

Public Board Meeting

Report

Subject: Board Assurance Framework
Date: 3rd August 2016
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Executive Summary

The Board of Directors agreed the identified the following principal on the Trust's Board Assurance Framework (BAF):

- 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.

The Board Risk Committee, which is responsible for ensuring the BAF reflects the risks to the Trusts strategic priorities and complies with the Trusts risk management systems and processes through identifying risk mitigation action plans and escalating where appropriate issues identified to board, met on 21st April 2016. The committee scrutinised in detail the scoring of each element of the risks, inherent, residual and target. Minor amendments were agreed and the revised BAF is presented to the board.

The next action for the Executive leads and the Risk Committee is to review all the controls, assurances, weaknesses in controls and actions to ensure these are reflected accurately, the outcome of this will be presented to board in May 2016

The BAF (see attachment) is scrutinised monthly by the Board Risk Committee (most recent

meeting held 18th July 2016) and is submitted to the Board on a quarterly basis. The is also be submitted to the Audit and Assurance Committee twice annually.

The outcome which the author seeking from the board

The Board are invited to:

- Discuss and note the revised BAF
- Approve the proposal to receive the BAF quarterly
- Approve the proposal for the Audit and Assurance Committee to receive the BAF twice annually

Relevant Strategic Priorities (please mark in bold)

Ensure the highest standards of safe care are consistently delivered by, and for, individuals, teams and departments	Ensure that patients experience the very best care, building on good practice and listening and learning from both negative and positive feedback and events
Provide timely access to diagnosis, treatment and care when people need it and safely reduce the time patients spend in hospital	Raise the level of staff engagement through strong leadership, communication, feedback and recognition
Reduce the scale of our financial deficit by reducing costs, improving utilisation of resources and productivity, and achieving best value for money	Work in partnership to keep people well in the community, and enable them to return as soon as they are ready to leave hospital
Develop and implement a programme of work in conjunction with Nottingham University Hospital NHST to create a new combined organisation	

How has organisational learning been disseminated	N/A
Links to the BAF	All Risks
Financial Implications/Impact	N/A
Legal Implications/Impact	NHS Constitution – Duty of Quality
Partnership working & Public Engagement Implications/Impact	N/A
Committees/groups where this item has been presented before	N/A