**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**
**BOARD OF DIRECTORS**
**THURSDAY 22 OCTOBER 2015**

| **Title:** | **QUARTER 2 BOARD ASSURANCE FRAMEWORK** |
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| **Responsible Director:** | David Burbridge, Director of Corporate Affairs |
| **Contact:** | Louisa Sorrell, Senior Manager Clinical Compliance |

| **Purpose:** | To provide the Board with the high level risks within the context of the Board Assurance Framework ("BAF") |
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| **Confidentiality Level & Reason:** | None |
| **Medium Term Plan Ref:** | Annual Plan |
| **Key Issues Summary:** | The BAF has been reviewed by the relevant leads and cross-checked with the Q2 performance report to ensure all risks are captured on the relevant Executive Risk Register and if applicable captured on the BAF. The key updates are:<br>• The risk of agency and bank spend within nursing has been reviewed and has been added to the Chief Nurse's Risk Register. It is not on the BAF as this risk forms part of the existing finance risk on the BAF.<br>• There are currently: 1 high risk, 4 significant risks and 6 moderate risks on the BAF<br>• The existing controls, assurance and progress columns have been updated by the leads<br>• The wording of the capacity risk (second risk in Appendix A) has been reworded following discussions with the COO.<br>• Additional controls for regarding unscheduled care have been added to the BAF. |
| **Recommendations:** | The Board is asked to review the revised BAF and identify any gaps in controls or assurance, the latter to be considered for referral to the Audit Committee for consideration. |

| **Signed:** D Burbridge | **Date:** 16 October 2015 |
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# Appendix 1 Quarter 4 Board Assurance Framework Report

University Hospitals Birmingham NHS Foundation Trust

**Key:**

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| CORE PURPOSE 1: CLINICAL QUALITY Strategic Aim: To deliver and be recognised for the highest levels of quality evidenced by technology, information, and benchmarking | **1** |
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| CORE PURPOSE 3: WORKFORCE Strategic Aim: To create a fit for purpose workforce for today and tomorrow | **3** |

