Board Assurance Framework 2013/14

Name of meeting: Trust Board	**Item: 9.1**
Date of meeting: 27th November 2013	**Enclosure: N**
Purpose of the Report: To provide the Committee with an outline of the key risks and changes within this year's Board Assurance Framework (BAF) since it was last presented to the Board in September 2013 and to ask the Board as the Scrutinising Committee to review in depth principal risks 4,5,6, and 9. This report will subsequently be presented to the Board.	
For: Information ☐ **Assurance** ☒ **Discussion and input** ☐**Decision/approval** ☒	
Sponsor (Executive Lead):	Simon Milligan, Director of Finance
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Risk Implications - Link to Assurance Framework or Corporate Risk Register:	The report presents the 2013/14 BAF which highlights the controls and assurances on the management of the key risks to the delivery of the Principal Objectives
Legal/Regulatory/Reputation	
Link to Relevant Corporate Objective:	All
Document Previously Considered By:	Compliance and Risk Co-ordination Working Group – 4th November 2013 Executive Management Committee – 30th October 2013 Risk Management Committee – 14th October 2013 Quality Assurance Committee – 6th November 2013 Finance and Investment Committee – 4th November 2013
Recommendations & Action required by the Trust Board: a) To review the 2012/13 BAF, and note the changes and areas of movement since the September 2013 Board meeting; b) Review in depth the four principal risks which are the responsibility of the Trust Board as the Scrutinising Committee; and c) Consider if the BAF provides assurance, in that it identifies the risks, controls and assurance that allows for the achievement of the Trust's principal objectives.	

1. Board Assurance Framework

1.1 Introduction

1.1.1 This report presents the Board Assurance Framework for review as a whole and for the scrutiny of four of the principal risks for which the Board has responsibility as nominated scrutinising committee.

1.1.2 There are two principal risks which have been scored at 12:
Principal Risk 1 - Failure to maintain and improve quality of care – this risk has been raised since the last report to the Board.
Principal Risk 5 - Failure to ensure there are the right staff (numbers, skills and capability) in the right place

1.2 Changes in assurance and areas of movement in the BAF from last meeting on 25th September 2013

1.2.1 A summary of all new positive and negative assurances are included under appendix 1 along with the scores for each risk. There are no proposed changes to the scores of the principal risks.

1.2.2 An overview of the risks is included at appendix 2.

1.3 Delays in implementing of controls

There are no significant areas where controls have not taken place.

1.4 New Risks

No new risks have been identified

1.5 Review of the BAF by sub-committees

1.5.1 The risks have been reviewed by the responsible committees as outlined in appendix 3. Any requested changes have been documented in appendix 1.

1.6 Risks to be reviewed by the Board

1.6.1 The following risks are currently the responsibility of the Board to review as the scrutinising committee. The risks were also reviewed by the Executive Management Committee on 30th October September as the responsible executive committee

1.6.2 In order for the Board, as the scrutinising committee, to be able to make decisions about the levels of assurance provided, further detail has been included on the sources of assurances on the pages following those four principal risks in appendix 4.

Principal Risk 4 - Scale of implementation and deployment of a number of new IT systems impacts negatively on the functioning of the Trust and on clinical care
Principal Risk 5 - Failure to ensure there are the right staff (numbers, skills and capability) in the right place
Principal Risk 6 - Failure to develop the organisation to support the delivery of the Trust's vision
Principal Risk 9 -Failure to respond appropriately to changes in the external environment

