

Principal Risks	Sub risks	Risk Lead	Key Controls	Assurances on controls	Date due	Board update				
						Assurance Committee	Assurance received date	Positive Assurances	Negative Assurances / Gaps in Control	Gaps in Assurance
<b>Principal Objective A: Financial Strength: We will develop &amp; deliver robust plans that generate surpluses to invest in quality</b>										
1 Failure to deliver financial surplus resulting in trust not being a viable service provider	<b>i) Inability to deliver CIP programme</b>	COO CRR 19	<ul style="list-style-type: none"> <li>Clear programme management approach working with PWC</li> <li>Performance meetings</li> <li>Financial reporting and review</li> <li>Quality Impact Assessments</li> <li>CIP improvement monitoring &amp; challenging progress through HEC</li> </ul>	Finance reports	monthly	F&P	May 2012			
				SLR reporting	monthly					CIP QIAs not reported to Board
				PMO report	monthly					
				HEC /F&P review of CIP	monthly				Lack of formal accountability framework	
				Performance Meetings	Monthly					
				Internal Audit	scheduled					
				External Audit	scheduled					
				Management Letter	scheduled					
	<b>ii) Income loss from QIPP programmes understated</b>	FD CRR 557	More information needed	QIPP programme board	tba	F&P				LHE QIPP not routinely reported to Board
	<b>iii) Failure to deliver sustainable balanced I&amp;E and cash surplus</b>	FD CRR 18	<ul style="list-style-type: none"> <li>Control of non pay spend with budgetary control system with authorised signatories &amp; spending limits to control spending</li> <li>Control of pay spend with department budgets with pay allocations &amp; monthly reports to budget holders</li> </ul>	Finance reports	monthly	F&P	May 2012	M1 Finance Report		
			SLR reports							
			Internal Audit							
			External Audit							
	<b>iv) Failure to generate commercial income</b>	DBE CRR 558	<ul style="list-style-type: none"> <li>Market assessment</li> <li>IBP</li> <li>GP Liaison process with GP Liaison Manager in post</li> </ul>			F&P			No Strategy re Private Patients	
									No Strategy re Shared Services	
									No agreed CSSD Plan	

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<b>Principal Objective B: Patients, GPs and Commissioners: We will insist that we deliver the best service to our patients, GPs and Commissioners</b>										
2 Unable to adapt to <b>innovate and integrate</b> patient pathways across health economy	<b>v) Loss of patients to our competitors</b>	DBE  CRR 559	<ul style="list-style-type: none"> <li>Annual Business plan</li> <li>Established mechanisms for GP liaison</li> </ul>	Strategic Performance Report	monthly	F&P	May 12	Month 1 SPR GP satisfaction scores	Marketing strategy not developed	
	<b>vi) Lack of agreed Health Economy System Plan</b>	CEO  CRR 413	<ul style="list-style-type: none"> <li>Regular meetings at Cluster level.</li> </ul>			TB				
	<b>vi) Failure to grasp opportunities for greater integration between secondary and primary care</b>	CEO  CRR 560	<ul style="list-style-type: none"> <li>Close working with primary care with 19 pathway projects</li> <li>Weekly transformation team meeting with primary care involvement</li> <li>Trust strategic objectives and annual plan</li> <li>Clinical Services Strategy</li> <li>Telehealth programme</li> <li>Care pathways programme</li> </ul>	CEO updates to Board	Monthly	TB		Telehealth strategy not developed	No routine Board updates on pathway and transformation progress	

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<b>Principal Objective C: Quality and Safety : We will always provide the right care for our patients and ensure that they suffer no harm</b>											
3. Unable to sustain improvement in <b>delivery and culture of caring</b>	<b>viii) Failure to sustain and improve patient experience and safe systems resulting in loss of confidence by regulators, commissioners and patients</b>	DQS  CRR 415	<ul style="list-style-type: none"> <li>Recorded care assessments</li> <li>Clinical / nursing guidelines &amp; policies</li> <li>Quality Strategy</li> <li>Incident reporting with investigation and monitoring of actions</li> <li>Executive Patient Safety Walkabouts to review care and discuss staff concerns</li> <li>Mortality reviews</li> <li>Quality Governance Framework</li> </ul>	<b>Quality</b>	monthly	Q&S					
				Health Allocate reports							
				Strategic Performance Report							
				Reports to Q&S & Board							
				CQC QRP				April 2012	QRP – no red outcomes		
				CQC reviews				May 2012	CQC follow up review of PRH		
				Third Party review of Quality Governance Framework (QGF)							
				<b>Safety</b>							
				Ward assurance reports				May 2012	PMR - never events 0		
				Clinical Audit quarterly updates							
				NHSLA assessments				Dec 11 Feb 12	NHSLA level 1 CNST level 2 (maternity)		
				<b>Patient Experience</b>							
				Patient surveys							
net promoter results											
NHS choices											

