UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 27 OCTOBER 2016

Title:	**QUARTER 2 BOARD ASSURANCE FRAMEWORK**
Responsible Director:	David Burbridge, Director of Corporate Affairs
Contact:	Berit Reglar, Associate Foundation Secretary Louisa Sorrell, Senior Manager Clinical Compliance

Purpose:	To provide the Board with the high level risks within the context of the Board Assurance Framework.
Confidentiality Level & Reason:	None
Medium Term Plan Ref:	Annual Plan
Key Issues Summary:	The BAF has been reviewed by the Executive team in conjunction with their Executive Risk Registers and any relevant divisional/departmental risk registers. The assurance (internal/external) column has been updated to make specific reference to the latest reports (BOD, CCQ, CEAG, Audit, etc.) Key updates include: • Reference to the new Single Oversight Framework (previously Monitor Risk Assessment Framework) • An action update has been provided in relation to the Recovery@home care model (bottom of first page): Work is underway to identify further patient cohorts that can utilise the existing model. As part of the Better Care Fund (BCF) there is currently a review of intermediate care, step up and step down capacity in Birmingham which will may lead to a new community based recovery team model. This would potentially incorporate the current step down recovery at home service piloted by UHB. A worked up BCF model is expected in Q3 16/17 for consideration. • Update to the 3rd risk (‘External factors impacting on Trust’s capacity to deliver timely and effective transfer of care’): Reference has been made to the new A&E delivery board which will oversee the implementation of the strategy for out of hospital re-ablement. The Trust continues to work closely with BCC Adult Social Care concerning acute pathways that require social care input. This collaboration occurs at an STP, A&E Delivery Board and operational level. Due to the loss of c25% of hospital reablement capacity urgent measures are needed for the short and long term. A pilot will commence during Q3 which is looking at developing a more therapy led hospital based screening and discharge process for patients requiring social care assessment and out of hospital support (see). • The risk of ‘reputational damage’ has been updated to

	take account of the closer collaboration with HEFT: Inconsistent media coverage and inappropriate management of the Trust's relationship with the main stakeholders NHSI/NHSE may result in reputational damage. These risks will be mitigated by a new Communications strategy and a stakeholder engagement workstream led by the DComms. The board will retain complete oversight of the interaction with HEFT.
Recommendations:	The Board is asked to review the revised BAF and identify any gaps in controls or assurance, the latter to be considered for referral to the Audit Committee for consideration.

Signed: D Burbridge	**Date:** October 2016

University Hospitals Birmingham NHS Foundation Trust

Appendix 1 Quarter 4 Board Assurance Framework Report

Key:

CORE PURPOSE 1: CLINICAL QUALITY Strategic Aim: To deliver and be recognised for the highest levels of quality evidenced by technology, information, and benchmarking	**1**
CORE PURPOSE 2: PATIENT EXPERIENCE Strategic Aim: To ensure shared decision making and enhanced engagement	**2**
CORE PURPOSE 3: WORKFORCE Strategic Aim: To create a fit for purpose workforce for today and tomorrow	**3**

