

<b>Reporting to:</b>	<b>Trust Board – January 30<sup>th</sup> 2014</b>
<b>Title</b>	Board Assurance Framework update
<b>Sponsoring Director</b>	Chief Executive
<b>Author(s)</b>	Head of Assurance
<b>Previously considered by</b>	Risk Committee (Dec 13), Operational Risk Group (Nov 13), Audit Committee (Dec 13), Trust Board (Sept 13)
<b>Executive Summary</b>	<p>The Board needs to be able to provide evidence that it has systematically identified the Trust's objectives and managed the principal risks to achieving them. Typically, this is achieved via the Board Assurance Framework (BAF) document and an embedded risk management approach. At SaTH an outcome-based CQC compliance framework has also been introduced to further assure the Board.</p> <p><b>(i) BOARD ASSURANCE FRAMEWORK</b>  <b>Attachment 1 - Board Assurance Framework Summary</b>  This summary shows each risk is categorised by colour according to the current risk matrix</p> <p><b>Attachment 2 - Board Assurance Framework</b>  The BAF has been updated since the last presentation to Trust Board. Changes to since the last presentation are indicated in highlighted text. These reflect changes since September and the latest work on strategic objectives and challenges, along with comments received at Risk Committee in December. Some additional assurances have also been added.</p> <p>Since the last presentation to Trust Board, one risk has been removed. This risk was "If Board members are not appointed in a timely fashion then this may impact on the governance of the Trust." As the Chairman is in post along with two new Non-Executive Directors, Risk Committee have agreed that this risk has been sufficiently mitigated to be removed.</p> <p>One risk has been reworded to include reference to capital shortfall . This risk is risk 670: <i>"If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income &amp; Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment"</i></p> <p>The full 2013/14 Board Assurance Framework lists the controls in place and sources of assurance, with the lead Director for each risk.</p> <p><b>Attachment 3 - BAF Associated Action Plans</b>  A BAF is required to have an action plan. However, there are individual plans for most of the risks on the BAF. Rather than list every item, a schedule of related action plans has been compiled.</p>
<b>Strategic Priorities</b> <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Healthcare Standards <input checked="" type="checkbox"/> People and Innovation <input checked="" type="checkbox"/> Community and Partnership <input checked="" type="checkbox"/> Financial Strength	<b>Operational Objectives</b>

<p><b>Board Assurance Framework (BAF) Risks</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Deliver Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience</li> <li><input checked="" type="checkbox"/> Implement our falls prevention strategy to help prevent patients suffering serious injury</li> <li><input checked="" type="checkbox"/> Achieve safe and efficient Patient Flow or we will fail the national quality and performance standards</li> <li><input checked="" type="checkbox"/> Clear Clinical Service Vision or we may not deliver the best services to patients</li> <li><input checked="" type="checkbox"/> Good levels of Staff Engagement to get a culture of continuous improvement or staff morale and patient outcomes may not improve</li> <li><input checked="" type="checkbox"/> Resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income &amp; Expenditure position</li> </ul>
<p><b>Care Quality Commission (CQC) Domains</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Safe</li> <li><input checked="" type="checkbox"/> Effective</li> <li><input checked="" type="checkbox"/> Caring</li> <li><input checked="" type="checkbox"/> Responsive</li> <li><input checked="" type="checkbox"/> Well led</li> </ul>	<p><b>Outcomes</b></p> <p>SAFE - 7: Safeguarding people who use services from abuse - People should be protected from abuse and staff should respect their human rights.</p> <p>8: Cleanliness and infection control - People should be cared for in a clean environment and protected from the risk of infection.</p> <p>10: Safety and suitability of premises - People should be cared for in safe and accessible surroundings that support their health and welfare.</p> <p>11: Safety, availability and suitability of equipment - People should be safe from harm from unsafe or unsuitable equipment.</p> <p>13: Staffing - There should be enough members of staff to keep people safe and meet their health and welfare needs.</p> <p>EFFECTIVE - 6: Cooperating with other providers - People should get safe and coordinated care when they move between different services.</p> <p>9: Management of medicines – People should be given the medicines they need when they need them, and in a safe way.</p> <p>12: Requirements relating to workers - People should be cared for by staff who are properly qualified and able to do their job.</p> <p>21: Records</p> <p>People's personal records, including medical records, should be accurate and kept safe and confidential.</p> <p>CARING - 1: Respecting and involving people who use services - People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.</p> <p>4: Care and welfare of people who use services - People should get safe and appropriate care that meets their needs and supports their rights.</p> <p>RESPONSIVE - 2: Consent to care and treatment - Before people are given any examination, care, treatment or support, they should be asked if they agree to it.</p> <p>5: Meeting nutritional needs - Food and drink should meet people's individual dietary needs.</p> <p>17: Complaints</p> <p>People should have their complaints listened to and acted on properly.</p> <p>WELL- LED - 16: Assessing and monitoring the quality of service provision - The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care.</p> <p>14: Supporting workers - Staff should be properly trained and supervised, and have the chance to develop and improve their skills.</p>

