

Board of Directors (Open)

Date: 11 November 2020

Item Ref: 19

TITLE OF PAPER	Board Assurance Framework (BAF) 2020/21
TO BE PRESENTED BY	David Walsh, Director of Corporate Governance
ACTION REQUIRED	For discussion

OUTCOME	To provide Board opportunity to review the latest iteration of the Board Assurance Framework (BAF) following its consideration by committees.
TIMETABLE FOR DECISION	11 November 2020
LINKS TO OTHER KEY REPORTS / DECISIONS	Internal Audit Reports covering Risk Management Directorate Risk Registers Risk Management Strategy Trust Strategy Corporate (organisational) Risk Register Care Network and Directorate Risk Registers
STRATEGIC AIM: STRATEGIC OBJECTIVE:	All All
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Provider Licence Annual Governance Statement NHS Foundation Trust Code of Governance
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Implications of individual risks are highlighted in the BAF. The BAF enables the Trust to satisfy its regulatory requirements and provides assurance for the Chief Executive to sign the Annual Governance Statement.
CONSIDERATION OF LEGAL ISSUES	Breach of SHSC Constitution Standing Orders Breach of NHS Improvement's Governance regulations and Provider Licence.

Author of Report	David Walsh
Designation	Director of Corporate Governance
Date of Report	4 November 2020

Summary Report

1. Purpose

For approval	For assurance	For collective decision	To seek input from	To report progress	For information	Other (please state)
	x		x			

2. Summary

The Trust aspires to be outstanding in relation to its corporate governance. Evidence that would support achievement of this would be:

- a) Meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations <http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-17-good-governance>
- b) Having a board assurance framework (BAF) and risk registers in place which are assessed by the board on a quarterly basis as a minimum as set down in the development reviews of leadership and governance using the well-led framework, https://improvement.nhs.uk/documents/1259/Well-led_guidance_June_2017.pdf
- c) Securing a significant Head of Internal Audit Opinion (HIAO)

2.1 Board Assurance Framework Purpose

The BAF is a key aspect of good governance in all organisations and a properly functioning BAF provides Board members with an understanding of the principal risks to achieving its strategic objectives. It also provides assurance regarding controls in place or actions being taken to mitigate risks to an acceptable level within the Board's risk appetite.

The BAF is dynamic document and enables risks to evolve to reflect changing external and internal environments. As such, it is expected that some risks will close over the course of a year once controlled to an acceptable level, or risks may change to reflect emerging issues and priorities.

2.2. 2020/21 BAF

As part of the annual process, strategic objectives for 2020/21 were reviewed and revised. Board members met in February to consider BAF risks in relation to the revised strategic objectives as well as to review its risk appetite. However, following this, the Trust received the outcome of its CQC inspection and the coronavirus pandemic took hold which resulted in a further significant revision of the strategic objectives. Board Committee Chairs together with lead executives took responsibility for identifying new BAF risks aligned to the revised objectives and to reflect newly emerging priorities. They are as follows:

Strategic Aim	Strategic Priority	2020/21 BAF Risk	Monitoring Committee
Deliver Outstanding Care	Covid: getting through safely	<p>BAF.0001 There is a risk that the Trust may not be in a position of readiness to respond to the different phases of Covid-19.</p>	BoD
Create a great place to work	CQC: getting back to good	<p>BAF.0002 There is a risk the Trust does not deliver on its Well-Led Development Plan. This would result in a failure to meet the regulatory framework, get back to good and a failure to remove additional conditions placed on the Trust's Provider Licence.</p> <p>BAF.0003 There is a risk that the Trust is unable to improve patient safety resulting in a failure to comply with CQC requirements and achieve necessary improvements.</p> <p>BAF.0004 There is a risk that the Trust is unable to improve the quality of patient care, resulting in a failure to comply with CQC requirements and achieve necessary improvements.</p>	<p>ARC</p> <p>QAC</p> <p>QAC</p>
Improve our use of resources	Transformation: changing things that will make a difference	<p>BAF.0005 There is a risk that the Trust fails to deliver its People Strategy which could result in a failure to prioritise health and wellbeing, recruit and retain the right staff with the right skills, deliver and implement effective transformation of the workforce, develop a new approach to leadership and culture with equal opportunity for growth and development. This could impact on staff morale and engagement, sickness absence levels, recruitment and retention, quality of care and service user satisfaction rates.</p>	PC