Core Purpose/ Other association	Risk Description	Current Context	Owner	Current Risk	Residual Risk	Existing Controls	Assurances Internal/External	Progress/Action Required	Timescale
	Provides details of what the risk is	*What is causing the resulting risk*	*Owner of the risk overall*	*Current Risk rating*	*Expected risk once all the controls and actions have been completed*	*What is currently in place to mitigate the risk*	*Examples of evidence that the existing controls and new actions have been implemented*	*Additional actions that need to be implemented to reduce the risk and update on existing and new actions*	*Timescales to complete relevant actions*
1	Significant deterioration in the Trust's underlying financial position resulting in a deficit being reported in excess of planned levels and the Financial Sustainability Risk Rating falling to a 1.	The year on year impact of national tariff efficiency requirements, combined with changes to contract rules (marginal rates, fines, penalties) has increased the financial pressure on all NHS providers. The Trust reported a (£19.7m) deficit in 2015/16, this included £15.0m of building valuation accounting impairments, meaning the underlying deficit (including donations) was (£4.7m) slightly better than the plan of (£6.6m). This deficit reflects the loss of CQUIN, winter / resilience and specialised top up funding which were withdrawn in 2015/16. For 2016/17 NHS providers have been allocated Sustainability & Transformation Funding (STF) to get them back into financial balance and set a control total surplus they were expected to achieve. The Trust's plan is for a surplus of £4.6m in 2016/17 which includes £16.7m of STF income and a challenging CIP target of (£18.2m). Contracts have now been agreed with the commissioners for income in line with the 16/17 plan.	CFO	High (15)	Significant (12)	Trust Annual Financial Plan, NHS Improvement Operational Plan, monthly reporting to NHS improvement and Board including CIP delivery expenditure and income. Scheme of Delegation. Internal policies and procedures. SFIs / Standing Orders. Trust financial system (SAGE) reflects the approved SFIs and Scheme of Delegation therefore setting appropriate limits for procurement.	**Internal:** monthly financial reports to BoD, CEAG, CCQ meetings. **(Oct 15, Jan 16, March 16, July 16)** FIG meetings with operational divisions, quarterly reports to Audit Committee **(April 16, July 16)**. Scheme of Delegation **(review date 09/2017)** published within Trust Policies and reviewed regularly. **External:** Monthly detailed financial performance reports to NHS Improvement. External Audit of Annual Accounts. Annual Operational Plan documents submitted to NHS Improvement. External Audit reviews and Counter Fraud Service Assessment. External assessment of effectiveness of Counter Fraud Service assessed as adequate.	A draft financial plan for 2016/17 was submitted to the January 2016 Board of Directors. A revised plan was approved by the March BoD which included the impact of the STF funding and the control total agreed with NHS Improvement. The 2016/17 Operational Plan was submitted to NHS Improvement in April 2016 which showed a planned surplus of £4.6m. As at month 5, the Trust remains on track to deliver the agreed surplus, however, this is dependant on a range of factors including delivery of planned activity, receipt of the full amount of CQUIN and STF income, reductions in agency expenditure and delivery of CIPs. Quarterly review by NHS improvement of Trust performance to approve the release of STF income.	Completed Completed Ongoing Ongoing
1	Risk of failure to deliver operational performance targets including Sustainability and Transformation Fund trajectory due to capacity issues.	The shortage of capacity is related to the volume of routine secondary care work, out of area referrals, delayed TOC, activity drift from other providers, inappropriate ED attendances due to perceived/actual lack of community provision, inability to repatriate patients to referring DGH. The targets which are currently not being met are: - 62 day GP target - cancer waiting times ; - %patients waiting 4 hours or less in A&E STF target missed in Q1 and Q2 16/17); and - Last minute cancellations and the 28 day cancelled operations guarantee - 18 week RTT	COO/DoP	Significant (12)	Significant (10)	Capacity demand modelling undertaken to right size capacity Identified bed and theatre requirements. Cancer Waiting List Assurance Group meets weekly and reviews the data to assess capacity and waiting time targets Unscheduled Care Project has been reviewed and strengthened. An additional high impact project plan is being developed to improve performance. 18 week RTT assurance group meets to assess whether targets are being achieved as well as reviewing and updating action plan to mitigate any issues ODG oversees improvement projects to improve productivity and efficiency to improve capacity availability.	**Internal:** Performance against national targets and waiting list size - performance reports to COOG, CEAG and BoD (**Jan 16, April 16, July 16, Sep 16**) **BoD ED paper Oct 2016 and CEAG winter pressure report Oct 2016**	Divisions working to implement the revised capacity requirements. The plans are reviewed ongoing and cross divisional actions are monitored at the fortnightly operational delivery group (ODG). Actions within the Integrated Performance Report to continue to be implemented to enable the Trust to meet the trajectory agreed with the commissioners: - % patients waiting 4 hours or less in A&E. - Cancer Waiting Times - 62 day GP target - a commissioner remedial action plan is in place. - Last minute Cancellations and the 28 day cancelled operations guarantee - 18 week RTT - recovery plans in are in place	Ongoing Q2 2016/17
						Review demand from out of area referrals and put in place appropriate action(s).	**Internal:** CCQ papers and minutes **(Sept 15, Nov 15, ,Feb 16, May 16, June 16).** **External:** Agreement with CCCCG and SCCCG. Communications.	The NHS contract now requires all GP routine speciality referrals to be accepted. The Trust have for the specialities experiencing significant demand introduced a process that involves writing to the patient highlighting the subsequent pressure on waiting times and highlighting their right under the NHS to request via their CCG an alternative provider. Referral volumes from CCGs are monitored on a monthly basis via the Contracts team and any material movements are raised with respective CCGs. In addition the Trust gave notice to Providers and Commissioners that it will no longer be accepting referrals from out of Birmingham into particular specialist areas. These include breast reconstruction and bone marrow transplants	Ongoing
						Activity Reviews. Short, Medium and Long Term Plans.	**Internal:** Monitoring figures for capacity via bed meetings and dashboards. Short, medium and long term plans. COOG ODG fortnightly meetings	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. This continues to be monitored daily and is reviewed at fortnightly operational delivery group (ODG) The following four sub-groups have been set up (all report to COOG) to look at improvements in patient flow: - Scheduled Care - Unscheduled Care - Outpatients - Cancer	Ongoing
						Recovery@Home is a 3 year pilot scheme with the aim of providing an element of acute care to patients in their homes by appropriate nursing and therapy staff with the view to creating 27-35 additional beds in the community. This increased capacity will allow a rebase of beds within general medicine. Paper submitted to CEAG in January 2015 confirming the pilot is releasing bed capacity as well as delivering a positive patient experience.	**Internal:** Recovery @ Home, CEAG paper submitted in January 2015	Work is underway to identify further patient cohorts that can utilise the existing model. As part of the BCF there is currently a review of intermediate care, step up and step down capacity in Birmingham which will may lead to a new community based recovery team model. This would potentially incorporate the current step down recovery at home service piloted by UHB. A worked up BCF model is expected in Q3 16/17 for consideration.	Sep-16

