

AGENDA ITEM NO:

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 6 FEBRUARY 2014**

Title:	BOARD ASSURANCE FRAMEWORK
Responsible Director:	David Burbridge, Director of Corporate Affairs
Contact:	Bob Hibberd, Head of Clinical Risk & Compliance

Purpose:	To review the Board Assurance Framework and agree any amendments or areas requiring additional assurance.
Confidentiality Level & Reason:	None
Medium Term Plan Ref:	Annual Plan
Key Issues Summary:	<ul style="list-style-type: none">• There are 6 significant risks and 0 high level risks.• All other risks remain the same or the risk level has decreased due to further mitigation.• There were 0 new risks added to the Board Assurance Framework Risk Register.
Recommendations:	<p>The BoD is asked to:</p> <ol style="list-style-type: none">1. Discuss the contents of this report;2. Approve the update to the BAF; and3. Identify any needs for additional assurance that the Audit Committee should address.

Signed:	Date: January 2014
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 6 FEBRUARY 2014

BOARD ASSURANCE FRAMEWORK

Presented by Director of Corporate Affairs

1 REVIEW

- 1.1 The Board Assurance Framework (BAF) has been reviewed and updated with the relevant Executive Directors.
- 1.2 The Trust has identified a range of significant risks, which are currently being mitigated, whose impact could have a direct bearing on compliance with the Terms of Authorisation, CQC registration or the achievement of corporate objectives in the following areas should the mitigation plans be ineffective.
- 1.3 The Board has previously agreed that it shall use its review of the Board Assurance Framework to identify any gaps in assurance, to inform the work agenda of the Audit Committee.

2 CHANGES TO THE BOARD ASSURANCE FRAMEWORK

- 2.1 No risks have been added to the Board Assurance Framework during Quarter 3.
- 2.2 Risk 06 (The Trust fails to achieve a satisfactory financial risk rating) has been updated to reflect the introduction of the Continuity of Services Risk Rating.
- 2.3 No risks were downgraded.

3 EMERGING RISKS/GAPS IN ASSURANCE

- 3.1 There has been recent external focus regarding the accuracy and reliability of data submissions relating to external indicators and targets. It is proposed that the Chief Operating Officer review this potential risk and, if appropriate, make a recommendation for inclusion on the Board Assurance Framework, identifying potential controls and assurance.

4 RECOMMENDATIONS

- 4.1 The BoD is asked to:
 - 4.1.1 Discuss the contents of this report;

- 4.1.2 Approve the update to the BAF; and
- 4.1.3 Identify any emerging risks and/or needs for additional assurance.

David Burbridge
Director of Corporate Affairs

January 2014



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 1: To strengthen the organisational systems and arrangements for the collection, access, use, and reporting of quality outcomes to key stakeholders			
Risk Details					
Ref	Description	Owner	Review Date	Residual Risk	
Financial	05. STRATEGIC Significant deterioration of Trust's underlying financial position	Mike Sexton	30/04/2014	Low (Within Tolerance)	
Controls		Assurances			
Description	Gaps	Effectiveness	Internal	External	Gaps
CSFS, Appropriate and accurate levels of Delegation and Authorisation limits.	Risk of fraud will never be completely mitigated.	H	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. STRATEGIC The Trust fails to achieve a satisfactory financial risk 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.	M	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.
Corporate Objective		Strategic Enabler 2: To deliver and communicate the best in quality outcomes			
Risk Details					
Ref	Description	Owner	Review Date	Residual Risk	
Strategic	01. STRATEGIC - Systemic delivery of poor care	Philip Norman	30/04/2014	Moderate	
Controls		Assurances			
Description	Gaps	Effectiveness	Internal	External	Gaps
Back To The Floor (BTTF). Regular review of patient environment, documentation and standards of care is undertaken by a Matron with ward staff. A series of audit tools have been designed which can be used for themed reviews such as care rounds.		M	Electronic BTTF system, Clinical Dashboard, Senior Nurse forum meeting minutes. BTTF action plans on Clinical Dashboard. Divisional BTTF meetings. Nursing Grand Round minutes.		
Controls		Assurances			
Description	Gaps	Effectiveness	Internal	External	Gaps
CQC inspection reports and action plans		M	CQC action plans developed by local areas.	CQC visit reports.	
Controls		Assurances			
Description	Gaps	Effectiveness	Internal	External	Gaps
Infection Prevention and Control Action Plan. Monthly review of risks, controls and compliance for IP&C. RCA review of all cases MRSA and CDI. Local review of CDI RCA and Executive Review of Trust Apportioned cases of MRSA bacteraemia and CDI deaths. Robust process for review of policy and procedures.	In 2014/2015 innovations in information technology to support improvements in IP&C will continue to be developed to ensure delivery of real benefits to patient safety. These will include further development of an IP&C dashboard and an electronic solution to recording invasive devices in PICS. Improvements in the management of invasive devices have continued to progress all be it slowly. Innovations in information technology to support improvements in IP&C will continue to be developed to ensure delivery of real benefits to patient safety. These will include completion of an electronic solution to recording all invasive devices in PICS.	H	Minutes from IPCC, BoD, CEAG, IPCC Divisional IP&C risk matrices, Datix reports, RCA themes and trends, IP&C action plans. IP&C Dashboard. Training records.	DH reporting guidance and notifications of outbreaks. Joint working with CCG to achieve primary and secondary care continuity of treatment. CQC visit report. Department of health MRSA Post Infection Review (PIR) approach to zero avoidable MRSA bacteraemias.	Improvement of pathway for patients between primary and secondary care requires strengthening. Challenging targets for 2014/15 will require increased vigilance and management of IPCC. Contractual arrangements and targets yet to be agreed.
Controls		Assurances			
Description	Gaps	Effectiveness	Internal	External	Gaps
Learning from Complaints/PALS/Incidents/Claims		M	Complaint/PALS responses. SIRI reports and action plans. Risk Management Recommendations. CEAG Papers.		
Controls		Assurances			
Description	Gaps	Effectiveness	Internal	External	Gaps
Local and national patient surveys		M	Response rates, results and action planning via the clinical dashboard. Care quality minutes, CEAG/BoD care quality reports. Audit of noise at night action plans. National Patient Survey results. BTTF initiative findings.		
Risk Details					