2. Recommendation

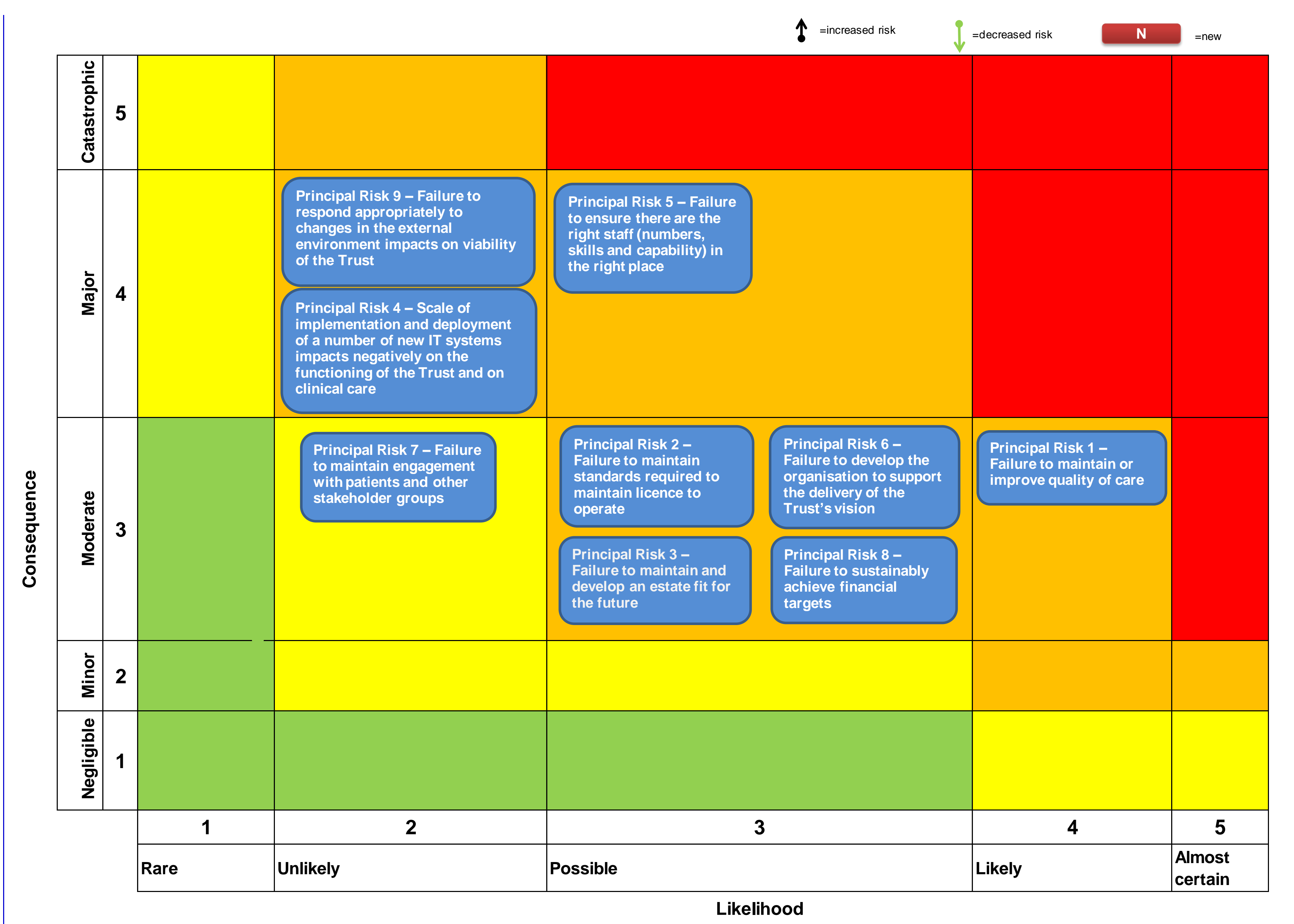
The Board is asked to:

a) To review the 2012/13 BAF, and note the changes and areas of movement since the September 2013 Board meeting;
b) Review in depth the four principal risks which are the responsibility of the Trust Board as the Scrutinising Committee; and
c) Consider if the BAF provides assurance, in that it identifies the risks, controls and assurance that allows for the achievement of the Trust's principal objectives.

Summary of changes in assurance and any proposed changes to risk ratings

Principal Risk	Current Risk Rating	New Key Positive Assurances	New Negative Assurances	New Risk Rating
Principal Risk 1 - Failure to maintain and improve quality of care	**12**	• CQC Unannounced Visit compliant with all standards with exception of 1 on the medical wards.	• Unannounced CQC inspection resulted in non-compliance with one standard on the medical wards.	**No change**
Principal Risk 2 - Failure to maintain standards	**9**	No new positive assurances	• Number of C-difficile cases • Unannounced CQC inspection resulted in non-compliance with one standard on the medical	**No change**
Principal Risk 3 - Failure to maintain and develop an estate fit for the future	**9**	No new positive assurances	No new negative assurances	**No change**
Principal Risk 4 - Scale of implementation and deployment of a number of new IT systems impacts negatively on the functioning of the Trust and on clinical care	**8**	No new positive assurances	No new negative assurances	**No change**
Principal Risk 5 - Failure to ensure there are the right staff (numbers, skills and capability) in the right place	**12**	No new positive assurances	• Local staff survey reports insufficient staffing as a key staff concern • Accessible data on actual shift fill rates and skill mix • Unit recruitment plans that account for turnover	**No change**
Principal Risk 6 - Failure to develop the organisation to support the delivery of the Trust's vision	**9**	• Management arrangements clarified	• Leadership programme not yet commenced.	**No change**
Principal Risk 7 - Failure to maintain engagement with patients and other stakeholder groups	**6**	No new positive assurances	No new negative assurances	**No change**
Principal Risk 8 - Failure to sustainably achieve financial targets	**9**	No new positive assurances	No new negative assurances	**No change**
Principal Risk 9 -Failure to respond appropriately to changes in the external environment	**8**	No new positive assurances	No new negative assurances	**No change**

Current Ratings of Principal Risks in the Board Assurance Framework – November 2013



