

REACH

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NHS Brent Board Assurance Framework

Updated
July 2010

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NHS
Brent

INTRODUCTION

- The 2010/11 NHS Brent corporate objectives were agreed at the Board Meeting on 1 April
- Key corporate risks have been categorised against 2 overall objectives (achievement of CQC good/good rating) and the strategic delivery challenge (implement year 1 of the CSP) and generic risks that impact on the 2 overall objectives
- Other risks (e.g. of delivering individual targets) will feature in Directorate risk registers and red risks escalated to the BAF as appropriate

Overall Objective
To maintain the Care Quality Commission rating of “good” on the use of resources, and to improve the quality of services rating to “good”

Principal risks	Director job title (initials)*	Risk rating		Controls in place	Assurance Sources	Gaps in Control (C) or Assurance (A)	Action Plan to address Gaps
		What is the current risk rating	What is the year end projection				
What could or is preventing the Trust from achieving this objective?	Director job title (initials)*			What systems do we have in place to mitigate the risk?	Where can we gain evidence relating to the effectiveness of the controls which we are relying on? (Indicate date of Assurance)	Where are we failing to put effective controls in place?	Summary of plans to address the gaps in control and / or assurance and (Indicate target dates)
Lack of capacity to focus on supporting, pushing and challenging performance improvement particularly in Primary Care	DPCC / DHR& OD	4x4	4x4	Ongoing review of capacity against key objectives	Performance EMT oversee and monitor action plan Performance Board report (monthly)	Capacity not yet in place Risk of impact of management cost target.	<ul style="list-style-type: none"> • Agreement to creating the capacity to focus on priorities sufficiently • Identify capacity that can be “freed” to fill capacity and capability gaps.
Performance management culture not embedded throughout the organisation	DHR & OD	4x4	3x3	Ongoing focus on performance from EMT & Senior Team	Performance EMT (monthly) to oversee and monitor action plan Performance Board report (monthly) Monthly Performance Lead Workshops	Embedding performance management culture across the organisation	<ul style="list-style-type: none"> • Create a delivery culture, use influence model - Undertake performance conversations in the right way; facts and problem solving rather than update-focussed. - Build the skills and capabilities to challenge - Role model change from top (CEO/PEMT) - Ensure performance covered in appraisals - Enforce rhythm of performance meetings

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Changes in nationally set thresholds and measurement criteria result in underachievement as scale of improvement not achievable	CEO	4x4	4x4	Influence through SHA	Performance Board report (monthly)	Limited impact of influencing	Regular review and amend plans where possible to respond to changing requirements
Underutilisation of data to support performance conversations.	DFP	4x4	3x3	Analytical support targeted to performance areas	Performance EMT (monthly) to oversee and monitor action plans Weekly Dashboard Performance Board report (monthly)	Data quality and timeliness issues in some areas	<ul style="list-style-type: none"> Ensure lead indicators/dashboard in place for all targets Ensure analytical resources in place to support delivery
Pace / energy focus to support step change required is diffused by other key priorities or external factors	CEO	4x4	3x4	CEO Leadership and EMT alignment behind key priorities	Performance EMT to keep under regular review	Impact of management cost reductions	<ul style="list-style-type: none"> CEO leadership/focus EMT to keep under regular review EMT Away day held on 29/6/10. Actions to be followed up

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Teams working on cross cutting initiatives do not combine efforts	DFP DPCC DSC DPH	4x4	3x3	Programme of cross-cutting initiatives in place	Performance EMT (monthly) oversee and monitor action plan Performance Board report (monthly)	Engagement and participation in cross cutting initiatives	<ul style="list-style-type: none"> Identified SROs for cross-cutting initiatives Ensure clear communication on cross cutting initiatives Primary Care Transformation Project (CSP)
Specific and significant challenge in primary care is not addressed (Majority of red indicators have a link back to performance of GP workforce)	DPCC	4x4	4x4	Performance EMT (monthly) to oversee and monitor action plan	Performance Board report	Scale of improvement required and capacity to change.	<ul style="list-style-type: none"> Work with GPs to radically improve provision of primary care <ul style="list-style-type: none"> Specific focus on access and experience to build framework to roll into all targets Primary Care performance Board
Provider risks (e.g. lack of capacity in health visiting, school nursing, community midwifery) adversely impact on PCT objectives	DPCC & DPH	4x4	4 x 3	Safeguarding Executive Group monitoring and reviewing reports and action plans Monthly contract monitoring meetings Review of progress on agreed milestones with Chief Executive and BCS Chief Operating Officer	Safeguarding Board report Action notes from meetings	National shortage of recruitment in appropriate children's services	<ul style="list-style-type: none"> Detailed implementation plans signed off by Safeguarding Children's Executive Group and overseen by Designated Professionals and Executive Directors