Appendix 1 Quarter 4 Board Assurance Framework Report

Birmingham NHS Foundation Trust

Key:	
CORE PURPOSE 1: CLINICAL QUALITY Strategic Aim: To deliver and be recognised for the highest levels of quality evidenced by technology, information, and benchmarking	1
CORE PURPOSE 2: PATIENT EXPERIENCE Strategic Aim: To ensure shared decision making and enhanced engagement	2
CORE PURPOSE 3: WORKFORCE Strategic Aim: To create a fit for purpose workforce for today and tomorrow	3

Core Purpose/ Other association	Risk Description	Current Context	Owner	Current Risk	Residual Risk	Existing Controls	Assurances Internal/External	Progress/Action Required	Timescale
1	External factors impacting on the Trust's capacity and timely/effective transfer of care from UHB to other providers.	Social care/other provider delay. Drift from other providers, inappropriate ED attendances due to perceived/actual lack of community provision, inability to repatriate patients to referring DGH. Changing needs of patient population, commissioning intentions, strategic plans of other providers, inadequately funded quality initiatives from NHSE etc.	DOP	Significant (12)	Significant (10)	Attendance at key system forums including the Birmingham & Solihull System Resilience Group (SRG) and current cross regional forums including the Urgent and Emergency Care Network. The Trust is also a member of the recently established multi agency Birmingham & Solihull Sustainable & Transformational Programme. Alternative sources to prevent delays to discharge and systems have been developed to prevent delays to discharge and to provide appropriate arrangements for patients in Birmingham (e.g. Kenrick Centre and Enhanced Assessment Beds) as well as placements for patients with dementia and challenging behaviour. Capacity funded by both Local Authority / CCGs.	Birmingham wide daily capacity reports. Minutes of SRG, SRG-Task and Finish Group and BCF(05) work stream.	We continue to work closely with BCC Adult Social Care concerning acute pathways that require social care input. This occurs at an STP level and A&E Delivery Board but also at a more operational with work on the delivery of a hospital based integrated discharge hub. The recent loss of c25% of out of hospital reablement capacity has had a major impact on hospital flow and DTOC rates. The Trust is working with BCC, providers and commissioners across Birmimgham to identify alternative short terms solutions as well as developing a longer term sustainable plan for out of hospital care. In addition, a pilot will commence during Q3 looking at developing a more therapy led hospital based screening and discharge process for patients requiring social care assessment and out of hospital support. This aims to reduce waiting times for in hospital screening assessments and LOS albeit the full benefit of such a change will be in dependent on accessing appropriate out of hospital bed capacity. The Director of Partnerships is now chairing on behalf of the Birmingham & Solihull A&E Delivery Board a task and finish group to review demand, capacity and operational processes with the BCC reablement service. It is essential that this service runs effectively to ensure that patients are transferred promptly out of hopsital. At present length of stay is too long and the referral and assessment processes too complex.	ongoing
						The Discharge hub has now been operating a year and has resulted in DTOCs reducing by 40% in this period. The reduction was over 50%. However, the level of reduction in DTOC rates has decreased in Q4 15/ Q1 16 due to the significant increase in emergency admissions and the increase in patient complexity and frailty. This has led to referrals into the discharge hub rising by up to 25% in some weeks at a time where hub capacity was reduced due to high sickness levels within the social work team and annual leave over the Easter period. This was coupled by a number of independent sector nursing / residential homes having closed c90 beds out of hospital reablement beds. This was due to both a provider decision to withdraw from the market and BCC suspending beds on quality and safety grounds. The shortage of appropriate community facilities for patients with complex dementia remains an issue. A Patient Choice policy with a supporting process for communication of this to patients and relatives was launched in June 2015 with the aim of reducing discharge delays caused by relatives/patients refusing to use this capacity as an appropriate alternative to an acute bed. A weekly complex case panel to review and agree actions to reduce delay has also been established. The DoP is also working with BCC staff in improving ALOS in out of hospital reablement beds. This work commenced in January 2016 and ALOS has to date reduced from 42 days to 35 days. There remains scope for further improvement.	**Internal:** Discharge Hub meeting to review the progress on each patient referred and classified as a section 5. (DTOCs has reduced by 40%) CCQ papers and minutes **(May 16, June 16)** ALOS has to date reduced from 42 days to 35 days **External:** Agreement with CCCCG and SCCCG. A Steering group in place to develop a combined Trust and Local Authority Complex Discharge team. Chief Executive Letter to 3 LAs September 2015.	The strategy for out of hospital reablement is being developed as part of the STP out of hospital work stream.	**Ongoing**
						Chief Executive Officer corresponds frequently with NHS Improvement/Monitor/CQC. The Trust 5 Year Strategy has been approved by BoD. Full paper on the Annual Plan and Operational Plan being submitted to April BoD and to Monitor in May 2015	**Internal:** Quarterly NHS Improvement/Monitor reports to BoD. Feedback from Executive meetings with Government leads to establish influence over policy and strategy **External:** Quarterly reports to NHS Improvement/Monitor. Develop more links with influential departments and key staff.	Continue with existing controls	Ongoing
						Health and Social Care Bill. Commissioning support unit. Changes to NHS Improvement/Monitor. NHS England and local CCGs.	**Internal:** BoD reports and minutes **(April 16, July 16).** **External:** Monitor validation of Trust financial and governance arrangements. NHS Improvement/Monitor Quarterly Governance Declaration (**April 16**) Annual Governance Compliance	Horizon scanning to identify consistency for Trust planning.	Ongoing