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Receive | <input checked="" type="checkbox"/> Review  |
| <input type="checkbox"/> Note    | <input checked="" type="checkbox"/> Approve |

**Recommendation**

- To review and approve and to consider if any additional assurances are necessary to assure the Board that the risks to the strategic objectives are being properly managed.

**Board Assurance Framework – Summary – January 2014**

Key :    ↑ Improvement    ↓ Deterioration    = No change

	Trend		Trend	
<p><b>QUALITY AND SAFETY – providing the best clinical outcomes, patient safety &amp; experience</b></p> <ul style="list-style-type: none"> <li>If we do not deliver <b>safe care</b> then patients may suffer avoidable harm and poor clinical outcomes and experience (RR 415)</li> <li>If we do not implement our <b>falls</b> prevention strategy then patients may suffer serious injury (RR 96)</li> </ul>	↑	AMBER	↑	AMBER
	↑	AMBER	↑	AMBER
	↑	RED		
<p><b>HEALTHCARE STANDARDS - delivering consistently high performance standards</b></p> <ul style="list-style-type: none"> <li>If we do not achieve safe and efficient <b>patient flow</b> and improve our processes and capacity and demand planning then we will fail the national quality and performance standards (RR 561)</li> </ul>	↓	RED	↓	RED
	↓	RED	↓	RED
<p><b>COMMUNITY AND PARTNERSHIP – improving health &amp; well-being of our community through partnership</b></p> <ul style="list-style-type: none"> <li>If we do not have a clear <b>clinical service vision</b> then we may not deliver the best services to patients (RR 668)</li> </ul>	↑	AMBER		
	↑	AMBER		
<p><b>PEOPLE AND INNOVATION – striving for excellence through people and innovation</b></p> <ul style="list-style-type: none"> <li>If we do not get good levels of <b>staff engagement</b> to get a culture of continuous improvement then staff morale and patient outcomes may not improve (RR 423)</li> </ul>			↑	AMBER
			↑	AMBER
<p><b>FINANCIAL STRENGTH – building a sustainable future</b></p> <ul style="list-style-type: none"> <li>If we are unable to resolve our (historic) shortfall in <b>liquidity</b> and the structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfill our financial duties and address the modernisation of our ageing estate and equipment (670)</li> </ul>			↓	RED
			↓	RED

**Risk Matrix**

Likelihood	Consequence				
	1 Insignificant	2 Minor	3 Moderate	4 Severe	5 Critical
5 - Almost Certain	Yellow	Orange	Red	Red	Red
4 - Likely	Yellow	Orange	Orange	Red	Red
3 - Possible	Green	Yellow	Orange	Orange	Red
2 - Unlikely	Green	Yellow	Yellow	Orange	Orange
1 - Rare	Green	Green	Green	Yellow	Yellow

