

Board of Directors Meeting

Report

Subject: Board Assurance Framework

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The Board of Directors have previously agreed the principal risks identified on the Board Assurance Framework required revising to reflect the refreshed strategic priorities and the Quality Improvement Plan.

A Board Development Session was held on Wednesday 16th December 2015 and the following strategic risks, which were proposed by the executive team, were agreed.

- AF1.0 If we do not deliver safe care than patients may suffer avoidable harm and poor clinical outcomes.
- AF2.0 If we do not improve patient flow in order to create bed capacity in line with emergency demand we will fail national quality and performance standards and also fail to ensure that our clinical teams have manageable workloads
- AF3.0 If we fail to create an accurate patient tracking list and validate the data on the list, or do not manage our elective capacity or have processes in place to appropriately communicate with patients we will fail national quality and performance standards in relation to access
- AF4.0 Failure to achieve and maintain financial sustainability
- AF5.0 Not establishing a clinical or organisational vision which will safeguard the sustainability of local services for the Trust and its hospitals
- AF6.0 If we do not get good levels of staff engagement then staff morale and patient outcomes may not improve
- AF7.0 Inability to source staff to meet the requirements of the service
- AF8.0 The inability to develop and maintain a stable leadership team will result in shifting priorities and confusion for staff, patients and stakeholders.

Each of the above risks has an executive lead with responsibility for ensuring the risks have the appropriate controls, gaps in controls are identified and actions to address gaps are implemented within specific timescales, this will provide assurance to the appropriate board committees and ultimately the members of the board the risks are being managed and mitigated.

In order to provide robust assurance the proposal is to develop a board risk committee, this committee would report directly to the board and would be supported by an operational risk committee which would review and monitor the divisional and corporate risk registers.

Recommendation

The Board are invited to:

<ul style="list-style-type: none"> • Approve the eight strategic risks agreed at the board development session • Approve the development of a board risk committee 	
Relevant Strategic Priorities (please mark in bold)	
To consistently deliver a high quality patient experience safely and effectively	To develop extended clinical networks that benefit the patients we serve
To eliminate the variability of access to and outcomes from our acute services	To provide efficient and cost-effective services and deliver better value healthcare
To reduce demand on hospital services and deliver care closer to home	

How has organisational learning been disseminated	Learning identified from scrutiny of the risk registers will be disseminated via the appropriate committee
Links to the BAF and Corporate Risk Register	Board and its Committees are responsible for the systematic review of the trust's control environment
Details of additional risks associated with this paper <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i>	N/A
Links to NHS Constitution	N/A
Financial Implications/Impact	N/A
Legal Implications/Impact	N/A
Partnership working & Public Engagement Implications/Impact	N/A
Committees/groups where this item has been presented before	N/A
Monitoring and Review	N/A
Is a QIA required/been completed? If yes provide brief details	N/A