Scrutinising Committee Responsibilities for the Board Assurance Framework

Principal Risk	**Responsible Executive Committee**	**New responsible Executive Committee**	**Responsible Executive Director**	**Scrutinising Committee**
Principal Risk 1 - Failure to maintain and improve quality of care	RMC	Clinical Quality Improvement Committee	Medical Director	Quality Assurance Committee
Principal Risk 2 - Failure to maintain standards	RMC	Clinical Quality Improvement Committee	Chief Operating Officer (COO)	Quality Assurance Committee
Principal Risk 3 - Failure to maintain and develop an estate fit for the future	EMC	EMC	COO and Director of Strategic Development (DoSD)	Finance and Investment Committee
Principal Risk 4 - Scale of implementation and deployment of a number of new IT systems impacts negatively on the functioning of the Trust and on clinical care	EMC	EMC	Chief Executive	Trust Board
Principal Risk 5 - Failure to ensure there are the right staff (numbers, skills and capability) in the right place	EMC	EMC	Director of Workforce and OD	Trust Board
Principal Risk 6 - Failure to develop the organisation to support the delivery of the Trust's vision	EMC	EMC	Chief Executive	Trust Board
Principal Risk 7 - Failure to maintain engagement with patients and other stakeholder groups	RMC	Patient Experience Committee	Director of Nursing and Patient Experience	Quality Assurance Committee
Principal Risk 8 - Failure to sustainably achieve financial targets	EMC	EMC	COO with DoSD and Director of Finance	FIC
Principal Risk 9 -Failure to respond appropriately to changes in the external environment	EMC	EMC	Chief Executive	Trust Board

Principal Risk 1 – Failure to maintain and improve quality of care

Executive lead – Medical Director
Scrutinising committee – Quality Assurance Committee
Date last reviewed by Committee: 28th August 2013
Review by responsible committee – RMC – 11th September 2013
Link to Corporate Risk Register: T_MAE004, T021, T_MAE_AM007, T-MAE_AM016, T_SCC_TCS007, T028, T_WCH_PAE003, T_WCH_GYN003, T_MAE_AM021, T_MAE003, T018, T_MAE004
Links to Corporate and Priority Objectives: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 3.1, 5.2
Last Reviewed: Medical Director, 8th November 2013 – changes in red

Initial Risk Rating C X L: 3 x 3

Current Risk Rating C X L: 3 x 4

Links to primary regulatory frameworks	**Key controls to manage risks**	**Assurance on controls**	**Gaps**	**Action Plans**	**Date for completion of action**
Identify links to other primary regulatory frameworks such as Monitor's Quality Governance Framework	Identify the key controls in place to manage the risks	Identify internal or external sources of assurance and indicate if they need to be re-confirmed.	Identify any gaps in controls or assurance or negative assurance	Identify Action plans to address gaps and negative assurances with responsible Director identified	
Monitor Quality Governance CQC Professional Regulator	• Governance Framework • Policies and Guidelines • Training and Education • Risk Management Strategy • CQC Controls – Challenge Sessions • Quality Account • Quality Strategy	**Internal Sources of Assurance (quality and level)** • Clinical Audits • Clinical Quality Reports • Ward Scorecards • CQC internal Challenge Sessions • Walkabouts	**Gaps in Control/Assurance** 1) Weak and incomplete information flows and data analysis 2) Benchmarking data not always available to allow comparisons with others 3) Limited correlation of information from SIs, incidents and complaints. 4) Ulysses system not yet working fully.	1) SLM Balanced Scorecards with quality performance indicators 2) Review of information set for Working Group and cross check with CQC data set 3) Align Quality Data in Q&S and QA 4) Improve exception reports in Q&S report to the Board.	October 2014 Jan 2014 Dec 2014 November 2013
		External Sources of Assurance (have they been sought or are they planned) • CQC Quality and Risk Profiles • CNST/NHSLA • CQC Unannounced Visit compliant with all standards with exception of 1 on the medical wards. • Safety Thermometer benchmarking • Inpatient Surveys • Other benchmarking	**Negative Assurances** 1) Some issues of failings of care identified through serious incident investigations. 2) Falls 3) C-Difficile 4) Results of the Junior Doctor Survey 5) Unannounced CQC inspection resulted in non-compliance with one standard on the medical wards.	1) Align QAC workplan to areas of concern (JW) 2) New action plan to reduce falls has been developed 3) An action plan has to address concerns raised in the survey and hospital at night is being implemented. (JW) 4) Action plan developed to address issues raised by CQC(DB). 5) Following the Trust joining NHS Quest, work needs to be undertaken to ensure that the Trust is active in its membership.	October 2013 November 2013 May 2014 March 2014 January 2014

Principal Risk 2 – Failure to maintain standards required to maintain licence to operate

Executive lead – Deputy Chief Executive
Scrutinising committee –Quality Assurance Committee
Date last reviewed by Committee: 28th August 213
Review by responsible committee – RMC – 11th September 2013
Link to Corporate Risk Register: T_MAE_AM017, T027, T031
Links to Corporate and Priority Objectives: 1.1, 1.2, 3.4, 3.5
Last Reviewed: Deputy Chief Executive 7th November 2013 – changes in red

