Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
27th September 2012

TITLE	**Board Assurance Framework**
EXECUTIVE SUMMARY	The Board Assurance Framework (BAF) is a key assurance tool that ensures the Board has been properly informed about the totality of risks to achieving the Trust's strategic objectives. The BAF is aligned to the 5 strategic objectives as detailed in the Corporate Business Plan 2012-13.
BOARD ASSURANCE (Risk) / IMPLICATIONS	The Board assurance process ensures that risks to achieving the Trust's strategic objectives are actively identified and managed.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Not assessed and views not taken.
EQUALITY AND DIVERSITY ISSUES	None known
LEGAL ISSUES	The Board Assurance process supports the Chief Executive in signing the Annual Governance Statement which forms part of the Trust's statutory accounts.
The Board is asked to:	. ▪ The Board is asked to discuss, challenge and review the Board Assurance Framework
Submitted by:	Jane Gear , Head of Corporate Affairs For Andrew Liles, Chief Executive
Date:	19th September 2012
Decision:	For Approval

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
27th September 2012
Board Assurance Framework 2011/12 – 2015/16

1 Introduction

The BAF is an assurance tool to ensure that the Board is properly informed about the totality of risks to achieving all of the strategic objectives as detailed in the Integrated Business Plan. The risks on the BAF are mapped to the risks on the Corporate Risk Register.

2 Strategic Context

The BAF is aligned to achieving the 5 Strategic Objectives as documented in the Corporate Business plan 2012-13. The BAF should also support the Annual Governance Statement, and has been cross referenced to the Corporate Risk Register.

As a Foundation Trust it is important that the Board Assurance Framework works as a tool to support the Board's assurances in terms of self certification on compliance with the Terms of Authorisation.

3 Review

Following a Seminar and further discussions both at Board and IGAC, the Board agreed a revised format for the BAF, together with the list of risks to be included.

A strong draft BAF was presented to the July Board and this is the first fully populated iteration in the current format. This iteration was reviewed at IGAC on 19th September 2012.

4 Commentary on Risks

Having reviewed the BAF during September and completed the population of controls and assurances there appears to be some repetition of risks.

4.1.1 Emergency pathway

A risk on the emergency pathway appears in BAF 1.7, BAF 3.1 and BAF 4.1 This is understandable as it is fundamental to our core purpose. The content of the Strategic Risk is therefore very similar across the three Strategic Objectives and is very relevant to all three objectives and should be maintained in the BAF.

4.1.2 SO 3:

There are two very similar risks with SO 3:

BAF 3.3. If the Trust does not establish key relationships through an active partnership strategy with GP commissioners, Specialist Commissioners, networks, provider organisations, social care etc, this could lead to significant loss of market share by not implementing joined up integrated health care.

BAF 3.5 If the Trust does not exploit the benefits of working with partners (e.g. Epsom partners, Virgin etc) at both financial and service levels, then there is the potential that in the long term the Trust will be strategically out- manoeuvred by competitor organisations.,

Both risks relate to loss of market share, the first due to competition, the second due to not achieving joined up health care. Many of the controls and assurances are similar and it would be helpful if it could be affirmed that the two risks should be maintained as separate items.

IGAC supported the view that these two risks could be amalgamated subject to the wording being clear that the risk related to existing and new partnerships.

4.2 Extreme risks

Three risks with in Strategic Objective 4 are rated as red. These are linked to the need to have a robust efficiency programme and ensuring that all opportunities for income available within the contract (CQUIN etc) are seized, but recognising the risk to the income caused by NHS Surrey's financial position.

Reducing the risk on these matters is regularly scrutinised by the Finance Committee.

4.3 Top Five Risks

The Board has previously agreed that the top five risks should be highlighted.

These are :

3.1 If the Trust does not fix the emergency pathway

4.2 If ASPH fails to deliver the clinical quality incentives (CQUINS), fails to deliver the performance standards, or fails to respond to the admission thresholds and readmission caps within the 2012/13 contract

4.7 If financial or service pressures on third party providers of health and social care cause operational difficulties

4.8 If NHS Surrey suffers unexpected financial pressures

5.4 Failure to align major stakeholders (and residents) to the vision and execution plans for the new organisation (Epsom transaction)

During their discussion on the BAF IGAC commented

- 3 of the top 5 risks as currently proposed are financially driven- is this the best representation of the top 5 risks (although it was noted that the risk to finances derived from CQUINs etc was underpinned by quality and operational performance).

- Should the top 5 risks include all red rated risks? (e.g. 4.7 If financial or service pressures on third party providers of health and social care cause operational difficulties and increased costs at ASPH is not currently included in the top 5).

5 Recommendation

The Board AGREE the current BAF including

- Whether BAF risks 3.3 and 3.5 should be amalgamated
- The top 5 risks

Submitted by: Jane Gear , Head of Corporate Affairs
For Andrew Liles, Chief Executive

Risk Matrix - Severity x Likelihood

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

Risk Rating
Extreme
High

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Board Assurance Framework - SUMMARY
2011-2012
Version: September 2012

NB Abridged risk descriptions

	Lead	July 12 Risk Score	Sept 12 Risk Score	Dec 12 Risk Score	April 13 Risk Score	July 13 Risk Score	Oct 13 Risk Score	In Month Risk Change
1. To achieve the highest possible quality of care and treatment for our patients, in terms of outcome, safety and experience.								
Risks to Objective								
1.1 If there is a failure in the quality and timeliness of information this could lead to false assurance on service standards,	CN	12	12					↔
1.2 If the Trust provides poor quality care leading to the loss of CQC Registration or significant conditions being attached.	CN	10	10					↔
1.3 If ASPH fails to achieve accreditation from any external regulator/ accreditor during 2012/13 or otherwise fails to recover adequately from any adverse findings	CN/MD	8	8					↔
1.4 If the quality governance and impact assessment processes fail during the design of CIPs	CN	9	9					↔
1.5 If service resource is not aligned to demand (24/7)	DCE	9	12					↑
1.6 If divergent and multiple organisational priorities compete with and distracts from the focus on high quality care	CN	12	12					↔
1.7 If there is poor capacity and flow in the emergency pathway this could result in a poor patient experience and outcome and potential failure of the Monitor Compliance Framework	VB	12	12					↔

	Lead	July 12 Risk Score	Sept 12 Risk Score	Dec12 Risk Score	April 13 Risk Score	July 13 Risk Score	Oct 13 Risk Score	In Month Risk Change
Objective 2: To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust.								
Risks to Objective								
2.1.If the Trust workforce was not appropriately planned and managed particularly to meet reductions in WTE, agency usage and pay costs,	DoW	9	9					↔
2.2. If the Trust was unable to recruit to vacancies with high calibre appointments,	DoW	9	9					↔
2.3. If individuals and teams were not values-driven or motivated,	DoW	9	9					↔
2.4. If the workforce was not appropriately developed and compliant with Mandatory Training,	DoW	4	4					↔
2.5. If levels of turnover and sickness increased, adversely affecting patient and team working , and organisational performance	DoW	4	4					↔
2.6. If roles and responsibilities for leadership and workforce development were unclear, thereby impeding individual, team and corporate performance,	DoW	6	6					↔

	Lead	July 12 Risk Score	Sept 12 Risk Score	Dec 12 Risk Score	April 13 Risk Score	July 13 Risk Score	Oct 13 Risk Score	In Month Risk Change
Objective 3 : To deliver the Trust's clinical strategy of joined up healthcare								
Risks to Objective								
3.1 If the Trust does not fix the emergency pathway this will limit the Trust's ability to safely care for emergency patients, grow elective work and will damage the Trust's reputation and potentially impact on the Trust's strategic ambitions	DCE	12	12					↔
3.2. If the Trust does not have all clinical and managerial leaders in the organisation aligned in a way that supports the delivery of its strategic objectives.	MD	9	9					↔
3.3.If If the Trust does not establish key relationships through an active partnership strategy with GP commissioners, Specialist Commissioners, networks, provider organisations, social care etc,	MD/DoF	9	9					↔
3.4. If the Trust does not provide high quality, innovative services that exploit modern technology and ideas, easy/fast to access services	MD	12	12					↔
3.5 If the Trust does not exploit the benefits of working with partners (e.g. Epsom partners, Virgin etc) at both financial and service levels,	MD/DCE	12	12					↔

