

ASSURANCE FRAMEWORK JANUARY 2010- FOR TRUST BOARD

Risk area	RiskOwners	Hazard	Inherent riskvalue	Residual riskvalue	Target Riskvalue	Existing Control Measures	Assurances of Controls	Improvements	Completion Date
1. HIGH QUALITY ACUTE CARE Patient Safety	Colin Ovington	Increased infection rates NEW	20	15	10	Infection control policies	RCAs to PSC and HIPCC	Improve reporting systems for MRSA screening	31/03/2010
						RCA of HAI incidents	reporting on MRSA screening to the Trust board	Faster laboratory turnaround	31/01/2010
						Assessment of competence	Weekly hand hygiene audit reports		
							Report on their inspection of compliance with Hygiene code by the CQC		
1. HIGH QUALITY ACUTE CARE Patient Safety	Ed Neale	Mortality rate reduction not within target	20	15	10	Divisional and Department Mortality review and clinical audit	CHKS; Dr Foster and ERPHO reports	Monitoring the implementation of the VTE policy via trust wide audit	31/03/2010
						PAR team	Patient Safety monthly report to the Trust Board	Improve the reporting of progress with implementing CG 50 and PAR team interventions	31/03/2010
						PAR team in place enabling early detection of the deteriorating patient	Participation in National Audits and Confidential Enquiries		
						VTE policy approved and disseminated			
1. HIGH QUALITY ACUTE CARE Patient Safety	Ed Neale Colin Ovington	Increased Length of stay due to adverse events	15	12	6	Risk assessment tools	Patient Safety Report monthly	Patient Safety Coordinator to report progress on work streams	31/03/2010
						Training and clinical updates	External bodies' CQC, SHA Visits and associated reports	Productive ward reports on improved patient care to be reported to IPEC	31/03/2010
						Competencies assessed	Mattress audit reports	Improve confidence in reporting figures	31/03/2010
						Physical interventions -	Pharmacist	Increase the number of low	31/03/2010

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						equipment availability	intervention reports	profiling beds	
						Productive ward initiative	Pressure sores reports in PS report	Improve systematic reporting on pressure sores incidence	31/03/2010
							Productive ward information		
2.LEADING EDGE SUPPORT SERVICES	Alan Warren	Non compliant HSSD facility	25	15	1	Air monitoring	CQC hygiene code registration without conditions	Implementation of On-site option	01/04/2011
						HSSD audit systems in place	SHA approval for outline business case		
						Adequate resourcing of maintenance regime			
						External audit undertaken by AVM of HSSD on annual basis			
						Updated CQC of project status			
						Business case approved, contract to be let			
2.LEADING EDGE SUPPORT SERVICES	Jean O'Callaghan	Lack of leadership and drive for the IT strategy	16	12	6	CIO on EMG		To improve gap in assurance, IM&T Strategy Group and Programme Board to ensure upward reports to Governance Committee	31/03/2010
						IM&T Programme Board			
2.LEADING EDGE SUPPORT SERVICES	Alan Warren	Inadequate IT infrastructure	25	20	10	Back -up all core systems	Internal Audit Review of IT infrastructure (jan	Improvements to Pathology computer systems included in tender bids	30/09/2010

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							2010)		
						Antivirus software	ITIL assessment process	Commission new server room	31/03/2010
						Monitoring of server rooms		Move at risk systems to more robust environment	31/03/2010
						Disaster recovery arrangements in place and tested			
						Capital investment			
						New server room under construction			
3. HIGH QUALITY ACUTE CARE Improved performance	Lisa Hunt	Non delivery of national indicators and the SLA	16	12	8	Clinical service plans	Reports from Pandemic flu committee	Implementation of action plans when any indicator is off track	asap
					Balanced scorecard reports	IA review of performance management- Adequate assurance- Sept 09			
					Business continuity plans				
					Scenario planning				
3. HIGH QUALITY ACUTE CARE Improved performance	Director of Nursing and Patient Services	Poor quality performance against healthcare standards	16	12	4	Establishment of the Quality Performance Committee to overview all quality performance information destined for outside the trust	External quality inspections, for example by the PCT, CQC, SHA	Full engagement of Divisions via monthly reporting on Quality to the QPC	31/03/2010
					Internal and External audit reports		Consider using CQC framework for provider compliance monitoring as a basis for internal compliance monitoring	31/03/2010	
					Quarterly Quality report to the PCT				