Initial Risk Rating C X L: 3 x 3

Current Risk Rating C X L: 3 x 3

Links to primary regulatory frameworks Identify links to other primary regulatory frameworks such as Monitor's Quality Governance Framework	**Key controls to manage risks** Identify the key controls in place to manage the risks	**Assurance on controls** Identify internal or external sources of assurance and indicate if they need to be re-confirmed.	**Gaps** Identify any gaps in controls or assurance or negative assurance	**Action Plans** Identify Action plans to address gaps and negative assurances with responsible Director identified	**Date for completion of action**
Monitor Quality Governance CQC	• Review GRR/secondary indicator quarterly submission • Monthly and quarterly performance meetings	**Internal Sources of Assurance (quality and level)** • Peer review • Reports on progress • Visits • Internal Audit on Self Certification • Monthly performance meetings	**Gaps in Control/Assurance** 1) Ensuring effective communication of the available information e.g.: - activity targets - Contract information 2) JAG accreditation	1) Speciality teams to review all relevant information at team meetings.(ST) 2) Contract information to the shared monthly (ST) 3) For assessment in autumn 2013 – date not yet confirmed	October 2013 November 2013 January 2014
		External Sources of Assurance (have they been sought or are they planned) • PLACE • Maintain NHSLA level as was • External Visits including: - CPA - HTA	**Negative Assurances** 1) Cancer performance ~~2) Cytology screening~~ 3) Number of C-difficile cases 4) Unannounced CQC inspection resulted in non-compliance with one standard on the medical	1) Cancer action plan monitored through divisional board.(ST) 2) Cytology screening plan monitored through divisional board.(ST) 3) Pathway revision underway for tertiary referrals 4) HCAI action plan in place 5) Action plan developed to address issues raised by CQC(DB).	March 2014 Complete March 2014 November 2013 March 2014

Principal Risk 3 – Failure to maintain and develop an estate fit for the future

Executive lead – Deputy Chief Executive Director of Strategic Development
Scrutinising committee – Finance and Investment Committee
Date last reviewed by Committee: FIC 21st August
Review by responsible committee - EMC 4th September 2013
Link to Corporate Risk Register: T_EST005, T_EST002, T_EST004, T_EST008
Links to Corporate and Priority Objectives: 1.6
Last reviewed: Deputy Chief Executive 3rd October 2013 – changes in red

Initial Risk Rating C X L: 3 x 3

Current Risk Rating C X L: 3 x 3

Links to primary regulatory frameworks Identify links to other primary regulatory frameworks such as Monitor's Quality Governance Framework	**Key controls to manage risks** Identify the key controls in place to manage the risks	**Assurance on controls** Identify internal or external sources of assurance and indicate if they need to be re-confirmed.	**Gaps** Identify any gaps in controls or assurance or negative assurance	**Action Plans** Identify Action plans to address gaps and negative assurances with responsible Director identified	**Date for completion of action**
CQC Health and Safety Executive Legionella Regulations Hazardous Equipment Planning Controls	Project Governance arrangements established to develop strategy (including, steering and working groups) Frankham's Report on business critical services Audits/reports committees Capital plan Risk Register	**Internal Sources of Assurance (quality and level)** PLACE Audits Legionella Audit L8 Guard. Internal Audit on Estates Procurement Health and safety audits Estates Director started	**Gaps in Control/Assurance** ~~1) Lack of Estates Director~~ 2) Lack of Strategy 3) Estates procurement supervision and sign off	1) Estates Director started 5th August. (ST) 2) Estates steering group and operational group to develop strategy (RB) 3) Draft estates Strategy to be presented to the Board 4) Implementation of recommendations from audit of tendering and procurement processes when completed(ST)	Completed Completed November 2013 November 2013
		External Sources of Assurance (have they been sought or are they planned) Frankham's Report Advanced environmental analytical reports on water quality	**Negative Assurances** 1) Outpatient Survey 2) Staff Survey	1) Outpatient Action plan (ST) 2) Staff/hand hygiene action plan (DB)	December 2013 March 2014

Principal Risk 4 – Scale of implementation and deployment of a number of new IT systems impacts negatively on the functioning of the Trust and on clinical care **Executive lead** – Chief Executive **Scrutinising committee –Trust Board** **Date last reviewed by Committee: 31st July 2013** **Review by responsible committee – EMC 4th September 2013** **Link to Corporate Risk Register:** T_IMT009, T_IMT013, T_IMT010, T_IMT014 **Links to Corporate and Priority Objectives: PO1, 3.1, 5.2** **Last reviewed: Deputy Chief Executive 3rd October 2013 – changes in red**				**Initial Risk Rating C X L: 4 x 4** **Proposed Risk Rating C X L: 4 x 2**	
Links to primary regulatory frameworks Identify links to other primary regulatory frameworks such as Monitor's Quality Governance Framework	**Key controls to manage risks** Identify the key controls in place to manage the risks	**Assurance on controls** Identify internal or external sources of assurance and indicate if they need to be re-confirmed.	**Gaps** Identify any gaps in controls or assurance or negative controls or assurance	**Action Plans** Identify Action plans to address gaps and negative assurances with responsible Director identified	**Date for completion of action**
Monitor	Comprehensive pre-deployment Planning and resourcing Dedicated programme governance structure	**Internal Sources of Assurance (quality and level)** • Feedback from staff • KPI • Regular reports to the Board • Remedial action plan monitoring • Attendance at training • Reports received and validated • Recruitment programme achieved	**Gaps in Control/Assurance** 1) As an early adopter no reference site available 2) Not using real time bed management	1) Look to USA and others globally and work closely with Cerner (KG) 2) Action plan by using real time bed management (ST) 3) Nursing Recruitment Programme (DB)	March 2014 Complete Complete
		External Sources of Assurance (have they been sought or are they planned) No external sources of assurance at present	**Negative Assurances** No negative assurances		

