

Trust Board Report

Meeting Date:	17 th January 2011
Title:	Board Assurance Framework
Executive Summary:	
Action Requested:	To inform the Committee of updates to the Board Assurance Framework (AF).
Report of:	Director of Nursing & Midwifery
Author: Contact Details:	Governance IM&T Lead Tel: 01902 695114 Email:
Resource Implications:	None identified
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	
Appendices/ References/ Background Reading	
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny

Background Details

The Board Assurance Framework “provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks that arise in meeting their objectives. It also provides a structure for the evidence to support the Statement on Internal Control” (Integrated Governance Handbook 2006: A handbook for executives and non-executives in healthcare organisations. Department of Health p15.).

Board Assurance Framework - Updates (Appendix A)

Following these changes the split of the Assurance Framework is:

Risks currently being managed (ongoing)	34
Risks managed to target level	13

There are currently 47 risks contained within the Assurance Framework which are distributed across the Trust Categorisation matrix as below:

Likelihood	Consequence				
	1 Low	2	3	4	5 High
A – Almost Certain				3	
B – Likely			7	1	1
C – Possible		3	12	8	
D – Unlikely		8	2	2	
E – Rare					

Utilising the Trust’s Categorisation Matrix (Risk Plot above) as a way of pragmatically prioritising the Trusts risks, the following are considered to be of High Risk to the Trust:

	ID	Risk Title	Lead
RED	514	Failure to deliver recurrent efficiency gains and CIPs.	FD
	1320	Results of diagnostic tests may not be seen by Doctor.	COO
	1739	Failure to develop Service Line Reporting	FD
	2572	Information Governance training risk	MD
	2464	Effect of national debt	FD

If all of the actions proposed to manage/reduce the risks contained within the AF are completed then the Target Risk Rating will be achieved and the 47 risks would then be distributed across the Trust Categorisation matrix as below:

Likelihood	Consequence				
	1 Low	2	3	4	5 High
A – Almost Certain					
B – Likely		2	1		
C – Possible		12	5	2	
D – Unlikely		14	8		
E – Rare		2		1	

Recommendation(s)

- The Committee considers the report and endorses that the Trust Board: accepts the changes presented within the Assurance Framework.
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Appendix A: Tracking changes within Assurance Framework

Lead Director	Risk	Risk Title	Update	Reasoning / Progress Against Actions
Chief Operating Officer	1542	Preparedness for serious incidents	Positive Assurance and Action Plan updated.	Development of an internal Incident Management Plan
	1717	Failure to achieve re-registration by the CQC periodic review.	Action Plan updated.	Undertake capacity & demand modelling including length of stay
	1729	No natural boundary for our catchment	Action Plan updated.	Assurance of activity /income assumptions in IPB / LTFM May 10 – completed.
HR Director	2549	Variance in protection periods.	Updated Controls and Assurance.	'Incurred additional costs' 'Reviewing both policies' 'Staff Side's sign off new policy'
Chief Executive Officer	1501	Foundation Trust Application Process	Positive Assurance updated and Action Plan updated.	Application submitted to Monitor. Batching meeting held with Monitor.
	1734	Introduction of other health providers in the market leads to a greater shift of activity.	Positive Assurance updated.	
Director of Nursing and Midwifery	2449	Inadequate and ineffective systems to Safeguard Vulnerable adults.	Positive Assurances and Action Plan updated.	Safeguarding database population. Action plan reflecting internal audit findings.
	2482	Failure to learn from national / local organisations experience e.g. Francis report.	Action Plan updated.	QSC and BAC to review bimonthly action progress for Francis report - ongoing
Director of Estates Development	1541	Failure to gain planning approval if conditions for future site development and ongoing rationalisations are not agreed.	Target grade updated.	E2 Green.
	1740	Failure to deliver high and significant backlog maintenance programme.	Action Plan updated.	Date amended.
	2414	Failure to obtain approval of the Business Case for the Pathology project.	Action Plan updated.	Business case – Jan 11
Director of Finance	514	Failure to deliver recurrent efficiency gains and CIPs.	Action Plan updated.	Monitor closely through CIP programme board.
	1586	Failure to safeguard person identifiable data.	Action Plan updated.	Date amended.
	1587	Failure to have resilient information technology systems.	Action Plan updated.	Board approved network upgrade case to be completed by March 2011.
	1738	Failure to manage expenditure budgets.	Action Plan updated.	Date amended.
	1739	Failure to develop Service Line Reporting.	Action Plan updated.	Briefing to board.
	2464	Effect of national debt.	Action Plan updated.	Downside plan in LTFM constructed.
	2570	Inadequate estates as part of the Transfer of	Action Plan updated.	Awaiting guidance on clarity of asset transfer.

		Community Services.		
	2571	Failure to receive sufficient cash with the WCPCT transfer of Provider Services by April 2011.	Action Plan updated.	No cash transfer to be made.
Medical Director	1578	Failure to achieve, or loss of, accreditation by the relevant professional body.	Action Plan updated.	360 appraisals for all consultants and non-training grade doctors.
	2572	Unable to implement the DoH e-learning tool for Information Governance Mandatory Training fully, failing to achieve 95% compliance for all staff.	Gaps in control and Action Plan updated.	The IG training tool materials are being used in induction for new starters from November 2010 - not possible with a 20 minute slot. Paper assessments need to be filled out. New starters must also do mandatory training. Materials included in junior docs and quick induction.