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							Standards for Better Health outputs		
							Assessment report from NHS LA		
							IA – Standards for Better Health – Substantial assurance November 2009		
3. HIGH QUALITY ACUTE CARE Improved performance	Lisa Hunt	Failure to achieve productivity improvements	16	12	8	Roll out of LEAN transformation programme	Lean included in performance reports to Trust Board	Develop new roles	31/03/2010
						Establish strong communication with partners		Reduce staff costs	31/03/2010
						Organisational development programme		Rationalise workforce to reflect changes in services	31/03/2010
						Development of SLM			
3. HIGH QUALITY ACUTE CARE Improved performance	Lisa Hunt	Failure to deliver national and local targets	16	12	8	Focus on Infection prevention and control	Internal Audit review of Performance Management - Adequate assurance Sept 09	Developing organisational capacity to reduce infection	31/03/2010
						Performance monitoring framework plans to address underperformance		Improve reporting to EMG and Trust Board	31/03/2010
								Clear framework for decision making	31/03/2010
3. HIGH QUALITY ACUTE CARE Improved performance	Colin Ovington	Trust application for CQC registration results in conditions to be met	16	12	8	Evidence to support Standards for Better Health has been mapped to new Outcomes required for registration	no specific at present, but assurances in other areas relevant	Develop and agree a trust process for assessment of ongoing compliance with the CQC registration requirements	31/03/2010

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4. RESPONSIVE MODELS OF PATIENT CARE	Lisa Hunt	Major incident preparations identify inability to maintain mortuary throughput should a high number of deaths occur	8	4	3	Maintain links with Bedford & Luton Resilience forum to develop plans	Major incident internal crisis & pandemic supervisory committee	Roll out death pathways throughout local health economy	31/03/2010		
						Participation in death pathway group					
4. RESPONSIVE MODELS OF PATIENT CARE	Lisa Hunt	Lack of Robust business continuity plans	8	4	3	Access to external consultant expertise	Major incident internal crisis & pandemic supervisory committee	Undertake table top exercise	26/02/2010		
						First draft business continuity plans in place at departmental level		SHA satisfied with work to date	Prepare business case to appoint emergency planning officer	01/04/2010	
						Access funding for start up cost			Pull together overarching Business Continuity Plan	31/03/2010	
5. NEW WAYS OF WORKING- community involvement	Jean O'Callaghan Kate Burke	Not gaining sufficient and detailed feedback to enable learning for development	12	9	6	Surveys reports to IPEC for review and allocation of action	Patient Experience quarterly reports	Patient Experience Strategy to be agreed giving focus to the survey programme	31/03/2010		
						In- house surveys			LINKS reviews of patient issues	Surveys to focus on quality issues for action and learning	31/03/2010
						Learning from complaints			Matrons report to the Board	Develop our partnerships with community networks	31/03/2010
						Refocusing of patient involvement links into the Improving Patient Experience Committee					
5. NEW WAYS OF WORKING- community involvement	Jean O'Callaghan	Poor performance, low motivation/ low staff morale	12	9	3	Staff feedback	Feedback from team meetings	Staff engagement strategy and action plan	24/09/2009		
						Patient feedback			National staff surveys	Culture and change; recognition and value; training and development; communications	25/09/2009

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								programmes	
						Peer feedback 360 degree	Patient perspective from Patient Experience quarterly reports	Staff recognition	31/03/2010
							Staff appraisals	SM leadership	31/03/2010
							Staff engagement audit	Middle grades	31/03/2010
								Internal communications	31/03/2010
6. FINANCIAL STRENGTH Careful stewardship of resources	Alan Warren	CIP Plan is not achieved to the level planned	12			Monthly monitoring of CIPs for budget holders, EMG and Finance Committee	EMG Minutes	Budget holders to produce further areas if initial ones not delivering	31/03/2010 17:34:05
						Individual meetings between Finance Director and budget holders to discuss CIP variances and remedial action	Finance Committee Minutes		
							Internal Audit review of Budgetary Control and CIP – December 2009		
6. FINANCIAL STRENGTH Careful stewardship of resources	Alan Warren	Development of Mitigation Plan for LTFM Downside scenario by Board not achieved	25	12	6	Monthly Board FT Steering Group meetings	Regular reviews	continued development of LTFM model	11/01/2010 12:55:15
						Weekly Board FT preparation meetings	Board approved downside case LTFM		
							SHA support for Ft application		

