draft (offline model) of recharging indirect costs – July 2014 [Month 3 (June) YTD Financial Reporting] Milestone M2: Live (available in ledger) recharging of indirect costs – October 2014 [Month 6 (September) YTD Financial Reporting]					M1			M2					
	4.3 To deliver the Trusts productivity programme that supports delivery of a balanced long term financial plan for the Trust – Productivity Director													
	Detailed one year programme, and overarching five year programme, in place to support delivery of the IBP, refreshed and updated as part of the annual planning cycle. Programme includes Quality and Equality Impact Assessments of proposed plans Milestone M1: 1 year programme in place Milestone M2: QEIAs for 1 year programme Milestone M3: Sign off of 15/16 budget including CIP plan Milestone M4: 5 year CIP plans developed	Trust Board FIC	M1	M2								M3		M4
Delivery of productivity programme, including cross-cutting schemes, to reduce waste and inefficiencies whilst maintaining or improving service quality	Trust Board FIC													
a) Monitoring in place														
b) Programme on track														

Key	Completed	Completed		Some slippage/Some issues identified	Rt	Report to Board, Sub-Committee or external organisation e.g. monitor
		On Track/No issues identified		Serious issue	M	Milestone

	Reporting	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Regular monitoring of impact through clearly identified KPIs, to ensure the programme does not have a detrimental impact on quality or safety Measure of Success: KPIs indicate no impact on quality or safety	Trust Board FIC	M	M	M	M	M	M	M	M	M	M	M	M
a) Monitoring in place													
b) Programme on track													
Effective PMO arrangements to provide assurance on programme delivery to plan. Including early identification of potential blockages, with mitigating actions agreed and delivered to ensure the plan remains on track Milestone M1: PMO in place including QA Milestone M2: Commercial and Productivity project monitoring group established Milestone M3: Deep Dive to be presented to QAC and follow up report in six months	Trust Board FIC	M1	M2	Rt	M3						M3		
4.4 Priority Objective 3 - To ensure there is an up-to-date five year plan for the Trust - Director of Strategic Development													
Development of strategies for each service line and refreshed five year business plan, including capital and investment programme. Milestone M1: Refreshed Trust five year business plan, capital and investment programme approved by the Trust board. Milestone M2: Submission of 5 year plan to monitor Milestone M3: Service Line Strategies – Circulate framework to service lines Milestone M4: Support service lines to develop strategies and report progress to EMC Reporting: Quarterly report on progress to EMC	Trust Board Strategy Committee			M1/ M2/ M3			M4			M4			M4

Key		Completed		Some slippage/Some issues identified	Rt	Report to Board, Sub-Committee or external organisation e.g. monitor
		On Track/No issues identified		Serious issue	M	Milestone