Appendix 1 Quarter 4 Board Assurance Framework Report

Birmingham NHS Foundation Trust

Key:	
CORE PURPOSE 1: CLINICAL QUALITY Strategic Aim: To deliver and be recognised for the highest levels of quality evidenced by technology, information, and benchmarking	1
CORE PURPOSE 2: PATIENT EXPERIENCE Strategic Aim: To ensure shared decision making and enhanced engagement	2
CORE PURPOSE 3: WORKFORCE Strategic Aim: To create a fit for purpose workforce for today and tomorrow	3

Core Purpose/ Other association	Risk Description	Current Context	Owner	Current Risk	Residual Risk	Existing Controls	Assurances Internal/External	Progress/Action Required	Timescale
3	Inability to recruit adequate numbers of sufficiently skilled, trained and competent staff including senior management.	Junior Medical workforce of all grades (including Junior Doctor Contracts, ITU and theatre nursing staff, age profile of the healthcare scientist workforce and middle/senior management staff. Brexit - approx. 8% of the NHS workforce is made of up of EU and Commonwealth member countries. The Trust currently employs 50 consultants who are EU nationals.	EDOD/CN	Significant (12)	Moderate (8)	The Strategic Workforce Group reviews all workforce issues. The Nursing Workforce Group and the Operational Workforce Group feed into the Strategic Workforce Group. The action plan for Health Care Scientists is also monitored by the Strategic Workforce Group. Assurance is provided by the papers from the Strategic Workforce Group, Nursing Workforce Group and Operational Workforce Group. The Strategic Workforce group meets bi-monthly. Recruitment plan and package to address nursing shortfalls which includes overseas recruitment, support package for out of practice and returning nurses and increasing recruitment/retention rates for newly qualified nurses. Establishment of Junior Doctor Review with governance through an Executive led Steering Group and CEAG to lead a review of the junior doctor workforce deployment	**Internal:** Workforce Group papers and minutes **(July 16)** Bi-annual reports to BoD on both HR and Workforce/Education **(April and Oct each year)** and Annual Workforce Report **(July 16)** KPI evidence reports **(July 16).** Staff survey **(July 16).** Successful award and project outcomes. Training records and ESR. Education Directorate Senior Team meetings with Divisions. Education Directorate Business plans. Junior Doctor Steering Group reporting	Framework to support implementation of advanced clinical practitioner roles with job descriptions completed as part of first phase. Scoping work around the requirement for Physician Associates (PAs) & Physician Associates Anaesthetics (PAAs) also completed and for discussion in November 2015 with COO, MD, Director of Delivery, Chief Nurse. Number of ODP commissions increased & all pilot degree commissions now placed with UHB. The Trust is currently inviting expressions of interest for the new Guardians of Safe Working. Post due to commence in August 2016. Work is being encompassed into the CEAG approved Junior Doctor Review which is due to commence in Q4 2015/16 & complete in Q3 (2016/17). Junior Doctor rota review completed. Revised offer for Junior Specialist Doctors (JSDs) out for advertisement which offers rotations that are commensurate with Trainee Doctor training rotations & therefore offer a parallel route towards CESR. Workshop around Advanced Clinical Practice (ACP) to commence in Q4 to increase understanding across different staff groups of the value of the roles & successful model of implementation. ACP forum established to support development of potential business case / implementation plan for role. Workforce Plan for 2016/17 under construction following work with the Divisions as part of the annual planning process. Workforce risks identified through this process under discussion with Divisions & support for remedial plans & escalation to HEWM completed Q1 2016/17. Junior Doctor Workforce Review has commenced with the appointment of 2 lead consultants to support required work streams. Work will include a review of non medical workforce solutions to mitigate current medical workforce shortages. Workforce Governance structure agreed with revised terms of reference for overarching Strategic Workforce Group and its subgroups. Strategic Workforce Group is chaired by Executive Director of Delivery with membership from Executive Medical Director, Chief Nurse and Chief Operating Officer. The group will set the strategic direction for the initiation and implementation of workforce priorities to enable the Trust to meet its service priorities. Strategic Workforce Group fully sighted on the current and potential future risk areas, current workforce performance against plan and oversight around the introduction of new roles and the annual workforce planning process. Nursing retention rates are notably good when compared with other organisations such as the Shelford Group Workforce Planning outcomes for 2015/20 discussed with COOG and forward plan to incorporate workforce planning into the overall annual planning process agreed. New and lighter touch process agreed. Ongoing work with the Divisions to increase the Junior Specialist Doctor (JSD) offer in terms of salary. New Clinical lead appointed to support JSD education. Work to create longer term rotations is ongoing. Flexible Workforce policies are also currently being developed by HR to retain our European workforce.	Completed Q2 2016/17 Q3 2016/17 Q3 2016/17 Ongoing Ongoing Ongoing Ongoing