Key :    ↑ Improvement    ↓ Deterioration    = No change

Trust Risk Ref	Lead Director + Category of risk + Lead Cmtee	Principal Risk and Potential Impacts	Inherent Risk	Key Controls	Planned Sources of Assurance + date received/expected	Residual Risk rating and direction of travel	Gaps in Control + assurance	Action Lead
<b>Principal Objective QS: Quality and Safety : Providing the best clinical outcomes, patient safety and patient experience</b>								
415	Acting Director of Nursing and Quality  Safety and Patient Experience  Quality & Safety Committee (Q&S)	If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience  Potential Impacts: • Avoidable harm to patients • Poor experience for patients • High level of complaints and litigation • Failure to comply with Care Quality Commission (CQC) standards • Loss of Commissioning for Quality and Innovation (CQUIN) income • Loss of patients to our competitors • Loss of reputation	RED	CQC Compliance Framework (Health Assure) Quality Improvement Strategy and centre's action plans Quality Governance Assurance Framework (QGAF) Incident reporting with Root Cause Analysis (RCA) and monitoring of actions Consultant revalidation Patient Safety visits to ward Patient Engagement and Improvement Panel (PEIP) work programme Safety Thermometer Interactive ward rounds	Quality component of Integrated Performance Report (monthly) Serious Incident Board Report (monthly) Quality & Safety Committee which reports to Trust Board (TB) (monthly) CQC Patient Survey (Jan TB) Net Promoter (TB monthly) Quality Impact Assessments (QIA's) on Cost Improvement Programmes (CIPs) reported to Board (TB Jun 13) Infection Control Annual Report (TB Jun 13) Quality Account (TB Jun 13) Venous ThromboEmbolism (VTE) CQUIN (Oct 13) Mortality - average (Oct 13) Clinical Commissioning Group (CCG) visit to wards (Aug 13) CQC Intelligent Monitoring Report (Oct 13) Audiology Accreditation (Oct 13) Acute Trust Quality Dashboard (Nov 13) Mortality indicators (Nov 13)	AMBER  ↑	<b>Gaps in Controls</b> • No QGAF action plan  <b>Gaps in Assurance/ Negative Assurance</b> • Consultant revalidation report (negative assurance) (TB Jul 13) • No of Grade 3 pressure sores • Rapid Assessment, Interface and Discharge (RAID) service not embedded • Do Not Attempt Resuscitation (DNAR) procedure updated but not yet implemented • National Inpatient survey (April 13) • CQC review of Compliance - PRH - two moderate concerns (Jun 13) • CQC Intelligent Monitoring Report band 1 (negative assurance) (Oct 13) • National Cancer Patient Experience - Medium concern (TB Oct 13)	Acting Director of Nursing and Quality  Medical Director  Acting Director of Nursing and Quality
96	Acting Director of Nursing and Quality  Safety and Patient Experience  Q&S Com.	If we do not implement our falls prevention strategy then patients may suffer serious injury  Potential Impacts: • Avoidable harm to patients • Poor experience for patients • Failure to comply with CQC standards • Risk of prosecution • Loss of reputation	RED	Falls Task Force Risk assessment and implementation Fall prevention Strategy and centre's action plans Incident reporting with RCA and monitoring of actions Safety Thermometer	Quality component of Integrated Performance Report (monthly) Serious Incident Board Report (monthly) Clinical Quality and Safety Committee which reports to TB (monthly) Acute Trust Quality Dashboard Quarterly (TB) Falls Action Plan (TB monthly) Prospective / Retrospective audit of falls (Sept 13) Falls reducing (TB Nov 13)	RED  ↑	<b>Gaps in Controls</b> • Fallsafe not yet fully rolled out <b>Gaps in Assurance/ Negative Assurance</b> • Internal Audit of Falls	Acting Director of Nursing and Quality

Trust Risk Ref	Lead Director + Category of risk + Lead Cmtee	Principal Risk and Potential Impacts	Inherent Risk	Key Controls	Planned Sources of Assurance + date received/expected	Residual Risk rating and direction of travel	Gaps in Control + assurance	Action Lead
<b>Principal Objective HS: Healthcare Standards : Delivering consistently high performance healthcare standards</b>								
561	<p>Chief Operating Officer (COO)</p> <p>Patient Flow Systems &amp; Processes</p> <p>Hospital Executive Committee (HEC)</p>	<p>If we do not improve processes and match demand with capacity to improve patient flow, then we will fail national quality and performance standards.</p> <p>Potential Impacts</p> <ul style="list-style-type: none"> <li>• Poor /unsafe patient care &amp; experience</li> <li>• Financial penalties</li> <li>• Performance notices</li> <li>• National Trust Development Authority (NTDA) intervention</li> <li>• Failure to achieve Foundation Trust status</li> <li>• Patients not seen in timely way if outlying</li> <li>• Elective patients not being admitted</li> </ul>	RED	<p>Delivery monitored at the Urgent Care Network Board, Referral Time to Treatment (RTT) Board, the Operational Performance Group and Trust Board. Whole health economy plan in place.</p> <p>Winter Plan monitored fortnightly. NTDA twice-weekly assurance calls around the 4 hour target.</p> <p>Monthly discharge project meeting.</p>	<ol style="list-style-type: none"> <li>1. Cancer Action plan in place but being revised following joint investigation with the Clinical Commissioning Groups (CCG's)</li> <li>2. Booking &amp; scheduling action plan in place</li> <li>3. Remedial Action Plan's (RAPs) in place for RTT</li> <li>4. Whole health economy recovery plan for emergency access in place</li> <li>5. <i>Whole economy winter plan agreed but risks on delivery.</i></li> <li>6. <i>Internal improvement plan for patient flow.</i></li> <li>7. <i>Discharge project led by COO.</i></li> <li>8. <i>NTDA assurance visit to A&amp;E (Nov 13) gave some positive assurances</i></li> </ol>	RED ↓	<p><b>Gaps in Control</b></p> <ul style="list-style-type: none"> <li>• Capacity does not meet demand</li> <li>• 7 day working not consistently in place</li> <li>• Progress on admission avoidance schemes and early discharge in Local Health Economy (LHE) are slower than needed and not yet delivering</li> <li>• Poor clinical operational and administrative system Cancer processes</li> <li>• No surge capacity <i>being made available by LHE</i></li> <li>• <i>LHE not delivering elements of Winter Plan</i></li> <li>• <i>Orthopaedic and Ophthalmology capacity to meet RTT - LHE engaged to resolve</i></li> </ul> <p><b>Gaps in Assurance/ Negative Assurance</b></p> <ul style="list-style-type: none"> <li>• Not achieving RTT targets (TB Oct 13)</li> <li>• Inconsistent achievement of cancer targets</li> <li>• Inconsistent achievement of the A&amp;E 4 hr target</li> <li>• <i>NTDA expressed concern about pace and consistency in relation to A&amp;E (Nov 13)</i></li> <li>• <i>LHE Winter plan not delivering</i></li> </ul>	Chief Operating Officer