4. To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework.								
	Lead	**July 12 Risk Score**	**Sept 12 Risk Score**	**Dec 12 Risk Score**	**April 13 Risk Score**	**July 13 Risk Score**	**Oct 13 Risk Score**	**In Month Risk Change**
Risks to Objective								
4.1 If unexpected changes in the patterns of demand and particularly admissions put pressure on the bed complement / costs and crowd out other service developments. If the relationship between effective capacity, demand & efficiency is not aligned	DCE	12	12					↔
4.2 If ASPH fails to deliver the clinical quality incentives (CQUINS), fails to deliver the performance standards, or fails to respond to the admission thresholds and readmission caps within the 2012/13 contract and under recovers income	CN/MD	16	16					↔
4.3 If the Trust's efficiency programme is insufficiently supported by process changes and fails to deliver,	DoF	16	12					↓
4.4 If ASPH fails to deliver 2012/13 CIPs to the level required and/or allows pay and non-pay expenditure to exceed budget without a compensating increase in income. If the productivity agenda inadvertently undermines quality objectives	DoF	16	12					↓
4.5 If the contribution from individual divisions and service lines is less than required to deliver the EBITDA margin for ASPH as a whole. If ASPH cross-subsidises uneconomic service lines with the financial contribution of unrelated service lines.	DoF	12	12					↔
4.6 If insufficient focus on collaboration and competition means the Trust is unable to achieve the desired growth in a reducing market.	DoF	9	9					↔
4.7 If financial or service pressures on third party providers of health and social care cause operational difficulties and increased costs at ASPH	DCE	12	16					↑
4.8 If NHS Surrey suffers unexpected financial pressures and seeks to enforce the levers within the 2012/13 contract more aggressively than expected	DoF	12	16					↑

Objective 5 :To achieve successful integration with Epsom General Hospital, as a Trust delivering care from three hospital sites

Risks to Objective

	Lead	July 12 Risk Score	Sept 12 Risk Score	Dec 12 Risk Score	April 13 Risk Score	July 13 Risk Score	Oct 13 Risk Score	In Month Risk Change
5.1 Insufficient or delayed transitional funding	ID	12	12					↔
5.2 Level of Epsom actual financial performance	ID	12	12					↔
5.3 Operational performance around quality of patient care across EASPH is compromised.	ID	12	8					↓
5.4 Operational performance at ASPH around the emergency pathway is not recovered and sustained by September 2012	ID	12	8					↓
5.5 ASPH CQC concerns raised in December 2011 are not resolved sustainably	ID	12	12					↔
5.6 ASPH financial performance falls behind plan and requires recovery action that dilutes resource and focus from EASPH integration.	ID	12	12					↔
5.7 Failure to align major stakeholders and residents to the vision and execution plans for the new organisation	ID	12	12					↔
5.8 Integration programme across ASPH/Epsom not managed properly or resourced satisfactorily	ID	12	8					↓

Legend

15-25	Extreme	↔	No change in risk score
8 –12	High	↓	Risk score decreased
4 – 6	Medium	↑	Risk score increased
1-3	low		

CN	Chief Nurse
DCE	Deputy Chief Executive
DoW	Director of Workforce & Organisational
ID	Integration Director
DoF	Director of Finance & Information
MD	Medical Director

Principle Risk:

1.1 If there is a failure in the quality and timeliness of information this could lead to false assurance on service standards, and a failure to intervene and deliver targeted improvement

Chief Nurse

Link to CRR: CRR 1214

	Initial	Current	Target
Likelihood	3	3	2
Consequence	4	4	4
Level	12	12	8

Strategic Objective Affected

Objective 1: To achieve the highest possible quality of care and treatment for our patients, in terms of outcome, safety and experience.

Opened: 01-Apr-11
Closed:

Controls

- Automated and manually fed clinical information systems/databases
- Guidelines/protocols for data collection
- Clinical outcome steering group
- Clinical Coding team with national coding structures
- Informatics Team with protocols

Assurance

- External (e.g. Dr Foster) and internal benchmarking
- External Auditor report on Quality Account data (May 12)- identified an issue with falls data
- Clinical Governance Committee- last met 5 July 2012
- Audit Commission out patient PbR report issued 2011- showed improvement in data
- IG Toolkit Audit on selected aspects of clinical record
- DR Foster comparison report on level 3 NICU s (July 2012)

Gaps in Controls

- Clinical ownership of information and data collection
- Too many manual systems
- Insufficient correction loops

Gaps in Assurance

- Comprehensive audit of all data supporting dashboards
- Dr Foster report on NICU identified some improvements to be made

Closure Request?

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01-Dec-12	Include audits of clinical data in Internal Audit Plan	Safeguarding, complaints and Outcome 4 are in IA plan	
01-Dec-12	Develop individualised consultant level data via Qlikview		
01-Nov-12	Use Quality and safety half days to generate action plan for NICU		

Principle Risk:

1.2 If the Trust provides poor quality care leading to the loss of CQC Registration or significant conditions being attached.

Chief Nurse

Link to CRR: CRR 1037/1072/763/1147/1130/1057/766

	Initial	Current	Target
Likelihood	2	2	2
Consequence	5	5	5
Level	10	10	10

Strategic Objective Affected

Objective 1: To achieve the highest possible quality of care and treatment for our patients, in terms of outcome, safety and experience.

Opened: 01-Apr-11
Closed:

Controls

- Standard owners and Executive leads
- Policies, procedures and training programmes
- Process review via Health Assure
- Compliance in Practice review audits undertaken by matrons
- Best Care dashboard

Assurance

- Health Assure currently shows three areas of potential risk (9/13/17) as assessed by Standard Owners (June 12)
- Mandatory Training registers shows 92% compliance as at 5 July 12
- CQC QRP report dated 31/07/12 shows slight dip on Outcome 16 but improvements on 5 other outcomes. Nothing of high amber or above
- CQC Compliance review report dated June 12
- Parkhill conducted audit on documentation- June 12. Identified areas for improvement
- Best Care Dashboard highlights need to improve patient documentation

Gaps in Controls

- Divisional level standard owners are needed together with ownership of divisional level compliance
- Front line ownership and accountability for Essential standards
- Escalation process are not aligned to clinical ownership of patients (outcome 4 CQC finding on use of day surgery for escalation)
- Lack of policy on Shared Decision Making (Outcome 1 CQC findings)
- Completion of mandatory training (Outcome 14 CQC findings)

Gaps in Assurance

- CQC Report June 2012- Non Compliance Outcome 21 - moderate impact

Closure Request?

[Enter details of closure request]

Action Plan

Due:	Action Description	Progress to Date	Date Completed
31/07/12	Complete implementation of the CQC action plan	Day Surgery Unit has not been used as an escalation area for inpatients	16-Jan-12
		97% compliance on mandatory training	31-Jul-12
01/08/12	Improve patient documentation	Workshop on documentation led by Chief Nurse	01-Aug-12
		Launch completed. Now encompassed in Valuing feedback at Front line Project which will give KPIs in progress	24-Jul-12
TBC	Implement Shared Decision making		
TBC	Build actions from Parkhill Audit into documentation action plans		

Principle Risk:

1.3 If ASPH fails to achieve accreditation from any external regulator/accreditor during 2012/13 or otherwise fails to recover adequately from any adverse findings

Chief Nurse

Link to CRR: 764

	Initial	Current	Target
Likelihood	2	2	2
Consequence	4	4	4
Level	8	8	8

Strategic Objective Affected

Objective 1: To achieve the highest possible quality of care and treatment for our patients, in terms of outcome, safety and experience.

