

Board Assurance Framework Report

Annual Plan		CORE PURPOSE 1: CLINICAL QUALITY - Strategic Aim: To deliver and be recognised for the highest levels of quality evidenced by technology, information, and benchmarking			
Corporate Objective		Strategic Enabler 2: To deliver and communicate the best in quality outcomes			
Risk Details					
Ref	Description	Owner	Review Date	Residual Risk	
Patient Safety	01. Failure to reduce the number of Grade 3 and 4 hospital acquired pressure ulcers. Trust is currently an outlier in comparison to other Trusts in the region.	Philip Norman	31/07/2014	Significant	
Controls		Assurances			
Description	Gaps	Effectiveness	Internal	External	Gaps
Several detailed controls identified in the Executive Chief Nurse Risk Register including education, training, policies, PUAG, monitoring with Commissioners as part of Quality Account, SIRIs and action plans.		M	PUAG minutes and papers, action plans, KPI monitoring, training figures, incident report forms, patient assessment documentation and policy.	KPI monitoring with CCG. Benchmarking data with Shelford Group.	Marked reduction in number of SIRIs reported.
Risk Details					
Ref	Description	Owner	Review Date	Residual Risk	
Financial	05. Significant deterioration of the Trust's underlying financial position	Mike Sexton	30/04/2014	Significant	
Controls		Assurances			
Description	Gaps	Effectiveness	Internal	External	Gaps
Critical Success Factor. Appropriate and accurate levels of Delegation and Authorisation limits.	Risk of fraud will never be completely mitigated.	M	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.	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.	
Risk Details					
Ref	Description	Owner	Review Date	Residual Risk	
Financial	06. The Trust fails to achieve a satisfactory financial rating	Mike Sexton	30/04/2014	Significant	
Controls		Assurances			
Description	Gaps	Effectiveness	Internal	External	Gaps
Annual Financial Plan, Monitor 3 Year Financial Plan. Monthly Finance and Activity Performance Report. Quarterly reports to Monitor.	Historically, the Trust has achieved a Financial Risk Rating of 3 or better. However, the composition of Monitor's new metrics for the Continuity of Services Risk Rating, and in particular the significance attached to the PFI lease (debt), mean that the Trust is highly unlikely to achieve a COSRR of 3 in the near term.	L	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 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.	Implementation of internal audit recommendations.
Risk Details					
Ref	Description	Owner	Review Date	Residual Risk	
Compliance	10. Risk of prosecution of Trust and/or individual directors or members of staff	David Burbridge	30/04/2014	Moderate	
Controls		Assurances			
Description	Gaps	Effectiveness	Internal	External	Gaps
Policies and procedures in place. Clinical Quality Monitoring framework. Director of Corporate Affairs expertise in management of legal cases	Governance Framework to be completed by April 2014. Dashboards and reports still in development. Health Assure system issues identified and working with Allocate to resolve.	H	Incident reporting. Reports to Audit Committee and BoD. Health and Safety Policy. Governance Framework. Monitoring Report to BoD.	HSE requirements. CQC inspection report. Internal Audit reports. NHSLA Level 2 accreditation	Implementation of Internal auditors recommendations to be completed
Risk Details					
Ref	Description	Owner	Review Date	Residual Risk	
Compliance	11. Breach of terms of Monitor Provider Licence/Material non-compliance with external regulatory requirement	David Burbridge	30/04/2014	Significant	
Controls		Assurances			
Description	Gaps	Effectiveness	Internal	External	Gaps
The Board of Directors (BoD) receives a quarterly paper outlining the Trust's proposed quarterly governance declaration.		M	Board Meeting Minutes. Quarterly paper.	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	Owner	Review Date	Residual Risk	
	02. Inability to adapt to meet changing needs of patient population	Tim Jones	30/04/2014	Significant	
Controls			Assurances		
Description	Gaps	Effectiveness	Internal	External	Gaps
Annual and 5 year planning process. The Trust 5 Year Strategy has been approved by the BoD.	2014-15 Annual Plan to be submitted to BoD	M	Trust 5 year strategy. Annual Plan 13/14- 14/15. Quarterly Annual Plan progress reports to BoD and BoG. Joint BoD/BoG seminars. Annual Plan Governors Reference Group. Regional Cluster Chief Executive Meetings.	Submit responses to any relevant consultations and participate in further Future Forum work to ensure the Trust's perspective is appreciated at a national level.	Completion of 5 year strategy.
Controls			Assurances		
Description	Gaps	Effectiveness	Internal	External	Gaps
Divisional monitoring on a daily basis at the bed meeting. Quarterly reviews of activity and growth. Short, medium and long term plans presented to the Executive teams by Divisions.		M	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