Strategic Aim	Strategic Priority	2020/21 BAF Risk	Monitoring Committee
		<p>BAF.0006 Inability to deliver a break-even position resulting in a failure to deliver financial sustainability.</p> <p>BAF.0007 Inability to deliver our transformation plans resulting in a failure to deliver our objectives (CQC, Transformation).</p> <p>BAF.0008 There is a risk that patient safety and clinical practice / effectiveness is adversely affected by a technical architecture that is increasingly fragile. This will lead to increasing down time across the network and the need to take key systems offline to maintain the status quo.</p>	<p>FPC</p> <p>FPC</p> <p>ARC</p>

There were initially seven principle risks which focused on strategic aims, but this was extended to eight following the addition of an additional risk proposed to Board by Audit and Risk Committee in July.

As a result of discussion at the People Committee and Quality and Risk Committee, significant changes to the risks within the remit of those committees are to be developed. It is anticipated that these changes will feature on the next occasion that the BAF is presented to Board.

In addition to that, work to develop how we use the BAF, including the information it contains, the way in which this is updated and presented and the manner in which committees and Boards utilise it as a tool is underway. Following a discussion at the Board Development Session in August, preparation is being made to present an alternative model to the Board in due course. This work is being led by the Director of Corporate Governance, with additional resource and support being provided by the Well-Led delivery partners and the Director of Improvement.

2.3 Risk Appetite

During the development session February 2020, the Board reviewed and agreed its risk appetite as follows:

Category	Relative Willingness to Accept Risk				
	Zero	Low	Moderate	High	Very High
	1	2	3	4	5
Safety					
Quality					
Workforce					
Statutory					
Reputation					
Business					
Finance					
Environmental					

2.4 Target Risk Score

Target risk scores are informed by the risk appetite as follows:

Risk Appetite	Target Score Range
Zero	1-4
Low	5-8
Moderate	9-12
High	15
Very High	25

All BAF risks have a target risk score based on the risk type and associated risk appetite.

2.5 BAF Operation

The BAF is fully automated via the Ulysses Risk Management System (URMS) and risks are updated by risk owners and are quality assured by Executive Directors. Each BAF risk is assigned and presented to the appropriate Board Committee for consideration and review on a quarterly basis. The timescales need to be reviewed following the move to public Board meetings in alternate months. In order to help Committees determine the level of management and assurance received from the BAF risks, report front sheets require the author to identify the relevant BAF risk. Any concerns Board Committees have in relation to the BAF are recorded in the 'significant issues' report they present to the Board.

2.6 Assurances

Assurance ratings are as follows:

Green	Effective controls definitely in place and Board is satisfied that appropriate assurances are available
Amber	Effective controls thought to be in place but assurances are uncertain and/or possibly insufficient
Red	Effective controls may not be in place and/or appropriate assurances are not available to Board

However, it should be noted that the BAF report does not provide an *overall* assurance rating for each risk. Assurance ratings are assigned to each control within a risk.

In order to provide the Committee with some indication of assurance, the table below shows the assurance ratings for each control within a risk and any change therein; however, as these are new risks any changes in assurance will be reported when next presented to the Committee.

Risk N°	Assurance Level for controls	Change in Assurance Ratings	Risk N°	Assurance Level for controls	Change in Assurance Ratings
BAF.0001	Control 1&3: green Control 2&4-9: amber	Risk entirely re-written	BAF.0002	Control 1: amber Control 2: red Control 3: green	Control 1 moved from green to amber following last ARC
BAF.0003	Control 1: amber Control 2: red Control 3: green Control 4: amber Control 5: red Control 6: green Control 7: green	None	BAF.0004	Control 1: amber Control 2: amber Control 3: amber Control 4: green	None
BAF.0005	Control 1: amber Control 2: amber Control 3: amber Control 4: amber	None	BAF.0006	Control 1: red Control 2: amber	None
BAF.0007	Control 1: amber	Control 1 moved from red to amber	BAF.0008	Control 1: green Control 2: green	New Risk

3. Next Steps

Subject to the changes to the BAF detailed in the earlier stages of this report, the next round of committee consideration commences in January.