Opened: 01-Jun-12
Closed:

Controls

- CNST Level 3 Maternity (Sept 13)
- NHSLA level 2 General standards
- Accreditation leads in place
- Specialist risk advisory roles e.g. Child protection, Radiation protection, in place
- Performance Standards monitored
- Head of Accreditation and Regulation in post

Assurance

- NHSLA
- Wide range of External regulatory Bodies
- Register of inspections presented to IGAC- last reported June 12
- Monthly Board reports on Compliance Framework-Q1 to July Board
- Letter from NHSLA removes risk arising from Epsom transaction

Gaps in Controls

- JAG inspection to be scheduled
- Clarity of process of affirming accreditation of partners sharing the pathways of our patients

Gaps in Assurance

- None known

Closure Request?

[Enter details of closure request]

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01/11/12	Identify partners requiring affirmation of accreditation status	Underway	
01/01/14	Prepare for next NHSLA review	NHSLA letter removes risk and defers NHSLA assessment. Impact on CNST accreditation due in Sept 13 being sought	
TBC	Clarify JAG next steps	Business case prepared. To TEC September 12	

Principle Risk:

1.4 If the quality governance and impact assessment processes fail during the design of CIPs, this could lead to a negative impact on quality

Chief Nurse

Link to CRR

	Initial	Current	Target
Likelihood	3	3	1
Consequence	3	3	3
Level	9	9	3

Strategic Objective Affected

Objective 1: To achieve the highest possible quality of care and treatment for our patients, in terms of outcome, safety and experience.

Opened: 01-Apr-11
Closed:

Controls

- New Template and tools available for completion on CIP schemes
- Quality and Safety Impact Assessment Form available
- Consultation process undertaken where the CIP is more than a headcount reduction of one
- Top level review of CIP schemes 2012 and impact on Quality completed

Assurance

- Consultation undertaken on CMAOR and nursing establishment changes (June 12)
- Complaints and Incident data trends- reported to Board and IGAC
- Challenge process via CIP Quality review meetings at start of year
- Best care dashboard tracks quality

Gaps in Controls

- CIP templates completed to draft status
- Impact assessment forms need to be completed as a matter of routine

Gaps in Assurance

- Formal review of quality Impact assessments needs to be routine

Closure Request?

[Enter details of closure request]

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01-Nov-12	Move from current approach on CIPs to a transformational approach covering three years- build in formally the quality assessment process	To be part of Business planning 2013/14	
01-Sep-12	Review existing Quality impact assessment Tools with the intention of strengthening the process. Include a formal panel review	Completed. Refreshed tools in place	01-Aug-12
01-Oct-12	Update Q1 documentation on CIPs		

Principle Risk:

1.5 If there is poor capacity and flow in the emergency pathway this could result in a poor patient experience and outcome and potential failure of the Monitor Compliance Framework

Deputy Chief Executive

Link to CRR: CRR 1072/1128/1215

	Initial	Current	Target
Likelihood	4	3	2
Consequence	4	4	4
Level	16	12	8

Strategic Objective Affected

Objective 1: To achieve the highest possible quality of care and treatment for our patients, in terms of outcome, safety and experience.

Opened: 01-Apr-12
Closed:

Controls

- Escalation Policy and procedures in place
- New medical model for emergency care pathways is under development
- Stage 1 of bed reprofiling is complete
- Daily capacity meetings
- Partial implementation of RealTime

Assurance

- Monthly Strategic Delivery committee -last meeting August 2012
- Demand and capacity project team
- Complaints and Incidents- trends tracked and reported
- Dashboards with clinical data showing trends
- ECIST
- Daily A&E reports

Gaps in Controls

- New medical model for emergency care pathway to be fully implemented
- Inconsistency in service delivery due to partial implementation of emergency care pathway and bed remodelling
- Full implementation of RealTime

Gaps in Assurance

- ECIST reports identify work to be completed both internally and whole system
- RealTime- full potential of the system yet to be realised

Closure Request?

[Enter details of closure request]

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01-Sep-12	Complete implementation of nursing establishments	Completed	
01-Aug-12	Finalise PMO plan and Sign off at Strategic Delivery Committee	Completed	
01-Oct-12	Implement 24/7 workforce plan		
01-Oct-12	Fully implement medical model for emergency pathway	Consultation completed	
TBA	Develop and implement whole system action plan arising from ECIST review		
01-Feb-13	Complete full implementation of RealTime		

Principle Risk:

1.6 If divergent and multiple organisational priorities compete with and distracts from the focus on high quality care

Chief Nurse

Link to CRR: CRR 1057

	Initial	Current	Target
Likelihood	3	3	2
Consequence	4	4	4
Level	12	12	8

Strategic Objective Affected

Objective 1: To achieve the highest possible quality of care and treatment for our patients, in terms of outcome, safety and experience.

Opened:

Closed:

Controls

- Clear vision of Quality of care as major driver for the trust
- Clear Strategic Objectives with quality as first priority
- PMO approach helps prioritise competing priorities
- Strong quality monitoring
- Strong clinical leadership at both Executive level , through Divisional Triumvirates.
- Dedicated central Quality team

Assurance

- Scorecards including Best Care dashboards
- External review inc CQC review Dec 11 and May 12 (Outcome 21 to be addressed)
- Self certification process by Trust board based on a structured assurance process- May 12 board sign off
- Staff and patient Survey results
- Annual Plan is monitored quarterly (July Board report on Q1)

Gaps in Controls

- Achieving full CQC Compliance

Gaps in Assurance

- None known

Closure Request?

[Enter details of closure request]

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01-Oct-12	Complete action plan following recent CQC report	Action plan agreed and being implemented	30-Jun-12
Ongoing	Test all new initiatives against two core SOs (Emergency pathway and financial balance)	On going	

Principle Risk:

1.7 If there is poor capacity and flow in the emergency pathway this could result in a poor patient experience and outcome and potential failure of the Monitor Compliance Framework

Deputy Chief Executive

Link to CRR: CRR 1147/1215

	Initial	Current	Target
Likelihood	4	3	2
Consequence	4	4	4
Level	16	12	8

Strategic Objective Affected

Objective 1: To achieve the highest possible quality of care and treatment for our patients, in terms of outcome, safety and experience.

Opened:

Closed:

Controls

- Unscheduled Care Programme Board
- Weekly NWS Capacity meeting with Partners
- Escalation Policy ratified and shared with Partners
- Divisional Recovery Plan

Assurance

- Trust receiving expert advice and guidance from ECIST
- Compliance with 4 Hour Standard monitored within Division
- Detailed progress update for Board as part of Compliance Framework
- Quality indicators are reported at divisional and corporate levels

Gaps in Controls

- Agreed model of care
- Implementation timetable
- Insufficient consultant cover in MAU/A&E

Gaps in Assurance

- RealTime - full potential of system yet to be realised
- A&E Patient Tracker System

Closure Request?

[Enter details of closure request]

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01-Oct-12	Complete ECIST action plan and implement new medical model	Action plan developed. Consultation completed Move to implementaion	15-Aug-12
01-Jul-12	Complete planned ward moves and rebalancing of bed base	Ward moves currently underway. Phase 1 complete	
01-Dec-12	Three year capacity and activity plans to be reviewed with divisions as part of the next main planning round	Not yet due.	
01-Aug-12	Refresh Escalation Policy	Site Capacity Management plan updated- approved at TEC	27-Jul-12
01-Feb-13	Widen the remit of RealTime		

Principle Risk:

2.1 If the Trust workforce was not appropriately planned and managed particularly to meet reductions in WTE, agency usage and pay costs, resulting in overspends against agreed budgets.

Director of Workforce and OD

Link to CRR

	Initial	Current	Target
Likelihood	3	3	2
Consequence	3	3	3
Level	9	9	6

Strategic Objective Affected

Objective 2: To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust.

