



Appendix 1 Quarter 1 Board Assurance Framework Report

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CORE PURPOSE 1: CLINICAL QUALITY Strategic Aim: To deliver and be recognised for the highest levels of quality evidenced by technology, information, and benchmarking		1							
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CORE PURPOSE 3: WORKFORCE Strategic Aim: To create a fit for purpose workforce for today and tomorrow		3							
Core Purpose/ Other association	Risk Description	Current Context	Owner	Current Risk	Residual Risk	Existing Controls	Assurances Internal/External	Progress/Action Required	Timescale
1	Present capacity issues are creating risks to deliver the Trusts Annual Plan and resulting in insufficient capacity to deliver cancer targets, RTT, unscheduled care and tertiary services.	The shortage of capacity is directly related to the volume of routine secondary care work, out of area referrals, delayed TOC, activity drift from other providers, inappropriate ED attendances due to perceived/actual lack of community provision, inability to repatriate patients to referring DGH, Lack of impact from Better Care Fund.	COO & DoP	Significant (12)	Significant (10)	Capacity demand modelling undertaken to right size capacity Forecast activity for 2015/16 Identified bed and theatre requirements	Board Reports Cancer Waiting List Assurance Group meets weekly and reviews the data Performance against national targets and waiting list size - performance reports to COOG, CEAG and BoD	Annual Planning Task and Finish Group established in October 2014. Productivity and efficiency benchmarking established with aspirational improvement targets for each specialty which are: - increases in activity volume - reductions in inpatient length of stay - reduction in the number of funded inpatient beds - increase in theatre utilisation rate  A demand capacity workshop was held in December 2014 and a number of improvement projects identified through the annual planning process. The following actions have been implemented: 1) improvement projects agreed 2) operational delivery group established 3) Initiate the Annual Planning Delivery Group 4) Detailed action plans for each project developed 5) Agreed phasing and profiling of efficiency/productivity gains at specialty level, derived as an output from detailed project plans  Divisions working to implement the revised capacity requirements	Ongoing
						A demand management process was introduced for 7 specialties in September/October 14. This has resulted in all GP routine referrals for these specialties from outside the 2 Birmingham CCGs being rejected.	Agreement with CCCC and SCCC. Communications. CCQ papers and minutes.	In addition the Trust has given notice to Providers and Commissioners that it will no longer be accepting referrals from out of Birmingham into particular specialist areas. These include breast reconstruction and Bone Marrow Transplant.  To review if the Trust signs the contract with the Commissioners to identify any additional actions	Ongoing
						Activity Reviews. Short, Medium and Long Term Plans.	Monitoring figures for capacity via bed meetings and dashboards. Short, medium and long term plans.	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.	ongoing
						Development of QEHB@Home	QEHB @ Home, Recovery @ Home, CEAG paper submitted in January 2015	In October 2013 the Trust commenced the Recovery@Home which will look to creating 27-35 additional beds in the community. This increase in capacity will allow a rebase of beds within general medicine. This is a 3 year pilot scheme with the aim of providing an element of acute care to patients in their homes by appropriate nursing and therapy staff.  Paper submitted to CEAG in January 2015 confirming the pilot is releasing bed capacity as well as delivering a positive patient experience.  Work is underway to identify further patient cohorts that can utilise the existing model. In addition, in conjunction with BCCCCG work is to commence on the development of a extensivist model of care that proactively manage patients at a high risk of admission into hospital in the community. The development of this model is expected to be completed by October 15	October 2015