Ref	Description	Owner	Review Date	Residual Risk	
Strategic	04. STRATEGIC UHB Strategies are not able to respond to external changes and system pressures	Tim Jones	30/04/2014	Significant	
Controls					
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.
Assurances					
Description	Gaps	Effectiveness	Internal	External	Gaps
CEO, 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.	H	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.
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 PCT	
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.	H	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 2013-14.
Risk Details					
Ref	Description	Owner	Review Date	Residual Risk	
Compliance	10. STRATEGIC Risk of prosecution of Trust and/or individual directors or members of staff	David Burbridge	30/04/2014	Moderate	
Controls					
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.	M	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. STRATEGIC Breach of terms of Monitor Provider Licence/Material non-compliance with external regulatory requirement	David Burbridge	30/04/2014	Significant	
Controls					
Description	Gaps	Effectiveness	Internal	External	Gaps
The Board of Directors 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	
Strategic	02. STRATEGIC Inability to adapt to meet changing needs of patient population	Andrew McKirgan	30/04/2014	Significant	
Controls					
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.
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	
	03. STRATEGIC Lack of clarity and/or leadership in the national and local health and social care landscape	Tim Jones	30/04/2014	Moderate	

Controls			Assurances		
Description	Gaps	Effectiveness	Internal	External	Gaps
Corporate Objective Strategic Enabler 4: To ensure care is delivered using the best available treatment and technology that produces the best clinical outcomes					
Risk Details					
Ref	Description	Owner	Review Date	Residual Risk	
Operational	08. STRATEGIC 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					
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					
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 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. STRATEGIC Adverse media coverage related to Trust activities with a risk of reputational damage	Fiona Alexander	30/04/2014	Moderate	
Controls					
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	H	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 3: To develop the Trust culture and staff behaviour to focus on the patient experience and ensure improved engagement with marginalised groups					
Risk Details					
Ref	Description	Owner	Review Date	Residual Risk	
Reputational	12. STRATEGIC Patient experience fails to match expectations	Philip Norman	30/04/2014	Low (Within Tolerance)	
Controls					
Description	Gaps	Effectiveness	Internal	External	Gaps
Care Quality Group, reports from informatics on key indicators. Patient Services and PALS integrated into Patient Relation Service from July 2012. To ensure effective complaint management and review/action for common themes.	Trustwide learning from complaints and PALS feedback to be embedded.	H	Regular reports to BoD/Audit Committee. Gaps in assurance - Operational outputs from strategy. Care Quality Group receive a quarterly report detailing themes from all aspects of patient feedback.		
Controls					
Description	Gaps	Effectiveness	Internal	External	Gaps
Net Promoter Score was introduced during Quarter 1 2012-13. This was based on asking in-patients whether they would recommend the Trust to family and friends.		H	Care quality minutes, Clinical Dashboard.	SHA monitoring.	
Corporate Objective Strategic Enabler 4: To strengthen cross-organisation partnerships with the new Clinical Commissioning Groups and other organisations within and outside the NHS					
Risk Details					
Ref	Description	Owner	Review Date	Residual Risk	
Reputational	14. STRATEGIC Reputational/financial/organisational damage arising from commercial ventures	Kevin Bolger	30/04/2014	Moderate	
Controls					
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.	H	Private Patient Strategy. Board Seminar in July 2013 to discuss developments re internal relationships.		Follow-up at further Board meetings to be identified.

Annual Plan		CORE PURPOSE 3: EDUCATION AND TRAINING - 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	
Organisational	07. STRATEGIC 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	Low (Within Tolerance)	
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.	H	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 went live in September 2011 which incorporates the START system. This will facilitate KPI reported for the recruitment process.		M	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 enable research and development			
Risk Details					
Ref	Description	Owner	Review Date	Residual Risk	
Operational	09. STRATEGIC Failure to meet key performance indicators which could result in poor clinical outcomes, financial penalties and reputational damage	Tim Jones	30/04/2014	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.	Dashboard not yet complete.	H	R&D Operations team are regularly updating research staff directly	NIHR target submissions	
Controls		Assurances			
Description	Gaps	Effectiveness	Internal	External	Gaps
Monitoring of CQUINS	Risks to achievement discussed and challenged at monthly Performance and Data Quality meetings.	H	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.	Real-time 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.	H	The feasibility meetings have been running since September. CEAG Papers. R&D Financial planning.		