Principal Risk 4 – Further information on assurances

Internal Sources of Assurance (quality and level) • **Feedback from staff** Deployment approach for major systems (e.g. CRS upgrade) discussed at Operational group and resource model developed to minimise impact on ward areas. • **KPI** Dashboard being developed to identify any adverse impact on operational performance at an early stage of IT deployments • **Regular reports to the Board** CRS presentation to the board on the roll-out approach and a further report on Risks around the programme will be given in July. Quarterly IT performance reports to EMC, and half yearly to the Board • **Remedial action plan monitoring** • **Attendance at training** CRS deployment requires 80% training booking and attendance - 95% for key users. • **Reports received and validated** CRS programme Board receives regular highlight reports from the project**.** IM&T Steering committee monitor progress/risks for IM&T schemes delivered through the business planning process**.**
External Sources of Assurance (have they been sought or are they planned) **No external sources of assurance at present**
Negative Assurances **No negative assurances**
Update on action plans **CRS deployment of Clinical Documentation and e-prescribing have not been undertaken due to delays in the programme. CRS upgrade of PAS/ED has taken place. Options being considered for next steps.**

Principal Risk 5 – Failure to ensure there are the right staff (numbers, skills and capability) in the right place

Executive lead – Director of Workforce and OD
Scrutinising committee –Trust Board
Date last reviewed by Committee: 31st July 2013
Review by responsible committee - EMC 4th September 2013
Link to Corporate Risk Register: T_MAE_AM008, T025, T032, T_AC_P_AT0019
Links to Corporate and Priority Objectives: PO2, 1.3, PO3, 2.1, 2.2, 2.3, 2.4, 5.1, 5.2
Last reviewed: Director of Workforce and OD 7th November 2013 – changes in red

Initial Risk Rating C X L: 4 x 3

Current Risk Rating C X L: 4 x 3

Links to primary regulatory frameworks Identify links to other primary regulatory frameworks such as Monitor's Quality Governance Framework	**Key controls to manage risks** Identify the key controls in place to manage the risks	**Assurance on controls** Identify internal or external sources of assurance and indicate if they need to be re-confirmed.	**Gaps** Identify any gaps in controls or assurance or negative assurance	**Action Plans** Identify Action plans to address gaps and negative assurances with responsible Director identified	**Date for completion of action**
CQC Standards 11, 12 and 13 Monitor Licence	• Establishment reviews • Performance against benchmarks • Implementation of our workforce strategy • Budget reviews • Proactive capacity planning • Recruitment and retention plans • Management Capability • Appraisals and PDPs • Job Plans • Temporary staffing controls • Pre-employment checks • Mandatory Training • Induction	**Internal Sources of Assurance (quality and level)** • People Management Feedback • Staff Survey • Budget/establishment review • Monitoring of staffing on shifts • PDR Reports • Mandatory Training and Induction Reports • HR Internal Audit	**Gaps in Control/Assurance** 1) Accessible data on actual shift fill rates and skill mix 2) Effective exit mechanisms to understand why people leave 3) Unit recruitment plans that account for turnover ~~4) Roster performance issues – availability of data.~~	1) Staff Survey Action plan (DG) 2) Performance reporting tool on nursing deployment (roster perform) (DG) 3) Nurse recruitment exit interview programme (DB) 4) Nurse recruitment plan (DB)	March 2014 Completed 31 July 2013 31 July 2013
		External Sources of Assurance (have they been sought or are they planned) • Performance against benchmarks and national standards • CQC QRP reports • National Staff Survey	**Negative Assurances** 1) Local staff survey reports insufficient staffing as a key staff concern, 2) High turnover in medicine and corporate areas 3) Difficulty getting temporary backfill 4) Poor nursing leadership management on wards 5) Staff not being released for training 6) Lack of communication and team working 7) Shift patterns 8) Some poor people management reported	1) Ward sister programme (DB) 2) Leadership Development (DG) 3) Shift pilot in medical ward (DB) 4) Mandatory training action plan (updated at meeting on 4th October)	30 March 2014 30 March 2014 30 Sept 2013 31st December 2013

Principal Risk 5 – Further information on assurances

Internal Sources of Assurance (quality and level)

- **People Management Feedback**
  The Trust has collected feedback on every manager/supervisor during appraisal/PDR this year. The feedback has informed PDPs and trust wide interventions.
  Staff Survey
  The results were positive in 2012. In Q2 of 2013/14 the local survey results for engagement were positive. Main issue raised by staff was staffing levels.
  Budget/establishment review
  Establishments and budgets agreed with managers for 2013/14.
  Monitoring of staffing on shifts
  New tools to monitor safe staffing being developed. 'Roster perform' workshop held on 5th July 2013. Some issues with reliability/access.
- **PDR Reports**
  Data on uptake reported. Discussions underway on system for 2014-15 linked to AFC changes/incremental progression.
- **Mandatory Training and Induction Reports**
  Data shows take-up had improved but then worsened. An action plan is being pursued and reviewed regularly. Reports not at service line level
- **HR Internal Audit**
  The latest audit into recruitment and induction was adequate in 12/13 and recommendations following the audit were implemented.