| Core Purpose/ Other association | Risk Description | Current Context | Owner | Current Risk | Residual Risk | Existing Controls | Assurances Internal/External | Progress/Action Required | Timescale |
|---|---|---|---|---|---|---|---|---|---|
| | *Provides details of what the risk is* | *What is causing the resulting risk* | *Owner of the risk overall* | *Current Risk rating* | *Expected risk once all the controls and actions have been completed* | *What is currently in place to mitigate the risk* | *Examples of evidence that the existing controls and new actions have been implemented* | *Additional actions that need to be implemented to reduce the risk and update on existing and new actions* | *Timescales to complete relevant actions* |
| 1 | Significant deterioration in the Trust's underlying financial position resulting in a deficit being reported in excess of planned levels and the Financial Sustainability Risk Rating falling to a 1. | Significant financial challenge arising from the tariff package for 15/16. The original consultation tariff resulted in an estimated adverse impact of (£61m) for UHB. This was rejected by a majority of providers and had to be withdrawn by NHSE / Monitor. Rather than issue a revised consultation proposal (in line with the Health Act), providers were given the choice of accepting a voluntary Enhanced Tariff Offer (ETO) or remaining on 14/15 prices but without access to CQUIN income - the Default Tariff Rollover (DTR) option. Both options are better than the original tariff but would still leave the Trust facing very large deficits in 15/16, even after delivery of a challenging CIP target (£17.8m). For this reason the board of UHB (along with other Shelford members who are similarly affected) has not accepted either option (which means payment under DTR by default). Contracts have now been agreed on this basis resulting in a plan deficit of (£9.5m) for 2015/16. This includes £14.2m of grant and donated income and therefore the normalised (underlying) plan deficit for the year is (£23.7m). Since the plan was submitted there have been some upside movements (increases in education funding, reduction in fines, etc.) and the Trust has now reforecast the year end deficit as (£6.6m) overall / (£21.5m) normalised. | CFO | High (15) | Significant (12) | Trust Annual Financial Plan, Monitor Operational Plan, Monitor 5 Year Strategic Plan, regular financial reporting including CIP and controls. Scheme of Delegation. Internal policies and procedures. SFIs / Standing Orders. Trust financial system (SAGE) reflects the approved SFIs and Scheme of Delegation therefore setting appropriate limits for procurement. | Financial Plan documents updated regularly and presented to BoD. Regular financial reporting at BoD and Quarterly reports submitted to Monitor. External Audit of Annual Accounts.<br><br>Scheme of delegation published within Trust Policies and reviewed regularly.<br><br>Counter Fraud Service Assessment. External assessment of effectiveness of Counter Fraud Service assessed as Adequate. | A paper was presented to the Board of Directors on 4 March 2015 setting out the impact of the ETO and DTR options. This resulted in neither being accepted.<br><br>A Draft Operational Plan was submitted to Monitor on 7 April showing a projected deficit of (£23.7m) based on DTR.<br><br>Discussions were held between Shelford Group CEO's and NHSE to try to broker a resolution. This resulted in commitments from NHSE to independnetly review the payment system for 2016/17 although this is now being pushed back.<br><br>In parallel, contract negotiations with CCGs and Area Teams are ongoing under DTR to get the best possible settlement in order to partially mitigate the projected deficit. Contracts were signed at the start of September 2015.<br><br>Some upsides have emerged since the plan was submitted which have been incorporated into a reforecast trajectory for 2015/16. The combined impact of these changes reduce the overall plan deficit from (£9.5m) to (£6.6m).<br><br>Dialogue has continued with Monitor which has avoided the Trust being placed in formal investigation for finance. | Completed<br><br>Completed<br><br>Completed<br><br>Completed<br><br>Completed<br><br>Ongoing |
| 1 | Risk of failure to deliver operational performance targets due to capacity issues. | The shortage of capacity is directly related to the volume of routine secondary care work, out of area referrals, delayed TOC, activity drift from other providers, inappropriate ED attendances due to perceived/actual lack of community provision, inability to repatriate patients to referring DGH.<br><br>RTT and 8 of the 9 cancer targets are now being achieved the 2 targets which are currently not been met are:<br>- 62 day cancer target; and<br>- unscheduled care | COO & DoP | Significant (12) | Significant (10) | Capacity demand modelling undertaken to right size capacity<br>Forecast activity for 2015/16<br>Identified bed and theatre requirements<br><br>ODG oversees improvement projects to improve productivity and efficiency to improve capacity availability.<br><br>Assurance and tracking meetings in place for cancer 62 days and unschedules care. | Board Reports<br>Cancer Waiting List Assurance Group meets weekly and reviews the data<br>Performance against national targets and waiting list size - performance reports to COOG, CEAG and BoD<br><br>Unscheduled Care Group and ED Operations Group | Divisions working to implement the revised capacity requirements. The plans are reviewed ongoing and cross divisional actions are monitored at the fortnighly operational delivery group (ODG).<br><br>Actions within the Integrated Performance Report to continue to be implemented to enable the Trust to meet the following targets:<br>- % of patients waiting < 6 weeks for 15 key diagnostics tests<br>- % patients wiaing 4 hours or less in A&E<br>- Cancer Waiting Times - 62 day GP target | Ongoing<br><br>January 2016 |
| | | | | | | A demand management process was introduced for 7 specialties in September/October 14. This has resulted in all GP routine referrals for these specialties from outside the 2 Birmingham CCGs being rejected.<br><br>The contract for 2015/16 was signed on 4 September 2015. As a result all GP routine speciality referrals have to be accepted. | Agreement with CCCCG and SCCCG. Communications. CCQ papers and minutes. | The Trust have for the specialities experiencing significant demand introduced a process that involves writing to the patient on receipt of referral highlighting the subsequent pressure on waiting times and highlighting their right under the NHS constitution to request their Commissioners to idntify an alternative provider. | Ongoing |
| | | | | | | Activity Reviews. Short, Medium and Long Term Plans. | Monitoring figures for capacity via bed meetings and dashboards. Short, medium and long term plans. | Divisional monitoring on a daily basis at the bed meeting. Quarterly reviews of activity and growth. Short, medium and long term plans presented to the Executive teams by Divisions.<br><br>This continues to be monitored daily and is reviewed at fortnighly operational delivery group (ODG) | ongoing |

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Birmingham
NHS Foundation Trust

