

## Board of Directors Meeting

## Report

**Subject:** Board Assurance Framework

**Date:** 28<sup>th</sup> January 2016

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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 16<sup>th</sup> 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.

The Board has previously approved the development of a board risk committee. The board risk committee will be responsible for providing assurance to the board of directors with regard to compliance with the Trusts risk management system and processes and identify those risks (and risk mitigation action plans) which need to be brought to the attention of the Board of Directors. the committee will also recommend to the Board of Directors strategically significant risks which should be included on the BAF

The first meeting was held on 13<sup>th</sup> January 2016. The Committee reviewed the BAF (appendix a) and discussed and revised the scoring.

It is proposed the BAF will be scrutinised by the Board Risk committee on a monthly basis and will be submitted to the Board, in line with the agreed Board of Directors work plan, in March and September.

**Recommendation**

The Board are invited to:

- Approve the process for scrutiny of the BAF through the Board Risk Committee
- Approve the proposal to receive the BAF in March and September
- Note the revised BAF at appendix a

**Relevant Strategic Priorities (please mark in bold)**

<b>To consistently deliver a high quality patient experience safely and effectively</b>	<b>To develop extended clinical networks that benefit the patients we serve</b>
<b>To eliminate the variability of access to and outcomes from our acute services</b>	<b>To provide efficient and cost-effective services and deliver better value healthcare</b>
<b>To reduce demand on hospital services and deliver care closer to home</b>	

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