						Retention of key staff, clear and prioritised departmental objectives and appraisal system. Internal control systems which minimise demands on senior staff time. Leadership and management education programme established for middle and senior managers. Annual workforce planning process NHS Elecet re-commissioned to work within the Trust to co-produce and deliver a second year programme of leadership and management training. Specific leadership programme for the triumvirate of Clinical Service Leads, Matrons, Group Managers planned. Talent Management champions trained and established with Talent Management embedded into revised appraisal documentation and policy. Mentorship and Coaching freely available through leadership portal on the website. Top Leaders programme available through NHS Academy with sponsorship for additional bespoke programmes identified.	**Internal:** 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. Vacancy rates currently 2.5% for nurse with 19 vacancies in ITU (lowest it has been) **External:** External audit reports and action plans review to confirm the reliability of financial records and compliance with Trust policies and regulations	Group Managers programme has commenced as planned in Q3 2015/16 and is due to complete in Q2 2016/17 with an evaluation in Q3. Clinical Service Lead programme under discussion with aim of sourcing a supplier to commence in Q3 2016/17. Discussions underway with HEWM to look at a system leadership programme specifically for Birmingham for Top Leaders to commence Q3 2016/17. Matron Development programme has now completed and its impact is being currently evaluated for publication in Q1. Early indications are very positive with good feedback from both the matron cohort and their managers and peers. Group Manager programme will complete in Q1. Development of a medical leadership programme aimed at current and aspirant CSLs is underway with the aim of delivery from September 2016. The Trust is currently commissioning a triumvirate programme potentially in partnership with HEFT for delivery again in the late Summer and aimed at the operational triumvirates. Approach to succession planning for key roles and disciplines needs to be a priority output of the annual workforce planning process and reviewed as part of the exec led 'confirm & challenge' process. Scoping work with Universities to look at a provider for a UHB Management internship/graduate programme.	Q3 2016/17 Q3 2016/17
	Breach of regulatory requirements	Failure to provide specific information to Monitor or any other regulatory requirement	DCA			Trust Governance structure and processes	**Internal:** Board Meeting Minutes. Quarterly paper **(oct 15, Jan 16, April 16, July 16)**. The Board of Directors (BoD) receives a quarterly paper outlining the Trust's proposed quarterly governance declaration **(Oct 15, Jan 16, April 16, July 16)**	The Board of Directors receives a draft annual report outlining the Trust's proposed annual governance declaration in March every year. This declaration is then signed off in the following May and submitted to NHS Improvement/Monitor to ensure the Trust maintains compliance with its obligations. The annual Board paper is included as part of the Annual Business Cycle to ensure that the declaration is submitted in line with NHS Improvement's deadlines.	Ongoing
						Strategy Team	**Internal:** Board Meeting Minutes. NHS Improvement Monitor Quarterly Governance Declaration **(Quarterly report 28.04.2016)**. Provides assurance of continuing to meet the terms of the Provider licence.	Strategy team responds to regular (e.g. quarterly declaration follow-up questionnaire), ad-hoc and consultation requests from NHS Improvement/Monitor in line with agreed timescales. Responses are agreed by relevant directors. Team briefs executive directors of risks and key information ahead of quarterly phone calls with Monitor. Details of any material discussions are included in quarterly paper or monthly . NHS Improvement Monitor website is also regularly checked to ensure nothing is missed. During Q3 2016/17 a central repository is being established to log all NHSI Requests.	Quarterly Ongoing **Q3 2016/17**
		Failure to comply with regulatory requirements due to capacity/performance issues				Monthly Service Quality Performance report submitted to CCG detailing performance and a progress update on any indicators that are off target. Regular contact is maintained with commissioners via phone and email to ensure any concerns are addressed. Also monthly Strategic resilience Group meetings (including Clinical Subgroup) and Contract Review Meetings ensure that commissioners at all levels are fully appraised of an assured about any performance issues. Action plans and trajectories are reviewed internally by nominated leads to ensure the are robust and will deliver to trajectory and monitored through weekly assurance meetings and monthly Cancer Steering Group.	**Internal:** Integrated Performance reports to BoD **(Quarterly reports July 1, Oct 16, Jan 17 April 17)** Weekly Cancer Steering group meetings to review capacity/performance issues and review action plans **External:** Letter from Monitor to Julie Moore on 15 May 2015 confirming return to 'green' governance rating. This provides assurance from NHS Improvement/Monitor until updated otherwise.	Actions within the Integrated Performance Report to continue to be implemented to enable the Trust to meet the trajectory agreed with the commissioners: - % patients waiting 4 hours or less in A&E - Cancer Waiting Times - 62 day GP target - a commissioner remedial action plan is in place. - Last minute Cancellations and the 28 day cancelled operations guarantee - 18 week RTT - recovery plans in place.	Q2 2016/17

