

## Board Assurance Framework

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**For:** Discussion

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**Summary:** The Board Assurance Framework (BAF) reports to the board of directors their progress with mitigating the principle risks to their objectives for 2011/12. It provides evidence in a form of positive assurances where risks are being mitigated. It further clarifies the managerial actions the CEO progressing to mitigate the risks further.

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**Action:** The Board is asked to accept and note the report.

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**Presented by:** Michael Wilson (Chief Executive Officer)

**Author:** Sharon Gardner-Blatch (Head of Integrated Governance & Quality)

**Notes:**

<b>Trust objective:</b>	Please list number and statement this paper relates to. All trust objectives.
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<b>Legal:</b>	What are the legal considerations and implications linked to this item? Please name relevant act  N/A
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<b>Regulation:</b>	What aspect of regulation applies and what are the outcome implications? This applies to <u>any</u> regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission  All regulatory frameworks.
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## Board Assurance Framework Report

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<b>Date</b>	July 2011
<b>Author</b>	Sharon Gardner-Blatch
<b>Department</b>	Integrated Governance and Quality
<b>Audience</b>	Trust Board

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### Background

The Trust Board is presented for the first time its 2011/2012 Board Assurance Framework. The principle risks have been assessed with the current controls in place and therefore for this BAF only the initial and residual risk ratings are the same.

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.

### SASH Organisational objectives

#### 1.1 Safe high quality care

**Risk Rating:** 20

**Evidence:** The clinical leadership structure has been embedded throughout the Trust and has resulted in increased engagement at all levels in the safety agenda. However, the quality strategy and work plans are not finally approved at present. There are a number of key actions that will mitigate the risks to patient safety e.g. standardised nursing care planning and risk assessment, observations charts and communication tools for responding to deterioration which are being rolled out imminently.

#### **Actions to mitigate risk further:**

Trust wide implementation of key actions with ongoing audit and monitoring that will drive up compliance with risk assessment and planning to minimise patient risk. Quality strategy being approved in July 2011 with associated work plans being agreed in August 2011.

#### 1.2 Ensure Patients are cared for and cared about

**Risk Rating:** 20

**Evidence:** Recent CQC inspections and other patient experience feedback indicate that patients are not routinely involved in decisions about their care and treatment. The new nursing care plans will address this issue routinely as it includes patient / carer input. It was agreed with the CQC that this would roll out across the Trust from July onwards with senior nursing training and support to wards to ensure staff are

clear about the purpose. It will be monitored through the nursing audit programme. Medical staff training in consent with particular reference to consent where there are issues with capacity is being developed.

**Actions:** Implement the revised nursing care plan across the Trust. Implement the Medical staff training programme.

### **1.3 Right patient in the right location at all times**

**Risk Rating:** 20

**Evidence:** There is currently limited evidence that the multiple actions being taken as a whole health economy are impacting significantly on this objective. There are improvements in some clinical pathways and a reduction in delayed transfers in Sussex. There continues to be a mismatch between demand and capacity with escalation areas remaining open.

**Actions:** Continued focus on the intensive actions in place which are beginning to evidence some improvements. Complete specific projects which will increase bed capacity.

### **2.1 Improve experience and care for patients with dementia / at end of life**

**Risk Rating** 12

**Evidence:** The strategy for dementia is being developed as a whole health economy pathway. Implementation of the acute specific actions will begin in August 2011. The CQC identified a potential issue in relation to end of life training in their recent inspection. The Trust has an agreed action plan and has progressed its end of life training within the Divisions.

**Actions:** Complete a baseline assessment of dementia works in the Trust. Recruit to the Older Adults team positions. Approve End of Life strategy for the Trust.

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

**Risk Rating** 8

**Evidence:** There has been improving engagement with the local patient representative groups which has been recognised in the Quality Account. The Trust actively whole health economy working and is pursuing clarity about the local commissioning strategy in response to the nationally mandated changes.

**Action:** Pursue agreement of local commissioning strategy with stakeholders.

### **2.3 Delivering better emergency care pathways**

**Risk Rating: 25**

**Evidence:** There continues to be high level of challenge to achieving this objective due to the external influences outside of SASH control. The actions in place and the focused work being undertaken internally is showing improvements in ED re-attendance, time to initial assessment and time to treatment. However 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.

**Action:** Continued focus on the intensive actions in place which are beginning to evidence some improvements. Complete specific projects which will increase bed capacity.

**3.1 Improve ease of booking outpatient appointments and reduce cancellation rates**

**Risk Rating 8**

**Evidence:** There remains a mismatch between demand and capacity in outpatients. The transformation work programme is commencing including providing performance management information to primary care influence demand and whole system working.

**Actions:** Implement the transformation work programme for outpatients.

**3.2 Developing our workforce**

**Risk Rating 9**

**Evidence** The focused activity underway for developing leaders, driving up appraisal compliance and developing staff is being progressed. There have been improvements in the appraisal rate for non medical staff. Senior Medical staff engagement has increased with an excess of required numbers of consultants interested in being appraisers to support revalidation.

**Actions:** Complete leadership training. Focus improvement in appraisal aret in all areas of the Trust.

**3.3 Income, costs and Savings**

**Risk Rating 16**

**Evidence** There are income risks in respect of adverse performance against elective activity because of the displacement from favourable (but with less contribution) non elective activity while escalation beds remain open in elective areas.

The monthly PCT challenge process (fines for contractual targets not met) has yet to start in earnest and it is not known what challenges PCTs will provide above Trust assumptions.

The escalation bed displacement above also impacts costs as these beds require staffing by additional (and temporary) staff on top of the fixed cost of the Surgical Division's budgets.

£1.0m of the savings plan was unidentified at M02 and at M03 an additional requirement of £1.6m has been added.

**Actions** Action is being taken to redress capacity issues that would allow closure of escalation beds through a) supporting the implementation of the health system unscheduled care strategy and b) consideration of the procurement of a modular ward and a range of other capital schemes to improve capacity and environment. In the shorter term new financial management of escalation costs is being implemented and the position on reserves is being reviewed to identify additional contingency to set against an unavoidable cost.

The Trust will maintain, as in past years 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 review by the Management Board.

KPMG continue their work on savings and the Trust PMO also, including performance management through the Transformation Delivery Group.

### **6.2.3 Liquidity**

#### **Risk Rating** 25

**Evidence** Solution not currently agreed with SHA or centrally on additional cash funding to reduce the liquidity problem.

**Actions** Continued working with SHA. A proposal