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| | | | | | | In October 2013 the Trust commenced the Recovery@Home which looked to creating 27-35 additional beds in the community. This increased capacity will allow a rebase of beds within general medicine. This is a 3 year pilot scheme with the aim of providing an element of acute care to patients in their homes by appropriate nursing and therapy staff.<br><br>Paper submitted to CEAG in January 2015 confirming the pilot is releasing bed capacity as well as delivering a postive patient experience | Recovery @ Home, CEAG paper submitted in January 2015 | Work is underway to identify further patient cohorts that can utilse the existing model. In addition, in conjuction with BCCCCG work is to commence on the development of an extensive model of care that proactively manage patients at a high risk of admission into hospital in the community. The development of this model is expected to be completed by April 16<br><br>A recent letter from Redditch & Bromsgrove CCG has noted that to support Worcester Acute Hospital NHS Foundation Trust (WAHT) they will be looking to divert GP referrals away from WAHT for a 3 month period. A significant proportion of additional patients could be referred to UHB as a result. The Director of Partnerships has met with the CCG and weekly referral numbers will be monitored to access the impact. Any variation over agreed contract levels will be charged at tariff + to reflect the additional costs incurred to manage this activity | April 2016 |
| 1 | Impact of external factors and other elements of the health economy impacting on the trusts capacity and timely/effective transfer of care from UHB to other providers. | Social care/other provider delay Structural and policy change following election. drift from other providers, inappropriate ED attendances due to perceived/actual lack of community provision, inability to repatriate patients to referring DGH. Changing needs of patient population, commissioning intentions, strategic plans of other providers, inadequately funded quality initiatives from NHSE etc. | DOP | | | Alternative sources to prevent delays to discharge and systems have been developed to prevent delays to discharge and to provide appropriate arrangements for patients in Birmingham E.g. Kenrick Centre and Enhanced Assessment Beds.<br>Capacity funded by both Local Authority / CCGs and as well as placements for patients with dementia and challenging behaviour.<br><br>A Patient Choice policy with a supporting process for communication of this to patients and relatives has been launched in June 2015 with the aim of reducing discharge delays caused by relatives/patients refusing to use this capacity as an appropriate alternative to an acute bed. | Birmingham wide daily capacity reports. Minutes of SRG and BCF(05) work stream. New capacity specifications. | An Extensivist Steering Group has now been established in conjunction with the CCG and in September the team reviewed the service currently being piloted in Blackpool. A target date of April 16 has been set to commence a similar pilot in 2 geographical areas in South Birmingham. | Apr-16 |

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| | | | | Significant (12) | Significant (10) | Discharge hub is now set up and the Director of Partnerships is meeting 3 times a week with the lead for the Social Services team based at UHB, the Trust's discharge liaison nursing (DLN)) team lead and Divisional representatives to review progress on each patient referred and classified as a section 5.<br><br>The new referral process for patients requiring a complex discharge has now been operating for 4 months. Overall DTOC bed days have reduced significantly with a 61% reduction between June and September compared with the same period the previous year. The impact of this initiative as well the impact of other discharge schemes is leading to a demonstrable reduction in length of stay.<br><br>2 additional DLN posts have been recruited to to reduce response times and NHS discharge delays.<br><br>A weekly complex case panel to review and agree actions to reduce delay has been established.<br><br>Meetings have been taken place with all key Local Authority social care leads outside Birmingham to confirm points of contact and escalation process to minimise patient delays. A nominated UHB lead for patients from external SLAs is tracking these patients on an ongoing basis. | Discharge Hub Meeting<br>Policy. Agreement with CCCCG and SCCCG. Communications. CCQ papers and minutes.<br><br>A Steering group in place to develop a combined Trust and Local Authority Complex Discharge team. | By October 2015 new IT system to be put in place to support more effective management and tracking of patients who are section 2/5s.<br><br>The complex discharge team have now moved into new accommodation in the Wolfson building which enables the health and social care staff be together as one team. In addition in August 15 an overarching Clinical Manager for the Complex Discharge team started in post. Their role will be to create an integrated team, underpinned by recently developed information systems that reduce the time patients remain in hospital once they are medically fit.<br><br>Despite good progress in Birmingham delays associated with patients from out of Birmingham LAs still remain significant. During September the Chief Executive wrote to the 3 LAs with the longest delays to express concern and state that unless the situation improved the Trust would commence DTOC fining from 1 January 2016. The Director of Partnerships will be meeting with the LAs concerned during Q3 to discuss how processes/performance can be improved. | October 2015<br><br>Dec 2015 |
| | | | | | | Chief Executive Officer links with Monitor/CQC. | Quarterly Monitor reports to BoD. Feedback from Executive meetings with Government leads to establish influence over policy and strategy<br><br>Quarterly reports to Monitor. Develop more links with influential departments and key staff. Annual plan 2014-15. Annual plan 15-16. | The Trust 5 Year Strategy has been approved by the BoD.<br><br>The 2015/16 Trust Annual Plan, Financial Plan and details of the requirements of the Monitor Operational Plan were presented at the Board Seminar on 9 April 2015. Full paper on the Annual Plan and Operational Plan being submitted to April BoD and to Monitor in May. | BoD paper in April 2015 |
| | | | | | | Clinical Commissioning Contract Board established with monthly meeting schedule. Membership of partnership groups revised to incorporate Trust governance arrangements. Membership established of cluster wide system plan group. Meetings with Commissioning Team to review overall capacity in the system on a fortnightly basis.<br><br>The contract for 2015/16 was signed on 4 September 2015. As a result all GP routine speciality referrals have to be accepted. | Regular meetings with commissioners and significant external partners. Governance arrangements that feed into Trust structures. | The Trust have for the specialities experiencing significant demand introduced a process that involves writing to the patient on receipt of referral highlighting the subsequent pressure on waiting times and highlighting their right under the NHS constitution to request their Commissioners to idntify an alternative provider. | Ongoing |
| | | | | | | Health and Social Care Bill. Commissioning support unit. Changes to Monitor. NHS England and local CCGs. | BoD reports and minutes. Dashboards, Board seminars, business planning capability.<br><br>Monitor validation of Trust financial and governance arrangements. | Horizon scanning to identify consistency for Trust planning 2015-16. | ongoing |

