

<b>Reporting to:</b>	<b>Trust Board – March 27<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 (Mar 14), Operational Risk Group (Feb 14), Audit Committee (Mar 14), Trust Board (Jan 14)
<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.</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 January and the latest work on strategic objectives and challenges, along with comments received at Risk Committee in March. Some additional assurances have also been added.</p> <p>Since the last presentation to Trust Board, one risk has been added. This risk is “Risk to sustainability of clinical services due to potential shortages of key clinical staff”.</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 – March 2014

<b>Key :</b>	↑ Improvement	↓ Deterioration	= No change
--------------	---------------	-----------------	-------------

**QUALITY AND SAFETY – providing the best clinical outcomes, patient safety & experience**

If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience (RR415)

If we do not implement our **falls** prevention strategy then patients may suffer serious injury (RR 96)

Risk to sustainability of clinical services due to potential shortages of key clinical staff (859)

**HEALTHCARE STANDARDS - delivering consistently high performance standards**

If we do not achieve safe and efficient **patient flow** and improve our processes and capacity and demand planning then we will fail the national quality and performance standards (RR 561)

Trend

↑



↑



↑



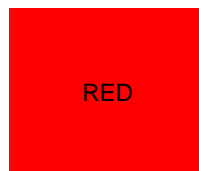
NEW



↑



↑



**PEOPLE AND INNOVATION – striving for excellence through people and innovation**

If we do not get good levels of **staff engagement** to get a culture of continuous improvement then staff morale & patient outcomes may not improve (RR 423)

**COMMUNITY AND PARTNERSHIP – improving health & well-being of our community through partnership**

If we do not have a clear **clinical service vision** then we may not deliver the best services to patients (RR 668)

**FINANCIAL STRENGTH – building a sustainable future**

If we are unable to resolve our (historic) shortfall in **liquidity** & the structural imbalance in the Trust's **Income & Expenditure** position then we will not be able to fulfill our financial duties & address the modernisation of our ageing estate & equipment (670)