Opened: 01-Apr-11
Closed:

Controls

- Annual Workforce Plan
- Business Planning process and targets set for 2012/13
- Monthly Vacancy Control panel
- Centralised change programmes led by an Executive Director
- NHSP bank, internal bank and Framework Agencies

Assurance

- Board and Finance Committee reports monitor progress against plan (last report June 12)
- Divisional Performance Review Meetings to review progress & agree forward plan (monthly)
- Vacancy panel outcomes published by the DoF and DWOD (monthly)
- Strategic delivery board oversees changes monthly (June 2012)
- Agency usage monitored at ED Finance and Division Review meetings and actions agreed monthly

Gaps in Controls

- Agency suppliers not reported

Gaps in Assurance

- Monitor and address with Divisions (monthly)

Closure Request?

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01-Sep-12	Report agency usage to Executive Director Finance meeting (every two weeks) and Performance Review Meetings (monthly)	In progress- ongoing	

Principle Risk:

2.2 If the Trust was unable to recruit to vacancies with high calibre appointments, thereby adversely affecting quality and the organisation's reputation (particularly in delivery of front line care or where there are challenges with supply at regional/national level).

Director of Workforce and OD

Link to CRR

	Initial	Current	Target
Likelihood	2	3	2
Consequence	3	3	3
Level	6	9	6

Strategic Objective Affected

Objective 2: To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust.

Opened: 01-Apr-11
Closed:

Controls

- Recruitment & Selection policy
- Compliance with CQC outcome 12
- Compliance with CQC outcome 13
- Vacancy targets set for 2012/13
- Focused recruitment campaigns in shortage specialties as required

Assurance

- Policy available on Trustnet and updated every 3 years
- Evidence to demonstrate compliance with CQC Outcome 12 endorsed at WSSG
- Evidence to demonstrate compliance with CQC Outcome 13 endorsed at WSSG
- Vacancy rate reviewed at Board, Finance Committee, Employee Partnership Forum and Monthly Performance Review Meetings
- Vacancy fill rates reviewed at monthly Performance Review Meetings

Gaps in Controls

- Speed of recruitment not reported

Gaps in Assurance

- Speed of recruitment to be reported and monitored at monthly meetings

Closure Request?

Action Plan

Due:	Action Description	Progress to Date	Date Completed
Aug	Introduce a Rapid Recruitment Plan (RRP)	Completed	01-Aug-12
Sept	Consider impact of RRP on agency usage	In progress	
Sept	Appoint to new role to focus on HCA recruitment, development and retention	In progress	
Oct	Develop options for a new workforce model in A&E (Physical Assistants, Consultant Nurses, ED Practitioners)	Not due	

Principle Risk:

2.3 If individuals and teams were not values-driven or motivated, resulting in poor patient care experience and ineffective team working.

Director of Workforce and OD

Link to CRR

	Initial	Current	Target
Likelihood	2	3	2
Consequence	4	3	2
Level	8	9	4

Strategic Objective Affected

Objective 2: To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust.

Opened: 01-Apr-12
Closed:

Controls

- All employment policies, including appraisal, structured in accordance with the 4Ps
- Participation targets for Living our Values set 2012/13
- Implementation of Living our Values agreed 2012/13
- Individual and team diagnostics conducted
- Launch Team ASPH: Beyond Good to Great

Assurance

- Employment policies on Trustnet and reviewed every three years
- Living our Values attendance monitored (85% June 2012)
- Living our Values plans displayed in ward areas
- Staff attitude survey and patient survey results reported to Trust Board, TEC (annually)
- Monitor improvements against 6 KPIs

Gaps in Controls

- Quality of appraisal not assessed systematically
- Individual and team recognition and Awards scheme

Gaps in Assurance

- Grandparent sign off
- Recognition and Award scheme for each Value

Closure Request?

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01-Sep-12	Update appraisal policy to include grandparent sign off	In progress	
01-Mar-13	Implement Board development plan (incl Visibility and Assurance Prog) implemented	Active	
01-Sep-12	Implement team development programmes at levels 2 and 3	Team ASPH - Beyond Good to Great launch	24 July & 25 September 2012
01-Oct-12	Implement level 4 structure and align team development programme	In progress	

Principle Risk:

2.4 If the workforce was not appropriately developed and compliant with Mandatory Training, thereby risking non-compliance with CQC outcome 14

Director of Workforce and OD

Link to CRR :CRR 763

	Initial	Current	Target
Likelihood	2	1	1
Consequence	4	4	4
Level	8	4	4

Strategic Objective Affected

Objective 2: To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust.

Opened: 01-Apr-11
Closed:

Controls

- Learning, Education and Development Policy
- Corporate and divisional LED plans
- Appraisal documentation includes PDP / Mandatory Training grid
- Compliance with CQC Outcome 14
- Clear roles and responsibilities for MT (including MT Leads)
- Mandatory training targets set 2012/13

Assurance

- Policy available on Trustnet & updated every three years
- LED plans integral to divisional business plans (annual)
- Appraisal coverage reviewed as part of the balanced scorecard
- Evidence to demonstrate compliance with CQC Outcome 14 reviewed at WSSG & CQC (March 2012)
- Monthly MT meeting to review compliance against competencies by Division/Dept
- Mandatory training compliance monitored monthly (Mandatory Training Committee, Performance

Gaps in Controls

- Increase the availbility of e- learning
- Simplify MT categorisation

Gaps in Assurance

- Non known

Closure Request?

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01-Aug-12	Re-categorise MT (delivered) for clinical and non-clinical staff	Completed	08-Aug-12
01-Sep-12	Develop plan to maxmise use of e-learning for MT	In progress	
01-Sep-12	Publish new style MT training programmes	In progress	
01-Oct-12	Align frequency of MT training with Skills for Health recommendations	In progress	
01-Jan-13	Personalise pocket diary for 2013/14 to include ESR record of mandatory training	Not yet due	

Principle Risk:

2.5 If levels of sickness increased, adversely affecting patient and team working, and organisational performance

Director of Workforce and OD

Link to CRR

	Initial	Current	Target	Strategic Objective Affected
Likelihood	2	1	1	Objective 2: To recruit, retain and develop a high performing workforce to deliver high quality
Consequence	4	4	4	care and the wider strategy of the Trust.
Level	8	4	4	

Opened: 01-Apr-11
Closed:

Controls

- Sickness absence policy
- Sickness absence targets set 2012/13
- Occupational Health and Staff Physiotherapy Service (in-house)
- Employee Assistance Programme (independent)
- Health and Wellbeing Programmes

Assurance

- Policy available on Trustnet and reviewed every three years
- KPIs monitored at Board, Finance Committee, TEC, Employee Partnership Forum, Performance Review Meetings
- Occupational Health and staff Physiotherapy Service externally accredited, Health & Wellbeing Programme received national award (2011)
- EAP independent reports received by WSSG (annually)
- Corporate Plan 2012/13 (Strategic Objective 2)

Gaps in Controls

- None known

Gaps in Assurance

- None known

Closure Request?

Action Plan

Due:	Action Description	Progress to Date	Date Completed
	Develop Health & Wellbeing Strategy	Final Draft approved at July 2012 WSSG	31-Jul-12

Principle Risk:

2.6 If roles and responsibilities for leadership and workforce development were unclear, thereby impeding individual, team and corporate performance

Director of Workforce and OD

Link to CRR

	Initial	Current	Target
Likelihood	2	2	1
Consequence	4	4	4
Level	8	6	4

Strategic Objective Affected

Objective 2: To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust.

Opened: 01-Apr-12
Closed:

Controls

- Foundation Trust constitution
- Organisational structure
- Governance structure
- Employment policies clarify leadership and workforce roles and responsibilities
- Leadership and management commitment framework
- Key Workforce Performance Indicators set for 2012/13

Assurance

- Council of Governors meetings where Board is held to account
- Board structure reviewed by Council of Governors (NAC)
- Organisational structure reviewed by the Board (NAC)
- Governance and committee structure (Board, TEC, WSSG, EPF)
- Employment policies available on Trustnet and reviewed with EPF & WSSG (three yearly)
- Leadership Development Directory
- Balanced scorecard quadrant 2 presented by Director of Workforce & Organisational Development (Board) and Divisional management teams (Performance review meetings)

Gaps in Controls

- None known

Gaps in Assurance

- None known

Closure Request?