Appendix 1 Quarter 4 Board Assurance Framework Report

Birmingham NHS Foundation Trust

Key:	
CORE PURPOSE 1: CLINICAL QUALITY Strategic Aim: To deliver and be recognised for the highest levels of quality evidenced by technology, information, and benchmarking	1
CORE PURPOSE 2: PATIENT EXPERIENCE Strategic Aim: To ensure shared decision making and enhanced engagement	2
CORE PURPOSE 3: WORKFORCE Strategic Aim: To create a fit for purpose workforce for today and tomorrow	3

Core Purpose/ Other association	Risk Description	Current Context	Owner	Current Risk	Residual Risk	Existing Controls	Assurances Internal/External	Progress/Action Required	Timescale
1				Significant	Moderate	Constant capacity reviews and monitoring of service provision. Out of area transfers are being identified on a daily basis and will be reported to the WMAS and Commissioners. Additional capacity has been created - the Trust has opened over 170 beds in the last 18 months. Seasonal planning.	**Internal:** Board Report Patient Care Quality Quarterly Report to include Infection Control updates **(May 16)** Cancer Waiting List Assurance Group meets weekly and reviews the data	Continue with existing controls and assurance as outlined in capacity risk above. A recent letter from Redditch & Bromsgrove CCG has noted that to support Worcester Acute Hospital NHS Foundation Trust (WAHT) they will be looking to divert GP referrals away from WAHT for a 3 month period. A significant proportion of additional patients could be referred to UHB as a result. The Director of Partnerships has met with the CCG and weekly referral numbers will be monitored to access the impact. Any variation over agreed contract levels will be charged at tariff + to reflect the additional costs incurred to manage this activity	Ongoing
		Failure to adhere to regulatory requirements and national guidelines e.g. CQC - Cardiac Services, clinical audits, MHRA etc.				The Clinical Risk and Compliance Unit has processes in place to: - manage national and local audits to ensure evidence shows compliance with that process. - manage incidents and identify trends - manage new and existing NICE guidance to ensure there is evidence to show compliance and where we are not able to adhere to the guidance e.g. we do not provide the service medical director approval has been obtained. - manage NCEPOD studies and identify actions, in conjunction with the clinical teams in response to the outcome of the relevant study. A quarterly report on compliance with the above is provided to the divisional Clinical Quality Group meetings and the BoD clinical compliance report A Cardiac Surgery Quality Improvement Programme (CSQIP) was established in September 2015 and since November 2015 the Senior Manager Clinical Compliance has been the project lead for the CSQIP. The CQC carried out a focussed inspection in December 2015 and placed 2 conditions on the Trust's registration following the visit.	**Internal:** Quarterly compliance reports to BoD (Oct 15, Jan 16, April 16, July 16) DCA Governance Group minutes National Audit presentation to CQMG **(November 2015)** Speciality audit programmes agreed in Q1 2016/17 Quarterly reported data to the CQC **(July 16, Oct 16, Jan 17, April 17)** CSQIP project Plan, and Steering group papers and minutes **External:** Letter from the CQC removing the conditions **(May 2016)**	Through the work of the CSQIP improvements have been made to the service and in May 2016 the CQC removed the conditions on the Trust's registration. The CQC requires the Trust to provide a quarterly update on progress with the project plan and provide outcome data Continue to deliver the work set out in the CSQIP project plan to improve the service.	Ongoing
