

ITEM: 08/156

DOC: 12

Meeting: Trust Board
Date: 15th October 2008

Title: Board Assurance Framework

Executive Summary: The overview of the Trust's risk management structures and processes continues to be work in progress. A need to integrate the four distinct dimensions has been identified. These dimensions are:

1. Directors' current objectives mapped into the 10 corporate objectives
2. Key corporate and strategic risks identified in the Board Assurance Framework analysed in terms of the 10 corporate objectives
3. Risks to the delivery of the five year Integrated Business Plan (IBP)
4. Operational risks identified on an ongoing basis and recorded on the Trust's Risk Register

The Risk Register is currently being reviewed by the Executive Committee in accordance with the principles recently agreed relating to thresholds and the evaluation of mitigations.

Risks associated with the revised IBP are also being assessed and will be discussed at the Trust Board seminar on 15th October. They will then be included in the Risk Register or BAF if not already identified.

Directors' objectives for 2008-09 are set out in the attached table and mapped into the 10 corporate objectives which have been agreed by the Trust Board and incorporated in the IBP.

The Board Assurance Framework (BAF) was updated in August 2008 for consideration by the Audit Committee at its meeting on 4th September 2008. The attached October update takes account of the recommendations of the Audit Committee and directors' review of risk ratings and progress.

The numbered sections of the BAF now correspond to the numbering of the 10 corporate objectives. The risks identified within each section have now been cross-referenced to the table of objectives. Similarly, where an objective can be associated with a risk identified in the BAF, there is a cross-reference following the description of the objective. It is anticipated that this cross-referencing will facilitate the monitoring of both performance against objectives and the management of risk on a real time basis.

Elements of the previous version of the BAF which were not cross-referenced to an objective and had a low risk score have been removed from the BAF as agreed at the Audit Committee. Where appropriate these risk will be transferred to the Risk Register for continuing review or archived for annual review.

The next stage is to ensure that the BAF is comprehensive and consistent with the IBP and the operational risk register. This will be completed for the November meeting of the Audit Committee. Any changes to the BAF will be reported to the Trust Board in the CEO's report. The next full review of the BAF will be at the Trust Board meeting in January 2009.

Action: To note the proposed changes to the BAF, including the proposed deletions, and to approve plans for further development.

Report from: Susan Sorensen
Trust Corporate Secretary

Sponsor:

Financial Validation

Lead: Director of Finance

Name of finance officer

N/a

Compliance with statute, directions, policy, guidance

Lead: All directors

Reference:

Audit Commission guidance on integrated governance

Compliance with Healthcare Commission Core/Developmental Standards

Lead: Director of Nursing & Clinical Development

Reference:

N/a

Compliance with Auditors' Local Evaluation standards (ALE)

Lead: Director of Finance

Reference:

Evidence for self-certification under the Monitor compliance regime

Lead: All directors

Compliance framework reference:

Appendix C3

Directors' objectives mapped into corporate objectives

| OBJECTIVES | | Delivering high standards of clinical care | Operationally excellent | Exhibiting high standards of customer care | Providing a suitable environment for care | An integral part of the local health community's | Employing competent motivated staff | Financially robust | Collaborating with other agencies | Reducing hospitalisation | Undertaking education and research |
|------------------------------------|---|--|-------------------------|--|---|--|-------------------------------------|--------------------|-----------------------------------|--------------------------|------------------------------------|
| Cross-reference to BAF | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Director of Operations (OP) | | | | | | | | | | | |
| OP1 | Implement 18 week clinical support system redesign 2.1 2.3 | | √ | √ | | | | √ | | | |
| OP2 | Ensure DTC fully operational and working efficiently 3.2 7.10 | | √ | √ | √ | | | √ | √ | √ | |
| OP3 | Reduce hospital length of stay 7.14 | | √ | | √ | | | √ | √ | √ | |
| Medical Director (MD) | | | | | | | | | | | |
| MD1 | Maintain and enhance patient safety 1.4 3.1 | √ | | | | | | | | √ | |
| MD2 | Secure improvement in external measures of clinical outcomes e.g. SMR and avoidable deaths 1.1 | √ | | | | | | | | | √ |
| MD3 | Contributing to the FT application through advice on the development of a coherent clinical strategy 1.4 | √ | | | √ | √ | | √ | √ | √ | |