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6. FINANCIAL STRENGTH Careful stewardship of resources	Alan Warren	Development of Plan for coping with potential flatline funding from 2011/12 onwards is not achieved	25	12	9	Strategy reports to Board	Trust Board Minutes	continued development of LTFM model	16/12/2009 12:58:55
							Board approved LTFM assumptions		
6. FINANCIAL STRENGTH Careful stewardship of resources	Alan Warren	Estimates of capital spend included in programme insufficient to meet scheme costs	20	16	9	Regular Performance Reports	Capital Planning Group	Improve bidding/scoring/reporting	31/03/2010 17:40:01
						Capital Planning Group receives monthly updates	upward reporting to EMG Monthly reporting to Finance Cmte/Board		
6. FINANCIAL STRENGTH Careful stewardship of resources	Alan Warren	Inclusion of workforce information alongside financial reports is not achieved	16	9	4	Monthly financial reporting	reports to EMG, Finance Cmte, board	improved presentation style	28/10/2009 13:06:22
						Regular reports to EMG, Finance Committee and Board			
6. FINANCIAL STRENGTH Careful stewardship of	Alan Warren	Insufficient project management and other Trust resources to deliver all schemes planned for	12	3	3	Project monitoring reports to EMG and Trust Board	EMG Minutes		

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resources		2009/10					Trust Board Minutes		
6. FINANCIAL STRENGTH Careful stewardship of resources	Alan Warren	SLA penalties cannot be avoided	20	15	15	Contract monitoring	EMG Minutes	IC Governance arrangements revised proved contract monitoring/ escalation	31/03/2010 15:23:12
						Regular reports to EMG, Finance Committee and Board	Finance Committee Minutes		
							Trust Board Minutes		
							Internal Audit – data quality audit March 2010		
6. FINANCIAL STRENGTH Careful stewardship of resources	Alan Warren	Slippage on capital programme delays improvements in Trust estate/equipment/IT and achievement of benefits	16	12	9	Capital Planning Group receives monthly updates	Capital Planning Group	improved bidding/scoring/reporting	31/03/2010 13:09:16
						Financial reports to EMG, Finance Committee and Board record capex monthly	EMG Minutes		
							Finance Committee Minutes		
6. FINANCIAL STRENGTH Careful stewardship of resources	Alan Warren	Failure to generate sufficient income in a competitive market	20	12	8	Establishment of partnerships	Internal Audit of Clinical Income – Adequate assurance January 2010	Develop marketing expertise	31/03/2010
						Majority of catchment area population live in Bedford/ Kempston; M Beds & N Beds			
						Continual tracking of patient flows			

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6. FINANCIAL STRENGTH Careful stewardship of resources	Jean O'Callaghan	Reliance on single commissioner	20	16	12	Robust auditing system in place		Seek to increase market share out of county	31/03/2010
						Performance management of contracts		Maintain strong relationship with PCT / PBCs	31/03/2010
						Contract monitoring		Match workforce to activity	31/03/2010
						Performance monitoring		Clinical Partnerships with neighbouring Trusts	31/03/2010
								Robust contracts signed in advance of new financial year	31/03/2010
								Ensure equity in contract negotiation by resolving all issues and agreeing all contracts before start of new financial year.	31/03/2010
7. LEADING HEALTHCARE NETWORK AND CAMPUS	Jean O'Callaghan	Patients choose elsewhere for their treatment	12	8	4	Marketing Strategy in place	CHKS marketing activity reports	Enhance GP gateway	31/03/2010
						Media strategy in place and relationships developed with media	National patient surveys and local surveys indicate strong support	Target marketing for Gynae and Cardiology	31/03/2010
						Communication tools in place - "Members matters" GPs newsletter; GP Gateway; Staff Focus		Identify funding for a marketing strategy	31/03/2010
8. ACHIEVE FOUNDATION TRUST STATUS	Alan Warren	Fragility of LTFM to satisfy monitor	20	16	12	Use of monitor recommendations	Board approved LTFM	Implementation of LEAN methodology across the organisation	31/03/2010
						Monthly financial reporting	SHA satisfied with IBP/LTFM	Take opportunities for attracting additional income	31/03/2010
								Avoidance of financial penalties	31/03/2010

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								Roll out of service line management	26/10/2009 16:46:49
8. ACHIEVE FOUNDATION TRUST STATUS	Jean O'Callaghan Alan Warren	Performance issues identified by SoS and Monitor	20	8	4	Satisfactory monitoring in place	Governance Committee Minutes	Better assurance framework process	31/12/2009
						ALE KLOE scores satisfactory	CQC rating for 2008/9	Monthly reporting by EMG on scorecard	31/12/2009
						Review of all reporting structures, clinical service reports up to the Board	Dr Foster rating	S4BH Compliance monitored quarterly by EMG and Governance Committee	31/12/2009
						Intelligent Board reports	Monthly SHA monitoring		
						HCAI Programme agreed by the Board			
						Monthly SHA monitoring			