Overall Strategic Delivery Challenge
To transform healthcare through the 8 Healthcare for London Pathways and work with stakeholders to implement a polysystem model that enables us to commission high quality health care in more cost effective settings.

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Unable to procure new services for planned and unplanned care at projected price and quality	DSC	4x4	3 x 4	Strategy EMT (monthly) to oversee and monitor existing Market Management Strategy.	<p>Gateway decisions – all business cases pass through SEMT</p> <p>Extensive clinical input into redesigned services</p>	<p>Provider Landscape Review with LBB.</p> <p>Opportunities to procure services across NWL 'sector'</p> <p>Impact it may have impact on existing providers</p>	<ul style="list-style-type: none"> • Early engagement with potential market entrants <ul style="list-style-type: none"> • UCC – provider selection to take place 9th July from number of shortlisted pre-qualified bidders. • STARRS - Negotiating enhanced service with existing providers joining into single service. • Seek savings in other areas to cover shortfall – July 2010 <ul style="list-style-type: none"> • Assessment of planned care specialties to identify opportunity by specialty to potentially speed-up implementation. • Procurement options understanding impact on existing providers. • Joint provider Landscape with LBB – October 2010

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Speed of implementing change agenda is constrained by organisational capacity and capability	DSC	5x4	4 x 4	Monthly Strategy oversees and monitors progress against planned objectives.	Strategic EMT FISG	<ul style="list-style-type: none"> Need to align remaining organisation resources to key initiatives. 	<ul style="list-style-type: none"> CSP phases implementation over 4 years Organisational capacity grown in 2009/10 OD plan actions - ongoing Provision of non-recurrent programme resource – implemented April – June/July 10, moved projects forward. Non-recurrent resource now ending due to management cost challenges. Project rationalisation and alignment to existing resource taking place through July 10 to focus resource on key priorities.

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Support the development of the primary care workforce capacity required to deliver pathways in the polysystem setting	DHROD	4x4	3 x 3	Strategy EMT (monthly) to oversee and monitor action plan	Board reports (TBC)	No clear knowledge of the outcome of pathway redesigns	<ul style="list-style-type: none"> Primary and Community workforce audit Monitor provider workforce plans and capacity
Quality and standard of primary care not sufficient to support Polysystem	DPCC	4x4	4x4	Strategy EMT (monthly) to oversee and monitor action plan	Board reports (TBC)	Action plan to be developed by SEMT	<ul style="list-style-type: none"> Primary care development programme included in OD plan Continuing clinical engagement and ownership Use of incentives and levers
Brent's population doesn't change behaviour in the way they access healthcare services	DSC	4x4	3x4	Stakeholder Engagement Plan Key Gateway for all Business Cases	Business Cases. Performance monitoring (vital signs).	Lack of segmented information about utilisation	<ul style="list-style-type: none"> Effective decommissioning and pathway redesign – Benefits realisation Maximise role of primary care clinicians and their awareness of services. Use of communications and social marketing linked to sector and pan-London