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1	Impact of external factors and other elements of the health economy impacting on the trusts capacity and timely/effective transfer of care from UHB to other providers.	Social care/other provider delay Structural and policy change following election. drift from other providers, inappropriate ED attendances due to perceived/actual lack of community provision, inability to repatriate patients to referring DGH. Changing needs of patient population, commissioning intentions, strategic plans of other providers, inadequately funded quality initiatives from NHSE etc.	DOP	Significant (12)	Significant (10)	Alternative sources to prevent delays to discharge and systems have been developed to prevent delays to discharge and to provide appropriate arrangements for patients in Birmingham E.g. Kenrick Centre and Enhanced Assessment Beds. Capacity funded by both Local Authority / CCGs and as well as placements for patients with dementia and challenging behaviour.	Birmingham wide daily capacity reports. Minutes of SRG and BCF(05) work stream. New capacity specifications.	Whilst additional intermediate and enablement capacity has been commissioned in the last 2 years the CCG chaired Systems Resilience Group and the Better Care Fund Board is currently modelling the capacity required to ensure optimise flow through the acute sector. This is also dependent on the appropriate agencies for e.g. social services in ensuring this capacity is used productively and that patients has access to a comprehensive range of home based support. Specifications for nursing, residential and discharge to assess/enablement capacity will now include KPIs regarding time to assess and transfer patients from an acute bed. This included flow through of care. It is looking at a 'Trusted Assessor Model'. This should be in place by October 2015.  A Patient Choice policy with a supporting process for communication of this to patients and relatives has been launched in June 2015 with the aim of reducing discharge delays caused by relatives/patients refusing to use this capacity as an appropriate alternative to an acute bed.	Oct-15
						Discharge hub is now set up and the Director of Partnerships is meeting 3 times a week with the lead for the Social Services team based at UHB, the Trust's discharge liaison nursing (DLN)) team lead and Divisional representatives to review progress on each patient referred and classified as a section 5. Overall delayed discharges have reduced as have overall bed days although there is further progress to be made.  A Steering group in place to develop a combined Trust and Local Authority Complex Discharge team.  2 additional DLN posts have been recruited to to reduce response times and NHS discharge delays.  A weekly complex case panel to review and agree actions to reduce delay has been established.  Introduction of new ward referral process was introduced in June 2015 to replace current section 2 / 5s. Aim to improve quality of referral and commence earlier intervention of the hospital/social work discharge team therefore reducing delays.	Discharge Hub Meeting Policy. Agreement with CCCCCG and SCCCCG. Communications. CCQ papers and minutes.	By October 2015 new IT system to be put in place to support more effective management and tracking of patients who are section 2/5s.  By September 2015 new accommodation tol be available to enable the DLNs and Social work teams to be based together to form 1 integrated team. A new team structure has been agreed with Social Services which combined with a new referral and tracking system will enable the Trust to have more visibility and influence over the complex discharge process.  Meetings have been taken place with all key Local Authority social care leads outside Birmingham to confirm points of contact and escalation process to minimise patient delays. A nominated UHB lead for patients from external SLAs is tracking these patients on an ongoing basis.	Oct-15

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						<p>Appointment of Associate Director of Partnerships. Clinical Interface Group (CIG)</p> <p>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.</p> <p>Working relationships with CCG, SHA and shadow consortia leads. CIG TOR.</p>		Understand Commissioning intentions and establish process.	Ongoing
						<p>Chief Executive Officer links with Monitor/CQC.</p> <p>Quarterly Monitor reports to BoD. Feedback from Executive meetings with Government leads to establish influence over policy and strategy</p> <p>Quarterly reports to Monitor. Develop more links with influential departments and key staff.</p> <p>Annual plan 2014-15. Annual plan 15-16.</p>		<p>The Trust 5 Year Strategy has been approved by the BoD.</p> <p>The 2015/16 Trust Annual Plan, Financial Plan and details of the requirements of the Monitor Operational Plan were presented at the Board Seminar on 9 April 2015. Full paper on the Annual Plan and Operational Plan being submitted to April BoD and to Monitor in May.</p>	BoD paper in April 2015
						<p>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.</p>	<p>Regular meetings with commissioners and significant external partners. Governance arrangements that feed into Trust structures.</p>	<p>The Trust has reviewed the latest and final 2015/16 NHS mandated contract clauses and related contractual guidance on patient choice to establish what action will be taken going forward to manage demand. The Contract as drafted does not allow the Trust to reject any GP referral on the basis of the location of the referrer or to carry out any action which may conflict with a Patient's choice of Provider. The board will need to consider the implications of these contract terms.</p>	The NHS England and Monitor deadline for agreeing 2015/16 contracts has been extended until 27th April 2015.
						<p>Health and Social Care Bill. Commissioning support unit. Changes to Monitor. NHS England and local CCGs.</p>	<p>BoD reports and minutes. Dashboards, Board seminars, business planning capability.</p> <p>Monitor validation of Trust financial and governance arrangements.</p>	<p>Horizon scanning to identify consistency for Trust planning 2015-16.</p>	ongoing