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|--|---|--|-------------------------|--|---|--|-------------------------------------|--------------------|-----------------------------------|--------------------------|------------------------------------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| OBJECTIVES | | | | | | | | | | | |
| Cross-reference to BAF | | | | | | | | | | | |
| Director of Nursing and Clinical Development (ND) | | | | | | | | | | | |
| ND1 | Reduce HCAI rates across the hospital 2.1 3.2 9.2 9.3 | √ | √ | | √ | √ | | √ | √ | √ | |
| ND2 | Improve the quality of nursing care on the wards 3.1 3.2 | √ | | √ | | | √ | | | | √ |
| ND3 | Improve the care of older people on JKU 3.1 3.2 | √ | | √ | √ | √ | | | √ | | |
| Director of Primary Care (PC) | | | | | | | | | | | |
| PC1 | Increase market share of referrals to the Whittington by 2 % points 3.2 5.1 5.2 5.6 8.1 | | | | | √ | | √ | √ | | |
| PC2 | Implement customer focussed marketing through CRM/CEM 1.6 3.1 3.2 8.1 | | | | | √ | √ | √ | √ | | √ |
| PC3 | Develop the business 3.2 8.1 | | | | | √ | | √ | √ | | |
| Director of Facilities (FA) | | | | | | | | | | | |
| FA1 | Have a hospital that is clean 3.1 3.2 4.1 | | √ | √ | √ | | | | | | |
| FA2 | Develop an exemplar equipment decontamination and management service and to redevelop a single compliant endoscopy service 1.5 | √ | √ | √ | √ | | | | | | |
| FA3 | Provide patients with a quality meal service 3.1 3.2 | √ | √ | √ | | | | | | √ | |

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|-----|--|--|-------------------------|--|---|--|-------------------------------------|--------------------|-----------------------------------|--------------------------|------------------------------------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | OBJECTIVES Cross-reference to BAF | | | | | | | | | | |
| | Director of HR and Corporate Affairs (HR) | | | | | | | | | | |
| HR1 | Increase staff satisfaction with the Whittington as an employer 5.1 6.2 | | | √ | | | √ | | | | √ |
| HR2 | Enhance the effectiveness of temporary staffing (office) and their recruitment 1.3 | | √ | | | | √ | √ | | | |
| HR3 | Increase staff productivity by reducing staff sickness absence 1.3 | √ | √ | | | | √ | √ | | | |
| | IM&T consultant (IN) | | | | | | | | | | |
| IN1 | All clinical coding for admitted care to be accurate and completed within 5 working days of month end 7.1 | | √ | | | | | √ | | | |
| IN2 | Make all communications electronic with Islington and Haringey GPs using EMIS | | √ | √ | | √ | | | √ | | |
| IN3 | Provide access to the McKesson Physician Portal configuration to improve patient safety and release clinical time | √ | | | | | | | | | |
| | Director of Planning and Performance (PP) | | | | | | | | | | |
| PP1 | Develop and embed the governance framework and Implement a robust performance management system to comply with NHS London and Monitor regimes 1.2 | | √ | | | √ | √ | √ | | | |
| PP2 | Co-ordinate the submission of a successful FT application | | | | | √ | | | √ | | |
| PP3 | Complete an option appraisal for the long term development solution for maternity and neonatal services 4.1 4.2 5.2 | | | | √ | √ | | √ | √ | √ | |

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|-----|--|---|--------------------------------|---|--|---|--|---------------------------|--|---------------------------------|---|
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| | | | | | | | | | | | |
| | Director of Finance (FD) | | | | | | | | | | |
| FD1 | Ensure that the finance department has the capacity and capability to be fully fit for FT compliance 7.4 | | √ | | | | √ | √ | | | √ |
| FD2 | Produce long term financial model and completion of all financial aspects of the IBP. Ensure that the requirements of Monitor are met 7.2 7.9 10.1 10.2 | | √ | | | | | √ | | | |
| FD3 | Implement service line reporting 7.14 8.1 | √ | √ | | | | | √ | | | |
| | Chief Executive (CE) | | | | | | | | | | |
| CE1 | Implement R&D infrastructure 10.2 | √ | | | | √ | | | √ | √ | √ |
| CE2 | Ensure performance of WFL and its sub-contractors is acceptable 1.7 1.8 | | √ | √ | √ | | | √ | √ | | |