

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 26 SEPTEMBER 2013

Title:	BOARD ASSURANCE FRAMEWORK
Responsible Director:	David Burbridge, Director of Corporate Affairs
Contact:	Bob Hibberd, Head of Clinical Risk and Compliance

Purpose:	To provide the BoD with the high level risks within the context of the Board Assurance Framework
Confidentiality Level & Reason:	None
Medium Term Plan Ref:	Annual Plan
Key Issues Summary:	<ul style="list-style-type: none">• There are 0 high severity residual risks and 5 significant risks.• All other risks are moderate or low.
Recommendations:	The BoD is asked to: <ul style="list-style-type: none">• Discuss the contents of this report• Approve the Board Assurance Framework

Approved by: DAVID BURBRIDGE	Date: 18 September 2013
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 26 SEPTEMBER 2013
BOARD ASSURANCE FRAMEWORK
Presented by Director of Corporate Affairs

1 REVIEW

- 1.1 The Board (July 2013) has approved the key risks to the Trust's objectives which have been included in the Board Assurance Framework (BAF).
- 1.2 The Board Assurance Framework (BAF) has been reviewed and updated with the relevant Executive Directors.
- 1.3 The Trust has identified a range of strategic significant risks, which are currently being mitigated, whose impact could have a direct bearing on compliance with the Terms of Authorisation, CQC registration or the achievement of corporate objectives in the following areas should the mitigation plans be ineffective.
- 1.4 Currently, the significant risks relate to the following areas:
 - 1.4.1 **Finance - The Trust fails to achieve a satisfactory financial risk rating** Core purpose 1
 - 1.4.2 **Strategic- Strategies are not able to respond to external changes and system pressures** Core purpose 1
 - 1.4.3 **Compliance - Breach of terms of Monitor Provider Licence/Material non-compliance with external regulatory requirement** Core purpose 1
 - 1.4.4 **Strategic Inability to adapt to meet changing needs of patient population** Core Purpose 1
 - 1.4.5 **Operational - Failure in one or more components of business and IT systems, resulting in clinical service, department, equipment and/or staffing failure** Core purpose 1

2 RECOMMENDATIONS

- 2.1 The BoD is asked to:
 - 2.1.1 Discuss the contents of this report
 - 2.1.2 Approve the Board Assurance Framework

