

Board of Directors' Meeting Report – 5 September 2017

Agenda item 76/17

Title	Board Assurance Framework
Sponsoring Director	Yvonne Blucher, Managing Director
Author(s)	Brinda Sittapah (Company Secretary)
Purpose	To seek approval from the Board on the new BAF risks which have been reviewed in line with the ESR BAF
Executive Summary	
<p>A Joint Risk Management Group (JRMG) led by Diane Sarkar, Chief Nurse has been established across Basildon, Southend and Mid Essex to ensure effective risk management processes are in place to provide the Joint Working Board (JWB) with oversight of exceptions and identified high risks (actual or emergent) to the three sites or to Mid and South Essex Success Regime. The JRMG has agreed that all three hospitals in the ESR will adopt the same approach to risk management and hence it was proposed that the NPSA “A risk matrix for risk managers” (January 2008) document / framework be used. One of the roles of the JRMG was to develop a joint Board Assurance Framework (BAF) across the 3 Trusts. In order to develop the joint BAF, individual BAFs from each site were shared and reviewed to identify the top key risks of the three Trusts. A shared template has been developed by taking the best aspects from each site BAF.</p> <p>The Southend University Hospital’s BAF risks have not changed for a number of years and following the development of the JWB BAF it was felt that it should be reviewed to ensure that it contains current and relevant risks and that these are described in a similar way to those on the JWB BAF. A working group comprising Brinda Sittapah (Company Secretary), Tracy Turner (Head of Clinical Governance) and Sharon Murrell (Head of Risk and Patient Safety) have thus reviewed the current BAF and the risk titles and descriptions were updated where it was felt this was necessary. The JWB, BTUH and MEHT BAFs were also reviewed as part of this process and risks were identified for potential inclusion onto the SUHFT BAF. Methodology from the Good Governance Institute was used to ensure that it is produced in an effective way and enables the Board to receive assurances relating to its strategic objectives.</p> <p>The proposed BAF risks were endorsed by the Site Leadership Team. A discussion followed at the SUHFT Board Development Day on 4 July and NEDs were of the view that the newly added BAF risks 6, 7 and 8 were not strategic in nature. Following this, the working group has met with Mike Green (NED) to gather further insights and the risks were refined where appropriate. It is recognised that the newly added BAF Risks are operational in nature however it is proposed that these remain on our BAF to ensure consistency with the ESR BAF.</p> <p>BAF Risks 1, 5, 7 and 8 were reviewed by the Quality Assurance Committee on 16 August. BAF Risk 2 was reviewed by the Audit Committee on 26 July. BAF Risk 3, 4 and 6 were reviewed by the Finance and Resources Committee on 5 July.</p> <p>More work is being done to improve consistency in reporting for all the BAF Risks.</p>	

Date Reviewed by the Site Leadership Team	24 August 2017
Related Trust Objective	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff Financial and Operational Sustainability – Financial, Operational, Estate
Related Risk	All BAF Risks
Legal implications / regulatory requirements	The Board Assurance Framework is an important part of the Trust's internal control framework.
Quality impact assessment	There are no quality implications arising directly from this report.
Equality impact assessment	As far as can be ascertained this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010.
Recommendations: The Board is asked to approve the BAF.	

Below is a summary of the risk titles from the current BAF and proposed BAF:

Current BAF Risks		Proposed BAF Risks		Strategic objectives
Risk	Risk Title	Risk	Risk Title	
1	Failure to provide adequate patient safety and quality of care	1	Failure to provide adequate patient safety , quality of care and patient experience due to capacity, demand and external agency stakeholder engagement	Excellent Patient Outcomes Excellent Patient Experience
2	Poor patient experience			
3	Failure to meet performance targets	2	Failure to meet constitutional and national performance targets	Excellent Patient Outcomes Excellent Patient Experience Financial and Operational Sustainability
4	Trust not being financially sustainable	3	Trust not being financially sustainable	Financial and Operational Sustainability
5	Inability to recruit and retain staff	4	Inability to recruit and retain staff	Engaged and Valued Staff
6	The ageing buildings, physical environment, associated infrastructure and inadequate backlog resources presents an almost certain risk of services failing and impacting on the delivery of patient services	5	Current and future estates, infrastructure and equipment does not comply with national specifications, meet service needs and/or service user needs	Excellent patient outcomes Excellent patient experience Engaged and valued staff Financial and operational sustainability
		6 (new)	Lack of robust IT infrastructures, Business Continuity Plans and digital defences against cyber security	Excellent Patient Outcomes Excellent Patient Experience Financial and operational sustainability
		7 (new)	Failure to provide effective and reliable clinical support services	Excellent Patient Outcomes Financial and Operational Sustainability
		8 (new)	Failing to meet CQC Health & Social Care regulations	Excellent patient outcomes Excellent patient experience Engaged and valued staff Financial and operational sustainability