4. Required Actions

Board is asked to:

- a) Consider papers presented at today's meeting with a view to identifying how assurance can be gained from them that BAF risks are being sufficiently mitigated and:
 - record and minute any assurance that has been provided (or not) during the meeting regarding the relevant risks;
 - provide the Director of Corporate Governance (Board Secretary) with any updates that are required to the BAF
- b) Approve the BAF.

5. Monitoring Arrangements

The BAF and Corporate Risk Register are monitored by the Director of Corporate Governance (Board Secretary). However, it is the responsibility of Board to have due oversight of it and that the papers which are brought before them provide sufficient assurance that risks are being addressed and managed.

6. Contact Details

David Walsh, Director of Corporate Governance (Board Secretary)

Email: david.walsh@shsc.nhs.uk

Links between Board Assurance Framework, Corporate Risk Register and Board Committees 2020/21

BAF Risk Number	Risk Description	Corporate Risk Register Number(s)	Board/ Committee(s)
BAF.0001	There is a risk that the Trust may not be in a position of readiness to respond to the different phases of Covid-19.	4326	BoD
BAF.0002	There is a risk the Trust does not deliver on its Well-Led Development Plan. This would result in a failure to meet the regulatory framework, get back to good and a failure to remove additional conditions placed on the Trust's Provider Licence.	4264 4284	QAC QAC
BAF.0003	There is a risk that the Trust is unable to improve patient safety resulting in a failure to comply with CQC requirements and achieve necessary improvements.	3679 4079 4140 4276 4325 4407	QAC QAC QAC QAC PC QAC
BAF.0004	There is a risk that the Trust is unable to improve the quality of patient care, resulting in a failure to comply with CQC requirements and achieve necessary improvements.	4326 4330	PC QAC
BAF.0005	There is a risk that the Trust fails to deliver its People Strategy which could result in a failure to prioritise health and wellbeing, recruit and retain the right staff with the right skills, deliver and implement effective transformation of the workforce, develop a new approach to leadership and culture with equal opportunity for growth and development. This could impact on staff morale and engagement, sickness absence levels, recruitment and retention, quality of care and service user satisfaction rates.	3831 4078 4124 4223 4409	PC PC QAC PC PC
BAF.0006	Inability to deliver a break-even position resulting in a failure to deliver financial sustainability.	4377	FPC
BAF.0007	Inability to deliver our transformation plans resulting in a failure to deliver our objectives (CQC, Transformation).	4121 4189 4396	FPC QAC FPC

Key:

BoD Board of Directors

FPC Finance & Performance Committee

PC People Committee

QAC Quality Assurance Committee

ARC Audit & Risk Committee

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 1. DELIVER OUTSTANDING CARE

Strategic Objective: COVID: Getting Through Safely.

Lead Executive: Clive Clarke

Risk Ref: BAF.0001

Details: If the Trust is not properly prepared there is a risk that patients and staff will not be protected from harm and that service delivery could be adversely impacted.

Date Risk Created: 16/06/2020

Executive Lead: Executive Director - Nursing & Professions

Risk Type: Safety

Risk Appetite: Zero

Risk Rating:

Residual Risk (with current controls):

Target Risk (after improved controls):

Impact

Likelihood

Score

4

3

12

2

2

4

BAF Risk Review Date:

Last Review: 07/10/2020

Next Review: 06/11/2020

CONTROLS & MITIGATION

Controls

Gaps in Control

Internal command structures and working sub-groups in place, supported by Incident Control Centre. Representation at the city's Health & Social Care Gold meeting and reporting sub-groups.

Daily situational oversight of staff, patient and service need to respond to the COVID-19 Pandemic;

Ensuring staff have access to all appropriate forms and levels of PPE, equipment and oxygen supplies.