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| 3 | Inability to recruit sufficient numbers of sufficiently skilled, trained and competent staff due to insufficient supply | Junior Medical workforce of all grades, ITU and theatre nursing staff, age profile of the scientist workforce and middle/senior management staff. | EDOD | Significant (12) | Moderate (8) | Establishment of an executive led Strategic Workforce Group through which the Operational and Nursing Workforce Group will become formal sub groups.<br><br>Health Care Scientists review presented at COOG in May and action plan developed for agreement and monitored implementation by the Strategic Workforce Group.<br><br>Recruitment plan and package to address nursing shortfalls which includes overseas recruitment, support package for out of practice and returning nurses and increasing recruitment/retention rates for newly qualified nurses. | Papers from the Strategic Workforce Group, Nursing Workforce Group and Operational Workforce Group.<br><br>Investment in Physician Associate Training programme in partnership with UoB.<br><br>Bi-annual reports to BoD on both HR and Workforce/Education. KPI evidence reports. Staff survey. Successful award and project outcomes. Training records and ESR. Education Directorate Senior Team meetings with Divisions. Education Directorate Business plans. | Workforce Goverannce structure agreed with revised terms of reference for overarching Strategic Workforce Group and its subgroups. Strategic Workforce Group is chaired by Executive Director of Delivery with membership from Executive Medical Director, Chief Nurse and Chief Operating Officer. The group will set the strategic direction for the initiation and implementation of workforce prioirities to enable the Trust to meet its service prioirities. Strategic Workforce Group fully sighted on the current and potential future risk areas, current workforce performance against plan and oversight around the introduction of new roles and the annual workforce planning process.<br><br>Workforce Planning outcomes for 2015/20 discussed with COOG and forward plan to incorporate workforce planning into the overall annual planning process agreed. New and lighter touch process agreed.<br><br>Ongoing work with the Divisions to increase the Junior Specialist Doctor (JSD) offer in terms of salary. New Clinical lead appointed to support JSD education. Work to create longer term rotations is ongoing.<br><br>Long term workforce risks escalated to Health Education West Midlands as part of the 2015/16 workforce planning process. Meeting with the Postgraduate Medical Dean requested to discuss the medical workforce shortages.<br><br>Framework to support the implementation of advanced clinical practitioner roles underway with job descriptions under consultation as part of the first phase. Scoping work around the requirement for Physician Associates (PAs) and Physician Associates Anaesthetics (PAAs) also underway and for discussion in November 2015 with COO, MD, Director of Delivery, Chief Nurse. Number of ODP commissions increased and all pilot degree commissions now placed with UHB. | 01/10/2015<br><br>Ongoing<br><br>March 2016<br><br>March 2016 |
| | | | | | | Retention of key staff; Clear and prioritised departmental objectives and appraisal system. Internal control systems which minimise demands on senior staff time.<br><br>Leadership and management education programme established for middle and senior managers. | Appraisal rates, senior management turnover rates; Regular senior team meetings, including periodic review of departmental objectives and of senior managers' individual objectives; internal audit review to confirm the reliability of financial records and compliance with Trust policies and regulations.<br><br>External audit reports and action plans review to confirm the reliability of financial records and compliance with Trust policies and regulations | Matron Development programme launched in October and will run until January. Programme will be subject to evaluation and ongoing review to ensure it is meeting the needs identified in the scoping work. Group Manager report now completed following 360% stakeholder interviews and GM workshops. Report will inform the forward programme which will be launched early in the next calendar year. Executive led Leadership group now formally established and will continue to agree leadership development prioirities and drive further programmes of work. | Mar-16 |
| 1 | Breach of terms of Monitor Provider Licence/Material non-compliance with external regulatory requirement | There is activity growth, capacity constraints, and the trust still receives late referrals which impact on its ability to meet the cancer targets. There have been breaches of cancer waiting time standards and 18 weeks referral to treatment time for admitted patients over quarter 3 2014/15. This triggered a review by Monitor. Following the review the Trusts's governance rating returned to 'green'.<br><br>RTT and 8 of the 9 cancer targets are now being achieved the 2 targets which are currently not been met are: | DCA | | | Trust Governance structure and processes | Board Meeting Minutes. Quarterly paper. The Board of Directors (BoD) receives a quarterly paper outlining the Trust's proposed quarterly governance declaration. | This declaration is then submitted to Monitor to ensure the Trust maintains compliance with its obligations. Quarterly returns are also completed. | Ongoing |
| | | | | | | Governance Framework in place which captures CQC regulatory requirements | DCA Governance Group Minutes | Complete review of governance framework, to include additional regulatory requirements e.g. Human Tissue Authority, MHRA and the new CQC Fundamental standards. | Mar-16 |

