

Board Assurance Framework Report

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Author	Sharon Gardner-Blatch
Department	Integrated Governance and Quality
Audience	Executive Team

Background

The Board Assurance Framework (BAF) is individually reviewed, prior to every public board meeting, by the named executive lead for the organisational objective. The executive lead reviews the progress made with their identified actions, the current gaps and assurances to rate the risk and identify the actions to further mitigate the risk.

This report summarises the changes to the BAF, following executive lead review and scoring, for discussion at the executive meeting on 24th January 2011.

SASH Organisational objectives

1.1 Cause No Avoidable Harm

Risk Rating: Remains at 16

Evidence: Some of the quality indicators on the integrated dashboard are not being robustly delivered. Patient experience, as measured by the RTM, evidences that approximately 70% of patients have a good or very good experience. Improvement trajectories for reducing harm in known areas need to be agreed. Incidents, complaints and claims indicate that patients are still experiencing avoidable harm.

Actions to mitigate risk further:

Routinely involve patients in their assessment, care planning and treatment, where able, throughout their care. Set and agree improvement trajectories for the Trust, replicated in the Divisions as part of the Patient Safety Improvement Strategy.

1.2 Reduce Avoidable Healthcare acquired infections

Risk Rating: Reduced to 8

Evidence: Improved understanding of responsibilities through the divisions due to the works undertaken in 2010/2011 at the taskforce. However, the understanding is limited in some staff groups. Reduction in avoidable HCAI 2010/2011, improved compliance with cleanliness evidenced through audits and the CQC has registered the Trust without condition. Staff information leaflet in place. CQC compliance review in February 2011 evidenced good understanding of the hygiene and audit processes.

Actions: Implement actions at the Infection Control taskforce to achieve 98% compliance within all high risk areas as measured by the NPSA Cleaning Standard 2007.

1.3 Improve Performance in defined quality indicators

Risk Rating: Unchanged 8

Evidence: The clinical services structures and Deep Dive scrutiny processes are not embedded to sufficiently improve outcomes at present.

Actions: Focus on supporting the divisions to achieve effective quality governance through the provision of information and supporting their use of it to drive action.

2.1 Increase efficiency and effectiveness by ensuring access to appropriate information systems

2.1.1 Consent

Risk Rating Reduced to 6

Evidence: There is a lack of evidence of inappropriate consent being taken except in one specialty. There is an action plan in place with ongoing external scrutiny by KSS Deanery of the specialty. New Trust wide Consent Policy has been approved and launched but is not fully embedded. Consultant training in Mental Capacity is not currently in place as part of the rolling audit half days.

Actions: Schedule Consultant_Mental Capacity training into the rolling half days

2.1.2 IT system Improvements

Risk Rating Reduced to 4

Evidence: CERNER upgrade 'Go Live' occurred 28th January 2011

Action: Continue rolling implementation

3.1 Consistently deliver all patient access and contractual targets

Risk Rating: Increased 25

Evidence: Have achieved cancer two week rule and two week symptomatic breast cancer for second month running. However the inability to flex capacity up to accommodate surges in activity and variance in discharges and patient acuity continues. There is an imbalance between daily admission and discharge numbers. Discharge activity begins too late in the day to accommodate demand profile. Physician's resource available out of hours is not meeting patient demand. Significant ED medical staffing gaps.

Action: Multiple actions focused on appropriately re-directing care from East Surrey where clinically appropriate, on identifying patients for discharge earlier in the day throughout the week and ensuring there is improved access to senior clinicians.

4.1 Ensure best possible access to ESH

Risk Rating Unchanged

Evidence: Low numbers of patient complaints, works progressed as planned to date.

Actions: Continue with current works programmes

4.2 Provide services in modern, well equipped facilities

Risk Rating Unchanged

Evidence Dedicated Head of Capital appointed

Actions: Developing a long term plan for capital expenditure

5.1 Ensure the Trust is highly regarded in its community

Risk Rating Unchanged

Evidence Active engagement of CEO with community, local media and staff is demonstrating some improvements. Trust has been subject to a national TV broadcast but has managed its external communications around the issues raised very well.

Actions: Continue with engagement sessions (dependency on improvements in business and quality for all service users).

6.1 Develop a motivated, trained and developed workforce

Risk Rating Unchanged

Evidence Staff Survey 2010 indicates a broadly unchanged position for the Trust. Training and appraisal compliance remains lower than expected with the remedial plan put in place at CQC registration. Division structures are embedding and infrastructure to support development of workforce including leadership skills is being implemented. Vacant positions in Education, training and development are being recruited to.

Actions Embed HRBP role within the divisions alongside KPI for workforce.

6.2 Achieve all financial targets

6.2.1 – Income

Risk Rating Unchanged

Evidence Income risk now reduced to 0.2M as a result of agreement reached with PCT's.

Actions Robust challenge process internally and externally continues.

6.2.2 Costs and Savings

Risk Rating Unchanged

Evidence PCT agreements have significantly mitigated the risk to income. However there is continued divisional overspending

Actions Forecasts are being refreshed, ADD's meeting with CEO

6.2.3 Liquidity

Risk Rating Unchanged 25

Evidence Solution not currently agreed with SHA or centrally

Actions Continued working with SHA.

6.3 Develop a long term clinical model for the Trust

Risk Rating Reduced to 4

Evidence Strategic clinical model is being presented to the Trust Board in March. Given the external changes in the NHS this will be subject to review and revision.

Actions: Continue with planned actions

6.4 Move to a clinically led management structure

Risk Rating Unchanged

Evidence Clinical services structures in place and beginning to demonstrate governance and operational delivery. However this is not fully embedded.

Actions Embed new structures, accountabilities and responsibilities.