



GIG
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NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

BOARD ASSURANCE FRAMEWORK

2018-19

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Abertawe Bro Morgannwg University Health Board

Control Framework

Leadership

Staff

Systems
and
Processes

Finances

Technology

Controls and Assurance Mechanisms

High Quality Care

Controls: evidenced within

- Annual Plan
- Commissioning
- Annual Quality Objectives
- intentions and plans
- Capital and Estates Strategy
- Quality Impact Assessment protocol
- Equality Impact Assessment

Assurance: gained via

- Quality and Safety Committee
- Divisional Quality Groups
- Senior Leadership Team
- Annual Quality Report
- Annual Report and Annual Governance Statement
- Chairs Reports
- Visits and Inspections

Performance Management

Controls:

- Objectives and Appraisals
- Performance targets
- Performance Dashboards and monthly reporting
- Regular Performance and Quality reports
- Concerns and Patient Experience Reports
- Serious Incident Reporting

Assurance: gained via

- Unit Boards, Service/Ward levels
- Escalation arrangements
- Audits, visits
- Executive Director and Senior Leadership Team meetings
- Quality and Safety, Finance and Audit Committees
- Internal/External Audits

Risk Management

Controls:

- Risk management strategy and Policy
- Board Assurance Framework
- Corporate Risk Register
- Divisional Risk Register
- Reports to the Board, Senior Leadership Team and sub committees
- Policies and Procedures
- Scheme of Delegation

Assurance: gained via

- Delivery Boards, Service/Ward levels
- Escalation arrangements
- Internal/External Audits, visits
- Executive Director and Senior Leadership Team meetings
- Quality and Outcomes, Finance and Audit Committees

Levels of Assurance

First Line Operational

- Organisational structures – evidence of delegation of responsibility through line Management arrangements
- Compliance with appraisal process
- Compliance with Policies and Procedures
- Incident reporting and thematic reviews
- Compliance with Risk Management processes and systems
- Performance Reports, Complaints and Patient Experience Reports, Workforce Reports, Staff Nursing Report, Finance Reports



Second Line of Assurance

Second Line Risk and Compliance

Reports to Assurance and Oversight Committees

- Audit Committee
- Finance Committee
- Quality and Safety Committee
- Remuneration Committee
- Risk Management Group, Health and Safety Groups etc

Findings and/or reports from inspections, Friends and Family Test, Annual Reporting through to Committees, Self-Certification



Third Line Independent

- Internal Audit Plan
- Wales Audit Office (Structured Assessment)
- External Audits (eg. Annual Accounts and Annual Report)
- HIW Inspections
- Visits by Royal Colleges
- External visits and accreditations
- Independent Reviews

VISION AND CORPORATE PRIORITIES

REGULATORS

EXTERNAL AUDIT

Board Assurance Framework Summary as at [insert date]

Deliver Excellent Patient Access and Outcomes		
Failure to comply with or meet national targets which may lead to regulatory intervention and a significant impact on patient care and outcomes, staff morale and the Health Board's reputation.		↑
Failure to achieve the quality priorities for 2018/19 then the Health Board will not achieve its objective to deliver excellent patient outcomes and experience		
Failure to meet statutory obligations in relation to health & safety, infection control, etc. then there could be breaches in standards and other failures leading to significant patient harm, financial penalties and regulatory intervention.		
Promoting and enabling healthier communities		
Failure to reduce inequalities and deliver Improvements in Population Health for the our population.		
Value and Sustainability		
Failure to deliver the 2018/19 financial plan and ensure financial sustainability for 2019 and beyond		
Failure that the Health Board will be unable to develop and maintain the Health Board estate.		
Failure to have IM&T systems in place which do not meet the requirements of the organisation		
Securing a fully engaged and skilled workforce		
Failure to have an appropriately resourced, focussed, resilient workforce in place that meets service requirements.		
Failure that the Health Board will not be able to embed research and teaching into the care we provide, and develop new treatments for the benefit of patients and the NHS.		
Embedding effective governance and partnerships		
Failure to implement and maintain sound systems of corporate governance		
Failure to establish and maintain effective relationships with our partners to lead and shape our joint strategy and delivery plans, based on the principles of sustainability, transformation and partnership working		

Key	Improvement ↑	Deterioration ↓	No Change →
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Approach to Risk Assessment - Risk scoring = consequence x likelihood

	Likelihood				
Consequence	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1 - 3	Low risk
4 - 9	Moderate risk
8 - 15	High risk
16 - 25	Very High risk

The current scores for principal risks are summarised in the following heat map.

	Likelihood				
Consequence	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 Catastrophic					
4 Major					
3 Moderate					
2 Minor					
1 Negligible					

Assurance Ratings



Substantial assurance - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.



Reasonable assurance - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with **low to moderate impact on residual risk** exposure until resolved.