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3	Inability to recruit sufficient numbers of sufficiently skilled, trained and competent staff due to insufficient supply	Medical workforce (junior doctors supplied by the deanery), ITU and theatre nursing staff, age profile of the scientist workforce and middle/senior management staff	EDOD	Significant (12)	Moderate (8)	<p>Establishment of an executive led workforce strategy group through which the workforce planning group and nursing workforce group escalate risks and concerns about the workforce. SDG continues to monitor recruitment and retention performance across all areas of the workforce.</p> <p>Detailed Scoping report across Health Care Scientists undertaken to identify specific workforce and education risks across each area of this diverse workforce and to make recommendations to mitigate identified issues. For presentation at May COOG.</p> <p>Recruitment plan and package to address nursing shortfalls which includes overseas recruitment, support package for out of practice and returning nurses and increasing recruitment/retention rates for newly qualified nurses.</p>	<p>Workforce Strategy Group and Workforce Planning Group papers</p> <p>Investment in Physician Associate Training programme in partnership with UoB.</p> <p>Bi-annual reports to BoD on both HR and Workforce/Education. KPI evidence reports. Staff survey. Successful award and project outcomes. Training records and ESR.</p> <p>Education Directorate Senior Team meetings with Divisions. Education Directorate Business plans.</p>	<p>Workforce Governance structure re-drafted to better define existing groups, provide an additional focus on the current and potential future risk areas, ensure a more robust reporting line into the Director of Delivery and to increase the pace of new ways of working and the potential introduction of new roles. New structure to be discussed by DOD and CEO. Increased focus on annual workforce planning process with Divisions and introduction of a Star Chamber approach to sign off of the plans with Divisions and Exec team.</p> <p>Working with Divisions to increase the Junior Specialist Doctor (JSD) offer in terms of salary and education to mirror the Deanery Trainee offer with support for those JSDs who wish to progress towards the CESR route fully supported as required.</p> <p>Long term workforce risks to be escalated to Health Education West Midlands as part of the 2015/16 workforce planning process.</p> <p>Strategy to be developed for advanced practice roles to include advanced nurse roles, Physician Associates (PAs) and Physician Associates Anaesthetics (PAAs) in mitigation of the reduction to junior doctor numbers and theatre staff pressures. Work is underway with Birmingham City University and HEWM to increase the number of ODP commissions</p> <p>Work with the Local Education Training Council to increase commissions for the Theatre workforce to mitigate longer term issues over the age demographic</p>	Oct-15
						<p>Retention of key staff; Clear and prioritised departmental objectives and appraisal system. Internal control systems which minimise demands on senior staff time.</p> <p>Leadership and management education programme established for middle and senior managers.</p>	<p>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.</p> <p>External audit reports and action plans review to confirm the reliability of financial records and compliance with Trust policies and regulations</p>	<p>Matron Development programme under construction with work with the Chief Nurse, Matrons and key stakeholder to identify their specific development needs Work to look at a triumvirate approach to the leadership development of the Matron, Group Manager and Clinical Service Lead roles underway with the Chief Nurse, Medical Director, Director of Delivery and Chief Operating Officer</p>	Oct-15
1	Breach of terms of Monitor Provider Licence/Material non-compliance with external regulatory requirement	There is activity growth, capacity constraints, and the trust still receives late referrals which impact on its ability to meet the cancer targets. There have been breaches of cancer waiting time standards and 18 weeks referral to treatment time for admitted patients over quarter 3 2014/15. This triggered a review by Monitor. Following the review the Trusts's governance rating returned to 'green'.	DCA			<p>Trust Governance structure and processes</p>	<p>Board Meeting Minutes. Quarterly paper. The Board of Directors (BoD) receives a quarterly paper outlining the Trust's proposed quarterly governance declaration.</p>	<p>This declaration is then submitted to Monitor to ensure the Trust maintains compliance with its obligations. Quarterly returns are also completed.</p>	Ongoing
						<p>Governance Framework in place which captures CQC and NHSLA regulatory requirements</p>	<p>DCA Governance Group Minutes</p>	<p>Annual review of governance framework, to include additional regulatory requirements e.g. Human Tissue Authority, MHRA and the new CQC Fundamental standards that came into effect on 1 April 2015</p>	Sep-15