Board Assurance Framework Report

Annual Plan						
Corporate Objective						
Ref	Description	Risk Context	Initial Risk	Current Effectiveness	Owner	Review Date
Financial	05. STRATEGIC Significant deterioration of Trusts underlying financial position		Moderate	Low (Within Tolerance)	Mike Sexton	29/11/2013
Controls						
Description	Gaps		Effectiveness	Assurances	Internal	External
CSFS, Appropriate and accurate levels of Delegation and Authorisation limits.	Risk of fraud will never be completely mitigated.		H	Regular report to the Audit Committee. Audit committee minutes. Annual plan of work agreed by Audit Committee and reports provided to Audit Committee as work is completed. Scheme of Delegation. Internal policies and procedures. SAGE system. Scheme of delegation published within Trust Policies and reviewed regularly.	External Counter Fraud Service Assessment, SFIs/Standing Orders. External assessment of effectiveness of Counter Fraud Service assessed as Adequate in 2012. Trust financial systems (SAGE) reflects the approved SFIs and Scheme of Delegation therefore setting appropriate limits for procurement.	Gaps
Risk Details						
Ref	Description	Risk Context	Initial Risk	Current Effectiveness	Owner	Review Date
Financial	06. STRATEGIC The Trust fails to achieve a satisfactory financial risk rating		Significant	Significant	Mike Sexton	29/11/2013
Controls						
Description	Gaps		Effectiveness	Assurances	Internal	External
Annual Financial Plan, Monitor 3 Year Financial Plan, Monthly Finance and Activity Performance Report. Quarterly reports to Monitor.	The Trust has achieved a Financial Risk Rating of 3 for 2012/13. It is expected that this will be maintained in 2013/14.		H	Downside plan, 3 year financial plans updated annually. Internally the Trust maintains a 10 year financial plan which is reviewed at Audit Committee and BoD Audit Committee Minutes.	External External Audit of Annual Accounts, External Review of 3 Year Plans. The Trust provides quarterly returns to Monitor outlining the Trusts current financial performance against the plan. Internal audit validation of systems.	Gaps
Corporate Objective						
Strategic Enabler 2: To deliver and communicate the best in quality outcomes						
Ref	Description	Risk Context	Initial Risk	Current Effectiveness	Owner	Review Date
Strategic	01. STRATEGIC - Systemic delivery of poor care	CQC Outcome 16	High	Moderate	Kay Fawcett	29/11/2013
Controls						
Description	Gaps		Effectiveness	Assurances	Internal	External
Back To The Floor (BTFF), Regular review of patient environment, documentation and standards of care is undertaken by a Maroon with ward staff. A series of audit tools have been designed which can be used for themed reviews such as care rounds.			M	Electronic BTFF system, Clinical Dashboard, Senior Nurse forum meeting minutes. BTFF action plans on Clinical Dashboard. Divisional BTFF meetings. Nursing Grand Round minutes.	External CQC visit reports. Internal audit reports/Audit committee reports/minutes	Gaps
Assurances						
Description	Gaps		Effectiveness	Internal	External	Gaps
CQC inspection reports and action plans			M	CQC action plans developed by local areas. Monitored at Mental Health Group/Care Quality Group/Clinical Quality Monitoring Group.	External CQC visit reports. Internal audit reports/Audit committee reports/minutes	Gaps
Assurances						
Description	Gaps		Effectiveness	Internal	External	Gaps
Infection Prevention and Control Action Plan. Monthly review of risks, controls and compliance for IP&C. RCA review of all cases MRSA and CDI. Local review of CDI RCA and Executive Review of Trust Apportioned cases of MRSA bacteraemia and CDI deaths. Robust process for review of policy and procedures.	In 2013/2014 innovations in information technology to support improvements in IP&C will continue to be developed to ensure delivery of real benefits to patient safety. These will include further development of an IP&C dashboard and an electronic solution to recording invasive devices in PICS. Improvements in the management of invasive devices have continued to progress all be it slowly. Innovations in information technology to support improvements in IP&C will continue to be developed to ensure delivery of real benefits to patient safety. These will include completion of an electronic solution to recording all invasive devices in PICS.		H	Minutes from PCC, BoD, CEAG, IPCC Divisional IP&C risk matrices, Datix reports, RCA themes and trends, IP&C action plans, IP&C Dashboard. Training records.	External DH reporting guidance and notifications of outbreaks. Joint working with CCS to achieve primary and secondary care continuity of treatment. CQC visit report. Department of health MRSA Post Infection Review (PIR) approach to zero avoidable MRSA bacteraemias.	Gaps
Assurances						
Description	Gaps		Effectiveness	Internal	External	Gaps
Learning from Complaints/PALS/Incidents/Claims			M	Complaint/PALS responses, SIRI reports and action plans. Risk Management Recommendations. Risk registers. CEAG Papers. Care Quality Group reports. CQMG reports. DCOMG framework dashboard. Reports to BoD	External CQC inspections/reports. NHSLA RMS assessments.	Gaps
Assurances						
Description	Gaps		Effectiveness	Internal	External	Gaps