Limited assurance - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.



No assurance - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

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ABMU Health Board Assurance Framework 2018/19

Corporate Objective : Deliver Excellent Patient Access and Outcomes								
Principal Risk : Failure to comply with or meet national targets which may lead to regulatory intervention and a significant impact on patient care and outcomes, staff morale and the Health Board's reputation.								
Corporate Risks				Unit/Operational Risks				
RR 1, 9 & 16 Delivery of our Access priorities as agreed in our Annual Plan for 2018/19: <ul style="list-style-type: none"> • Unscheduled Care (RR738) (RR1378) • Stroke • Cancer RTT 				RR 28: Delay in transferring secondary care cardiology patients – Morriston (20) RR 1359: FUNB, Diabetes and Endocrinology (20) NPTH RR 1361: FUNB Neuro Rehab (20) NPTH RR 1360: FUNB respiratory medicine (20) NPTH RR 54: ED, Morriston (20) RR 923: TAVI, Morriston (20) RR 233: IC, insufficient bed capacity, Morriston (20) RR 1055: Winter pressures, ED, Morriston (20)				
Executive Lead: Chief Operating Officer				Assuring Committee: Performance & Finance Committee				
Key Controls	Effectiveness	Form of Assurance	Adequacy	Gaps in Control	Gaps in Assurance	Actions Agreed for any gaps in control or assurance	Current Risk Rating	Direction of Travel
Operational Performance <ul style="list-style-type: none"> • Unit Performance Reviews • Unit Board meetings reviewing national targets • Remedial action plans in place for each red or amber indicator. • Daily Health Board wide conference calls/ escalation process in place. • Increased reporting as a result of targeted intervention status. • Weekly calls with Units to support delivery and monitor performance. • Modest investment package agreed to support additional activity to increase capacity. • Supported by Service Improvement Team and through the Patient flow service optimisation work stream of the recovery and sustainability programme. 		<ul style="list-style-type: none"> • Regular reporting to Executive Team, Executive Board and Health Board/Quality and Safety Committee. • Monthly performance and finance meetings between executive team and service directors. • Executive monitoring/support to achieve improvement plans on a weekly basis. • Detailed performance information reviewed through unit performance meetings and unit boards. • Morriston delivery unit plan reflects recommendations from external support. • External capacity/demand modelling undertaken in community services to inform sustainable capacity solutions/ system shifts • Monthly performance reports at Performance and Finance Committee focussing on TI areas. 				<ul style="list-style-type: none"> • 		

						<ul style="list-style-type: none">Implementation of service delivery unit care improvement plan	15	
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Corporate Objective : Deliver Excellent Patient Access and Outcomes								
Principal Risk : Failure to achieve the quality priorities for 2018/19 then the Health Board will not achieve its objective to deliver excellent patient outcomes and experience.								
Corporate Risks				Unit Risks				
RR 4: Infection Control RR 11: Dignity of Care Delivery of our Quality Strategy and priorities agreed in our Quality Strategy and Annual Plan 2018/19: <ul style="list-style-type: none"> • Safer patient flow • Comprehensive Geriatric Assessment • Reducing harm from falls • Improving outcomes following stroke • Improving cancer outcomes • Improving End of Life Care • Improving Surgical outcomes • Reducing pressure ulcers • Reducing healthcare acquired infections 				RR 246 CCU – patients being discharged out of hours (20) Morriston RR 1377: Discharge summaries Health Board wide (20) RR 114: Duplicate Records – Information Governance, Health Board wide (20) RR 1047: Infection Control, lack of appropriate treatment rooms, Cefn y Afon, MH&LD (20) RR: Patients self-harming on the Wards, Caswell Clinic, MH&LD (20) RR 1586: Sub therapeutic mechanical valve INR patients – no guidance provided to GP's, Primary care (25)				
Executive Lead:				Assuring Committee:				
Key Controls	Effectiveness	Form of Assurance	Adequacy	Gaps in Control	Gaps in Assurance	Actions Agreed for any gaps in control or assurance	Current Risk Rating	Direction of Travel
		Internal Performance reports Second responsible: <ul style="list-style-type: none"> • Board • Senior Leadership Team • Quality and Safety Committee • Internal Audit reports: <ul style="list-style-type: none"> - Pressure Ulcers – Limited Assurance - POVA (DOLS) – Limited Assurance 						