Registered Nursing Vacancy level
Predictive service capacity planning

Trust supply controlled by NHS Supply Chain. Push Pallet deliveries are often out of our control

ASSURANCES/EVIDENCE (how do we know we are making an impact)

Internal Assurance

External Assurance

Negative Assurance OR
Gaps in Assurance

Assurance
Rating

Intelligence Summary capture logs.
Command structure recording and action/decision log in line with EPRR requirements.

Daily Situational Report
Oversight of waiting lists
Monthly performance report to Board

Daily stock control oversight and local stock pilling of essential equipment.

North East & Yorkshire EPRR Cell (NHSE/I)
Annual EPRR Assurance Report

Daily situational report to NHS Sheffield
Daily reporting to NHSE/I
Weekly multi-agency Health & Social Care Gold Command to mobilise mutual aid.

Daily stock reporting to ACP and ICS to identify mutual aid opportunities.

Real time reporting via electronic systems

GREEN

AMBER

GREEN

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 1. DELIVER OUTSTANDING CARE

Strategic Objective: COVID: Getting Through Safely.

Lead Executive: Beverley Murphy

Risk Ref: BAF.0001

Details: If the Trust is not properly prepared there is a risk that patients and staff will not be protected from harm and that service delivery could be adversely impacted.

Date Risk Created: 16/06/2020

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
Infection, Prevention & Control capacity in place to support surveillance, outbreak monitoring and support to staff. Provision of expert advice and interpreting national and local guidance into practice.	Small Infection, Prevention & Control team leading to limited availability and coverage 5 days per week	IPC support provided to outbreak areas. IPC lead nurse engaged in command structures. IPC lead nurse advising Working Safely and Clinical Reference Group. Concise Investigation and lessons learnt briefings for all outbreaks.	Infection, Prevention & Control Board Assurance Framework Daily surveillance calls with PHE for outbreak areas		AMBER
Access to COVID-19 Testing and Anti-body Testing for all staff and family members.	Reliance on Sheffield Children's Hospital to provide staff/family member testing capacity.	Staff testing request process established and tracked daily. Daily situational oversight of staff testing Daily staff COVID-19 absence reporting	Daily Situational Reporting to NHSE/I	Accuracy of staff COVID swab testing results	AMBER
Information, support and advice hub established. Daily communications to staff to update on the issue of new guidance released and details of implications		Monthly review of COVID Hub through Silver to determine any required updates. Repeated reiteration of		Assurance of adherence to guidance in practice at all times.	AMBER

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 1. DELIVER OUTSTANDING CARE

Strategic Objective: COVID: Getting Through Safely.

Lead Executive: Beverley Murphy

Risk Ref: BAF.0001

Details: If the Trust is not properly prepared there is a risk that patients and staff will not be protected from harm and that service delivery could be adversely impacted.

Date Risk Created: 16/06/2020

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
for patients, staff and services.		safety measures "Hands - Face - Space" using different media forms. Daily Physical Health Monitoring Audit of compliance reporting to command structures and COVID-19 Risk Register.			
Individual risk assessment of all staff working to determine appropriate measures and controls to mitigate risk.	Routine offer of individual risk assessments to all staff.	Weekly compliance reporting via Command Structures Monthly reporting to Board	Regional returns to NHSE/I	Numbers of all staff having a recorded individual risk assessment.	AMBER
Supporting staff to work differently. Rotational access to buildings to support COVID Secure and enabling remote working with digital capability including patient appointments and clinic slots.	Reliability of access to VPN connections and connectivity to digital platforms (MSTeams and Skype)	Environmental risk assessments Network and connectivity oversight reporting daily to command structures. Waiting list oversight reporting to Board			AMBER

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 1. DELIVER OUTSTANDING CARE	Strategic Objective: COVID: Getting Through Safely.	Lead Executive: Beverley Murphy
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Risk Ref: BAF.0001	Details: If the Trust is not properly prepared there is a risk that patients and staff will not be protected from harm and that service delivery could be adversely impacted.
Date Risk Created: 16/06/2020	