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| | | - 62 day cancer target; and<br>- unscheduled care | | Significant | Moderate | Constructive relationship with Monitor and the Commissioners to provide assurance that the Trust will recover its trajectories in line with plan. Action plans have been agreed with the commissioners and shared with Monitor. Quarterly declarations are submitted to Monitor in line with deadlines and contain update on actions. Monthly Service Quality Performance Report is submitted to CCG detailing performance and a progress update on any indicators that are off target. Also monthly Strategic Resilience Group meetings and Contract Review meetings ensure that the CCG are fully appraised of and assured about any performance issues. | Monthly performance indicator reports to BoD, Clinical Quality Committee, CEAG and COOG. Letter from Monitor to Julie Moore on 15 May 2015 confirming return to 'green' governance rating. | Implement action plans shared with Monitor and CCG to achieve agreed trajectories for recovery of targets | Ongoing |
| | | | | | | Quality & safety inspections Inc. Back to the Floor, Board Governance Visits | CQMG Reports on Board Governance Visits | Continue with existing controls | Ongoing |
| | | | | | | Capacity demand modelling undertaken to right size capacity<br>Weekly assurance meetings & twice weekly cancer pathway tracking meetings in place<br>Appointment of new staff within Cancer Services to support operational delivery | Performance Reports to CCOG, CEAG and BoD | Trajectories produced for all tumour sites ongoing.<br><br>Remedial action plan is being monitored through the monthly Cancer Steering and weekly performance assurance meeting<br><br>Improved informatics reports to forecast performance and undated patients All the targets with the exception of the 62 Day GP referral were achieved in Quarter 2. The trajectory for the 62 day target is Janaury 2016, with an internal stretch target for December recovery. An action plan supports the trajectory and the backlog of patients over 62 days continues to decrease | January 2016 |
| | | | | | | Monthly unscheduled care performance<br>Monthly unscheduled care group monitors:<br>- 4 hour performance<br>- Assessment times in ED<br>- Treatment times in ED and ambulance turnaround<br>The Group is also reviewing specific patient pathways for patients with back pain and fractured Neck or Femur. The Group leads on setting seasonal strategy and has agreed a recovery action plan for 4hr performance. | Performance Reports to CCOG, CEAG and BoD | Remedial action plan has been agreed by the unscheduled care group and performance is monitored to met the target | Nov-15 |
| | | | | | | Constant capacity reviews and monitoring of service provision. Out of area transfers are being identified on a daily basis and will be reported to the WMAS and Commissioners. Additional capacity has been created - the Trust has opened over 170 beds in the last 18 months. Seasonal planning. | Board Reports<br><br>Cancer Waiting List Assurance Group meets weekly and reviews the data | Continue with existing controls and assurance as outlined in capacity risk above.<br><br>A recent letter from Redditch & Bromsgrove CCG has noted that to support Worcester Acute Hospital NHS Foundation Trust (WAHT) they will be looking to divert GP referrals away from WAHT for a 3 month period. A significant proportion of additional patients could be referred to UHB as a result. The Director of Partnerships has met with the CCG and weekly referral numbers will be monitored to access the impact. Any variation over agreed contract levels will be charged at tariff + to reflect the additional costs incurred to manage this activity | Ongoing |

