

#### Item 6.1b Board Assurance Framework 2017/18

- Each area of the BAF is aligned to the delivery of the strategic goals set by the Board (i.e. achievement of 2017/18 milestones and in-year work to build capacity / capability for future milestones) and regulatory compliance (corporate governance statement)
- The Vision Statement and 5 strategic objectives have been refined by the Board and the 2017/18 BAF reflects these. Detailed KPIs underpinning the strategic objectives and operational performance are set out in the Board dashboard.

#### ▪ Board Evaluation :

An assessment of the likelihood and impact of each strategic risk will generate a RAG rating which the Board will assign to each BAF entry

#### 5x5 matrix

X	LIKELIHOOD					
IMPACT / CONSEQUENCE		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

- Refer to BAF Policy for operating guidance, roles and responsibilities and reporting template

1. QUALITY AND PATIENT EXPERIENCE							
<ul style="list-style-type: none"> <li>Improve the safety culture and reduce harm by implementing reliable care;</li> <li>Deliver an outstanding patient experience</li> </ul>							
	Principal Risks preventing the Trust achieving strategic goals	Key controls	Board Assurance		Gaps in Control / Assurance	Action Who?/When?	Board Evaluation (impact x likelihood)
			Internal	External			
1.1  SP/ RAP	<p>Unable to reduce harm – medication errors, falls, pressure ulcers, infection from multi-resistant organisms, safe transfer due to:</p> <ul style="list-style-type: none"> <li>increases in patient acuity;</li> <li>failure to ensure effective organisational learning from incidents and following the review of deaths</li> <li>non-compliance by staff with Trust policies &amp; procedures; and/or</li> <li>lack of or ineffective staff training;</li> <li>non-compliance with care bundles;</li> <li>lack of clear roles and responsibilities for staff leading to a lack of accountability</li> <li>human factors</li> <li>inadequate utility of clinical decision support in EPR</li> <li>fragmented patient administration system</li> </ul> <p>This could lead to avoidable patient harm, financial penalties and reputational issues. In a worst case scenario, this could result in the Trust being subject to enforcement action from regulators.</p>	<ul style="list-style-type: none"> <li>Individual performance review process</li> <li>Revalidation</li> <li>Staff training programme</li> <li>Mortality Review Policy</li> <li>Risk management strategy</li> <li>Quality strategy</li> <li>Quality improvement policies and procedures (e.g. falls policy;)</li> <li>Incident reporting &amp; root cause analysis</li> <li>Quality impact assessments</li> <li>Clinical audit</li> <li>Speak Out Safely campaign</li> <li>Daily Safety Huddles</li> <li>Ward boards</li> <li>ECS assessment process</li> <li>Audit programme</li> <li>RCA process</li> <li>Comprehensive</li> </ul>	<ul style="list-style-type: none"> <li>Divisional dashboards</li> <li>Integrated Performance committee papers &amp; minutes</li> <li>Quality Committee papers and minutes</li> <li>IG toolkit</li> <li>Complaints and compliments report</li> <li>staff survey</li> <li>Safety culture survey</li> <li>Board walk rounds</li> <li>Quality report</li> <li>Clinical audit reports</li> <li>ECS compliance reports</li> <li>Weekly harms report</li> </ul>	<ul style="list-style-type: none"> <li>CQC Inspection Report</li> <li>Advancing Quality Alliance</li> <li>Dr Foster benchmarking</li> <li>ICNARC</li> <li>National staff survey</li> <li>No. and value of clinical negligence claims</li> </ul>	<ul style="list-style-type: none"> <li>Complete development of consultant performance dashboard to support IPR, enhance visibility and enable benchmarking</li> <li>Develop and implement an action plan on falls prevention</li> <li>Develop and implement action plan to meet new mortality review requirements and ensure effective organisational learning from deaths and serious incidents</li> <li>Develop and</li> </ul>	<p>RAP / MJ – Q1</p> <p>SP – Q1</p> <p>RAP – Q1</p> <p>RAP / SP - Q1</p>	<p>3 x 3 = 9 Possible</p>

