

## Trust Board Report

<b>Meeting Date:</b>	18 <sup>th</sup> April 2011
<b>Title:</b>	Board Assurance Framework
<b>Executive Summary:</b>	
<b>Action Requested:</b>	To inform the Committee of updates to the Board Assurance Framework (AF).
<b>Report of:</b>	Director of Nursing & Midwifery
<b>Author: Contact Details:</b>	Governance IM&T Lead Tel: 01902 695114 Email:
<b>Resource Implications:</b>	None identified
<b>Public or Private: (with reasons if private)</b>	Public Session
<b>References: (eg from/to other committees)</b>	
<b>Appendices/ References/ Background Reading</b>	
<b>NHS Constitution: (How it impacts on any decision-making)</b>	<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"> <li>✚ Equality of treatment and access to services</li> <li>✚ High standards of excellence and professionalism</li> <li>✚ Service user preferences</li> <li>✚ Cross community working</li> <li>✚ Best Value</li> <li>✚ Accountability through local influence and scrutiny</li> </ul>

## 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)	39
Risks managed to target level	7

There are currently 46 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	10	10	
D – Unlikely		3	5	2	
E – Rare			1		

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
<b>RED</b>	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 46 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		14	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.

	<b>ID</b>	<b>Risk Title</b>	<b>Lead</b>
	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	1542	Emergency preparedness	Positive controls and positive assurances updated.	<p>CBRN Plan and Action Cards.</p> <p>Major Incident Plan &amp; Action Cards</p> <p>Positive feedback from events 'exercise short fuse' – CBRN Exercise.</p> <p>CBRN Audit 9 March 2011.</p>
	1716	Failure to achieve targets in accordance with the operating framework	Positive Assurance and Action Plan updated.	<p>Continue to monitor daily and escalate as appropriate.</p> <p>Review annual plan and performance report to ensure that all compliance aspects are covered – May 2011.</p>
	1717	Failure to achieve re-registration by the CQC periodic review.	Positive controls and Action Plan updated.	<p>Service Improvement initiative - 5 new LIA Projects as part of waive two – completed.</p> <p>C Diff – new initiative (Acumentive) – complete and ongoing.</p> <p>Implement findings of Newton's Review re: Outpatients – Phase 1 complete. Phase 2 July 2011.</p> <p>Service Improvement initiative – continue to improve Stroke Services in line with NSF – ongoing.</p> <p>Service Improvement initiative – bed capacity meets demand – May 2011</p>
	1730	Failure of PCTs to have demand management systems in place.	Positive controls and Action Plan updated.	<p>Wolverhampton Urgent Care Triage &amp; Access Service triage system in place.</p> <p>Determine the impact on emergency admissions – June 2011.</p>
	2492	Capacity meeting demand	Positive controls, positive assurances, Gaps in Assurances and Action Plan updated.	<p>Developed the capacity and demand model to use across the organisation to 'size' capacity requirements.</p> <p>Daily meetings and Cancer Target Action Plan in place and been monitored.</p> <p>Cancer targets achieved – continue to monitor closely and report to TMT and Trust Board in performance report.</p> <p>Slippage in performance cancer targets.</p> <p>Utilise the findings of the Capacity to deliver bed reductions/CIP plans – September 2011.</p>
	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, positive assurance and Action Plan updated.	<p>Development of Shadow Management Arrangements.</p> <p>Undertake process in terms of TCS assessment before final sign off of BTA – completed.</p> <p>Draw up of Organisation Agreement (BTA) with WCPCT – draft template produced in February 2011 with final version being produced in March 2011 – approved at Trust Board 28 March 2011.</p>

				CCP approval given.  Outline of Shadow <del>monitoring</del> management structure established
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.	Action Plan for C-Difficile to be implemented – plan developed and implementation (completed)  Post TCS implementation plan led by new Deputy Director of Nursing and Midwifery.
	2449	Inadequate and ineffective systems to Safeguard Vulnerable adults.	Action Plan updated.	Deputy Director of Nursing and Midwifery leading Safeguarding across health economy.
	2450	Inadequate preparation for all Graduate nurse training in Wolverhampton from September 2011.	Action Plan updated.	Workforce plan (delayed)
Director of Human Resources	1102	Employment Tribunal and Collective Grievance equal pay claims.	Action Plan updated.	Meeting with Trust legal team rescheduled from March 2011 to April 2011
	1742	Failure to learn from staff survey.	Update to action points and assurances	Updated to reflect results received from the latest staff survey for 2010.
	2549	Variance in protection periods for staff under HR agreements, inequalities and affordability.	Update to Controls and to end date of Action point	Project / discussions ongoing
	2646	CRB Non-Portability	***New risk***	Non portability of CRB and lack of assurance in respect of right to work checks being completed for transferring staff from PCT may lead to patients being put at risk/Trust facing prosecution.
	2673	Community Professional Registration Checks	***New risk***	Professional Registration checks not being carried out on all community staff transferring to RWHT as a consequence of TCS, risk to Trust is NHSLA, CQC and service delivery.
	2674	Right to Work Checks	***New risk***	Right to works checks not being carried out on all community staff transferring to RWHT as a consequence of TCS, risk would be fines to the Trust.
	2675	Unfair Dismissal Claims	***New risk***	Unfair dismissal claims from community staff not transferring to RWHT as a consequence of TCS, leading to litigation against the Trust.
	2676	TUPE Transfer Rights	***New risk***	Additional staff claim TUPE transfer rights who are not on original staff lists, e.g. career breaks. Risk to Trust - unbudgeted costs, legal consequences if redundancy rights.