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
All Trust premises have environmental risk assessments which are regularly reviewed and updated to protect staff and patients. Working Safely and COVID Secure Guidance followed.	The footprint of the Trust's estate limits ability to comply with guidance.	Floor, door and maximum occupancy room signage to support space utilisation. Review of Trust estate - adaptation to buildings / space utilisation to support isolation facilities, over crowding in rooms. Monthly reporting to Board			AMBER

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
<ul style="list-style-type: none"> Explore arrangements to offer more robust staff mutual aid arrangements across clinical and corporate services. 	Redeployment register in place however staff availability now compromised due to need to return to Business as Usual levels across all clinical services. Integrated Care Communities coming together to explore mutual aid across pathways of care. Proactive nursing recruitment campaign in place to cover vacancies. Planned deployment of staff from Decisions Unit and HBPOS - via a QEIA. Daily staffing mutual aid coordinated through Flow Coordinators ----- Agreed a local collaborative approach to encourage and support staff to work across	27/11/2020 Michelle Fearon

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 1. DELIVER OUTSTANDING CARE

Strategic Objective: COVID: Getting Through Safely.

Lead Executive: Beverley Murphy

Risk Ref: BAF.0001

Details: If the Trust is not properly prepared there is a risk that patients and staff will not be protected from harm and that service delivery could be adversely impacted.

Date Risk Created: 16/06/2020

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
	community and inpatient services. Discussions took place in each adult community team with Staffside during week of 13th July. Community Team and Wards have had further discussions together. No staff volunteers have come forward to offer mutual aid to date.	
● Onboard additional Infection, Prevention and Control capacity and put in place contingency support arrangements out of hours.		30/10/2020 Katie Grayson
● Commission environmental and digital upgrades to support staff to work safely on Trust estate.		27/11/2020 Beverley Murphy
● Ensure all staff have access to a COVID Risk Assessment.		31/12/2020 Caroline Parry

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 2. CREATE A GREAT PLACE TO WORK Strategic Objective: CQC: Getting Back To Good Lead Executive: Mike Hunter

Risk Ref: BAF.0002 Date Risk Created: 16/06/2020 Details: There is a risk the Trust does not deliver on its Well-Led Development Plan. This would result in a failure to meet the regulatory framework, get back to good and a failure to remove additional conditions placed on the Trust's Provider Licence.

Executive Lead: Director Of Corporate Governance
Risk Type: Statutory
Risk Appetite: Zero

Risk Rating:	Impact	Likelihood	Score
Residual Risk (with current controls):	4	3	12
Target Risk (after improved controls):	2	2	4

BAF Risk Review Date:
Last Review: 14/10/2020
Next Review: 13/11/2020

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
Regular monitoring of progress against actions against timescales at a range of internal and external meetings.		1) Weekly catch-up meetings between Director of Corporate Governance and Corporate Governance Specialist to monitor delivery; 2) Ad hoc updates/monitoring meetings between Director of Corporate Governance and Director of Improvement; 3) Monthly monitoring as part of wider Back to Good Programme Board and Quality Assurance Committee;	1) Regular engagement with NHSE/I Locality Director for SYB around compliance with licence conditions; 2) Participation in quarterly meetings with CQC to report against progress and receive feedback.		AMBER

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 2. CREATE A GREAT PLACE TO WORK

Strategic Objective: CQC: Getting Back To Good

Lead Executive: Mike Hunter

Risk Ref: BAF.0002

Details: There is a risk the Trust does not deliver on its Well-Led Development Plan. This would result in a failure to meet the regulatory framework, get back to good and a failure to remove additional conditions placed on the Trust's Provider Licence.

Date Risk Created: 16/06/2020

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
		4) Focused monitoring of delivery through Audit and Risk Committee and Trust Board ; 5) Progress updates to Council of Governors at appropriate intervals; 6) Focus group with NEDs now established as part of Well-Led workstream WL1.			
Reorganised support from within the Corporate Governance directorate to provide re-focused resource in relation to policy, risk and committee support.	Implementation of required restructure not expected to be completed until late 2020. Departures from staff creating additional pressures that need to be managed.				RED
Procurement of a Corporate Governance Specialist as facilitative partner to support delivery of the Well Led Development Plan.		Initial scoping work of Corporate Governance Specialist approved by Audit and Risk Committee in May and Trust Board in June.			GREEN