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| 1 | Failure to reduce the transmission of infection | Trust has had higher level of MRSA cases than the rusts trajectories for 2015/16 | CN | Moderate (8) | Low | An audit of current practice has been carried out which foundthe following wasn't been done adequately: Hand hygiene, screening of patients for MRSA, Device care (use of catheters), cleaning and decontamination and Isolating of patients. An action plan has been put in place which is monitored by the IPC Group. | MRSA Action Plan and IPC Group Minutes<br><br>IPC Policy approved | Continue to implement actions and monitor at IPC Group | Ongoing |
| 2 | Adverse media coverage related to Trust activities with a risk of reputational damage | | DCOMMS | Moderate | Moderate | Stakeholder Engagement Strategy. Communication Strategy. | Numerous Policies and associated Procedures have been approved and implemented e.g. Whistle Blowing Policy, Contact with the Media Policy etc. | Delivery of the Communication Strategy and associated Policies and Procedures. Relationships with local journalists developed. Stakeholder Engagement Strategy and Register. | Ongoing |
| 1 | Reputational/financial/organisational damage arising from commercial ventures | | DSO | Moderate | Moderate | Executive Director of Strategic Operations (and External Affairs) and Deputy role. | Private Patient Strategy. Board Seminar Papers. | Board Seminar to discuss developments re internal relationships. Identification of opportunities and clarification of areas to pursue continues. | ongoing |
| 3 | Insufficient resources, particularly in terms of senior management availability, to effectively plan and prepare for a major organisational change with detrimental impact on the Trust's core business | | DoP | Moderate | Moderate | Short life CEO led working group to look at leadership and talent management across key roles<br><br>Annual workforce planning process | NHS Elect re-commissioned to work within the Trust to co-produce and deliver a second year programme of leadership and management training.<br><br>Specific leadership programme for the triumvirate of Clinical Service Leads, Matrons, Group Managers planned to commence in the new year (April 2015). Current job description, person specifications and recruitment practice under revision to complement the timeline<br><br>Talent Management champions trained and established with Talent Management embedded into revised appraisal documentation and policy<br><br>Mentorship and Coaching freely available through leadership portal on the website.<br><br>Top Leaders programme available through NHS Academy with sponsorship for additional bespoke programmes identified. | Approach to succession planning for key roles and disciplines needs to be a priority output of the annual workforce planning process and reviewed as part of the exec led confirm challenge process.<br><br>Scoping work with Universities to look at a provider for a UHB Management Internship/graduate programme to commence September 2015 | Ongoing |
| 1 | Failure in one or more components of business and IT systems, resulting in clinical service, department, equipment and/or staffing failure | | MD | | | Full Business continuity plans in place. | Emergency Planning Policy and procedures. Emergency preparedness training for senior managers undertaken. Emergency Preparedness Steering Group minutes. Reports from table top exercises. Emergency Preparedness Risk Register. | Testing of business plans has taken place. Major incident testing has taken place. Validation of systems through major incident testing with external stakeholders | |

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| | | | | Moderate | Low | ISO 9000, Regular data backups and checks that the back-ups have integrity. Documented and approved service management processes. | Emergency Preparedness Steering Group. Testing and action plans. Contingency printing of PICS is carried out daily in clinical areas and recorded on the Clinical dashboard. Security standards and policies.<br><br>Validation of table top exercises by an external auditor. ISO 9000 | Documented and approved service management processes. EPSG reviews all the relevant risks and actions. All critical systems have been identified and internal testing through table top exercises has been carried out and reported back to EPSG. | |