

Trust Board Report

Meeting Date:	14 th March 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	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(s) is considered to be of a high level (RED). 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
	920	Non reporting of Plain film examinations.	Head of Radiology

Please note that risk 1854 is at a Divisional level and risk 920 is at a Directorate level.

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 updated	New PACS system implemented on 7 th February 2011
	2509	Failure to have an effective management governance process and systems in place for the vertical integration of Wolverhampton primary care provider services.	Positive controls and Action Plan updated.	Aligning information governance with WCPCT provider services. Due Diligence Mitigation Plan. Development of a Post Transaction Implementation Integration Plan. Post FT approval development of actions outlined in the TCS Monitor Framework – April 2011 Development of a combined performance assurance framework for RWHT and WCPCT provider services – 31 March 2011.
Director of Nursing and Midwifery	535	Failure to achieve reductions in HAIs impacting on Trust's reputation and compliance to regulatory standards.	Positive controls, Gaps in assurance and Action Plan updated.	PCR testing from March 2011 PCR testing is likely to increase the numbers of C-Diff due to more accurate testing (sensitivity). Monitor the increase in C-Diff post PCR testing and discuss with commissioners.
	2448	Failure to have effective systems in place for patients with learning disabilities or requiring application of Mental Capacity Act.	Gaps in Assurance updated.	% staff trained in MCA / LD.
	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 and cross referenced to local actions.
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.	Gaps in control and Action Plan updated.	TCS staff need to be trained. Numbers to train will go up. Overall % will go down. Regular communication to go out on IGTT compliance.