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01-Sep-12	Review operational structure	In progress- on going	
01-Oct-12	Clarify accountability framework	In progress- on going	

Principle Risk:

3.1 If the Trust does not fix the emergency pathway this will limit the Trust's ability to safely care for emergency patients, grow elective work and will damage the Trust's reputation and potentially impact on the Trust's strategic ambitions

Deputy Chief Executive

Link to CRR: CRR 1072/1128

	Initial	Current	Target
Likelihood	4	3	2
Consequence	4	4	4
Level	16	12	8

Strategic Objective Affected

Objective 1: To achieve the highest possible quality of care and treatment for our patients, in terms of outcome, safety and experience.

Opened: 01-Apr-12
Closed:

Controls

- Escalation Policy and procedures in place
- New medical model for emergency care pathways is under development
- Stage 1 of bed reprofiling is complete
- Daily capacity meetings
- Partial implementation of RealTime

Assurance

- Monthly Strategic Delivery committee -last meeting August 2012
- Demand and capacity project team
- Complaints and Incidents- trends tracked and reported
- Dashboards with clinical data showing trends
- ECIST
- Daily A&E reports

Gaps in Controls

- New medical model for emergency care pathway to be fully implemented
- Inconsistency in service delivery due to partial implementation of emergency care pathway and bed remodelling
- Full implementation of RealTime

Gaps in Assurance

- ECIST reports identify work to be completed both internally and whole system
- RealTime- full potential of the system yet to be realised

Closure Request?

[Enter details of closure request]

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01-Sep-12	Complete implementation of nursing establishments	Completed	
01-Aug-12	Finalise PMO plan and Sign off at Strategic Delivery Committee	Completed	
01-Oct-12	Implement 24/7 workforce plan		
TBA	Develop and implement whole system action plan arising from ECIST review		
01-Oct-12	Complete ECIST action plan and implement new medical model	Action plan developed. Consultation completed	15-Aug-12
01-Jul-12	Complete planned ward moves and rebalancing of bed base	Ward moves currently underway. Phase 1 complete	
01-Dec-12	Three year capacity and activity plans to be reviewed with divisions as part of the next main planning round	Not yet due.	
01-Aug-12	Refresh Escalation Policy	Site Capacity Management plan updated- approved at TEC	27-Jul-12
01-Feb-13	Widen the remit of RealTime		

Principle Risk:

3.2 If the Trust does not have all clinical and managerial leaders in the organisation aligned in a way that supports the delivery of its strategic objectives. Particularly for the development of Epsom integration and for key acute specialities where competitors innovate, strategically position and undermine clinical services at ASPH.

Medical Director

Link to CRR

	Initial	Current	Target	Core Aims Affected
Likelihood	3	3	2	Objective 3 : To deliver the Trust's clinical strategy of joined up healthcare
Consequence	3	3	3	
Level	9	9	6	

Opened: 01-Apr-12
Closed:

Controls

- Clinical Strategy Programme Board supported by PMO
- Clinical Pathways Group for Epsom Transaction
- Clinical Strategy Programme Manager
- Vascular Project Team
- Business Planning Processes top down and bottom up
- 5 Year Business plan
- Market intelligence information

Assurance

- High level Programme progress tracker reviewed by Clinical Strategy Programme Board on 29th August 2012
- Programme report to Strategic Delivery Committee - August 12
- Vascular Services Business case approved by TEC in August 12
- Quarterly reports to board on progress on Business plan (July 12)
- Staff survey results

Gaps in Controls

- Not all Clinical Divisions represented at Programme Board
- Documented specialty level strategies

CAMOR workstream 2 Divisional structures to be complete

Gaps in Assurance

- Outline project plans for full Programme of work
- Results of staff survey

Closure Request?

[Enter details of closure request]

Action Plan

Due:	Action Description	Progress to Date	Date Completed
29-Sep-12	Document Year 2 of the Regional Bariatric Plan	Updated position to be reported at the September Clinical Strategy Programme Board	
31 Sept 12	Draft outline Urology Strategy	Outline document in draft form, reviewed to second edition by Division	
30-Sep-12	Outline Colorectal Strategy	Summary work plan to be reviewed at September Clinical Strategy Programme Board	
31-Mar-13	Implement the Urology Strategy	On track for March implementation.	
31-Mar-13	Implement year 2 of the business plan for regional bariatric services	On track for March implementation.	
24-Aug-12	Developmental TEC on Epsom clinical strategy / structure	August Developmental TEC	24-Aug-12
Ongoing	SLR programme for Specialty Leads	Ongoing educational programme	
01-Sep-12	Implement team development programmes at levels 2 and 3	Team ASPH - Beyond Good to Great launch	24 July & 25 Sept
TBA	Agree structure post Epsom transaction		
01-Oct-12	Implement level 4 structure and align team development programme	In progress	

Principle Risk:

3.3 If the Trust does not establish key relationships through an active partnership strategy with GP commissioners, Specialist Commissioners, networks, provider organisations, social care etc, this could lead to significant loss of market share by not implementing joined up integrated health care.

Medical Director

Link to CRR

	Initial	Current	Target	Core Aims Affected
Likelihood	3	3	2	Objective 3 : To deliver the Trust's clinical strategy of joined up healthcare
Consequence	4	3	3	
Level	12	9	6	

Opened: 01-Apr-12
Closed:

Controls

- Strategy Committee (Board sub committee) to develop and review plans
- Appointment of Director with responsibility for special projects
- Active participation in NWS transformation Board
- Plan in place to build integrated services with GPs based on establishing trusted relationship
- Business Development team in place which has lead responsibility for day to day relationship management includes a GP liaison manager
- Medical Director leading strategy group supported by PMO
- Directory of Service (Ashford) published
- Formal partnership agreement with VirginCare

Assurance

- Marketing report to Board and TEC
- Trust Balanced scorecard
- Feedback from Exec - Exec meetings.
- Quarterly reporting on achievement against core strategic objectives (Board July 12)
- Business Development strategy reviewed by Board in November 2011

Gaps in Controls

- Full implementation of "joined up healthcare" plan
- Development plan for the creation of shared models of care
- In some cases lack of trust between GP practices and Trust on commercial practices
- Training for operational managers in managing relationships

Gaps in Assurance

- None known

Closure Request?

Action Plan

Due:	Action Description	Progress to Date	Date Completed
March 13	Training for operational managers in managing relationships	Identification of training providers completed- next step is selection	
March 13	Development of two shared care pathways	Stable Glaucoma and MSK pathways in development	
October 12	Implementation plan to increase Hounslow GPs use of Ashford	Directory of Services for Ashford published and Open evening planned for September	
December 12	Identify and agree next steps re "Joined up healthcare"		

Principle Risk:

3.4 If the Trust does not provide high quality, innovative services that exploit modern technology and ideas, easy/fast to access services then GPs and specialist commissioners will potentially recommend alternative services

Medical Director

Link to CRR

	Initial	Current	Target	Core Aims Affected
Likelihood	4	4	2	Objective 3 : To deliver the Trust's clinical strategy of joined up healthcare
Consequence	4	3	3	
Level	16	12	6	

Opened: 01-Apr-12
Closed:

Controls

- Strategy Committee to develop and review innovation plans
- Business Development team in place supporting developments across the Trust
- Chief Executive Innovation Fund
- Clear strategy for Tertiary/Complex services - Bariatric & Vascular
- IT department with clear vision in how technology can be used to improve services
- Monitoring of access times through performance management process

Assurance

- Business Cases
- Review of expenditure of Innovation fund
- Regular review of waiting times by specialty
- Growth in activity & market share for Tertiary/Complex services - Balanced Scorecard
- Usage by GPs of our Information systems & correlation to market share

Gaps in Controls

- Three year strategic plan that identifies goals at speciality level
- Plan to reduce waiting times to below national target levels
- Clear strategy for Tertiary/Complex services - Paediatrics/Neonates and Cardiology
- GP Information action plan not yet in place

Gaps in Assurance

- Specific Board level reporting on innovation
- Service Innovation Plan showing how technology/new ideas will be exploited to modernise services.

