

Board Assurance Framework

For: Discussion and approval

Summary: The Board Assurance Framework (BAF) reports to the Trust Board their progress with mitigating the principal risks to the Trust Objectives for 2011/12. It provides evidence in a form of assurances where risks are being mitigated and clarifies the managerial actions being taken to mitigate the risks further.

This paper advises the Board of work underway to improve the Board Assurance Framework (BAF) and its links to the Risk Registers.

It also provides an updated BAF in its current template and a proposed new template and recommendations for use going forward.

Action: The Board is asked to review and discuss the current BAF.
The Board is asked to note the report.
The Board is asked to approve the attached new template for the BAF having evaluated whether the proposed new template will support more robust assurance reporting for the Board going forward towards Foundation Status.

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Author: Caroline White (Interim Governance Lead)

Trust objective: Please list number and statement this paper relates to.
All trust objectives.

Legal: What are the legal considerations and implications linked to this item?
Please name relevant act.
N/A

Regulation: What aspect of regulation applies and what are the outcome implications?
This applies to any regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission

All regulatory frameworks.

Board Assurance Framework

Date	November 2011
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Department	Integrated Governance and Quality
Audience	Trust Board

Introduction

This report for the Trust Board is provided as part of the assurance framework in relation to risk management across the organisation and to formally advise the Board that the Board Assurance Framework (BAF) and the Risk Registers are currently the subject of a focused piece of work to ensure they are fit for purpose in the lead up to an assessment against the governance requirements for Foundation Trust status.

New Template to Support the Board Assurance

The Board is presented with a suggested new template for the BAF which has been created following discussion with several of the Directors and the Chairman during the BAF reviews alongside the Risk Registers, and at the Audit and Assurance Committee on November 15th 2011.

The proposed document provides the requirement to capture clearly the links to the risks in the Risk Register, to clearly show negative assurances, to RAG rate the level of assurance the Board has in relation to a risk to delivering the corporate objectives, and the ability for the Board to identify its Top Five Priorities in light of those risks.

BAF Update

The Board is presented with an updated BAF in its current template, save for a change in the column descriptor previously known as 'residual risk score' to 'current risk score'.

In addition to the updates provided by the Directors, the BAF includes two new risks against the objective 'Developing Our Workforce', which have been identified by the Director of Workforce and OD for the Board's consideration.

The other significant change in the BAF is to risk 2.3.1 relating to Emergency Care pathways, which has been increased from 20 back to 25 as winter pressures are already evidenced by closures due to issues of capacity and demand. All other risk scores remain unchanged.

In order to aid identification of updates to the BAF changes are represented by ***bold italics*** within the BAF document itself. The Board will note that this includes some minor changes of some principal risk descriptions in order to better define the risk to the objectives. In addition the below summarises key updated aspects of

controls, assurances and new actions in relation to each of the principal risks as detailed within the BAF document.

SASH Organisational objectives

1.1 Deliver Safe, High Quality Care

Risk no. 1.1.1

Current Risk Rating: 16 – unchanged

Rationale for Risk Rating: Implementation of existing controls following significant investment in nursing staff continues. Weekly ED dashboards continue to provide assurance internally and externally about the level of risk and safety.

The latest data (relating to the period 1st October 2010 to 31st March 2011) provided by the NPSA place the Trust in the lowest 25% of incident reporters. The Trust currently uses a paper based system, which can lead to delays in reporting, and Electronic Datix Web for Incident Reporting has not yet been rolled out.

New actions to mitigate risk further: There are a further number of substantive nurses taking up post in November and January. The Quality Strategy implementation plan is now underway.

Risk no. 1.1.2

Current Risk Rating: 16 – unchanged

Rationale for Risk Rating: The Quality Management and Governance Policy has been approved and there is ongoing implementation the clinical effectiveness implementation plan to drive up compliance with the programme of clinical audit, which is being monitored by the Safety and Quality Committee. In addition there is ongoing performance management of the quality of services with the individual Divisions by the Executive leads however there is a lack of consistent evidence of locum and temporary staff competency assessment and reporting of their performance during shifts; PDPs as part of appraisal for doctors are currently optional.

New actions to mitigate risk further: The Quality Management and Governance Policy implementation plan is being progressed.