Risk Details					
Ref	Description	Owner	Review Date	Residual Risk	
Strategic	04. UHB Strategies are not able to respond to external changes and system pressures	Tim Jones	30/04/2014	Significant	
Controls			Assurances		
Description	Gaps	Effectiveness	Internal	External	Gaps
Appointment of Associate Director of Partnerships. Clinical Interface Group (CIG)	Further development with consortia led GPs	M	Minutes from CIG. Development of partnerships with consortia and lead commissioners. Develop further relationships with consortia lead GP's. Emerging issues to be developed with embedding of Associate Director of Partnerships post. Future meetings to be centred on service level and contractual arrangements.	Working relationships with CCG, SHA and shadow consortia leads. CIG TOR.	A process for developing 2014-15 commissioning intentions to be established.
Controls			Assurances		
Description	Gaps	Effectiveness	Internal	External	Gaps
Chief Executive Officer links with Monitor/CQC. Strategies approved by BoD.	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.	M	Quarterly Monitor reports to BoD. Feedback from Executive meetings with Government leads to establish influence over policy and strategy	Quarterly reports to Monitor. Develop more links with influential departments and key staff.	Stakeholder Strategy in development for submission to the BoD.
Controls			Assurances		
Description	Gaps	Effectiveness	Internal	External	Gaps
Clinical Interface/Contract meetings. Involvement in external partnerships. Clinical Commissioning Contract Board established with monthly meeting schedule.	Improvement of relationships through development of relationships with stakeholders.	M	Regular meetings with commissioners and significant external partners. Governance arrangements that feed into Trust structures.	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 Commissioning Team to review overall capacity in the system on a fortnightly basis.	
Controls			Assurances		
Description	Gaps	Effectiveness	Internal	External	Gaps
Health and Social Care Bill. Commissioning support unit. Changes to Monitor. National Commission Board.	Uncertainty in present economic environment creates possibility of strategies not sufficient to meet the requirements. Uncertainty with regard to changes to Monitor.	M	BoD reports and minutes. Dashboards, Board seminars, business planning capability.	Monitor validation of Trust financial and governance arrangements.	Horizon scanning to identify consistency for Trust planning 2014-15.

Corporate Objective					
Strategic Enabler 4: To ensure care is delivered using the best available treatment and technology that produces the best possible outcomes					
Risk Details					
Ref	Description	Owner	Review Date	Residual Risk	
Operational	08. Failure in one or more components of business and IT systems, resulting in clinical service, department, equipment and/or staffing failure	David Rosser	30/04/2014	Low (Within Tolerance)	
Controls			Assurances		
Description	Gaps	Effectiveness	Internal	External	Gaps
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.	M	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.

Controls			Assurances		
Description	Gaps	Effectiveness	Internal	External	Gaps
ISO 9000, Regular data backups and checks that the back-ups have integrity. Documented and approved service management processes.	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.	M	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 is in place to address these.

Annual Plan	CORE PURPOSE 2: PATIENT EXPERIENCE - Strategic Aim: To ensure shared decision making and enhanced engagement with patients
Corporate Objective	Strategic Enabler 2: To provide patients with high quality information and support to allow informed choice and shared decision making

Risk Details					
Ref	Description	Owner	Review Date	Residual Risk	
Reputational	13. Adverse media coverage related to Trust activities with a risk of reputational damage	Fiona Alexander	30/04/2014	Significant	

Controls			Assurances		
Description	Gaps	Effectiveness	Internal	External	Gaps
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.	M	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		

Corporate Objective	Strategic Enabler 4: To strengthen cross-organisation partnerships with the new Clinical Commissioning Groups and other organisations outside the NHS
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Risk Details					
Ref	Description	Owner	Review Date	Residual Risk	
Reputational	14. Reputational/financial/organisational damage arising from commercial ventures	Kevin Bolger	30/04/2014	Moderate	

Controls			Assurances		
Description	Gaps	Effectiveness	Internal	External	Gaps
Executive Director Strategic Operations (and External Affairs) and Business Manager - International Partnerships roles have been developed and recruited to.	Strategies to be developed to support Trust. Identification of opportunities and clarification of areas to pursue continues.	M	Private Patient Strategy. Board Seminar to discuss developments re internal relationships		Strategies to be developed to support Trust. Identification of opportunities and clarification of areas to pursue continues.

