

Trust Board Agenda Item 194/06(ii)

Date of Meeting: 19th October 2006

Title of Agenda Item and Number: Assurance Framework

Author: David Law, Chief Executive

Person Presenting Item To The Board: David Law, Chief Executive

Summary:

This paper provides the Trust Board with a summary of the progress against the Assurance Framework to provide assurance of continual population.

Item Previously Considered and Agreed By: Trust Risk Management Committee

Suggested Time For This Item: 10 minutes

Proposed Board Resolution: To Note Content
(E.g. to agree, to receive, to note)

Report From: Chief Executive
To: Trust Board, 19th October 2006
Subject: Assurance Framework
Action: To Note Content & Agree Recommendations

Executive Summary

Introduction

This paper provides the Trust Board with a summary of the progress against the Assurance Framework to provide assurance of continual population; a review of recent developments relating to the Assurance Framework; and highlight most recent entries made (See attached Assurance Framework).

Recent Developments

The format of the Assurance Framework has been reviewed so that each risk entry is aligned with the rest of the framework and consequently most of the cross-referencing has now been removed. This should aid simplified reading of the framework and will highlight to the reader more easily where gaps in the framework exist.

Risk Review

During Quarter 2 July - Sept '06 the following risk entries were reviewed and updated accordingly:

Risk Ref:	Risk Description
(3.1)	Inability to identify adequate resources to mitigate governance risks
(3.2)	Failure in completing the process of Risk Management and Governance (C7a and c)
(4.1)	The organisation is unable to meet its statutory and mandatory responsibilities through ill-defined management accountability
(5.3)	Inability to recruit the right staff with the right skills, e.g. Ultrasonographers; midwives; nurses
(6.3)	Poorly designed patient areas (SFBH Ref: C20b) (Datix RR Ref: 613)
(6.4)	HSE criminal prosecution/civil litigation
(8.1)	Failure to meet financial targets (RR ID: 755)
(8.2)	Inability to deliver agreed services with available resources (RR ID: 756)
(8.3)	Inability to plan for future services across health economies (RR ID: 757)
(8.4)	Failure in probity and good governance (RR ID: 758)
(8.5)	The Board not fully engaged in financial planning (RR ID: 759)

New Risks Entries

During Quarter 1 (Jul-Sept '06) two new risk entries were made against Objective 6 (*Ensure that the Trust Modernisation Strategy includes all environmental aspects so they holistically meet patients' and staff needs (Ref: SFBH Domain 6)*) and three new risk entries were made against Objective 8 (*To ensure the efficient use of resources and meet statutory financial duties*):

1.

Risk	(6.6) The Trust's response to the IYH Strategy may prove unaffordable. The PFI may fail the government's PFI affordability review leading to significant replacement of estate (new hospital)
Classification of Principal Risk and Executive Lead	Director of Planning
Key Controls	IYH Programme Board
Assurances on Controls	Commissioned an internal affordability review
Board Reports/Positive Assurances	<i>Not applicable</i>
Gaps in Control	<i>Not applicable</i>
Gaps in Assurance	<i>Not applicable</i>

2.

Risk	(6.7) The Surgicentre may have such an impact on the clinical viability of the Trust rendering it unaffordable
Classification of Principal Risk and Executive Lead	Director of Planning
Key Controls	Finance and Planning Board
Assurances on Controls	Commissioned an independent affordability review
Board Reports/Positive Assurances	<i>Not applicable</i>
Gaps in Control	<i>Not applicable</i>
Gaps in Assurance	<i>Not applicable</i>

3.

Risk	(8.6) Lost income as a result of failure to maintain real-time electronic patient records (RR ID: 760)
Classification of Principal Risk and Executive Lead	Director of Finance
Key Controls	Trust Board Finance & Performance Committee
Assurances on Controls	Divisional Performance Reviews
Board Reports/Positive Assurances	Activity now being recorded on "Which Doctor" enabling download to Clearnet and providing basis for billing under PbR
Gaps in Control	Training of staff in management on clinics using PAS in specialist nurse areas ACTION: Clinic Staff now being trained

Gaps in Assurance	Specialist nurse clinics e.g. Urology, Diabetes, Colposcopy not yet being recorded on “Which Doctor”
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4.

Risk	(8.7) Lost income as a result of failure of clinicians to complete clinical coding on discharge (RR ID: 761)
Classification of Principal Risk and Executive Lead	Director of Finance
Key Controls	Trust Board Finance & Performance Committee
Assurances on Controls	Divisional Performance Reviews
Board Reports/Positive Assurances	A continued reduction shown on “Which Doctor” report of uncoded episodes by clinician and length of stay
Gaps in Control	Lack of tracking of records and failure to recognise importance as a loss of income ACTION: Reports dealing by patient/consultant to be sent to divisional managers for resolution
Gaps in Assurance	Continue to receive notification from “Which Doctor” of uncoded episodes Trust wide

5.

Risk	(8.8) Failure to achieve £12 million control total (RR ID: 736)
Classification of Principal Risk and Executive Lead	Director of Finance
Key Controls	Trust Board Finance & Performance Committee Eastern Region Financial overview Appointment of Eastern Region External Turnaround Director
Assurances on Controls	Weekly Divisional Performance Reviews Each Division now has a set control total Turnaround team with external project managers in place
Board Reports/Positive Assurances	<i>Not applicable</i>
Gaps in Control	<i>Not applicable</i>
Gaps in Assurance	Monthly run rate (overspend) reducing to a target of no more than £1m a month from £1.5 not currently met

Risk Entries Removed

1.

Risk	(2.3) Lack of availability of certain Medical Devices (SFBH Ref C4b)(RR Ref No. 18)
Classification of Principal Risk and Executive Lead	Chief Nurse/Director of Patient Services, Quality and Risk Risk Committee Medical Devices Committee
Key Controls	Medical Devices Management Committee; Medical Devices Policy CG Committee

Assurances on Controls	Internal Audit of Medical Devices Management and resultant Action Plan and progress report (See Datix RR Ref: 18; minutes of Medical Devices Management Committee)
Board Reports/Positive Assurances	<i>Not applicable</i>
Gaps in Control	Developing a capital replacement review to go to Capital Programme Group on 6/2/06 with a view to obtaining capital funding approval and replacement programme
Gaps in Assurance	Deficits relating to availability/repair of Medical Equipment; and availability of staff

The Risk Management Committee is asked to note the contents of this report.

David Law
Chief Executive

October 2006