		audit system in place to monitor the reliability and effectiveness of secure health messaging	<ul style="list-style-type: none"> <li>(Exec team)</li> <li>MIAA report on mortality review process</li> <li>Strategy for Medicines Safety</li> </ul>		<ul style="list-style-type: none"> <li>implement action plan to improve the safety of medicines in response to strategic review</li> <li>Maintain focus on improved sepsis management and reduced antimicrobial prescribing; introduce monitoring of e coli infections in line with new national policy</li> </ul>	<p>and ongoing</p> <p>RAP – Q1 and ongoing</p>	
1.2 SP/RAP / TW	<p>Unable to improve effectiveness of clinical care due to:</p> <ul style="list-style-type: none"> <li>Lack of consistency in delivery of reliable (standardised) care</li> <li>Operational pressures preventing timely discharge</li> </ul> <p>This could lead to avoidable patient harm, financial penalties and poor patient experience.</p>	<ul style="list-style-type: none"> <li>Care bundles and clinical management policies for sepsis management and pathology testing protocols</li> <li>Daily Safety Huddles</li> <li>ECS assessment process</li> <li>Audit programme</li> <li>Quality strategy</li> <li>Quality improvement policies and procedures (e.g discharge / 'home for lunch')</li> <li>Care Support Team</li> <li>Incident reporting &amp;</li> </ul>	<ul style="list-style-type: none"> <li>Quality dashboard</li> <li>Divisional dashboards</li> <li>Clinical Audit Reports</li> <li>ECS compliance reports</li> <li>Weekly harms report (Exec team)</li> </ul>		<ul style="list-style-type: none"> <li>Completion patient flow work and ensure delivery of action plan that ensures timely and seamless discharge process for all in patients</li> <li>Launch reliability work as driver for transformational change in terms of outcomes and</li> </ul>	<p>TW / SP – Q1 and ongoing</p> <p>MJ / TW – Q1</p>	<p>3 x 3 = 9 Possible</p>

		root cause analysis			productivity		
1.3 SP	<p>Failure to deliver care with compassion due to:</p> <ul style="list-style-type: none"> <li>Staff not consistently displaying trust values and behaviours</li> <li>Inability to meet the needs of patients with additional needs due to lack of resourcing and / or skills</li> <li>Lack of staff training and awareness of fasting policy</li> <li>Recruitment and retention of staff with the right skills and values</li> </ul> <p>This could lead to poor patient and family experience with adverse consequences for the Trust's strong reputation in this field</p>	<ul style="list-style-type: none"> <li>Patient and Family Experience Strategy</li> <li>PACT – staff values and behaviours</li> <li>Induction and mandatory training</li> <li>Individual performance review and PDP process</li> <li>Trust policy on fasting</li> <li>Policies and processes for ensuring safe staffing</li> <li>Safety huddle</li> <li>Speak out safely campaign</li> <li>Designated lead nurse for PFCC, dementia and safeguarding</li> </ul>	<ul style="list-style-type: none"> <li>Safe staffing reports to Board</li> <li>Ward boards</li> <li>ECS compliance reports</li> <li>Workforce reports</li> <li>Recruitment strategy</li> <li>Complaints and Compliments</li> <li>Quality dashboard</li> </ul>	<ul style="list-style-type: none"> <li>Patient Survey</li> <li>Staff survey</li> <li>CQC inspection report</li> </ul>			3 x 2 = 6 Unlikely
1.4 MJ	<p>Failure to implement and embed organisational learning due to :</p> <ul style="list-style-type: none"> <li>Lack of cross-divisional communication</li> <li>Poor adoption of OL Policy</li> <li>Failings in governance processes to check on closure of actions</li> </ul> <p>This could lead to avoidable patient harm, financial penalties and reputational issues.</p>	<ul style="list-style-type: none"> <li>Organisational Learning Policy</li> <li>Operational Board business cycle</li> <li>Cross-divisional meetings</li> <li>Mortality Review Process</li> <li>Incident reporting &amp; root cause analysis process</li> </ul>	<ul style="list-style-type: none"> <li>Audit reports</li> <li>Divisional Governance minutes</li> <li>Operational Board minutes</li> <li>RCA Investigation Reports</li> </ul>	<ul style="list-style-type: none"> <li>CQC Inspection Report</li> <li>Coroner inquest findings</li> </ul>	<ul style="list-style-type: none"> <li>Ensure renewed focus on Organisational Learning through Divisional governance arrangements and Operational Board</li> </ul>	MJ – Q1 and ongoing	3 x 3 = 9 Possible