Corporate Objective : Deliver Excellent Patient Access and Outcomes								
Principal Risk: Failure to meet statutory obligations in relation to health & safety, infection control, etc. then there could be breaches in standards and other failures leading to significant patient harm, financial penalties and regulatory intervention.								
Corporate Risks				Unit Risks				
RR 1398: Sustainable Service within financial budget RR 47: Primary Care Services				RR 240 CCC due to emergency work, Morriston (20) (finance/resilience) RR 1525: Pathology, Singleton (20)				
RR 13: Environment - Premises				RR 778: Alpha Radiation Treatment Facility (25) Nuclear Medicine, Singleton RR 1225: Storage Temperature for Medicines (20) Health Board wide RR 1547: Machaire Isolator, Pharmacy Morriston (20) RR 1507: Mortuary capacity, Morriston (20) RR 392: Neonatal Facilities (20) Singleton RR 231: Patient Isolation facilities, ITU (20) Singleton RR 593: ITU, PoWH (20) does not comply with HBN 57 RR 145: Theatres storage, PoWH (20) RR 447: Aseptic Unit, Singleton (25) RR 1224: Decay store not of an adequate size, Nuclear Medicine, Singleton (20) RR 521: Radio pharmacy rebuild, Nuclear Medicine, Singleton (20) RR 704: Condition of the floor in main records library (20) Singleton				
RR 17				RR 868: Colonoscopy Chair (20) Singleton RR 1395: Profiling therapy beds, ITU, PoWH (20) RR 196: SMV Gamma Camera (20) Nuclear Medicine, Singleton RR 1278: Immunohistochemistry (20) Cellular Pathology, Singleton RR 120: Intra Aortic Balloon Pump, Perfusion, Morriston (20) RR 122: Lack of external cardiac pacing (20), Cardiac Services, Morriston RR 1116: Microscopes, Theatres, PoWH (20) RR 1584: No effective cooling for patients post Cardia arrest (25) ITU, Morriston RR1366: Operating lights, theatres (20) Morriston RR1256: Oxylog 2000 ventilator, ITU, PoWH (20) RR1497: MRI Chiller Unit, PoWH (20) RR 1254: Mobile DXA scanner, Nuclear Medicine, Singleton (20) RR 1528: Pharmacy refrigerators (over 20 years old), Singleton (20) RR 1123: Video laryngoscope, IC, Morriston (20)				
Executive Lead: Director of Nursing				Assuring Committee:				
Key Controls	Effectiveness	Form of Assurance	Adequacy	Gaps in Control	Gaps in Assurance	Actions Agreed for any gaps in control or assurance	Current Risk Rating	Direction of Travel
Infection Control								
Health and Safety Key areas where performance linked to health & safety/fire issues flagged through Health & Safety and Quality & Safety Committees and actions agreed to mitigate impacts. Issues raised through site meetings held regarding service changes for all 4 acute hospital sites		Internal Audit reports: <ul style="list-style-type: none"> Follow up (estates assurance) conserving energy and water, Legionella Management and Discrimination follow up. 			Develop a strategy to improve primary and community services estate. Develop Business Justification Care to improve the infrastructure of the 3 acute hospital sites (not including Neath Port Talbot). As well as a	12		

					case for asbestos removal at Singleton Hospital for submission to Welsh Government.			
Fire Safety								
Emergency preparedness								
Information governance								

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Corporate Objective : Promoting and enabling healthier communities								
Principal Risk : Failure to reduce inequalities and deliver improvements in population health for our population								
Corporate Risks				Unit Risks				
Executive Lead: Director of Public Health				Assuring Committee: Quality and Safety Committee				
Key Controls	Effectiveness	Form of Assurance	Adequacy	Gaps in Control	Gaps in Assurance	Actions Agreed for any gaps in control or assurance	Current Risk Rating	Direction of Travel

Corporate Objective : Value and Sustainability								
Principal Risk :Failure to deliver the 2018/19 financial plan and ensure financial sustainability for 2019 and beyond								
Corporate Risks				Unit Risks				
RR 1037: Achieving Financial Balance				RR 240 CCC due to emergency work, Morriston (20) (finance/resilience) RR 1525: Pathology, Singleton (20)				
Executive Lead:				Assuring Committee:				
Key Controls	Effectiveness	Form of Assurance	Adequacy	Gaps in Control	Gaps in Assurance	Actions Agreed for any gaps in control or assurance	Current Risk Rating	Direction of Travel
Financial Governance Standard Financial Instructions Financial governance and reporting arrangements in place Performance Reviews		Internal Audit Reports: <ul style="list-style-type: none"> Budgetary Control and Financial Reporting Financial Ledger WRP Claims Management Finance Directorate Budget Reports Reports to the Audit Committee on Finance Director Reports to the Committee and Board		Health Board does not have savings in place to deliver financial control total				
Financial Plan Annual Plan approved by the Board								
Recovery and Sustainability Programme Recovery and Sustainability Programme Board								