Closure Request?

[Enter details of closure request]

Action Plan

Due:	Action Description	Progress to Date	Date Completed
December 12	Development of three year strategic plan at speciality level	Guidance for Divisions being developed	
December 12	Specialties to produce Innovation plans as part of business planning process	Guidance for Divisions being developed	
March 13	Reduction in Waiting Times Initiative to be launched	Key areas being identified	
October 12	GP information Interest Group to be set up with ToR to consult on strategy	GPs with interest in information being identified	
March 13	Flagship services plans to be made broader through strategy group	Medical Director strategy group initiated	
December 12	Include indicators on innovation within the Board marketing report		

Principle Risk:

3.5 If the Trust does not exploit the benefits of working with partners (e.g. Epsom partners, Virgin etc) at both financial and service levels, then there is the potential that in the long term the Trust will be strategically out- manoeuvred by competitor organisations.

Medical Director

	Initial	Current	Target
Likelihood	4	3	2
Consequence	4	4	3
Level	16	12	6

Core Aims Affected

Objective 3 : To deliver the Trust's clinical strategy of joined up healthcare

Link to CRR

Opened: 01-Apr-12
Closed:

Controls

- Strategy Committee which is a sub group of the Board to develop and review plans
- Business Development team in place to support this work across the Trust
- Special Projects Director in post to support the partnership working with Epsom
- Partnership Board in place with Virgin/SCH
- Medical Director leading strategy group supported by PMO
- Leadership by CEO in a number of the most significant projects
- Medical Director project with Ambulance service

Assurance

- Marketing report to Board and TEC
- Business to the Board/TEC on key issues
- Reporting on progress of partnership with Virgin
- Epsom project plan

Gaps in Controls

- Partnership plan (non Epsom)
- Income generation/Marketing Plan drafted but need owners agreed for actions
- Long term strategic plan that focuses on significant opportunities
- Speciality level partnership planning

Gaps in Assurance

- Board level reporting on benefits of partnerships

Closure Request?

Action Plan

Due:	Action Description	Progress to Date	Date Completed
December 12	Partnership plan	TEC development session being planned	
Autumn 12	Income generation/Marketing plan to be reviewed by TEC	In the process of being developed with actions	
December 12	Development of three year strategic plan at speciality level	Guidance for Divisions being developed	
March 13	Training for operational managers in managing relationships	Identification of training providers	

Principle Risk:

4.1 If unexpected changes in the patterns of demand and particularly admissions put pressure on the bed complement / costs and crowd out other service developments. If the relationship between effective capacity, demand & efficiency is not aligned this may negatively impact on the patient experience and financial performance.

Deputy Chief Executive

Link to CRR:CRR 1128/1215

	Initial	Current	Target
Likelihood	3	3	3
Consequence	4	4	3
Level	12	12	9

Strategic Objective Affected

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework.

Opened: 01-Apr-11
Closed:

Controls

- KPIs on LOS, admissions, discharges etc. weekly and monthly
- Clear demand and capacity plan
- Escalation Policy in place but being updated
- Weekly length of stay meetings in place
- Escalation processes
- Weekly Trust wide urgent care dashboard
- Daily Information Reporting and Intelligence systems

Assurance

- ECIST working with the Trust on emergency care pathway & progress reported to each Board (last
- Benchmarking data reported via ECIST programme
- Patient survey results reported to Board annually highlighting areas for improvement
- Q1 Emergency access target delivered across all sites.
- Board reporting of KPIs
- Internal unscheduled care programme Board , NWS CCG Unscheduled care programme Board - monthly

Gaps in Controls

- Real Time Bed Management System phase 2 underway - this will support real time bed management before the winter
- Ward/consultant level urgent care dashboards to be delivered.
- Future demand and capacity plans to be reviewed.

Gaps in Assurance

- None known

Closure Request?

N/A

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01-Oct-12	Complete ECIST action plan and implement new medical model	Action plan developed. Consultation completed Move to implementaion	15-Aug-12
01-Jul-12	Complete planned ward moves and rebalancing of bed base	Ward moves currently underway. Phase 1 complete	
01-Dec-12	Three year capacity and activity plans to be reviewed with divisions as part of the next main planning round	Not yet due.	
01-Aug-12	Refresh Escalation Policy	Site Capacity Management plan updated- approved at TEC	27-Jul-12
01-Feb-13	Widen the remit of RealTime		

Principle Risk:

4.2 If ASPH fails to deliver the clinical quality incentives, fails to deliver the performance standards, or fails to respond to the admission thresholds and readmission caps within the 2012/13 contract and under recovers income

Chief Nurse/Medical Director

Link to CRR:CRR 764/1129/832

	Initial	Current	Target
Likelihood	4	4	2
Consequence	4	4	3
Level	16	16	6

Strategic Objective Affected

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework.

Opened: 01-Apr-12
Closed:

Controls

- Service planning processes in place with clear targets
- Clear internal Performance Review Framework
- Clear articulation of internal programme of work via PMO.
- Monthly contract KPI monitoring
- CQUIN project managed through PMO with Executive Director leads

Assurance

- Balanced scorecard KPIs
- Divisional Performance Review Meetings.
- Monthly income reports to Finance Committee and Board

Gaps in Controls

- Monthly process for clinical review of clinical performance metrics to be strengthened.
- finalise readmission threshold with PCT

Gaps in Assurance

- Contract KPIs performance to be reported to Finance Committee quarterly.

Closure Request?

N/A

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01-Jul-12	All supporting data to be provided from Q1 onwards		Completed
01-Oct-12	Contract KPIs performance to be reported to Finance Committee quarterly.		
01-Oct-12	Finalise readmission threshold with PCT		

Principle Risk:

4.3 If the Trust's efficiency programme is insufficiently supported by process changes and fails to deliver, the Trust will be unable to achieve year on year savings and maintain its FRR of 3+ over the longer term.

Director of Finance and Information

Link to CRR

	Initial	Current	Target
Likelihood	4	3	2
Consequence	4	4	4
Level	16	12	8

Strategic Objective Affected

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework.

Opened:

Closed:

Controls

- Strong Programme management approach with clear governance arrangements and tracking
- Assistant Director of Productivity and Efficiency
- Fortnightly CIP meetings with Divisional and Directorates

Assurance

- Monthly PMO reporting to Finance Committee.
- Monthly Board report. July position shows CIP of £11m of £12m currently on track to be delivered
- Quarterly efficiency reports to Finance committee

Gaps in Controls

- Need to move from transactional approach to longer term, transformational approach

Gaps in Assurance

- The sustainability of changes remains of concern.

Closure Request?

N/A

Action Plan

Due:	Action Description	Progress to Date	Date Completed
26-Jun-12	2012/13 CIP recovery plan to be put to Finance Committee and Trust Board.	Action completed	26-Jun-12
01-Aug-12	Finalise transformational approach	Initial workshop held -completed	29-Jun-12
01-Oct-12	Build transformational approach into 13/14- 16/17 Business planning cycle		

Principle Risk:

4.4 If ASPH fails to deliver 2012/13 CIPs to the level required and/or allows pay and non-pay expenditure to exceed budget without a compensating increase in income. If the productivity agenda inadvertently undermines quality objectives

Director of Finance and Information

Link to CRR: CRR 1208

	Initial	Current	Target
Likelihood	4	3	2
Consequence	4	4	4
Level	16	12	8

Strategic Objective Affected

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework.

Opened: 01-Apr-11
Closed:

Controls

- Monthly Directorate and Divisional performance reviews look at workforce, activity, finance and Trust's quality framework
- Planned programme of LOS reductions which is regularly reviewed with Directorates
- Other delivery metrics i.e. theatre utilisation, weekly bank and agency usage reports
- Major Productive schemes identify patients experience objectives as well as productivity objectives and monitor any adverse impacts during implementation.

Assurance

- TEC review of business cases and quality impact reports
- Board performance and PMO delivery / impact reports
- Strategic Delivery Committee
- Performance Review meetings
- Internal and external audit reports

Gaps in Controls

- Non-pay overspending
- The filling of vacancies on a timely basis

Gaps in Assurance

- Current forecast shows CIP slippage that needs correction.