Trust Risk Ref	Lead Director + Category of risk + Lead Cmtee	Principal Risk and Potential Impacts	Inherent Risk	Key Controls	Planned Sources of Assurance + date received/expected	Residual Risk rating and direction of travel	Gaps in Control + assurance	Action Lead
<b>Principal Objective PI: People and Innovation: Striving for excellence through people and innovation</b>								
423	Workforce Director Workforce Workforce Com.	<p>If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve</p> <p>Potential impacts:</p> <ul style="list-style-type: none"> <li>• Loss of key staff</li> <li>• Poor experience for patients</li> <li>• Adverse ratings in CQC Quality Risk Profile</li> <li>• High sickness absence</li> </ul>	RED	<p>Management Development Programme Leadership / Development Academy Appraisals and Personal Development Plan Staff induction linked to Trust values Review Sickness policy Stress risk assessments process for staff Wellbeing Programme Values-based recruitment Coaching programme</p>	<p>Annual staff survey (Mar/Apr 13) Monthly Workforce Reports Cultural Survey (Mar/Apr 13) Positive Deanery visits Foundation Year 1 (FY1) and Foundation Year 2 (FY2) doctors PRH (Jan 13) Positive report from Keele Deanery visits FY1 and FY2 doctors RSH (Mar 13) Emergency Medicine Deanery Visit (May 13) Cultural Transformation Programme (TB July 13) Security Annual Report (TB Jun 13) Staff developing organisation values (Oct 13) Leadership Conference (Oct 13) High nomination rate for staff awards (Aug 13) <i>People Strategy and Implementation Plan (Jan 14)</i></p>	AMBER  ↑	<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• No overarching Trust Code of Conduct</li> <li>• Gaps in medical staffing</li> <li>• Nursing education programme needs review</li> <li>• Rates of appraisal below target (currently 70%)</li> </ul> <p><b>Gaps in Assurance/ Negative Assurance</b></p> <ul style="list-style-type: none"> <li>• Internal Audit review Statutory Training (Dec 12) - limited</li> </ul>	Workforce Director

Trust Risk Ref	Lead Director + Category of risk + Lead Cmtee	Principal Risk and Potential Impacts	Inherent Risk	Key Controls	Planned Sources of Assurance + date received/expected	Residual Risk rating and direction of travel	Gaps in Control + assurance	Action Lead
<b>Principal Objective CP: Community and Partnership: Improving the health and wellbeing of our community through partnership</b>								
668	Chief Executive Officer  Strategy  Trust Board	If we do not have a clear clinical service vision then we may not deliver the best services to patients  Potential impacts: • unsustainable unscheduled care services • Suboptimal use of scarce workforce resource • Avoidable duplication of cost	RED	Structured programme of work to arrive at service delivery models Clinical Service Strategy Group Future Configuration of Hospital Services (FCHS) Group & Project Plan Health Economy Leaders Group Urgent Care Network Board Programme Board established for 'Excellent and Sustainable Acute and Community Hospitals Review'. All stakeholders involved	Scope and objectives agreed with Trust and partner organisations for strategic review of hospital and associated community services Support received from JHOSC to progress with programme - HOSC update December Early engagement programmes established and 'Call to Action' Conference took place in November 2013. First Programme Board met 2nd December 2013 to consider project execution plan which will go to all Boards in January 2014 for approval. Clinical Workshop took place on 20th November	AMBER  ↑	<u>Gaps in Control</u>  <u>Gaps in Assurance</u> • Lack of progress regarding Public Consultation	Director of Business and Enterprise
<b>Principal Objective FS: Financial Strength: Building a sustainable future</b>								
670	Finance Director  Finance  Finance Committee	If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfill our financial duties and address the modernisation of our ageing estate and equipment  Potential Impacts • Inability to invest in services and infrastructure • Impacts on cash flow • Sub optimal equipment and environment • Poor patient experience • Failure to deliver Historic Due Diligence (HDD) action plan	RED	Capital planning process including capital aspirations list Business planning process Risk based approach to replacement of equipment Contingency funds Charitable funding Operational Performance Group - monthly with Care Groups Cost Improvement Programme (CIP) Board monthly including Quality Impact Assessment (QIA) process	Financial component of integrated performance report (monthly TB) Reports from Finance Committee which reports to TB Reports from Internal and External Audit QIA to TB (June, July 13) Financial recovery plan - Oct 13	RED  ↓	<u>Gaps in Controls</u> • No investment strategy to modernise estate, equipment and IT  <u>Gaps in Assurance/ Negative Assurance</u> • No agreed QIPP schemes • Historic and ongoing liquidity problem • No 2 year rolling CIP programme • CIP (IA Limited Assurance May 13) • Data Quality (IA May 13)	Finance Director