Corporate Objective : Value and Sustainability								
Principal Risk : Failure that the health board will be unable to maintain the health board estate								
Corporate Risks				Unit Risks				
Executive Lead: Director of Strategy				Assuring Committee: Health and Safety Committee				
Key Controls	Effectiveness	Form of Assurance	Adequacy	Gaps in Control	Gaps in Assurance	Actions Agreed for any gaps in control or assurance	Current Risk Rating	Direction of Travel
Backlog Maintenance								
Buildings								

Corporate Objective : Value and Sustainability								
Principal Risk : Failure to have IM&T systems in place which do not meet the requirements of the organisation								
Corporate Risks				Unit Risks				
Executive Lead: Interim Chief Information Officer				Assuring Committee: Audit Committee				
Key Controls	Effectiveness	Form of Assurance	Adequacy	Gaps in Control	Gaps in Assurance	Actions Agreed for any gaps in control or assurance	Current Risk Rating	Direction of Travel
Cyber Security								
Systems								

Corporate Objective : Securing a fully engaged and skilled workforce								
Principal Risk : Failure to have an appropriately resourced, focussed, resilient workforce in place that meets service requirements.								
Corporate Risks				Unit Risks				
RR 3: Securing a fully engaged and skilled workforce				RR 1522: GP OOH (20) Primary Care RR 1289: Nurse Staffing, Renal, Morriston (20) RR 583: Nursing Staffing, Cardiac Services, Morriston (20) RR 323: Middle grade doctors, Gynae Oncology, Singleton (20) RR 269: Middle grade doctors, Gyane & Obstetrics, PoWH (20) RR 853: Nurse Staffing, Neonatal Unit, Singleton (20) RR 1500: Nurse Staffing Level Act Compliance (20) Morriston RR 1570: Senior Leadership Team turnover (20) PoWH RR 1129: Scrub staff, Cardio theatres, Morriston (20) RR 529: Theatre staffing, Morriston (20) RR 396: Unable to release staff for training, Theatres, Morriston (20)				
Executive Lead: Hazel Robinson				Assuring Committee: Workforce and OD Committee				
Key Controls	Effectiveness	Form of Assurance	Adequacy	Gaps in Control	Gaps in Assurance	Actions Agreed for any gaps in control or assurance	Current Risk Rating	Direction of Travel
Staffing Levels Annual Plan includes workforce plan supported by recruitment systems and processes. Specialty based local workforce boards established to monitor and control specific issues. Workforce & OD Committee will seek assurance of medical workforce plans to maintain services. Engagement of the Deanery about recruitment position Regular monitoring of nurse recruitment position with reports to Executive Team and Board via Nurse Director and Nursing and Midwifery Board. Proposal in terms of complying with Nurse Staffing Act agreed by the Board.		Performance Reports to the Board Internal Audit Report: Workforce Delivery Plan Actions – Substantial Assurance rating Plans to be agreed in terms of implementing the Nurse Staff Act ‘Hot Spot Wards’		Shortage of medical and dental staff,		Recruitment campaigns for additional non training posts to fill gaps. Specific Medical Workforce Group for Integrated Medicine and Paediatrics to develop short term workforce plans. Medical Workforce Board to consider current and future shape of medical workforce. Review of primary care in terms of recruitment and retention underway.		
Staff engagement								
Staff Competency/ Compliance with mandatory training requirements		Performance Report covers workforce metrics				Unsatisfactory performance against appraisals and mandatory training		

Corporate Objective : Securing a fully engaged and skilled workforce								
Principal Risk : Failure that the Health Board will not be able to embed research and teaching into the care we provide, and develop new treatments for the benefit of patients and the NHS.								
Corporate Risks				Unit Risks				
Executive Lead: Medical Director				Assuring Committee: Board				
Key Controls	Effectiveness	Form of Assurance	Adequacy	Gaps in Control	Gaps in Assurance	Actions Agreed for any gaps in control or assurance	Current Risk Rating	Direction of Travel
Research Funding								
Research Governance								

Corporate Objective : Embedding Effective Governance and Partnerships								
Principal Risk : Failure to implement and maintain sound systems of corporate governance								
Corporate Risks				Unit Risks				
Executive Lead: Director of Corporate Governance				Assuring Committee: Audit Committee				
Key Controls	Effectiveness	Form of Assurance	Adequacy	Gaps in Control	Gaps in Assurance	Actions Agreed for any gaps in control or assurance	Current Risk Rating	Direction of Travel
Corporate Governance								

Corporate Objective : Embedding Effective Governance and Partnerships								
Principal Risk : Failure to establish and maintain effective relationships with our partners to lead and shape our joint strategy and delivery plans, based on the principles of sustainability, transformation and partnership working								
Corporate Risks				Unit Risks				
Executive Lead: Director of Strategy				Assuring Committee: Board				
Key Controls	Effectiveness	Form of Assurance	Adequacy	Gaps in Control	Gaps in Assurance	Actions Agreed for any gaps in control or assurance	Current Risk Rating	Direction of Travel