Closure Request?

N/A

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01-Oct-12	Review of non pay budgets and pressures	Financial pressures being validated within Endoscopy	
8/2012	Review of vacancy / recruitment processes	Process of review between HR and Divisions	
9/2012	Retirement planning exercise to be undertaken	Data collated and distributed for local review	

Principle Risk:

4.5 If the contribution from individual divisions and service lines is less than required to deliver the EBITDA margin for ASPH as a whole. If ASPH cross-subsidises uneconomic service lines with the financial contribution of unrelated service lines.
If ASPH service delivery is inefficient when compared to similar services elsewhere.

Director of Finance and Information

Link to CRR: CRR 1208

	Initial	Current	Target
Likelihood	3	3	2
Consequence	4	4	3
Level	12	12	6

Strategic Objective Affected

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework.

Opened: 01-Apr-12
Closed:

Controls

- Programme management in place with Project lead
- Financial accountant to support development of financial benchmarking
- SLR information reported quarterly

Assurance

- 11/12 SLR board reports provided quarterly (see June 12 Board report)
- TEC reporting (see June 12 TEC report)
- SLR divisional programme
- Q1 12/13 SLR report to Finance committee August 2012

Gaps in Controls

- Validation of supporting data requires strengthening
- Full clinical engagement still required across all divisions
- Further staff training required.
- Move to more regular SLR reporting

Gaps in Assurance

- Service line strategies covering all divisions for the next three years to be generated via next planning

Closure Request?

N/A

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01-Oct-12	SLR roll out action plan to be developed.	Reprogramming of Qlickview to support roll out programme is underway	
01-Dec-12	Service line strategies to be developed.	Not yet due	

Principle Risk:

4.6 If insufficient focus on collaboration and competition means the Trust is unable to achieve the desired growth in a reducing market. If divisions fail to develop their opportunities to grow markets outside current catchment areas, to defend encroachment from competitors or to develop new service delivery methods

Director of Finance and Information

Link to CRR

	Initial	Current	Target
Likelihood	3	3	2
Consequence	3	3	3
Level	9	9	6

Strategic Objective Affected

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework.

Opened: 01-Apr-12
Closed:

Controls

- Marketing strategy & Business Plan for 2012/13
- Quarterly monitoring of market shares
- GP liaison services
- Business case development

Assurance

- Quarterly Market report to TEC and Board
- Business cases reviewed at TEC- Vascular went to August 2012 TEC

Gaps in Controls

- TEC agreed to focus on Woking at their July meeting

Gaps in Assurance

- None known

Closure Request?

N/A

Action Plan

Due:	Action Description	Progress to Date	Date Completed
27-Jul-12	TEC to undertake deep- dive into Woking activity	Presented at July TEC. Action plan being developed	

Principle Risk:

4.7 If financial or service pressures on third party providers of health and social care cause operational difficulties and increased costs at ASPH e.g. increased DTOC, social services support

Deputy Chief Executive

Link to CRR

	Initial	Current	Target
Likelihood	3	4	3
Consequence	4	4	3
Level	12	16	9

Strategic Objective Affected

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework.

Opened: 01-Apr-11
Closed:

Controls

- NW Surrey Unplanned Care Board
- Daily teleconference on delayed discharges.
- Weekly capacity meetings
- NW Surrey CQUINS planning
- Monitoring and reporting of delayed Transfers

Assurance

- Monitoring and reporting of delayed Transfers to PCT and SHA
- Initial meetings between EDs and third parties has resulted in agreed list of early priorities
- ECIST - internal and whole system review
- NW Surrey Unplanned care network includes GPs
- Monthly strategic meetings with Virgin Care
- Established approach to joint planning for peak times

Gaps in Controls

- No system wide dashboard
- No visibility of contracted levels and activity levels of other providers
- Whole system work plan to be agreed

Gaps in Assurance

- None known

Closure Request?

N/A

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01-Oct-12	Agree next steps following whole system diagnostic		
01-Oct-12	Weekly length of stay meetings being introduced	launched in August 2012	
01-Oct-12	Ready to Go discharge project	Launched 24/08/12	

Principle Risk:

4.8 If NHS Surrey suffers unexpected financial pressures and seeks to enforce the levers within the 2012/13 contract more aggressively than expected

Director of Finance and Information

Link to CRR: CRR 832

	Initial	Current	Target
Likelihood	3	4	2
Consequence	4	4	4
Level	12	16	8

Strategic Objective Affected

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework.

Opened: 01-Apr-11
Closed:

Controls

- Focus on NW Surrey Locality relationships
- Signed contract in place with monitoring arrangements
- Activity profiled across year

Assurance

- Monthly contractual close down and agreement processes.
- Contractual escalation arrangements will be used as required.
- Activity reporting via Board and Finance Committee reports.
- PCT notification of issues or performance concerns are reported to the Board as required.

Gaps in Controls

- Confidence in PCT QIIP programmes to deliver fully the expected activity reductions
- Actions to reduce continued over performance

Gaps in Assurance

- PCT highlighting commissioning risk for 12/13

Closure Request?

N/A

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01-Oct-12	Corrective actions to be reviewed via contract monitoring meetings	Ongoing	

Principle Risk:

5.1 Insufficient or delayed transitional funding due to ;
- **Delays in the regulatory and NHS approval processes (CCP, Monitor, Final Business Case, Transitional Funding)**
- **Incorrect ASPH financial planning assumptions.**
- **Source of funding not clarified and confirmed**
- **Key stakeholders believe different planning numbers as sensible for basis of funding**

Integration Director

Link to CRR

	Initial	Current	Target	Strategic Objective Affected
Likelihood	3	3	2	Objective 5: To achieve successful integration with Epsom General Hospital, as a trust
Consequence	5	4	4	delivering care from three sites
Level	15	12	8	

Opened: 01-Apr-12
Closed:

Controls

- FBC process plan timeline
- ASPH Financial baseline plan struck 18th April 2012 and reflected in Heads of Terms
- Monitor reapplication with new IBP

Assurance

- External Financial review by Deloitte - draft report delivered 22/08/12
- External McKinsey review of CCG commissioning intentions by SHA South
- Revision to ASPH Financial planning starts 06/08/12

Gaps in Controls

- None

Gaps in Assurance

- Deloitte review identified issues which are to be reviewed and clarified through remodelling

Closure Request?

[Enter details of closure request]

Action Plan

Due:	Action Description	Progress to Date	Date Completed
	More detailed plan required around Monitor/FBC/Funding agreement links	Draft 1 of Plan completed. To be reviewed by 30/09/12	
15-Sep-12	Clarification of questions arising from Deloitte Financial review		
15-Sep-12	Trust finan		
15-Sep-12	Consider o		

Principle Risk:

5.2 Level of Epsom actual financial performance that means delivery of sustainable financial performance (i.e. without transitional funding support)
- **Stretches beyond 2017/18 so makes practicality of sustainable delivery too great**
- **Requires funding support beyond DoH affordability**

Integration Director

Link to CRR

	Initial	Current	Target	Strategic Objective Affected
Likelihood	3	3	2	Objective 5 :To achieve successful integration with Epsom General Hospital, as a Trust
Consequence	4	4	4	delivering care from three hospital sites
Level	12	12	8	

Opened: 01-Apr-12
Closed:

Controls

- Monthly delivery of Epsom actual performance information
- Finance and Commercials dedicated work group established
- HR and Organisation Design Group agreed process and principles

Assurance

- Monthly reports linked to 18th April baseline plan to confirm overall viability
- External Financial review by Deloitte completed and indicates Epsom and St Helier on track to deliver agreed planned deficit
- Finance Committee reports (22 August 12)
- Transaction Board

Gaps in Controls

- Headcount link to Financials for Epsom clearer but not finished

Gaps in Assurance

- Formal commitment from NHS London to support any shortfall re Epsom and St Helier projected financial position

Closure Request?