						The Trust is governed by several regulatory requirements and the Risk and Compliance Unit currently has specific oversight of the CQC requirements. In light of the CQC focused inspection of cardiac services the existing compliance framework has been reviewed. The key changes to the new compliance framework are: - focus will be on compliance at speciality level - additional measures have been identified to monitor compliance against.	**Internal:** Presentation at BOD seminar in **May 2016** Quarterly compliance reports to BoD **(Oct 15, Jan 16, April 16, July 16)**	The new compliance framework was discussed at a BoD seminar and it was agreed that the framework should be piloted implemented in specialities during Q2 and Q3. The current pilot is due to be completed in August 2016. The Risk and Compliance unit are also working with Division D to support the ward level monitoring that is being put in place to ensure this feeds into the overall compliance framework.	Dec-16
						Quality & safety inspections Inc. Back to the Floor, Board Governance Visits which	CQMG Reports on Board Governance Visits	Continue with existing controls	Ongoing
1	Failure to reduce the transmission of infection	Trust has had higher level of C Diff cases than the rusts trajectories for 2016/17	CN	Moderate (8)	Low	An audit of current practice has been carried out which found the following wasn't been done adequately: Hand hygiene, screening of patients for MRSA, Device care (use of catheters), cleaning and decontamination and Isolating of patients. An action plan has been put in place which is monitored by the IPC Group. All actions have been completed in the MRSA action plan that is reported to the CCG.	MRSA Action Plan and IPC Group Minutes Patient Care Quality Quarterly Report to include Infection Control updates **(May 16, Sept 16)** Infection Prevention and Control Policy approved until July 2018	Continue to monitor C Diff action plan at IPC group	Ongoing
2	Reputational damage due to negative media coverage.	Adverse media coverage due to unforeseen circumstances or events.	DCOMMS	Moderate	Moderate	Delivery of the Communication Strategy and associated Policies and Procedures.	Whistle Blowing Policy (valid until **07/2017**), Contact with the Media Policy (valid until **05/2019**), Code of Conduct (valid until **03/2019**),	Relationships with local and national journalists developed. Staff are aware of procedural processes when approached by outside agencies. Communications team skills developed to manage adverse media. Stakeholder Engagement Strategy and Register. The use of social media is important to counter inaccurate or unbalanced views published on the internet. The IT Acceptable Use Policy sets the standard for expected staff behaviours when using social media sites. The policy is currently out for stakeholder consultation.	Ongoing Q2 2016/17
						Proactive engagement as required.	Established relationships and direct lines with named media reps	Controlled media coverage around VIP visitors and patients from overseas. Limited negative press and balanced coverage in case of high-profile criminal/contamination cases covered by print and broadcast media Continuing engagement with documentary and news crews to showcase Trust expertise and support campaigns to benefit patients, e.g. organ donation	Ongoing Ongoing
						Use of Emergency Preparedness Plan/Major Incident Plan to respond to adverse publicity or misinformation e.g. following national coverage of high profile patients from abroad	PR templates/media packages/contact lists to ensure right messages get to right people asap Bi- annual Emergency Preparedness update Report to BOD **(04/2016 & 10/2016)**	Intense media attention in 2014/15 with high-profile patients from overseas proved effective media handling with positive coverage and no impact on Trust operations Proven system for response with flexibility based on experience and in-house knowledge of media industry.	Ongoing
		Media coverage due to HEFT merger may result in a risk to the reputational damage of the Trust as a result of inconsistent messages.	**DCOMMS**	**Moderate**	**Moderate**	**Delivery of the Communication Strategy and associated Policies and Procedures.**	**Contact with the Media Policy (valid until 05/2019), Staff Code of Conduct (valid until 03/2019)**	**Inconsistent messages between the case for change to become one organisation with HEFT and the Sustainability and Transformation Plan may result in negative public perception. Communications streams are engaged to endure the right messages are delivered and that the Trust is engaged as possible and provide an oversight of this as far as possible.**	**Ongoing**