2 SERVICE AND INNOVATION							
▪ Deliver all external operational targets and build a culture of research, supporting investment in robotics, ICC and ACHD							
	Principal Risks preventing the Trust achieving strategic goals	Key controls	Board Assurance		Gaps in Control / Assurance	Action Who? /When?	Board Evaluation (impact x likelihood)
			Internal	External			
2.1 TW	<p>Unable to develop and deliver key strategies and develop new models of care due to :</p> <ul style="list-style-type: none"><li>▪ Uncertainty in external environment</li><li>▪ Inability to influence commissioning intentions</li><li>▪ Inability to swiftly respond to national and local policy;</li><li>▪ Ineffective partnership arrangements leading to loss of management control;</li><li>▪ Inability to develop strategic alliances with other NHS providers</li><li>▪ Lack of clinical buy in / poor staff engagement</li><li>▪ Inability to secure the required resources – finance, capacity, expertise</li></ul> <p>If the Trust is unable to develop its service portfolio may lose strategic opportunities that help the Trust to remain clinically, operationally and financially viable and at the forefront in delivery of cardiothoracic medicine.</p>	<ul style="list-style-type: none"><li>▪ Divisional operational procedures for managing operational targets</li><li>▪ Stakeholder Management Strategy</li><li>▪ Clinical lead seconded to HLP</li><li>▪ R&amp;I strategy and designated clinical lead</li><li>▪ Clinical leadership structure</li><li>▪ Dedicated BoD and Operational Board strategy days</li><li>▪ Investment policy</li><li>▪ Business case appraisal</li><li>▪ Regular meetings with key stakeholders</li><li>▪ Stakeholder Newsletter</li><li>▪ Partnership governance arrangements</li><li>▪ Contract</li></ul>	<ul style="list-style-type: none"><li>▪ Board dashboard</li><li>▪ Cardiology Strategy approved</li><li>▪ Updates on progress with stakeholder management plan</li><li>▪ Integrated Performance committee papers &amp; minutes</li><li>▪ BoD papers &amp; minutes</li></ul>	<ul style="list-style-type: none"><li>▪ KPMG Strategic Options Appraisal Report</li><li>▪ Stakeholder feedback / survey</li><li>▪ NHSI Review of operational plans</li></ul>	<ul style="list-style-type: none"><li>▪ Articulation of new vision and strategic objectives in a way that is meaningful to staff</li><li>▪ Complete and deliver service line strategies</li><li>▪ Develop and implement an integrated IM&amp;T strategy</li><li>▪ Complete business case for robotics and take forward actions required to secure the necessary financial resource</li><li>▪ Implement a strategy for private patients</li></ul>	<p>Cw / JTw – Q1</p> <p>TW – Q1 and ongoing</p> <p>MJ – Q1</p> <p>CW / TW – Q1 and ongoing</p> <p>TW – Q1 and ongoing</p>	<p>3 x 3 = 9 Possible</p>

Comment [LL1]: Combined Risks 2.1 and 2.2 from 2016/17 BAF to eliminate duplication