Trend

=



=



↓



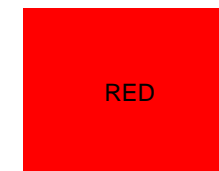
↓



=



=



**Risk Matrix**

Likelihood	Consequence				
	1 Insignificant	2 Minor	3 Moderate	4 Severe	5 Catastrophic
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 Embedded Early Warning System in place	Quality component of Integrated Performance Report (monthly) Serious Incident Board Report (monthly) Quality & Safety Committee which reports to Trust Board (TB) (monthly) Net Promoter (TB monthly) Venous ThromboEmbolism (VTE) CQUIN (Dec 13) Mortality - average (Dec 13) CQC Intelligent Monitoring Report (Oct 13) Audiology Accreditation (Oct 13) Acute Trust Quality Dashboard (Nov 13) Maternity Review (TB Jan 14) TDA visit - Infection Control (TB Jan 14) Powys LHB review (TB Jan 14) 50% reduction in preventable pressure sores (TB Jan 14) QIA process in place (Oct 13) CQC Intelligent Monitoring Report band 3 (Mar 14)	AMBER GREEN  ↑	<b>Gaps in Controls</b> • No robust QGAF or QGAF action plan • No transition plan that ensures safety and short term sustainability of clinically challenged services  <b>Gaps in Assurance/ Negative Assurance</b> • CQC review of Compliance - RSH - one moderate and two minor concerns (TB Jan 14) • National Cancer Patient Experience - Medium concern (TB Oct 13) • C difficile exceeds trajectory (TB Feb 14) • Non-compliance with HCAI decontamination criteria (ORG Jan 14) • Risks to recruiting adequate numbers of nurses	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 Prevention Group Falls risk assessment and implementation of falls prevention measures Fall prevention plan Incident reporting with RCA and monitoring of actions and outcomes delivered through local governance groups Falls Prevention Practitioner Education and training in new multifactorial risk assessment	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) Overall, falls reducing (TB Feb 14) Falls prevention action plan 90% complete (roll out of Fallsafe remaining)	AMBER  ↑	<b>Gaps in Controls</b> • Fallsafe not yet fully rolled out (completion due May 14) <b>Gaps in Assurance/ Negative Assurance</b>	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
859	Chief Operating Officer Safety and Patient Experience HEC	Risk to sustainability of clinical services due to potential shortages of key clinical staff Potential Impacts: <ul style="list-style-type: none"> <li>• Inability to continue with current level of service</li> <li>• Poor experience for patients</li> <li>• Delays in care</li> <li>• Failure to comply with national standards and best practice tariffs</li> <li>• Reduced patient safety</li> <li>• Reduced quality of care</li> <li>• Low staff morale</li> <li>• Financial impact of high agency use</li> </ul>	RED	Ward staffing templates Job planning Service redesign Overseas recruitment Workforce reviews including job redesign and skill mix reviews Development of new roles 5 year workforce plan	Workforce component of Integrated Performance Report (monthly) Business cases to HEC in support of workforce redesign Progress with the clinical service review Update on support from CCG / TDA Operational Risk Group	NEW	<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Currently no feasible interim solution to fully mitigate risk</li> <li>• Contingency plan for maintaining safe critical care, medical and emergency services</li> <li>• No transitional support for running 2 sites with duplicated services</li> </ul> <p><b>Gaps in Assurance/ Negative Assurance</b></p> <ul style="list-style-type: none"> <li>• Not achieving best practice tariff for fractured neck of femur care</li> <li>• Failure of 4-hour A&amp;E performance standard</li> </ul>	Medical 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 HS: Healthcare Standards : Delivering consistently high performance healthcare standards</b>								
561	Chief Operating Officer (COO)  Patient Flow Systems & Processes  Hospital Executive Committee (HEC)	If we do not improve processes and match demand with capacity to improve patient flow, then we will fail national quality and performance standards.  Potential Impacts <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>• Failure to comply with national access targets</li> </ul>	RED	Delivery monitored at the Urgent Care Working Group, Planned Care Working Group, Cancer Board, Contracts Meetings, the Operational Performance Group and Trust Board as well as the Care Group RAP monitoring groups. Whole health economy surge plan in place and monitored closely. NTDA weekly assurance calls around the A&E 4 hour target. Monthly discharge project meeting. <i>5 year workforce plan</i>	<ol style="list-style-type: none"> <li>1. Booking &amp; Scheduling action plan in place;</li> <li>2. Remedial Action Plan's (RAPs) in place for RTT, Cancer and the A&amp;E 4 hour standards;</li> <li>3. Whole health economy recovery plan for emergency access in place;</li> <li>4. Whole economy surge plan agreed but risks on delivery;</li> <li>5. Internal improvement plan for patient flow included in RAP;</li> <li>5. Discharge project led by COO;</li> <li>7. NTDA assurance visit to A&amp;E gave some positive assurances;</li> <li>8. <i>Planning process with centres regarding 7 day working (Sept 14);</i></li> <li>9. <i>CCG submitting plans for 'Better Care Fund'; to Health and Wellbeing Board (Feb 14).</i></li> <li>10. Cancer Intensive Support Team Review (Mar 14)</li> <li>11. Heads of Capacity in post (Mar 14)</li> </ol>	RED  ↑	<p><b>Gaps in Control</b></p> <ul style="list-style-type: none"> <li>• Bed Capacity does not meet demand</li> <li>• 7 day working not consistently in place</li> <li>• Progress on admission avoidance schemes and early discharge/discharge to assess in Local Health Economy (LHE) are slower than needed and not yet delivering in full</li> <li>• Poor operational and administrative systems in Cancer processes</li> <li>• Orthopaedic and Ophthalmology insufficient capacity to meet RTT - LHE engaged to resolve</li> </ul> <p><b>Gaps in Assurance/ Negative Assurance</b></p> <ul style="list-style-type: none"> <li>• Not achieving admitted RTT targets (TB Feb 14)</li> <li>• Inconsistent achievement of cancer targets</li> <li>• Inconsistent achievement of the A&amp;E 4 hr target</li> <li>• Area team expressed concern about pace</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 5 year workforce plan</p>	<p>Monthly Workforce Reports Leadership Conference (Oct 13) High nomination rate for staff awards (Aug 13) Keele School of Medicine SIFT QA Monitoring Visit (Nov 13) People Strategy and Implementation Plan (Jan 14) Trust values launched and used in recruitment process (Nov 13) Centre workforce reviews and plans in progress (Feb 14) Staff survey results show improvements in staff engagement. Developments in values mean they will be embedded throughout employment life cycle (Mar 14) SaTH leadership development programme to begin March 2014</p>	AMBER  =	<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Nursing education programme needs review</li> <li>• Rates of appraisal below target (currently 75%)</li> </ul> <p><b>Gaps in Assurance/ Negative Assurance</b></p>	Workforce Director
S								