Appendix 1 Quarter 4 Board Assurance Framework Report

Birmingham NHS Foundation Trust

Key:	
CORE PURPOSE 1: CLINICAL QUALITY Strategic Aim: To deliver and be recognised for the highest levels of quality evidenced by technology, information, and benchmarking	1
CORE PURPOSE 2: PATIENT EXPERIENCE Strategic Aim: To ensure shared decision making and enhanced engagement	2
CORE PURPOSE 3: WORKFORCE Strategic Aim: To create a fit for purpose workforce for today and tomorrow	3

Core Purpose/ Other association	Risk Description	Current Context	Owner	Current Risk	Residual Risk	Existing Controls	Assurances Internal/External	Progress/Action Required	Timescale
1	Reputational/financial/organisational damage arising from commercial ventures or support provided to other Trusts	Relationship with HEFT could damage the Trust's reputation if expected outcomes with **NHSI/NHS England and other stakeholders are not managed appropriately. This includes the impact of Trust intervention at HEFT on the capability of senior teams.**	DSO & DCA	Moderate	Moderate	The Trust is currently assisting HEFT which has been classed as requiring support. The Director of Corporate Affairs is leading the project team regarding closer collaboration with HEFT.	Strategic Operational group minutes and papers. The group meets every two months and provide recommendations for improving working practices and strengthening services **Investment Committee papers. The group meets every two months.**	Board Seminar to discuss developments re internal relationships. Identification of opportunities and clarification of areas to pursue continues. Review operational activity and provide recommendations to improve working practices to strengthen services provided. Strategic Operational Group in place to review. **The Director of Strategic Operations and External Affairs provides updates to the Investment Committee every 6 months on the progress of existing projets as well as any identified future opportunties.**	Ongoing Ongoing **Ongoing**
						Stakeholder Engagement Workstream led by DCOMMS.	**BOD Minutes (bi-monthly)** **Stakeholder Engagement Workstream**	**Recharge funding to support backfill where appropriate.**	**Ongoing**
						Oversight by BOD.	**BOD Minutes (bi-monthly)**	**Impact of intervention at HEFT discussed at BOD.**	**Ongoing**
1	Failure in one or more components of business and IT systems, resulting in clinical service, department, equipment and/or staffing failure		MD	Low	Low	Full Business continuity plans in place.	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.	Testing of business plans has taken place. Major incident testing has taken place. Validation of systems through major incident testing with external stakeholders	Ongoing
						ISO 9000, Regular data backups and checks that the back-ups have integrity. Documented and approved service management processes.	Emergency Preparedness Steering Group. Testing and action plans. 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	Documented and approved service management processes. 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.	Ongoing