Risk no. 1.1.4

Current Risk Rating 16- unchanged

Rationale for Risk Rating: The multidisciplinary Nutritional Steering Group, chaired by a clinician, has been established with Terms of Reference and the Parenteral Nutrition Policy is in place. Multidisciplinary working practice on ward rounds and for discharge is not yet standardised and embedded across the Trust and there is continued reliance on high levels of temporary staff in key areas however actions arising from Dispatches investigation are being implemented which includes standardised protocols for ward rounds and multi disciplinary working.

New actions to mitigate risk further: Formulation of a Nutrition Support Group with additional dietetic support is to be taken to the Digestive Diseases Group. Multidisciplinary Food and Drink Group is to be established.

1.2 Ensure Patients are cared for and cared about

Risk no. 1.2.1

Current Risk Rating: 16- unchanged

Rationale for Risk Rating: Quality improvement priorities have been approved and leads are in place with action in all work streams under way. There is use of the transit area in Emergency Dept (ED) to reduce congestion in the dept and intentional rounding is in place in the ED. There was a decrease in the ED complaints in August however the latest Quality and Risk Profiles are showing Reds in relation to PEAT inspection (re choice of menus and cleaning standards in Out Patients).

New actions to mitigate risk further: A review in light of latest Quality and Risk Profiles in order to deliver improvements.

Risk no. 1.2.2

Current Risk Rating: 16 - unchanged

Rationale for Risk Rating: Executive links with clinical areas in place. Care Quality Commission Inspection reports provide evidence that the majority of patients state they are cared for and cared about, however staff understanding of their responsibilities under the Care Quality Commission regulatory framework remains poor. There is a sustained reduction in complaints numbers in most areas.

Actions to mitigate risk further: Executive performance management of divisional action planning in response to patient experience information at divisional 'deep dives'. Patient Safety walk round programme continues.

1.3 Right patient, in the right location at all times

Risk no. 1.3.1

Current Risk Rating: 20 - unchanged

Rationale for Risk Rating: There continues to be limited evidence that the multiple actions being taken as a whole health economy are impacting significantly on this objective. The reduction in cancelled operations and improvements in some care pathways is being impacted by the loss of 8 beds during the capital works. Acute elderly assessment beds are now in operation.

New actions to mitigate risk further: There is a revised recruitment of the ED middle grade and Consultant posts substantively following initial failed recruitment process. Beds realignment starts end of November with project due to complete Feb/March.

The rolling programme of implementation of 11 ambulatory care pathways continues with 5 complete; 3 due end of Dec, 3 end of March.

Ongoing support of the Caterham Dene rapid assessment project to reduce attendance at ED to enable patients to be managed closer to home in order to deliver the predicted volume. Interim Winter Operational Framework to be implemented.

Agreement in place to support therapies discharge team which should lead to reduced length of stay and increased capacity- project ongoing.

2.1 Improve experience and care for patients with dementia and at the end of life

Risk no. 2.1.1

Current Risk Rating: 9- unchanged

Rationale for Risk Rating: One of two specialist dementia nurses in post and existing 3PA medical input are in place. Project work streams and deliverables reflecting the Trust's acute actions to meet requirements of National Dementia Strategy have been developed, with Project milestones being met.

Actions to mitigate risk further:

Approval of Strategy and second Dementia Specialist Nurse due in November. Dementia Specialist Nurse/champion to project manage key parts of the strategy and monitoring of KPIs due to from November 2011.

Risk no. 2.1.2

Current Risk Rating: 9 - unchanged

Rationale for Risk Rating: The Trust has policies and the Liverpool Care Pathway in place across the Trust with a Palliative Care Team in place to provide specialist advice. However End of Life Care training is not consistently in place across the organisation and the National End of Life Care Strategy 'acute elements' are not robustly in place. The external influences outside of SASH control e.g. demand management and delayed discharges in care are also impacting Trust's ability to provide a dignified death due to high occupancy rates.

Actions to mitigate risk further: The End of Life Care Strategy and implementation plan to be approved and implemented. End of Life training is being rolled out across the Trust.

2.2 Work with our patients and partners to develop services that meet the needs of our community

Risk no. 2.2.1

Current Risk Rating: 8- unchanged

Rationale for Risk Rating: The local commissioning strategy in Sussex is being revised (Project Endeavour) to develop the local commissioning structure. Project Endeavour is due to report in December 2011. This risk is unexpected to change until then.

Actions to mitigate risk further: Continue to work with stakeholders and influence strategy and local commissioning structure.