		<ul style="list-style-type: none"> <li>management Research and Innovations Strategy</li> </ul>			<ul style="list-style-type: none"> <li>Review progress of genomics strategy and ICC expansion</li> <li>Develop plan to manage safe transfer of ACHD patients from Manchester, once commissioner support is confirmed</li> </ul>	<p><b>MJ – Q2</b></p> <p><b>TW – Q2</b></p>	
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	to inability to invest in service improvement.	<ul style="list-style-type: none"> <li>to support financial forecasting</li> <li>Business Transformation Steering Group</li> <li>Control Total 2017/18 agreed</li> <li>HRG4+ adopted</li> </ul>			£2.5m) <ul style="list-style-type: none"> <li>Monitor delivery of Consultant job plans – via Ops Board (core sessions and additional sessions)</li> </ul>	CW / RAP – Q1 and ongoing	
3.2 LL	Inability to meet the requirements of the regulators which lead to the Trust being subject to enforcement action.	<ul style="list-style-type: none"> <li>Constitution</li> <li>Organisational structure</li> <li>Board committee Structure</li> <li>BAF Policy</li> <li>Risk management strategy</li> <li>Operational Plan</li> <li>Commissioner contracts</li> <li>Board dashboard</li> <li>Governor succession plan</li> <li>Fit and Proper Persons Policy</li> <li>Policies for Declaration of Interests and Gifts and Hospitality</li> </ul>	<ul style="list-style-type: none"> <li>Annual Governance Statement</li> <li>Provider Licence checklist</li> <li>Operational Board papers and minutes</li> <li>Integrated Performance committee papers and minutes</li> <li>Quality Committee papers and minutes</li> <li>Self assessment against Monitor's Well Led Framework</li> <li>Fit and Proper Persons requirement s reviewed</li> </ul>	<ul style="list-style-type: none"> <li>Internal audit review of evidence to support corporate Governance statements</li> <li>Internal Audit – BAF review</li> <li>External audit opinion</li> <li>CQC Report</li> <li>Well Led Report</li> <li>NHSI Segmentation</li> </ul>	<ul style="list-style-type: none"> <li>Agree management response to Well Led review and deliver action plan</li> <li>Complete MIAA review of evidence to support 2017 Corporate Governance Statement</li> <li>Ensure compliance with new national policy on managing conflicts of interest</li> <li>Deliver succession plan / election campaign for Council of</li> </ul>	LL– Q1  LL- Q1  LL – Q1  LL – Q2	3 x 2 = 6 Unlikely