## Attachment 3

Risk Ref	Risk Title	Action plans	Committee	latest update	Lead
415	If we do not deliver <b>safe care</b> then patients may suffer avoidable harm and poor clinical outcomes and experience	▪ Quality Improvement Strategy	Trust Board	Jun-12	ADNQ
		▪ Quality Governance Framework Action Plan	Trust Board		ADNQ
		▪ Quality Governance Framework Internal Audit Review Action plan	Audit Committee	Jun-13	ADNQ
		▪ Care Quality Commission action plan	Trust Board	Sep-13	ADNQ
		▪ Action plan on recommendations from national inquiries	Trust Board	Jan-13	ADNQ
96	If we do not implement our <b>falls prevention</b> strategy then patients may suffer serious injury	<ul style="list-style-type: none"> <li>▪ Falls Action plan</li> <li>▪ Internal Audit Action/recommendations</li> </ul>	Trust Board Audit Committee & Quality & Safety Committee	Jul & Sep-13 Dec 13	ADNQ
561	If we do not achieve safe and efficient <b>patient flow</b> and improve our processes and capacity and demand planning then we will fail the national quality and performance standards	▪ Emergency Access Improvement Plan	Trust Board	Jan-13	COO
		▪ Revised bed plan for 2012/13 and plans to improve patient flow	Trust Board	Nov-12	COO
		▪ Transforming our Booking and Scheduling Systems	Trust Board	Jul-13	COO
		▪ Patient flow sustainable action plan	Trust Board	Apr-13	COO
		▪ Winter Plan	Trust Board	Jul & Sep-13	COO
		▪ Cancer Action Plan	Operational Performance Group	Monthly	COO
		▪ Performance Management Framework and Strategy ▪ Booking & Scheduling Plan ▪ Finnermore action plan	Trust Board Finance Committee Finance Committee	Jul-13 Oct 13 Oct 13	COO COO COO
423	If we do not get good levels of <b>staff engagement</b> to get a culture of continuous improvement then staff morale and patient outcomes may not improve	▪ Staff survey action plan	Trust Board		WD
		▪ Staff training Internal Audit Review action plan	Workforce Comttee	Feb-13	WD
668	If we do not have a clear <b>clinical service vision</b> then we may not deliver the best services to patients	▪ Future Configuration of Hospital Services	Trust Board	Apr-13	DBE
		▪ Future Configuration of Hospital Services	Finance Committee	Apr-13	DBE
		▪ Clinical Services Strategy Update/ Call to Action	Trust Board	Jun & Sep-13	DBE
		▪ Reconfiguration of stroke services plan	Trust Board	Feb & Sep-13	DBE
670	If we are unable to resolve our (historic) shortfall in <b>liquidity</b> and the structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfill our financial duties and address the modernisation of our ageing estate and equipment	▪ Financial Recovery Plan	Financial Recovery Board	Oct 13	NN
		▪ Cost Improvement Programme	Financial Recovery Board	Oct 13	NN
		▪ Historic Due Diligence 1 Action Plan	Finance Committee	Jul-13	FD
		▪ Cash & Treasury Management Internal Audit Review Action Plan	Finance Committee	Nov-13	FD
		▪ Creditors & Payments Internal Audit Review action plan	Finance Committee	Nov-13	FD