

## Report to Trust Board

Date 30 March 2011

Agenda item no 9.1

<p>Title</p> <p>Author</p> <p>Responsible Director</p> <p>Purpose</p>	<p><b>Assurance Framework</b></p> <p>Trust Board Secretary</p> <p>Director of Finance and Performance</p> <p>Assurance</p>
<p>Action required</p>	<p>To agree that the framework represents the risks, controls and assurances in place to ensure that the risks of failing to achieve its objectives are controlled, and identify any further actions necessary to improve controls/ assurance</p>
<p>Executive Summary</p> <p>The Assurance Framework is the prime document from which the Board can obtain assurance on the risks faced by the organisation. It is reported to the EMG and Audit Committee for approval prior to submission to the Trust Board.</p>	
<p>Relevant CQC standard/ NHS Constitution pledge</p>	<p>The objectives have been framed to embrace CQC and NHS Constitution requirements</p>
<p>Link to strategy/plans</p>	<p>The objectives in the strategy are the elements of the assurance framework</p>
<p>Impact assessment:</p> <ul style="list-style-type: none"> <li>- quality</li> <li>- financial/business</li> <li>- equality/diversity</li> <li>- risk</li> <li>- legal/statutory</li> <li>- sustainability</li> </ul>	<p>An aim is to provide High Quality Acute Hospital and Specialist Care for Patients</p> <p>An aim is Financial Strength and Accountability</p> <p>No specific impact</p> <p>Aims include reducing clinical risk , improving service viability and reputation</p> <p>Includes eg NHS Constitution, carbon change requirements</p> <p>An aim is Reducing Carbon use and implementing the Sustainable Development Management Plan.</p>
<p>Previous consultation/decision/discussion/</p>	<p>The content of the attached document is as agreed in December to include the objectives, risk owner and inherent risk, although the format has been amended to improve legibility. The Audit Committee in 15 march accepted that it represented the situation at the end of quarter 3</p>

### INTRODUCTION

This is the second update of the assurance framework submitted in July, based on the current year's objectives. The hazards are the risks of failing to achieve the objective.

### COMMON THREADS

In all areas, basic controls in place include

- the Trust’s clear governance and risk management strategy
- an appropriate policy framework in place and monitored,
- sufficient numbers of staff with the necessary qualification and training in place
- robust assurance processes, independent of operational responsibilities, so that eg patient safety issues are debated at the patient safety committee and issues reported to EMG/ Governance Committee
- systematic reporting of performance through the management and governance processes
- overall, a stable and experienced management team

These controls are therefore not specifically referred to in the framework, unless there are exceptional features. The trust has a history of effective response to issues that do arise through the use of focused task and finish groups and escalation processes. Examples include infection control issues and accident and emergency department waiting times. This approach would be used for any area where routine monitoring indicated an emerging issue, and enhances the effectiveness of reporting as a control.

#### KEY ISSUES

The attached framework sets out the numerous controls and assurances for the “harder”, more introspective objectives eg high quality care, financial strength, but both controls and assurances are less developed in the “softer” areas, such as achieving effective stakeholder relations.

Currently, the only risks over 15, are the acquisition of the provider arm, where we did not achieve the objective, and the reliance on a single purchaser, for 95% of business

#### Definitions

Progress: Change in risk since previous version-  = increased risk,  = reduced risk  no change

Inherent Risk Value: level of risk if no controls in place

Residual Risk Value: level of risk with current controls in place

Target Risk Value: level of risk once proposed improvements implemented

Hazard: what could prevent us from meeting the objective

Control Measures: Measures in place to control the risk

Assurances: Evidence that the controls are in place and are working

Actions: Proposals to address gaps in either controls or assurances

Alan Dickinson

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