Risk Details						
Ref	Description	Risk Context	Initial Risk	Current Effectiveness	Owner	Review Date
M			Significant	Significant	Tim Jones	29/11/2013
Assurances						
Internal						
	Minutes from CIG. Development of partnerships with consortia and lead commissioners. Develop further relationships with consortia lead GPs. Emerging issues to be developed with embedding of Associate Director of Partnerships post. Future meetings to be centered on service level and contractual arrangements.		M			
Assurances						
Internal						
	Executives are developing relationships with government leads and influencing emerging policy. The Monitor Annual Plan 2013-14 was presented to BoD in May 2013 for final approval to reflect content of the Annual Plan 2013-14.		H			
Assurances						
Internal						
	Regular meetings with commissioners and significant external partners. Governance arrangements that feed into Trust structures.		M			
Assurances						
Internal						
	Uncertainty in present economic environment creates possibility of strategies not sufficient to meet the requirements. Uncertainty with regard to changes to Monitor.		H			
Assurances						
Internal						
	BoD reports and minutes. Dashboards, Board seminars, business planning capability.					
Assurances						
Internal						
	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 PCT					
Assurances						
Internal						
	Horizon scanning to identify consistency for Trust planning 2013-14.					
Risk Details						
Ref	Description	Risk Context	Initial Risk	Current Effectiveness	Owner	Review Date
Compliance	10. STRATEGIC Risk of prosecution of Trust and/or individual directors or members of staff	Francis Report recommendations	High	Moderate	David Burbridge	29/11/2013
Assurances						
Internal						
	Incident reporting. Reports to Audit Committee and BoD. Health and Safety Policy. Governance Framework. Monitoring Report to BoD.		M			
Assurances						
Internal						
	Implementation of Internal auditors recommendations to be completed. Ongoing work to achieve level 2 accreditation.					
Risk Details						
Ref	Description	Risk Context	Initial Risk	Current Effectiveness	Owner	Review Date
Compliance	11. STRATEGIC Breach of terms of Monitor Provider Licence/Material non-compliance with external regulatory requirement		Significant	Significant	David Burbridge	29/11/2013
Assurances						
Internal						
	Board Meeting Minutes. Quarterly paper.		M			
Assurances						
Internal						
	This declaration is then submitted to Monitor to ensure the Trust maintains compliance with its obligations. Quarterly returns are also completed.					
Corporate Objective						
	Strategic Enabler 3: To improve quality and efficiency along the patient pathway working with local health economy partners					
Risk Details						
Ref	Description	Risk Context	Initial Risk	Current Effectiveness	Owner	Review Date
Strategic	02. STRATEGIC Inability to adapt to meet changing needs of patient population		Significant	Significant	Andrew McKirgan	29/11/2013
Assurances						
Internal						
Assurances						
Internal						
Assurances						
Internal						

Controls	Assurances	Internal	External	Gaps
Description	Monitoring figures for capacity via bed meetings and dashboards. Short, medium and long term plans.			Divisions to discuss and present to Executive teams to manage capacity locally.
Effectiveness				
M				
Initial Risk	Current Effectiveness	Owner	Review Date	Residual Risk
Moderate	Moderate	Tim Jones	29/11/2013	Moderate
Assurances	Internal	External	Gaps	
Effectiveness				

Corporate Objective

Strategic Enabler 4: To ensure care is delivered using the best available treatment and technology that produces the best clinical outcomes

Ref	Description	Risk Context	Initial Risk	Current Effectiveness	Owner	Review Date	Residual Risk
Operational	08. STRATEGIC Failure in one or more components of business and IT systems, resulting in clinical service, department, equipment and/or staffing failure		Significant	Significant	David Rosser/Kevin Bolger	29/11/2013	Significant
Controls	Assurances	Internal	External	Gaps			
Description	Full Business continuity plans in place. Testing of business plans has taken place. Major incident testing has taken place.	Minor issues identified, action plan in place to address.	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.	Validation of systems through major incident testing with external stakeholders			Minor issues identified, an action plan in place to address these.
Effectiveness	Internal	External	Gaps				
M							

Controls	Assurances	Internal	External	Gaps
Description	ISO 9000. Regular data backups and checks that the back-ups have integrity. Documented and approved service management processes. Data Centre.	Although day to day resilience is in place providing robust management of the data through regular data backups, rigorous security controls and resilient systems, there may be gaps in our ability to provide resilience should we lose Data Centre.	Emergency Preparedness Steering Group (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. Contingency printing of PICS is carried out daily in clinical areas and recorded on the Clinical dashboard. Security standards and policies.	Validation of table top exercises by an external auditor. ISO 9000 Minor issues identified, an action plan in place to address these.
Effectiveness	Internal	External	Gaps	
H				

Annual Plan

Corporate Objective

CORE PURPOSE 2: PATIENT EXPERIENCE - Strategic Aim: To ensure shared decision making and enhanced engagement with patients

Strategic Enabler 2: To provide patients with high quality information and support to allow informed choice and shared decision making

