

COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST
Board Assurance Framework - Quarter 1 2016/17

STRATEGIC RISKS	IMPACT x LIKELIHOOD = RISK SCORE					CURRENT ASSURED LEVEL	Movement
	INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE			
	N/A	N/A	4x2=8	Apr-16	Mar-17		
What is the strategic risk to be controlled?			EXECUTIVE DIRECTOR	BOARD COMMITTEE			
REF	STRATEGIC RISK						
CR1 15-16	Failure to maintain and enhance the quality and safety of the patient experience and ensure compliance with CQC Standards		Medical Director / Director of Nursing and Quality	Quality, Safety & Patient Experience Committee		Amber	→

LINKED CORPORATE PRIORITIES (up to top 3)	POTENTIAL CONSEQUENCES OF THE RISK	
Safe, Kind & Effective	REF	What are the key potential consequences (up to 4) of the risk?
Concentrating on the right services to meet the needs of our patients	PC1	Non compliance with regulatory & commissioner contracts
Understanding patient experience	PC2	Risk to Registration & Licence to operate
	PC3	Poor patient experience - impact on Trust reputation
	PC4	Breach of Monitors terms of authorisation as a Foundation Trust

Based on those reported to CDG 27.7.16

Potential or actual origins that have led to the risk...		What are the most significant origins (up to 10) which could or have led to the risk?	IMPACT LEVEL	Movement
REF	ORIGIN		Red Amber Green	
O1	Kirkup Report		green	↓
O2	Lampard/Saville Report		green	↓
O3	Workforce skills/competencies		Amber	↓
O4	CQC Fundamental Standards		Amber	→
O5	Compliance with Trust policies and procedures		Amber	→
O6	Failure to observe Trust values - cultural issues		Amber	→
O7	Demographic/needs of local population		Amber	→
O8	Capacity issues - patient experience			
O9				
O10				

The risks are CONTROLLED by...		Strength	Movement	The REPORTING mechanisms are...			Strength	Movement
What are the key controls (up to 10) that are in place to mitigate these risks?		Red Amber Green		What are the key reporting mechanisms (up to 10) that will provide assurances that the key controls are effective? (E) = External assurance.			Red Amber Green	
REF	CONTROL	RAG		REF	REPORTING MECHANISM	FREQUENC	RAG	
C1	Completion and regular review of provider compliance assurance (PCA) framework	Green	→	R1	Quarterly, Safety & Patient Experience Committee (NED Chair)	Monthly	Green	→
C2	Monitoring of performance with commissioners including visits	Green	→	R2	Patient Experience Operational Group	Monthly	Green	→
C3	Regular reviews CQC IM reports & fundamental standards	Green	→	R3	CCG quality performance meetings	Monthly	Green	→
C4	Quarterly CQC relationship meetings	Green	→	R4	Council of Governors	Bi-monthly	Green	→
C5	Open communication with commissioners and CQC re any concerns identified by the Trust	Green	→	R5	Trust Governors Quality Forum	6 weekly	Green	→
C6	Staff engagement programme	Green	→	R6	Board of Directors	Bi-monthly	Green	→
C7	Monitoring of performance with commissioners including visits	Green	→	R7	External Stakeholders visits e.g. Healthwatch	As required	Green	→
C8	Quarterly reviews on CQC Actions Plans (following formal inspection in Feb 2016)	Green	→	R8	Various groups reporting to the Quality, Safety & Patient Experience Committee i.e. Safeguarding Strategy Board	Monthly/bi-monthly	Green	→
C9	Clinical Rounds/unannounced clinical reviews	Green	→	R9	Corporate Directors Group	Monthly	Green	→

These are the POSITIVE ASSURANCES actually received...		
What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective.		
REPORT REF	POSITIVE ASSURANCE	DATE LAST REPORTED TO COMMITTEE
R6	6 monthly Nurse Staffing update	03.05.16
R6	Patient & Staff Stories	Each Board
R1	WHO Q3 reports (theatres, radiology, maternity)	Quarterly 16.05.16
R1	Regulation 28 Action Plan - update on all cases	16.05.16
R1	End of Life Care - Dying in Hospital Audit Report	18.04.16
R1	Consent For Intimate examinations (appendix to policy)	16.05.16
R1	Patient Experience Operational Group - 6 monthly report	16.05.16
R1	AQuA Quarterly Mortality Report	16.05.16
R1	Palliative/End of Life Care (update on action plans)	20.06.16
R1	Thematic Review of Incidents associated with Diabetic ketoacidosis	20.06.16
R1	National In Patient Survey Report (2015-16)	20.06.16
R1		
R1		
R1		
R6		
R1		
R1		

The GAPS IN CONTROL / NEGATIVE ASSURANCES are...				
What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in place?				
REF	GAP	ACTION PLAN	AGREED DEADLINE	REVISED DEADLINE
G1	Gaps in some CQC Standards (following formal inspection in Feb 2016)	Action plans in place - being monitored quarterly via QSPEC	Quarterly reviews (Q3 16/17)	
G2	NNU risks	Action plan in place Weekly exec monitoring re operational activity and risks External review to commence 01.09.16		
G3	Poor Compliance with correct Patient Identification (3 Never Events)	Refocus on key actions to be taken, incorporate learning and Human Factors into training programmes. Safe Surgery Group being established	review progress Q3 16/17	
G4	Poor Compliance with Consent Processes	Consent Group in place with action plan. Policy due for ratification. Further clinical engagement required to ensure good compliance.	Q3 16/17	
G5	DoLS & mental Capacity Act Awareness	Process has been reviewed, prioritising risk assessment. All safeguarding adult training under review	Q3 16/17	
G6	Capacity issues due to lack of social care provision and flow issues within the Trust	System conference calls/meetings in place, Winter resilience being planned, risk of increased patient harm and poor patient experience	Q4 16/17	
G7				
G8				
G9				
G10				