Annual Plan	CORE PURPOSE 3: WORKFORCE - Strategic Aim: To create a fit for purpose workforce for today and tomorrow
Corporate Objective	Strategic Enabler 1: To strengthen the Trust's capacity and capability for developing and managing the workforce

Risk Details					
Ref	Description	Owner	Review Date	Residual Risk	
Operational	07. 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	Andrew McKirgan	30/04/2014	Moderate	

Controls			Assurances		
Description	Gaps	Effectiveness	Internal	External	Gaps
Junior doctor dashboard has been developed. Part of this system is to identify errors earlier.	Further dashboard development	M	Dashboard, Grand Round teaching sessions for FY1 and FY2.		

Controls			Assurances		
Description	Gaps	Effectiveness	Internal	External	Gaps
Retention of key staff; Clear and prioritised departmental objectives and appraisal system. Internal control systems which minimise demands on senior staff time.	Middle management recruitment to be implemented in all Divisions	M	Appraisal rates, senior management turnover rates; Regular senior team meetings, including periodic review of departmental objectives and of senior managers' individual objectives; internal audit review to confirm the reliability of financial records and compliance with Trust policies and regulations.	External audit reports and action plans review to confirm the reliability of financial records and compliance with Trust policies and regulations	

Controls			Assurances		
Description	Gaps	Effectiveness	Internal	External	Gaps
SDG, Establish the Trusts Education and Training directorate and implement appropriate procedures. A Physicians Steering Group has also been established. In response to the White Paper: Liberating the NHS, the education has been reviewed and an action plan developed to provide training to medical and nursing staff.		M	Reports to BoD. KPI evidence reports. Staff survey. Successful award and project outcomes. Approved Training and Education Strategy. Training records and ESR. Education Directorate Senior Team meetings with Divisions. Education Directorate Business plans. Physicians Steering Group minutes.		NHS White Paper Liberating the NHS. NMC Review of UHBFT Mentorship Programme (in conjunction with University Education Providers) carried out in March 2011 with a favourable report

Controls			Assurances		
Description	Gaps	Effectiveness	Internal	External	Gaps
Strategic Delivery Group KPIs. The Medical Workforce Board has begun meeting and there is an established Junior Medical Workforce Group and Senior Medical Workforce Group. Me@QEHB module for an automated recruitment process has gone live in September 2011 which incorporates the START system. This will facilitate KPI reported for the recruitment process.			Strategic Delivery Group, CEAG papers, BoD KPIs. Staff survey performance review. ESR returns. Medical Workforce Board		

Annual Plan	CORE PURPOSE 4: RESEARCH AND INNOVATION - Strategic Aim: To ensure UHB is a leader of research and innovation
Corporate Objective	Strategic Enabler 1: To strengthen and consolidate the Trust's capacity and capability to deliver research

Risk Details				
Ref	Description	Owner	Review Date	Residual Risk
Operational	09. Failure to meet key performance indicators which could result in poor clinical outcomes , financial penalties and reputational damage.	Tim Jones	31/05/2014	Significant

Controls			Assurances		
Description	Gaps	Effectiveness	Internal	External	Gaps
Informatics to develop an automated report on the dashboard so that researchers can clearly see when the 70 day target is for their studies.	Informatics to develop an automated report on the dashboard so that researchers can clearly see when the 70 day target is for their studies.	M	Informatics to develop an automated report on the dashboard so that researchers can clearly see when the 70 day target is for their studies.	NIHR target submissions	

Controls			Assurances		
Description	Gaps	Effectiveness	Internal	External	Gaps
NIHR target submissions	Risks to achievement discussed and challenged at monthly Performance and Data Quality meetings.	M	Monthly updates to CQMG. KPI reports to BoD, CEAG and COOG re CQUIN implementation progress and risks to achievement. Strategy and Performance monthly monitoring.	Monitoring with Clinical Commissioning Group.	Realtime reports and dashboards being developed.

Controls			Assurances		
Description	Gaps	Effectiveness	Internal	External	Gaps
Study feasibility meetings with key leads to ensure any problems with studies are identified early so that corrective action can be taken.	Issues with studies highlighted and addressed in meeting. Within the R&D financial planning and the December CEAG paper the increase in activity within R&D has been demonstrated to justify the need for the Annex U posts.	M	The feasibility meetings have been running since September. CEAG Papers. R&D Financial planning		