Ref	Description	Risk Context	Initial Risk	Current Effectiveness	Owner	Review Date	Residual Risk
Reputational	13. STRATEGIC Adverse media coverage related to Trust activities with a risk of reputational damage		Moderate	Moderate	Fiona Alexander	29/11/2013	Moderate
Controls	Assurances	Internal	External	Gaps			
Description	Delivery of the Communication Strategy and associated Policies and Procedures. Relationships with local journalists developed. Stakeholder Engagement Strategy and Register.	Scope for stakeholder relationships to be strengthened	Numerous Policies and associated Procedures have been approved and implemented e.g. Whistle Blowing Policy, Contact with the Media Policy etc. Any event that could potentially create adverse internal or external publicity should be escalated directly to the Communications Team.				
Effectiveness	Internal	External	Gaps				
H							

Corporate Objective

Strategic Enabler 3: To develop the Trust culture and staff behaviour to focus on the patient experience and ensure improved engagement with marginalised groups

Ref	Description	Risk Context	Initial Risk	Current Effectiveness	Owner	Review Date	Residual Risk
Reputational	12. STRATEGIC Patient experience fails to match expectations		Moderate	Low (Within Tolerance)	Kay Fawcett	29/11/2013	Low (Within Tolerance)
Controls	Assurances	Internal	External	Gaps			
Description							
Effectiveness	Internal	External	Gaps				

Trustwide learning from complaints and PALS feedback to be embedded.

Care Quality Group - reports from informatics on key indicators. Patient Services and PALS integrated into Patient Relation Service from July 2012. To ensure effective complaint management and review/action for common themes.

Regular reports to BoD/Audit Committee. Gaps in assurance - Operational outputs from strategy. Care Quality Group receive a quarterly report detailing themes from all aspects of patient feedback.

Controls		Assurances		Gaps	
Effectiveness	Internal	External	Internal	External	Gaps
H					
H			Care quality minutes, Clinical Dashboard.	SHA monitoring.	

Strategic Enabler 4: To strengthen cross-organisation partnerships with the new Clinical Commissioning Groups and other organisations within and outside the NHS

Risk Details		Current Effectiveness		Owner		Review Date		Residual Risk	
Ref	Description	Initial Risk	Current Effectiveness	Owner	Review Date	Initial Risk	Current Effectiveness	Owner	Residual Risk
14	STRATEGIC Reputational/financial/organisational damage arising from commercial ventures	Moderate	Moderate	Kevin Bolger	29/11/2013	Moderate	Moderate		Moderate

Strategic Enabler 3: EDUCATION AND TRAINING - Strategic Aim: To create a fit for purpose workforce for today and tomorrow

Risk Details		Current Effectiveness		Owner		Review Date		Residual Risk	
Ref	Description	Initial Risk	Current Effectiveness	Owner	Review Date	Initial Risk	Current Effectiveness	Owner	Residual Risk
07	STRATEGIC 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	Significant	Low (Within Tolerance)	Andrew McKirgan	29/11/2013	Significant	Low (Within Tolerance)		Low (Within Tolerance)

Strategic Enabler 1: To strengthen the Trust's capacity and capability for developing and managing the workforce

Risk Details		Current Effectiveness		Owner		Review Date		Residual Risk	
Ref	Description	Initial Risk	Current Effectiveness	Owner	Review Date	Initial Risk	Current Effectiveness	Owner	Residual Risk
	09. STRATEGIC Failure to meet key performance indicators which could result in poor clinical outcomes, financial penalties and reputational damage	Significant	Moderate	Tim Jones	29/11/2013	Significant	Moderate		Moderate

Strategic Enabler 4: RESEARCH AND INNOVATION - Strategic Aim: To ensure UHB is a leader of research and innovation

Risk Details		Current Effectiveness		Owner		Review Date		Residual Risk	
Ref	Description	Initial Risk	Current Effectiveness	Owner	Review Date	Initial Risk	Current Effectiveness	Owner	Residual Risk
	09. STRATEGIC Failure to meet key performance indicators which could result in poor clinical outcomes, financial penalties and reputational damage	Significant	Moderate	Tim Jones	29/11/2013	Significant	Moderate		Moderate