			<div>for directors</div> <div>▪ Contracts</div> <div>agreed</div>		Governors		
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	<p>If the Trust cannot recruit and retain the best staff and the required numbers / skill –mix, or deliver effective education and training this may inhibit the Trust's ability to provide excellent patient care and maintain its reputation as a tertiary centre of excellence.</p>	<p>KPIs</p> <ul style="list-style-type: none"> <li>Freedom to Speak Up Guardian and Champions network</li> <li>New workforce team structure</li> </ul>			<p>management of medical staff leave (annual and study leave)</p> <ul style="list-style-type: none"> <li>Implement talent management and succession planning</li> <li>Deliver Education and Training Plan</li> <li>Deliver improvement in education experience as evidenced by GMC survey and annual staff survey</li> <li>Explore opportunity for longer term collaboration with Mersey Care for provision of HR services</li> </ul>	<p><b>JTw / RAP – Q1 and ongoing</b></p> <p><b>JTw – Q1</b></p> <p><b>JTw – Q1 and ongoing</b></p> <p><b>JTw Q2 and ongoing (via People Committee)</b></p> <p><b>JT – Q1</b></p>	
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4.2 JTw	<p>Inability to ensure engagement and wellbeing due to :</p> <ul style="list-style-type: none"> <li>Failure to listen to and engage with staff</li> <li>Absence of an effective health and wellbeing priorities</li> <li>Failure to recognise and reward appropriately</li> <li>Poor engagement in pockets of the organisation</li> </ul> <p>If the Trust is unable to ensure staff engagement and wellbeing this will impact of staff morale and may inhibit the Trust's ability to provide excellent patient care. It could also have an adverse impact on recruitment and retention.</p> <p>Enhanced risk in relation to the extent and pace of organisational change, including consolidation of corporate / clinical support functions.</p>	<ul style="list-style-type: none"> <li>LiA process embedded</li> <li>Health and Wellbeing Strategy</li> <li>Health and Wellbeing Group</li> <li>Staff recognition scheme and annual awards event</li> </ul>	<ul style="list-style-type: none"> <li>Staff FFT</li> <li>People Committee papers and minutes</li> <li>Engagement cycle</li> </ul>	<ul style="list-style-type: none"> <li>Staff survey – engagement score</li> </ul>	<ul style="list-style-type: none"> <li>Develop and deliver staff engagement plan</li> <li>Targeted listening events to support staff through change processes</li> </ul>	<p>JTw – Q1 and ongoing (People Committee)</p> <p>JTw – Q1 and ongoing (People Committee)</p>	<p>3 x 2 = 6 Unlikely</p>
4.3 JTw	<p>Inability to deliver Equality and Inclusion Strategy due to :</p> <ul style="list-style-type: none"> <li>Lack of awareness of strategy and requirements</li> <li>Inability to recruit and develop a diverse but representative workforce</li> <li>Operational pressures and priorities</li> </ul> <p>If the Trust cannot demonstrate promotion of diversion and inclusion, this could impact upon the Trust's reputation as an excellent employer and may pose a threat to compliance with CQC regulations.</p>	<ul style="list-style-type: none"> <li>E&amp;I Strategy</li> <li>E&amp;I Steering Group</li> <li>Board training session</li> <li>Improved E&amp;I training programme</li> <li>BME Network Group</li> </ul>	<ul style="list-style-type: none"> <li>People Committee papers and minutes -</li> <li>E&amp;I Action plan</li> <li>BMA LiA Action Plan</li> </ul>	<ul style="list-style-type: none"> <li>External evaluation of compliance with regulations</li> <li>CQC Report</li> <li>Staff survey results</li> <li>Healthwatch feedback on EDS2 compliance</li> </ul>	<ul style="list-style-type: none"> <li>Develop and implement robust EIAA process and toolkit</li> <li>Put in place evidence repository to demonstrate progress</li> </ul>	<p>JTw – Q1</p> <p>JTw – Q2</p>	<p>3 x 2 = 6 Unlikely</p>





5.2 LL	<p>Inability to deliver the Fundraising Strategy due to :</p> <ul style="list-style-type: none"> <li>Failure to effectively promote the Charity and engage existing and new donors</li> <li>Reputational damage through poor application of policies and control processes</li> <li>Inability to raise the donations needed to support the robotics strategy</li> </ul> <p>If the Trust is unable to deliver the strategy the benefits in relation to increased charitable funding and enhanced profile of the Trust will not be realised. There is no financial risk to the charity associated with the targets set for supporting the robotics strategy.</p>	<ul style="list-style-type: none"> <li>Experienced Head of Fundraising in post</li> <li>New donor database with significantly improved functionality</li> <li>Policies, procedures and guidelines in place to govern fundraising activities</li> <li>Review of Etherington findings undertaken</li> <li>Charitable Funds Committee with strengthened membership</li> <li>Engagement in work of / best practice from Association of NHS Charities</li> </ul>	<ul style="list-style-type: none"> <li>Charitable funds committee papers and minutes</li> <li>Reports to Board (/Corporate Trustee)</li> <li>Fundraising Strategy</li> <li>Clear Brand</li> <li>Suite of literature aligned to brand</li> <li>Spotlight Newsletter</li> <li>New website</li> </ul>	<ul style="list-style-type: none"> <li>External Audit</li> </ul>	<ul style="list-style-type: none"> <li>Mobilise key clinicians to lead robotics campaign</li> </ul>	<p>LL / TW to keep under review</p>	<p>3 x 2 = 6 Unlikely</p>
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