External Sources of Assurance (have they been sought or are they planned)

- **Performance against benchmarks and national standards**
  An area of concern is turnover. Other indicators are comparable or favourable.
- **CQC QRP reports**
  No significant change.
- **National Staff Survey**
  2012 showed good relative performance. An action plan is in place at both a trust wide and divisional level.

Negative Assurances

1) **Staffing is the main issue raised in the local survey**
   Recruitment plan is underway for nursing.
2) **High turnover in medicine and corporate areas**
   Nurse leadership programme
3) **Difficulty getting temporary backfill**
   Bank improvement plan and proposals to change management arrangements being pursued.
4) **Poor nursing leadership management on wards**
   Nurse leadership programme is underway.
5) **Inability to release staff for training**
   A mandatory training action plan is underway, on-line training is underway.
6) **Lack of communication and team working**
   Team development work has been approved.
7) **Shift patterns**
   A pilot of alternative shift patterns is underway.
8) **Some poor people management reported**
   Leadership development and feedback to managers from PDRs.

Principal Risk 6 – Failure to develop the organisation to support the delivery of the Trust's vision

Executive lead – Chief Executive
Scrutinising committee –Trust Board
Date last reviewed by Committee: 29th May 2013
Review by responsible committee - EMC 17th July 2013
Link to Corporate Risk Register: T009, T_HR009, T033, TO35
Links to Corporate and Priority Objectives: PO1, PO2, 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 2.12.3, 5.1, 5.2
Last reviewed: Director of Workforce and OD 7th October 2013 – changes in red

Initial Risk Rating C X L: 3 x 3

Current Risk Rating C X L: 3 x 3

Links to primary regulatory frameworks Identify links to other primary regulatory frameworks such as Monitor's Quality Governance Framework	**Key controls to manage risks** Identify the key controls in place to manage the risks	**Assurance on controls** Identify internal or external sources of assurance and indicate if they need to be re-confirmed.	**Gaps** Identify any gaps in controls or assurance or negative assurance	**Action Plans** Identify Action plans to address gaps and negative assurances with responsible Director identified	**Date for completion of action**
All Monitor Regulations	• OD Plan and action plan • OD plan owned • Governance Structure to oversee implementation • External Support and input from Beech consultancy • Workforce strategy	**Internal Sources of Assurance (quality and level)** • KPI • Staff engagement • Staff Survey • OD Plan (agreed by the board in July 2013) • Management arrangements clarified	**Gaps in Control/Assurance** ~~1) Some management changes/vacancies creating uncertainty~~ 1) Leadership programme not yet commenced.	1) Plan to Board in July (KG) 2) Shared with the Board (KG) 3) Consultation implemented 4) Leadership programme tendered 5) Leadership programme to be finalised	Complete Complete Complete Complete Complete
		External Sources of Assurance (have they been sought or are they planned) • Beech management support • Annual Staff Survey	**Negative Assurances** No negative assurances		

Principal Risk 6 – Further information on assurances

Internal Sources of Assurance (quality and level)

- KPIs

- Staff engagement
  2012/13 Quarter 4 score was comparable with the 2012 Staff Survey.
- Staff Survey
  Good results in 2012. Action plan approved by the Board in March 2013. No evidence of deterioration in Quarter 4 of 2012/13.

External Sources of Assurance (have they been sought or are they planned)

- Beech management support
  Tender for leadership and management development prepared.
- Annual Staff Survey
  Good results in 2012, action plan approved by the Board in March 2013.

Negative Assurances

No negative assurances

Principal Risk 7 – Failure to maintain engagement with patients and other stakeholder groups

Executive lead – Director of Nursing and Patient Experience
Scrutinising committee – Quality Assurance Committee
Date last reviewed by Committee: QAC 19th June 2013
Review by responsible committee – EMT on behalf of RMC 15th July 2013
Link to Corporate Risk Register: T012, T036
Links to Corporate and Priority Objectives: 1.2, 1.6, PO3, 2.1, 3.4, 3.5, 5.2
Last Reviewed: Director of Nursing and Patient Experience 1st October 2013 **– changes in red**