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Lack of alignment and accuracy of modelling (activity and cost) assumptions	DFP	4x4	3x4	Quarterly review of forecasts	Finance Board report (monthly)	<ul style="list-style-type: none"> Need to test & validate feasibility of key assumptions eg polysystems Need to develop approach to downside scenarios & mitigations 	<ul style="list-style-type: none"> Comprehensive review of initiative business cases Detailed implementation planning and monitoring of progress Co-ordination of plans and effective matrix working across the PCT and sector
Plans are not supported by stakeholders such as the local authority and politicians and/or national policy change	CEO	4x4	3x3	Strategy EMT (monthly) to oversee and monitor action plan	Board reports	Action plan to be developed by SEMT	<ul style="list-style-type: none"> Continued engagement Clear demonstration of clinical evidence base
Lack of an integrated and effective IT and IM infrastructure to support Polysystem working	DPCC DFP	4x4	3x4	Strategy EMT (monthly) to oversee and monitor action plan	Board reports	Action plan to be developed by SEMT	<ul style="list-style-type: none"> OD plan includes actions for IT development Implement London wide initiatives Use of the national spine

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Slow development of clinical commissioning hamper benefits realisation	DPCC	4x4	3x4	Strategy EMT (monthly) to oversee and monitor action plan	Board reports	Action plan to be developed by SEMT	<ul style="list-style-type: none"> • Ensure clinicians understand the nature and benefits of the proposed model of delivery • Clinical engagement in the development and localisation of care pathways and polysystem development • Identification and promotion of examples of good practice and benefits amongst early implementers
Organisational change at borough / Sector level impede delivery	CEO	4x4	3x3	Strategy EMT (monthly) to oversee and monitor action plan	Board reports	Action plan to be developed by SEMT	Review of action plan by SEMT

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Changes in Sector impact adversely on timescales for delivery	DSC	4x4	3 x 3	Active engagement with sector processes	Board reports from JCPCT	NHS reconfiguration	<ul style="list-style-type: none"> • Ensure alignment with pan-London, sector and local authority work • support for and scrutiny of sector development and delivery

Generic risks to overall objectives

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Impact of management cost reduction impedes delivery of corporate objectives	CEO	4x4	4x4	Review process to determine key corporate objectives. Development of processes to enable staff to work more flexibly in the short term. Restructuring planned for the autumn.	EMT	Plans not yet fully developed	Implementation of plan – phase 1 (1 st June – 31 st July 2010) Implementation of plan – phase 2 (July onwards 2010)
Risks of sector not delivering its corporate objectives adversely impacts on the PCT's overall objectives	CEO	4x4	4x4	Review of sector BAF at JCPCTs	JCPCTs	Sector performance management framework not fully set up	Review of sector BAF at JCPCTs
Maintaining momentum with the Provider ICO Programme during a year of policy uncertainty	CEO	4x4	4x4	(i) Clear project structure in place with clearly identified work streams/ leads. (ii) project team meetings reporting to monthly steering group (attended by CEO) (iii) Regular updates to and discussion at Management Team	EMT, Board	NHS reconfiguration	Regular monitoring

APPENDIX A: Level of Risk					
	Most likely consequence (if in doubt grade up, not down)				
Likelihood of occurrence	1) None No obvious injury or harm Minimal financial loss (<£1,000);	2) Minor More than 3 days off sick due to injury moderate financial loss (£1 K to 20K);	3) Moderate Hospitalised or medium term injury Major financial loss (£20K to £100K) including litigation settlement.	4) Major Significant / permanent harm Major financial loss (£100K - £1 million) Including litigation settlement.	5) Catastrophic Death or major disaster / loss loss of >£1 million including litigation settlement. Loss of ability to achieve/maintain financial stability of the PCT.
1) Rare - Can't believe the risk will ever happen	1	2	3	4	5
2) Unlikely - Do not expect the risk to happen but it is possible	2	4	6	8	10
3) Possible - The event may occur occasionally	3	6	9	12	15
4) Likely - The event will probably occur but is not a persistent issue	4	8	12	16	20
5) Almost certain - The event will undoubtedly occur, possibly frequently	5	10	15	20	25

*CEO – Chief Executive Officer
 Director of Public Health - DPH
 Director of Primary Care Commissioning – DPCC
 Director of Strategy Commissioning – DSC
 Director of Human Resources & Organisational Development – DHRD
 Director of Finance & Performance – DFP