

Trust Board Report

Meeting Date:	14 th February 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.).

This report has initiated the reporting of any operational red risks for members to note.

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	7

There are currently 41 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			1	3	
B – Likely			5	1	1
C – Possible		4	9	10	
D – Unlikely		3	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 41 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	1	10	5	2	
D – Unlikely		9	8		
E – Rare		2		1	

High level Operational risks

The following operational risk is considered to be of a high level and escalated through to the Division. All these risks are discussed at a directorate and divisional level.

	ID	Risk Title	Lead
	1854	Non reporting of plain film examinations.	Head of Radiology

Recommendation(s)

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

Appendix A: Tracking changes within Assurance Framework

Lead Director	Risk	Risk Title	Update	Reasoning / Progress Against Actions
Chief Operating Officer	1320	Non Reporting of Plain Film Examinations	Positive Assurance controls updated.	All Consultant Radiologists informed that when critical or unexpected findings are identified the Consultant responsible for the patient should be informed, where they are not available the on-call Consultant for the specialty should be contacted, in the unlikely event of both being unavailable, the on-call physician or surgeon should be contacted.
	1542	Emergency preparedness	Positive controls, target grade and Action Plan updated.	Exercise & Training programme in place and induction awareness. Developed individual Business Continuity Plans for Directorates and annual testing of plan and training. Emergency Planning Committee Chaired by COO meets monthly. Sub Group structure developed with clinical leads for MI, BCM and Pandemic Flu. Target grade – C1 Green
	1688	Failure to have an effective marketing strategy (both internally & externally)		Moved to COO Exec risk register.
	1713	Failure to effectively maximise workforce productivity.	Positive and Gaps in Assurance, and Action plan updated.	Internal Audit Report Action Plan to address issues – June 2011 September Audit of existing Job Plans – March 2011 Reduction in Agency Costs
	1719	Performance Reporting		Moved to COO Exec risk register.
	1720	Service Developments		Moved to COO Exec risk register.
	1722	Failure to agree service shifts with PCTs/ Commissioners		Moved to COO Exec risk register.
	1726	Failure to Agree Development of Tertiary Services with PCTs		Moved to COO Exec risk register.
	1729	No natural boundary for our catchment		Moved to COO Exec risk register.
	1965	Monthly Contract Financial Reconciliation	Current grade updated	C2 Yellow.
	2508	Commissioning responsibility changes - affects contracted income	Positive controls, current and target grade updated.	Review impact of 2011/12 Operating Framework and National Tariff Guidance and finalised Contract Agreements. Current grade – A3 Amber Target grade – B3 Amber
	2509	Failure to have an effective management governance process	Positive controls and Action Plan updated.	Aligning information governance with WCPCT provider services. Due Diligence Mitigation Plan.

		and systems in place for the vertical integration of Wolverhampton primary care provider services.		<p>Development of a Post Transaction Implementation Integration Plan.</p> <p>Post FT approval development of actions outlined in the TCS Monitor Framework – April 2011</p> <p>Development of a combined performance assurance framework for RWHT and WCPCT provider services – 31 March 2011.</p>
HR Director	1102	Employment Tribunal and Collective Grievance equal pay claims.	Action Plan updated	Still awaiting outcome of investigation from legal team; meeting now scheduled for early March 2011.
	1742	Failure to learn from staff survey.	Action Plan updated	Future Chat Back session on hold due to ongoing TCS Project; will be reviewed when integration of staff completed.
Director of Nursing and Midwifery	535	Failure to achieve reductions in HAIs impacting on Trust's reputation and compliance to regulatory standards.	Action Plan updated.	Post TCS implantation plan
	2448	Failure to have effective systems in place for patients with learning disabilities or requiring application of Mental Capacity Act.	Action Plan updated.	Patient identification system of learning disability patients - still waiting agreement from GP's - ongoing and outstanding.
	2449	Inadequate and ineffective systems to Safeguard Vulnerable adults.	Positive Controls and Action Plan updated.	<p>Safeguarding to be part of Deputy Director of Nursing and Midwifery's portfolio post April 11.</p> <p>Action plan reflecting internal audit findings.</p> <p>Post TCS implementation plan.</p>
	2450	Preparation of graduate nurse training	Positive controls and Action Plan updated.	<p>Review of proposed degree curriculum with Wolves University and Professional Education Lead.</p> <p>Set up steering group - Terms of reference with HR director</p>
	2482	Failure to learn from national / local organisations experience e.g. Francis report.	Positive control updated.	Governance unit reviewed external reports of other organisations learning.
Medical Director	2572	Unable to implement the DoH e-learning tool for Information Governance Mandatory Training fully, failing to achieve 95% compliance for all staff.	Positive controls updated.	IG training will change from being once only required to annual requirement in Trust policy from 2010.