[Enter details of closure request]

Action Plan

Due:	Action Description	Progress to Date	Date Completed
	HR and Organisation Design Group agreed process and principles	Results of headcount base lining due in time for 06/08/12 financial plan input	completed
15-Oct-12	Finalise and agree position on head count		

Principle Risk:

5.3 If operational performance around quality of patient care across EASPH is compromised (compared to national and local standards) because of the scale of the integration process, resources needed and relative executive and senior leadership focus required.

Integration Director

Link to CRR:CRR 1129

	Initial	Current	Target
Likelihood	3	2	2
Consequence	5	4	4
Level	15	8	8

Strategic Objective Affected

Objective 5 :To achieve successful integration with Epsom General Hospital, as a Trust delivering care from three hospital sites

Opened: 01-Apr-12
Closed:

Controls

- Daily and weekly operational performance information being monitored
- Consistent improvement in operational delivery

Assurance

- Results for Q1 show ASPH now back to 95% standard
- ECIST external group directly supporting programme of work
- CQC sign off on action plan from Review of Compliance (May 12)
- Board and operational reports
- Monitor Green/Green rating for ASPH Q1

Gaps in Controls

- Medical model requires changing to help ensure sustainability of performance- now agreed and to

Gaps in Assurance

- CQC Outcome 21- further work to comply
- PWC Annual Plan Review Stage 2 to be completed

Closure Request?

[Enter details of closure request]

Action Plan

Due:	Action Description	Progress to Date	Date Completed
	Dedicated project around Calm, Ordered Care looking to implement revised model	Achievement of target in Q1	
01-Nov-12	Review and scrutinise number and scope of priorities		
01-Oct-12	Implement Emergency care pathway changes	Consultation complete	
01-Nov-12	Complete CQC action plan on Outcome 21	Action plan agreed	

Principle Risk:

5.4 If operational performance at ASPH around the emergency pathway is not recovered and sustained by September 2012 i.e. well before the formal integration with Epsom concludes

Integration Director

Link to CRR: CRR 1215/764

	Initial	Current	Target
Likelihood	3	2	2
Consequence	4	4	4
Level	12	8	8

Strategic Objective Affected

Objective 5 :To achieve successful integration with Epsom General Hospital, as a Trust delivering care from three hospital sites

Opened: 01-Apr-12
Closed:

Controls

- Weekly and monthly scorecard performance review by ASPH executives
- Resources available to meet Epsom work programme

Assurance

- Performance results meet targeted standards
- All resource needs debated and met in timely manner
- Board reports
- Divisional performance management regime

Gaps in Controls

- Current administrative support resource being reviewed by ASPH executive team

Gaps in Assurance

- Current work group plans still need refining in terms of detail

Closure Request?

[Enter details of closure request]

Action Plan

Due:	Action Description	Progress to Date	Date Completed
	Establish resources needed	Under review by ASPH executive	
01-Oct-12	Implement Emergency care pathway changes	Consultation complete	

Principle Risk:

5.5 ASPH CQC concerns raised in December 2011 are not resolved sustainably and result in
• the approvals process being delayed
• Key resources required to deliver integration from being compromised though the need to focus on resolving on-going CQC concerns

Integration Director

Link to CRR: CRR 1037/1217

	Initial	Current	Target
Likelihood	4	3	2
Consequence	4	4	4
Level	16	12	8

Strategic Objective Affected

Objective 5 :To achieve successful integration with Epsom General Hospital, as a Trust delivering care from three hospital sites

Opened: 01-Apr-12
Closed:

Controls

- Project plan for recovering to established standards defined November 2011
- Health Assure/ CQC QRP/Audit in practice

Assurance

- CQC revisit June 2012
- Monitor Green/Green rating for ASPH Q1
- Board Reports
- IGAC review
- Complaints and Incident trends

Gaps in Controls

- CQC revisit in June 2012 raised one moderate concern around documentation (Outcome 21)

Gaps in Assurance

- Internal revalidation of work underway to improve documentation challenge

Closure Request?

[Enter details of closure request]

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01-Nov-12	Complete CQC action plan on Outcome 21	Action plan agreed	

Principle Risk:

5.6 If ASPH financial performance falls behind plan and requires recovery action that dilutes resource and focus from EASPH integration. This will also threaten the proposed level of funding to support a surplus from the new Trust to plan for an FRR of 4.

Integration Director

Link to CRR: CRR 1208

	Initial	Current	Target
Likelihood	3	3	2
Consequence	4	4	4
Level	12	12	8

Strategic Objective Affected

Objective 5 :To achieve successful integration with Epsom General Hospital, as a Trust delivering care from three hospital sites

Opened: 01-Apr-12
Closed:

Controls

- Activity income billed appropriately
- Costs for pay and non pay meet budgeted numbers

Assurance

- Monthly recurrent financial performance
- Monthly around CIP achievement
- July 12 FRR 4
- Finance committee (August 12)

Gaps in Controls

- Q1 performance includes significant over performance- in negotiation with PCT
- CIP slightly behind plan

Gaps in Assurance

- Response from Surrey PCT awaited regarding affordability which is significantly beyond Surrey PCT plan

Closure Request?

[Enter details of closure request]

Action Plan

Due:	Action Description	Progress to Date	Date Completed
01-Oct-12	PCT discussion needed about over performance levels Progress CIP delivery	Q1 review with PCT to be finalised	

Principle Risk:

5.7.If there is a failure to align major stakeholders and residents to the vision and execution plans for the new organisation resulting in;
- **a negative impact on the Epsom and ASPH's brand and reputation**
- **delay in approval processes**
- **weakened relationships with proposed clinical partners**

Integration Director

Link to CRR

	Initial	Current	Target	Strategic Objective Affected
Likelihood	3	3	2	Objective 5 :To achieve successful integration with Epsom General Hospital, as a Trust delivering care from three hospital sites
Consequence	4	4	4	
Level	12	12	8	

Opened: 01-Apr-12
Closed:

Controls

- Communications work group covering both Epsom and ASPH external stakeholder management
- HR work group programme for new organisation and staff engagement
- Stakeholder engagement plan
- Epsom leaders (including clinicians) involved in transaction work groups

Assurance

- Feedback from external stakeholders positive so far
- Local stakeholder Representative panel established
- Clinical Reference Group
- Council of Governors

Gaps in Controls

- Intentions around commissioning from CCGs

Gaps in Assurance

- Independent McKinsey review carried out by NHS South

Closure Request?

[Enter details of closure request]

Action Plan

Due:	Action Description	Progress to Date	Date Completed
10-Sep-12	Independent commissioning review	Review complete and to be consider by Trust 24/08/12	
13-Sep-12	Start to meet with Clinical Commissioning Groups to ensure they are aligned to the vision		

Principle Risk:

5.8 If the Integration programme across ASPH/Epsom is not managed properly or resourced satisfactorily resulting in negative impact on ASPH

Integration Director

Link to CRR

	Initial	Current	Target
Likelihood	3	2	2
Consequence	5	4	4
Level	15	8	8

Strategic Objective Affected

Objective 5 :To achieve successful integration with Epsom General Hospital, as a Trust delivering care from three hospital sites

Opened: 01-Apr-12
Closed:

Controls

- FBC process plan timeline
- ASPH Financial baseline plan struck 18th April 2012 and reflected in Heads of Terms
- Monitor reapplication with new IBP
- Clear project structure and reporting routes

Assurance

- External Financial review by Deloitte
- External McKinsey review of CCG commissioning intentions by SHA South
- Revision to ASPH Financial planning starts 06/08/12
- Transaction Board and Steering group
- Epsom Implementation group
- Board Strategy committee

Gaps in Controls

- None

Gaps in Assurance

- None known

Closure Request?

[Enter details of closure request]

Action Plan

Due:	Action Description	Progress to Date	Date Completed
	More detailed plan required around Monitor/FBC/Funding agreement links	Plan detail finalised 31/07/12 and now to be revised	
01-Oct-12	Assess capacity to analyse and resolve Deloitte issues		