Initial Risk Rating C X L: 3 x 2

Current Risk Rating C X L: 3 x 2

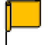
Links to primary regulatory frameworks Identify links to other primary regulatory frameworks such as Monitor's Quality Governance Framework	**Key controls to manage risks** Identify the key controls in place to manage the risks	**Assurance on controls** Identify internal or external sources of assurance and indicate if they need to be re-confirmed.	**Gaps** Identify any gaps in controls or assurance or negative assurance	**Action Plans** Identify Action plans to address gaps and negative assurances with responsible Director identified	**Date for completion of action**
• CQC • Monitor • Healthwatch • OSC • Health and Wellbeing Board	• Quality Scrutiny & Improvement Group (QSIG) • Commercial Strategy • Patient Assembly • Clinical Quality Review Group • SSB • Governing Body • PPI strategy	**Internal Sources of Assurance (quality and level)** • Friends and family test and local patient surveys • Six monthly reports on Commercial Strategy • Proposed Internal Audits on patient experience and complaints • QSIG progress reports to QAC • PPI strategy approved by the Trust Board in July 2013	**Gaps in Control/Assurance** ~~1) Gap in stakeholder committee reporting relationships~~ 2) Feedback mechanism for stakeholders not yet effective ~~3) PPI strategy yet to be developed~~ 4) Representativeness of stakeholder engagement in line with actual local population 5) Transition to new PPI arrangements could cause negative change in relationship with stakeholders if not fully supportive of the new strategy.	1) Review structure of patient involvement stakeholder groups as part of QSIG work (DB) 2) Review terms of reference for various groups and revise reporting mechanisms where appropriate. (DB) 3) Develop PPI strategy as part of QSIG review. For approval at Trust Board (DB) 4) Develop & implement plans to address representativeness through PPI review(DB) 5) Rapid implementation of strategy upon approval at Trust Board to maintain confidence and relationship (DB)	Complete Complete Complete Oct 2013 Commenced - Ongoing
		External Sources of Assurance (have they been sought or are they planned) • Patient Survey • Healthwatch Reports • External CQRG reports • Active engagement with OSCs • NHS Choices comments • NHS care connect comments	**Negative Assurances** No negative assurances		

Principal Risk 8 – Failure to sustainably achieve financial targets

Executive lead – Chief Operating officer with support from Director of Finance and Productivity Director

Scrutinising committee – FIC
Date last reviewed by Committee: Reviewed by FIC 26th June 2013
Review by responsible committee - EMC 17th July 2013
Link to Corporate Risk Register: T002, T_WCH_MAT0010, T016, T029, T_IG005
Links to Corporate and Priority Objectives: PO2, 4.1, 5.1, 5.2
Last reviewed: Director of Finance, 7th October 2013 – changes in red

Initial Risk Rating C X L: 3 x 3

Current Risk Rating C X L: 3 x 3 

Links to primary regulatory frameworks Identify links to other primary regulatory frameworks such as Monitor's Quality Governance Framework	**Key controls to manage risks** Identify the key controls in place to manage the risks	**Assurance on controls** Identify internal or external sources of assurance and indicate if they need to be re-confirmed.	**Gaps** Identify any gaps in controls or assurance or negative assurance	**Action Plans** Identify Action plans to address gaps and negative assurances with responsible Director identified	**Date for completion of action**
Monitor	Maintain Five year planning cycle Engagement with divisions on SLA Signed Contract Engagement with commissioners on operational and strategy matters Budget setting process with clear and rigorous rules Ownership of budgets and functioning performance framework Clear plan to move to SLM Upgraded financial and procurement systems	**Internal Sources of Assurance (quality and level)** • Regular reporting to the Board on finance, CIP and SLA • Proper functioning of FIC • Signed Budgets • Signed Contract • Monthly performance	**Gaps in Control/Assurance** 1) Proposed Trust approach to SLM has been devised 2) Need close partnership working with whole system transformation board to be sustained and developed 3) Formalised budget holder training	1) Develop Trust plan for SLM and implement (NH/SM) 2) Need to strengthen partnership working via whole system transformation board and CQRG (ST/SM) 3) Recraft Trust plan for SLR and PLICs (SM) 4) Ensure benefits of new ledger and procurement system fully realised (SM) 5) Formalise budget holder training (SM)	Complete November 2013 January 2014 December 2013 December 2013
		External Sources of Assurance (have they been sought or are they planned) • Scrutiny of 5 year plan by Monitor/TDA	**Negative Assurances** 4) Insufficient use of SLR/PLICS data 5) Deployment of CRS has been delayed	6) Demonstrate links from SLM information in ledger to SLR/PLICS (SM) 7) Source support from BT and Department of Health to cover costs of CRS delay. [Now not applicable as only limited update]	November 2013

Principal Risk 9 – Failure to respond appropriately to changes in the external environment impacts on viability of the Trust

Executive lead – Director of Strategic Development
Scrutinising committee –Trust Board
Date last reviewed by Committee: Reviewed by Trust Board 31st July 2013
Review by responsible committee - EMC 17th July 2013
Link to Corporate Risk Register: T006, T003, T005, T007, T008, T_AC_PAT0019
Links to Corporate and Priority Objectives: 3.1, 3.2, 3.3, 4.1, 4.2
Last Reviewed: Director of Strategic Development**, 7th October 2013 – changes in red**

