

Board Assurance Framework

For: Discussion

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.

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

Presented by: Michael Wilson (Chief Executive Officer)

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

Notes:

Trust objective:	Please list number and statement this paper relates to. All trust objectives.
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Legal:	What are the legal considerations and implications linked to this item? Please name relevant act N/A
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Regulation:	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

Date	September 2011
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Department	Integrated Governance and Quality
Audience	Trust Board

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 reduced to 16

Evidence: The 1.4 million investment in nursing has been resulted in the vacancy rate decreasing since April 2011. The nursing templates, particularly in medicine have increased and are being recruited to. Introduction of intentional rounding in ED and improved escalation when department becoming overfull

Actions to mitigate risk further: There are a significant number of substantive nursing posts being filled in September / October 2011. Introduction of weekly ED dashboard to provide assurance internally and externally about the level of risk and safety

1.2 Ensure Patients are cared for and cared about

Risk Rating: 20 reduced to 16

Evidence: Quality improvement priorities have been approved and leads are in place with action in all work streams under way. Revised the real time monitoring questions to focus on nutrition and medications in ward areas and discharge at any point in the pathway.

Actions: The Quality Management and Governance Policy with associated accountability framework have been revised for approval. Structured agenda to the Divisional Deep Dive with increased focus on patient experience (Sept 11 onwards).

1.3 Right patient in the right location at all times

Risk Rating: Remains unchanged 20

Evidence: There is currently 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.

Actions: The completion of focused internal operational management actions, realignment of beds to demand internally will decrease outliers. Implementation of Caterham Dene rapid assessment process will reduce demand.

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

Risk Rating Reduced to 9

Evidence: The Dementia Strategy and implementation plan are currently being consulted for approval in October. The Trust has successfully applied for and received capital to recruit a specialist nurse and older adult's team who will support delivery of the implementation plan. The Trust will move to implementation from October onwards under the Chief Nurse as Executive Lead.

Actions: Approve strategy and implementation plan. Specialist Nurse and Older Adults team in place.

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

Risk Rating 8 unchanged

Evidence: 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.

Action: Continue to work with stakeholders and influence strategy and local commissioning structure.

2.3 Delivering better emergency care pathways

Risk Rating: 25 reduced to 20

Evidence: The improvements in ED re-attendance, time to initial assessment and time to treatment are maintained. The new arrivals process and nurses safety rounds promote patient safety whilst in Majors. There continues to be high level of challenge to achieving this objective due to the external influences outside of SASH control. 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: 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.

3.1 Improve ease of booking outpatient appointments and reduce cancellation rates

Risk Rating 8 increased to 15

Evidence: 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.

Actions: Implement the transformation work programme for outpatients.

3.2 Developing our workforce

Risk Rating 9 reduced to 6

Evidence The Developing leaders programme is nearing completion and projects are nearing completion providing the Trust with 150 senior clinical and managerial staff trained and developed. The appraisal compliance rate continues to rise and is at 49% six months into the financial year.

Actions: Recruitment policies are being revised with improved KPI's for monitoring and performance management of the Divisions.

3.3.1 Financial sustainability

Residual Risk Rating 16

Evidence Although the various strands linked to the assessment of this risk are nearing their conclusion (eg the Tripartite Formal Agreement in respect of the FT timeline) and the KPMG report has been completed, the positional analysis is not yet strong enough to draft a definitive business plan providing recurrent financial sustainability.

For this reason the residual risk remains currently the same as the initial risk rating.

Actions

The actions are contingent on the strategic agenda conclusion, which is expected during the next few months.

3.3.2 Income, costs and Savings

Residual risk Rating 9

Evidence The M04 position (this is being written ahead of M05 data) was on plan, with savings delivering, and the further impact of mitigation and management actions is therefore reflected in the reduced residual risk rating.

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 been partly concluded with minimal adverse impact.

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. However, action described previously in respect of dealing with capacity is being taken forward, including approval of the modular ward business case.

The gap in the savings plan has now been filled with new plans.

Actions

The Trust will maintain, as in past years a rigorous and robust contract management process with PCT's – any inappropriate challenge will be vigorously resisted.

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

Additional control processes have now been added to the financial management framework (non pay requisitioning is further restricted and all overspending cost centres must have new spend approved daily through a cost control group).

3.3.3 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 bid for operational PDC has been through the SHA and passed to DoH but no word yet on the outcome yet received