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	<b>ix) Failure to balance efficiency in use of beds with quality of patient care and effectiveness of outcomes</b>	MD CRR 561	<ul style="list-style-type: none"> <li>• Bed bundle</li> <li>• Daily Board Rounds</li> <li>• SQL reports</li> <li>• Weekly Transformation team meetings</li> <li>• Daily bed meetings</li> <li>• Established mechanisms for liaison eg discharge planning</li> <li>• Discharge policy</li> </ul>	Strategic Performance Report	Monthly	Q&S	May 12		Month 1 SPR 27% discharges before midday	
				Single sex breaches PMR	Monthly		May 12	Month 1 PMR		
				Board quality report - Complaints	Monthly				Escalation beds open	
	<b>x) Failure to deliver benefits of reconfiguration in terms of a) capital and b) service outcomes</b>	DoT CRR 412	<ul style="list-style-type: none"> <li>• Full consultation and agreement with stakeholders</li> <li>• Project Board</li> <li>• Detailed project plan with clear milestones and delivery targets to ensure individuals are held responsible for their defined actions</li> <li>• Robust QA process</li> <li>• Regular reports to Trust Board</li> </ul>	The Future This Week bulletin SHA approval scheduled May 2012	weekly	a) F&P b) Q&S		Project on plan		

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<b>Principal Objective C: Quality and Safety : We will always provide the right care for our patients and ensure that they suffer no harm</b>													
4 Failure to deliver national and local targets	xi) Unable to sustain delivery of national standards for access for a) quality and b) performance	a) DQS  b) COO  CRR 11	a) <i>Quality:</i> <ul style="list-style-type: none"> <li>▪ Ward to Board monthly reports</li> <li>▪ pressure sores, SHMI performance and HCAI monthly reports</li> <li>▪ LIPS programme – mortality reduction target</li> <li>▪ Value Stream work</li> <li>▪ STICC reports</li> </ul> b) <i>Performance:</i> <ul style="list-style-type: none"> <li>• Performance Team - ensure corrective actions taken RTT trajectories for each speciality monitored weekly</li> <li>• Weekly PTL report to enable managers to monitor individual patients for RTT</li> <li>• A&amp;E breaches reported as SIs with RCA</li> <li>• Escalation policy to prevent breaches</li> </ul>	Pressure sore numbers	Monthly	a) Q&S	May 2012	Month 1 SPR					
				SHIMI performance	Monthly		Sept 2011	Month 1 PMR HSMR and crude death rate shows significant improvement					
				HCAI performance	Monthly		May 2012	Month 1 PMR					
							RTT achievement	Monthly	b) F&P	May 2012		Month 1 PMR	
							A&E performance	Monthly		May 2012		Month 1 PMR	
							Cancer waiting times	Monthly		May 2012		Month 1 PMR	
							Internal audit	Scheduled					
					xii) Failure to meet goals and timescales of the booking transformation programme (Access)	DoT  CRR 562	<ul style="list-style-type: none"> <li>• SOPs</li> <li>• Staff training</li> <li>• Performance management</li> </ul>	SQL reports	weekly	F&P			
Complaints reports	Monthly												
Internal Audit		May 2012						IA 28.11/12 Finnamore follow-up report					
Clinical Audit													

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<b>Principal Objective D: Learning and Growth: We will develop our internal processes to sustain our ability to change and improve</b>										
5. Failure to ensure management and staff capacity and capability to deliver organisational strategy	<b>xiii) Unable to improve morale and confidence of SaTH staff such that they justifiably say there is nowhere better to be a patient</b>	WD  CRR 423	<ul style="list-style-type: none"> <li>Listening into Action</li> <li>Team Briefings</li> <li>Colour of change workshops</li> <li>Leadership academy</li> </ul>	Workforce reports to HEC and TB	Scheduled	F&P	April 12		National Staff Survey results	
				Strategic Performance Report	Monthly		May 12		Month 1 SPR Sickness rate above target	
				Net promoter question	Oct 12				workforce and OD strategy not in place	
				Chairman's update	Monthly to Board					
				Staff survey	April 12 April 13					
				CQC QRP – local intelligence for outcomes 12 -14	Monthly					
	<b>xiv) Lack of capacity and capability amongst individuals and teams</b>	COO  CRR 416	<ul style="list-style-type: none"> <li>Management Development</li> <li>Executive Coaching Programme</li> <li>Appraisals and PDP</li> <li>Recruitment agencies engaged for CEO and COO appointments</li> </ul>			F&P			No Trust performance accountability framework	
	<b>xv) Lack of information set for managers to deliver agenda – finance, budget/CIP, performance</b>	FD  CRR 418	<ul style="list-style-type: none"> <li>Programme Management Office</li> <li>Performance Meetings</li> </ul>	SLR reports		F&P			IT strategy not in place	Limited information resource

**Appendix 1 Assurance Schedule References**

Report Ref	Report Title	Provider	assurance	date recd	date to Committee	Number of Recommendations by type			Total
						high	med	low	
28.11/12	'PAS Change Management Support Outpatients' Report' – Follow up on actions following Finnermore report	Internal Audit	little progress	March 12	April 12 (AC)	2			2
RGP1-419793707	Review of compliance – PRH. (HealthAssure now in place on Ward 10)	CQC	Compliant	May 12					