Initial Risk Rating C X L: 4 x 2

Current Risk Rating C X L: 4 x 2

Links to primary regulatory frameworks Identify links to other primary regulatory frameworks such as Monitor's Quality Governance Framework	**Key controls to manage risks** Identify the key controls in place to manage the risks	**Assurance on controls** Identify internal or external sources of assurance and indicate if they need to be re-confirmed.	**Gaps** Identify any gaps in controls or assurance or negative assurance	**Action Plans** Identify Action plans to address gaps and negative assurances with responsible Director identified	**Date for completion of action**
Health and Social Care Act Risk Assessment Framework	• Downside/Upside review sessions with Board • Horizon Scanning sessions with Board • Stakeholder engagement strategy • Robust five year plan • Full engagement with BSBV • Planning for BSBV outcomes • Commercial team in place with capability for leading bid process • Partnerships e.g. SGH, SAP, Merton CCG, SSB, SWL Pathology, Elective Orthopaedic Centre. • Commercial Strategy/Action plan • Criteria/Systems in place to assess: - Merger and acquisition opportunities - Tendering opportunities	**Internal Sources of Assurance (quality and level)** • Board Review of Commercial Strategy, Stakeholder Engagement Strategy • WSTB minutes and project plans • Stakeholder Survey	**Gaps in Control/Assurance** 1) Transaction plans less developed than competitors 2) Ownership of commercial strategy/action plan at business unit level could be strengthened	1) Development of transaction plans (RB) 2a) OD strategy development (KG) 2b) Rolling Programme to develop strategies for each service line (RB)	**Complete** **Complete** **November 2013**
		External Sources of Assurance (have they been sought or are they planned) • Five year plan reviewed by NHS London, DH, Monitor, Alvarez and Marsal • Successfully influenced BSBV – confirmed as 1:3 sites • Merton and Kingston CCGs working collaboratively with the Trust on the development of outreach facilities.	**Negative Assurances** No negative assurances		

Principal Risk 9 – Further information on assurances

Internal Sources of Assurance (quality and level)

- **Board Review of Commercial Strategy, Stakeholder Engagement Strategy**
  Commercial Strategy reviewed February 2013 and Stakeholder Engagement Strategy reviewed November 2013. Further board reports planned. January 2014 – Stakeholder Engagement Strategy, March 2014 – Commercial Strategy

- **SSB minutes and project plans**
  SSB has been revamped to the Whole System Transformation Board meets regularly.

- **Stakeholder Survey**
  A Stakeholder Survey was undertaken in summer 2012 and the results were generally positive. Plans to understand stakeholder views will be included in the refreshed stakeholder engagement strategy going to the Board in January 2013.

External Sources of Assurance (have they been sought or are they planned)

- **Five year plan reviewed by NHS London, DH, Monitor, Alvarez and Marsal**
  The Trust's plan was sufficiently robust to enable FT authorisation.

- **Successfully influenced BSBV – confirmed as 1:3 sites**
  Next steps to be confirmed following the withdrawal of support from Surrey Downs CCG.

- **Merton and Kingston CCGs working collaboratively with the Trust on the development of outreach facilities.**
  Trust services opened at Raynes Park Health Centre in April 2013. The Trust continues to work with Kingston CCG on the development of services at Surbiton Hospital.

Negative Assurances

No negative assurances have been identified

Update on action plans

1) **Transaction plan (RB)**
   Approach developed July 2013 and discussed at the Board Development Forum in September 2013.

2a) **OD strategy development (KG)**
   A consultation on the proposed OD plan has been circulated and the final plan was presented to the Board in July 2013.

2b) **Service Lines Strategies (RB)**
   Process discussed and agreed at EMC in October 2013.

Key to risk flags: Extreme Risk High Risk Moderate Risk Low Risk

Key to responsibility for action plans: DB – Duncan Burton, RB – Rachel Benton, DG – David Grantham, KG – Kate Grimes, NH - Nicola Hunt, SM – Simon Milligan, ST – Sarah Tedford, JW – Jane Wilson

Abbreviation used in risk register links	**Explanation**
T	**Corporate**
EST	Estates
FIN	Finance
HR	Human Resources
IMT	Information Management & Technology
IG	Information Governance
INF	Information Services
MAE	**Medicine and A&E**
ED	A&E
AM	Acute Medicine
SP	Specialities
TH	Therapies
AC	**Ambulatory Care**
CPC	Cancer and Palliative Care
REC	Health Records
OPD	Outpatients Department
PAT	Pathology
PHA	Pharmacy
RAD	Radiology
SCC	**Surgery & Critical Care**
ENT	Ear, Nose & Throat/Oral
GS	General Surgery
REU	Royal Eye Unit
TCS	Theatres/Critical Care/Sterile Services Department
TO	Trauma & Orthopaedics
W&CH	**Women & Children’s Services**
ACU	Assisted Conception Unit
GYN	Gynaecology
MAT	Maternity
NNU	Neonatal Unit
PAE	Paediatrics