

## Board of Directors (Public)

### Item 7.1

## Board Report

**Subject:** Quarterly Review of Board Assurance Framework  
**Date of Meeting:** 28<sup>th</sup> July 2015  
**Prepared by:** Lucy Lavan, Associate Director of Corporate Affairs  
**Presented by:** Lucy Lavan, Associate Director of Corporate Affairs

Data Quality Rating	BAF Ref	Impact on BAF Risk Rating
Silver	All	Board to review

### 1. Executive Summary

The purpose of the paper is to ask the Board to undertake its formal quarterly review of the Board Assurance Framework, to confirm its completeness in relation to principal risks to delivery of the strategic plan and to review and update the controls and assurances, identifying and gaps and reviewing risk ratings as necessary.

### 2. Proposed Updates to 2015/16 BAF

#### i) Progress in addressing identified gaps in controls / assurances

The Board Assurance Framework was reviewed and updated for 2015/16 and approved by the Board in April 2015. At this time the content of the BAF was enhanced to include actions and timescales to address the gaps in controls / assurances.

An update on progress of actions identified for Quarter 1 is summarised as follows :

Principal Risk	Action to address gap in control / assurance	Progress	Impact on overall BAF risk rating
1	Refresh values framework (DH)	'PACT' Completed – now needs to be rolled out and embedded (DH)	None
	Hot Boards for staff communication to be installed (LL)	Completed – evaluation and rollout (Q3) - LL	
	Completion of bed modelling and patient flow work (TW)	Capacity planning work completed to inform investment in additional capacity to meet	

Principal Risk	Action to address gap in control / assurance	Progress	Impact on overall BAF risk rating
		15/16 activity plan and RTT. (TW)  Project on patient flow work in progress – Care Support Team established - discharge lounge Sept 15 (SP)	
2	Improvement plan for sepsis (GNR / RAP)	Completed – Quality Committee and BoD , July 15	None
	Strategy for CPE / multi resistant infections (GNR / RAP)	Outline strategy to Quality Committee, July 15; final draft to BoD Nov 15 to inform 15/16 planning round	
	Organisational Learning Policy to be developed (MJ)	Completed (BoD July 15 – roll out and review Q4	
	Timeframe for Facilities Board to be implemented (DJ)	Work in progress – review Q2	
	Embed medication safety thermometer and develop improvement plan for safer medicines (GNR / RAP)	First review of data to Quality Committee (July 15) – this will inform action plan - review Q2	
3	Establish performance management system for RTT pathway – forward trajectory and impact of actions (TW)	Completed – NB. national introduction of single metric – Incomplete RTT pathway	Reduce risk score to 3 x 2 = 6 (green)
	Complete actions arising from external review of risk (MJ)	On track – progress report to July BoD	
	Complete and embed data quality strategy (MJ)	Data Quality Strategy to July BoD for approval – next step is rollout and embedding	
	Board to undertake self assessment against Well Led Framework (NL/ JT / LL)	Completed – action plan to be developed Q2	
	Complete audit of FFP requirements	Completed – gaps identified and to be addressed.	

Principal Risk	Action to address gap in control / assurance	Progress	Impact on overall BAF risk rating
		Revision to exec director contract approved at NRC June 15	
4	Develop clinical Strategies for Surgery and respiratory services (DH)	Slipped – new Divisional teams and clinical leads now established – review of clinical strategies scheduled for BoD Development day, Feb 16	None
	Completion of tender process for COPD (TW)	Bid submitted – decision awaited.	
5	Secure backfill for Head of Research (MJ)	Completed	None
6	Address actions arising from EPR review (DJ)	Report to July BoD	None – red risk rating remains due to magnitude of risk associated with CIP delivery
	Improving Patient Flow Project (TW)	Care Support Team established to lead improvement work (SP)	
	Leadership for and embedding of PMO (DH)	PMO lead is interim – refocus of PMO required to ensure delivery of programme of financial efficiencies – CIP Steering Group established and chaired by CEO (July 15)	
	No signed NHSE contract for 2015/16 (DJ)	Gap closed – contract now signed	
7	Leadership programme for Divisional Leadership teams (DH)	Commenced July 2015	None
	People Strategy to be developed (DH)	BoD review / approval July 2015	
	Improve Workforce planning (DH)	Integral to new People Strategy	
	Robust education strategy to support medical education	New Clinical Lead / Director for Medical Education appointed – review Q2	

The above progress report highlights new controls for inclusion in BAF as follows:

- Care Support Team established
- CIP Steering Group established
- Clinical Lead / Director for Medical Education appointed

**ii) New risks / Gaps in Assurances and Controls**

Further updates have been recommended by the Executive Team in respect of the following:

- Risk 2 – the process for involvement of nurses in the mortality review process needs to be reviewed as there is currently insufficient headroom in workload to enable senior nurses to devote sufficient time to this work (SP – review Q2)
- Risk 4 – improvement work around patient flow to be directed to mitigate risk of increased mixed sex breaches (SP – review Q2)
- Risk 7 – gap around robust process for consultant job planning – action plan in progress (RAP / DH – review Q2)

No changes to overall risk scores and RAG ratings have been recommended in respect of these issues.

**3. BAF Review**

The updated BAF is attached (all proposed new amendments have been highlighted as tracked changes for ease of reference) and the Board is asked to conduct its formal quarterly review and update as necessary in respect of :

- i) The completeness of principal risks in relation to delivering strategic objectives
- ii) The systems of controls, assurances and gaps in controls / assurances
- iii) The risk rating applied to each principal risk

In order to inform this review, each Executive Lead will update the Board on any exceptions and / or changes to the BAF in respect of their areas of accountability.

**4. Recommendation**

The Board of Directors is asked to approve the changes made to the BAF and update to reflect any further changes to risks, controls and assurances that are identified as a result of its July 2015 review.