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				Significant	Moderate	Constructive relationship with Monitor and the Commissioners to provide assurance that the Trust will recover its trajectories in line with plan. Action plans have been agreed with the commissioners and shared with Monitor. Quarterly declarations are submitted to Monitor in line with deadlines and contain update on actions. Monthly Service Quality Performance Report is submitted to CCG detailing performance and a progress update on any indicators that are off target. Also monthly Strategic Resilience Group meetings and Contract Review meetings ensure that the CCG are fully appraised of and assured about any performance issues.	Monthly performance indicator reports to BoD, Clinical Quality Committee, CEAG and COOG. Letter from Monitor to Julie Moore on 15 May 2015 confirming return to 'green' governance rating.	Implement action plans shared with Monitor and CCG to achieve agreed trajectories for recovery of targets	Ongoing
						Quality & safety inspections Inc. Back to the Floor, Board Governance Visits	CQMG Reports on Board Governance Visits	Continue with existing controls	Ongoing
						Capacity demand modelling undertaken to right size capacity Weekly assurance meetings & twice weekly cancer pathway tracking meetings in place Appointment of new staff within Cancer Services to support operational delivery	Performance Reports to CCOG, CEAG and BoD	Trajectories produced for all tumour sites ongoing.  Remedial action plan is being monitored through the monthly Cancer Steering and weekly performance assurance meeting  Improved informatics reports to forecast performance and undated patients	Ongoing
						Constant capacity reviews and monitoring of service provision. Out of area transfers are being identified on a daily basis and will be reported to the WMAS and Commissioners. Additional capacity has been created - the Trust has opened over 170 beds in the last 18 months. Seasonal planning.	Board Reports Cancer Waiting List Assurance Group meets weekly and reviews the data	Continue with existing controls and assurance as outlined in capacity risk above	Ongoing
1	Failure to reduce the transmission of infection	Trust has had higher level of MRSA cases than the trusts trajectories for 2015/16	CN	Moderate (8)	Low	An audit of current practice has been carried out which found the following wasn't been done adequately: Hand hygiene, screening of patients for MRSA, Device care (use of catheters), cleaning and decontamination and Isolating of patients. An action plan has been put in place which is monitored by the IPC Group.	MRSA Action Plan and IPC Group Minutes	Continue to implement actions and monitor at IPC Group  Approve IPC Policy at Board in July 2015	Ongoing  July 2015
2	Adverse media coverage related to Trust activities with a risk of reputational damage		DCOMMS	Moderate	Moderate	Stakeholder Engagement Strategy. Communication Strategy.	Numerous Policies and associated Procedures have been approved and implemented e.g. Whistle Blowing Policy, Contact with the Media Policy etc.	Delivery of the Communication Strategy and associated Policies and Procedures. Relationships with local journalists developed. Stakeholder Engagement Strategy and Register.	Ongoing
1	Reputational/financial/organisational damage arising from commercial ventures		DSO	Moderate	Moderate	Executive Director of Strategic Operations (and External Affairs) and Deputy role.	Private Patient Strategy. Board Seminar Papers.	Board Seminar to discuss developments re internal relationships. Identification of opportunities and clarification of areas to pursue continues.	ongoing

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3	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		DoP	Moderate	Moderate	Short life CEO led working group to look at leadership and talent management across key roles  Annual workforce planning process	NHS Elect re-commissioned to work within the Trust to co-produce and deliver a second year programme of leadership and management training.  Specific leadership programme for the triumvirate of Clinical Service Leads, Matrons, Group Managers planned to commence in the new year (April 2015). Current job description, person specifications and recruitment practice under revision to complement the timeline  Talent Management champions trained and established with Talent Management embedded into revised appraisal documentation and policy  Mentorship and Coaching freely available through leadership portal on the website.  Top Leaders programme available through NHS Academy with sponsorship for additional bespoke programmes identified.  Scoping work with Universities to look at a provider for a UHB Management Internship/graduate programme to commence September 2015	Approach to succession planning for key roles and disciplines needs to be a priority output of the annual workforce planning process and reviewed as part of the exec led confirm challenge process.	Ongoing
1	Failure in one or more components of business and IT systems, resulting in clinical service, department, equipment and/or staffing failure		MD	Moderate	Low	Full Business continuity plans in place.	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.	Testing of business plans has taken place. Major incident testing has taken place. Validation of systems through major incident testing with external stakeholders	
						ISO 9000, Regular data backups and checks that the back-ups have integrity. Documented and approved service management processes.	Emergency Preparedness Steering Group. Testing and action plans. 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	Documented and approved service management processes. 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.	