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 • <b>Additional costs arising from current service reconfiguration</b>	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 'Future Fit'. 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. <b>'Future Fit' Programme Execution Plan (TB Jan 14)</b> FCHS due to complete Aug 14 (TB Feb 14) <b>'Future Fit' assurance workstream in place</b> Clinical Design Workstream Report on clinical models for acute and episodic care (TB Mar 14) <i>Detailed modelling and pathway work (June 14)</i>	AMBER RED ↓	<b>Gaps in Control</b> • Present configuration requires radical transformation with clinical input and stakeholder engagement • Maturity of relationships in Health Economy • Long timescales for project plan  <b>Gaps in Assurance</b> • Lack of progress regarding Public Consultation • QIAs to be completed on final delivery phase of FCHS	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 fulfil 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 • <b>Lack of modernisation fund to invest in equipment and environment to improve efficiency</b> • 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 <b>Financial recovery board (TB monthly)</b>	RED  =	<b>Gaps in Controls</b> • No investment strategy to modernise estate, equipment and IT • <b>Not considering operational, quality and financial decisions in the whole (TB Jan 14)</b> • <b>No transition plan that ensures financial sustainability and addresses liquidity issues pending outcome of 'Future Fit'</b> • Pace of change  <b>Gaps in Assurance/ Negative Assurance</b> • No agreed QIPP schemes • Historic and ongoing liquidity problem • No 2 year rolling CIP programme	Finance Director

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	▪ Maternity Services Review and Action Plan	Trust Board	Jan-14	ADNQ
		▪ Quality Governance Framework Internal Audit Review Action plan	Audit Committee	Jun-13	ADNQ
		▪ Care Quality Commission action plan	Trust Board	Jan-14	ADNQ
		▪ Action plan on recommendations from national inquiries	Trust Board	Jan-14	ADNQ
		▪ Mock CQC Inspection Plan	Quality & Safety Committee	Mar-14	ADNQ
		▪ C difficile Action Plan	Quality & Safety Committee	Feb-14	ADNQ
		▪ Decontamination Action Plan	Quality & Safety Committee	Feb-14	ADNQ
96	If we do not implement our <b>falls prevention</b> strategy then patients may suffer serious injury	▪ Falls Action plan	Trust Board	Jul & Sep-13	ADNQ
		▪ Internal Audit Action/recommendations	Audit Committee Quality & Safety Committee	Dec 13	ADNQ
859	Risk to <b>sustainability</b> of clinical services due to potential shortages of key clinical staff	▪ Future Fit Programme Execution Plan	Trust Board	Jan-14	
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 Department Remedial Action plan	Trust Board via IMR	Jan-13	COO
		▪ Transforming our Booking and Scheduling Systems	Trust Board	Jul-13	COO
		▪ Remedial Cancer Action Plan	Operational Performance Group	Monthly	COO
		▪ RTT Remedial Action Plan	Trust Board via IMR		
		▪ Performance Management Framework and Strategy	Trust Board	Jul-13	COO
		▪ Booking & Scheduling Improvement Plan	Finance Committee	Oct 13	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 Committee	Jan-14	WD
		▪ People Strategy Implementation Plan	Trust Board	Jan-14	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 Fit Programme Execution Plan	Trust Board	Jan-14	DBE
		▪ Future Configuration of Hospital Services	Trust Board	Apr-13	DBE
		▪ Clinical Services Strategy Update/Call to Action	Trust Board	Sep-13	DBE
		▪ Reconfiguration of stroke services plan	Trust Board	Feb-14	DBE
		▪ Emergency Department Workforce review			
		▪ Emergency Service Contingency Plan with Commissioners	Trust Board	Oct-14	COO
670	If we are unable to resolve our (historic) shortfall in <b>liquidity</b> & the structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfill our financial duties & address the modernisation of our ageing estate & equipment	▪ Financial Recovery Plan	Financial Recovery Board	Dec-13	FD
		▪ Cost Improvement Programme	Financial Recovery Board	Dec-13	FD
		▪ Historic Due Diligence 1 Action Plan	Finance Committee	Jan-14	FD
		▪ Internal Audit - Review Action Plans	Finance Committee	Jan-14	FD
		▪ Review of current services at specialty level	Trust Board	Jun-14	COO