2.3 Delivering better emergency care pathways

Risk no. 2.3.1

Current Risk Rating: Increased to 25

Rationale for Risk Rating: Increased to 25 due to winter pressures already evidenced by closures due to capacity and demand. There continues to be high level of challenge to achieving this objective due to the external influences outside

of SASH control. There remains a failure to improve against the 95% four hour standard. The fabric of the ED restricts the ability of the Trust to deliver care to the standard expected. CDU and ED observation unit with nurse led protocols and admission criteria and Acute elderly assessment beds are now in place.

Actions to mitigate risk further: Completion of the works to open up the Urgent Treatment Centre to ambulance stretchers. Recruit to substantive medical posts in the ED at Consultant and Middle Grades. Implementation of enhanced nursing skill mix and 8 bedded nursing led observations unit. Ongoing support of the Caterham Dene rapid assessment project to reduce attendance at ED to enable patients to be managed closer to home in order to deliver the predicted volume. Implementation of phase two of 'First Four Hours'. Winter operational trial filtering with SECAMB.

3.1 Improve ease of booking outpatient appointments and reduce cancellation rates

Risk no. 3.1.1

Current Risk Rating: 15 - unchanged

Rationale for Risk Rating: There remains a mismatch between demand and capacity in outpatients. The information to underpin accurate tracking and coding of the 18 week pathway is not fully embedded. This is impacting on the Trust's ability to manage the non admitted patients. The transformation work programme is commencing including providing performance management information to primary care influence demand and whole system working. There is an increase in complaints about Out Patients and Out Patients waiting times impacting on delivery of 18 weeks.

New actions to mitigate risk further: Implement the transformation work programme for outpatients. Mapping Central Booking Office processes to identify issues and agree solutions.

Development of an 18 week and Outpatient 'Rule Book' laying out operational expectations.

Observations around patient experience to take steps to improvements to customer care training. Skill mix review.

3.2 Developing our workforce

Risk no. 3.2.1

Current Risk Rating: 6- unchanged

Rationale for Risk Rating: The first phase of the Developing Leaders Programme is completed providing the Trust with 150 senior clinical and managerial staff trained and developed. The second phase to develop more leaders is scheduled to commence. The appraisal compliance rate continues to rise and is currently at 70%.

Actions to mitigate risk further: Continued implementation of appraisal programme in all areas of the Trust. Training of senior medical staff to facilitate Consultant appraisal for revalidation. Undertake census NHS Staff Survey to enable service specific actions in support of leadership capacity and capability

NEW RISK no.3.2.2

Initial Risk Rating: 12 – Full BAF entry to be considered by the Board

NEW RISK no.3.2.3

Initial Risk Rating: 9 - Full BAF entry to be considered by the Board

3.3 Demonstrate current and future viability

Risk no. 3.3.1

Current Risk Rating: 16-unchanged

Rationale for Risk Rating: Tripartite Formal Agreement in respect of the FT timeline agreed and the KPMG report has been completed. The Strategic Change Board, to monitor delivery against the Tripartite Formal Agreement, and the Sussex Together programme are now in place. A business plan describing a favourable recurrent financial position, clinical and operational viability is not currently provided as the Trust currently carries a sizeable recurrent deficit.

Actions to mitigate risk further: The actions are contingent on the strategic agenda conclusion, which is expected during the next few months.

Risk no. 3.3.2

Current Risk Rating: 9-unchanged

Rationale for Risk Rating: No material gaps in control have been identified for this risk, with control having been increased with the Cost Control Group and Procurement control for non clinical non pay. All staff recruitment remains subject to TDG approval. However, there are some areas in Divisions where assurance on the controls is variable (notably CSS, E&F and nursing budgets). Each of these areas is subject to scrutiny following M06.

Actions to mitigate risk further: The Trust maintains a rigorous and robust contract management process with PCTs – any inappropriate challenge will be vigorously resisted.

The monthly performance management process around budgets continues with monthly forecasting and reviews by the Management Board.

Risk no. 3.3.3

Current Risk Rating: 25-unchanged

Rationale for Risk Rating: Operational PDC has now been partially signed off for 2011/12 and the Trust is drawing down cash when it needs to from the control total. However, full formal sign off has not yet been completed.

Actions to mitigate risk further: Continued working with SHA. The Trust's cash & liquidity position will be reviewed for M08.