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 2. CREATE A GREAT PLACE TO WORK	Strategic Objective: CQC: Getting Back To Good	Lead Executive: Mike Hunter
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Risk Ref: BAF.0003	Details: There is a risk that the Trust is unable to improve patient safety, resulting in a failure to comply with CQC requirements and achieve necessary improvements.
Date Risk Created: 16/06/2020	

Executive Lead: Executive Medical Director	Risk Rating:	Impact	Likelihood	Score	BAF Risk Review Date:
Risk Type: Safety	Residual Risk (with current controls):	4	3	12	Last Review: 07/10/2020
Risk Appetite: Zero	Target Risk (after improved controls):	2	2	4	Next Review: 06/11/2020

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
Rapid cell in place which is developing a plan for recruitment and retention.					AMBER
Minimum safe staffing levels monitored daily plus any instances of preceptorship nurses leading shifts are escalated and addressed.	Whilst an exception to the rule, there remain instances where preceptorship nurses manages a shift	Daily sit-rep into clinical services. Weekly oversight meeting chair by Executive Medical Director. Monthly safer staffing report to Board Monthly section 29a report to Board and Quality Committee	Fortnightly oversight and scrutiny meeting with NHS I/E. CQC Inspection	2020 CQC Inspected rated the trust as inadequate	RED

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 2. CREATE A GREAT PLACE TO WORK	Strategic Objective: CQC: Getting Back To Good	Lead Executive: Mike Hunter
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Risk Ref: BAF.0003	Details: There is a risk that the Trust is unable to improve patient safety, resulting in a failure to comply with CQC requirements and achieve necessary improvements.
Date Risk Created: 16/06/2020	

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
Physical health workstream in Trust's 'Getting Back to Good' programme (physical health monitoring compliance rates significantly improved as at July 2020)		Daily sit-rep to clinical operations. Weekly oversight meeting with Executive Medical Director. Monthly Section 29a reports to Quality Committee and Board.	Fortnightly oversight meeting with NHS I/E CQC Inspection (April 2020) rated Trust as inadequate.		GREEN
Ensuring safe practice through timely supervision in line with Trust policy (as at July 2020 target achieved and exceeded)		Weekly supervision report to all services. Weekly oversight with Executive Medical Director. Monthly Section 29a report to Quality Committee and Board	Fortnightly oversight meeting with NHS I/E CQC Inspection (April 2020) rated the trust as inadequate		AMBER
Trust inpatient environment that support the safe care of patients.	Dormitories and seclusion does not meet Code of Practice standards,	EMSA report	CQC report (April 2020) rated Trust as inadequate and failing to meet code of		RED

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 2. CREATE A GREAT PLACE TO WORK Strategic Objective: CQC: Getting Back To Good Lead Executive: Mike Hunter

Risk Ref: BAF.0003 Date Risk Created: 16/06/2020 Details: There is a risk that the Trust is unable to improve patient safety, resulting in a failure to comply with CQC requirements and achieve necessary improvements.

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
			practice standards.		
Lessons learned from investigations/reviews of care/mortality reviews are shared across the Trust in a variety of ways.		<ul style="list-style-type: none"> - Connect - Learning events - Staff debriefs - Clinical operations governance meeting minutes. - Quarterly incident management report - Quarterly mortality report - Structured Judgement Reviews flowchart 	CCG reviews on serious incident investigation reports. HM Coroner reviews of care provision during inquests. Serious Case Reviews, Child Death Overviews and domestic homicide reviews. CQC inspections (report April 2020)		GREEN
Appropriate training is in place for staff to ensure they are practising safely (mandatory training compliance significantly increased and target reached).		Analysis provided fortnightly to teams and care network on training compliance. Training compliance rates monitored monthly.	CQC Inspection (April 2020) rated inadequate		GREEN

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 2. CREATE A GREAT PLACE TO WORK Strategic Objective: CQC: Getting Back To Good Lead Executive: Mike Hunter

Risk Ref: BAF.0003 Date Risk Created: 16/06/2020 Details: There is a risk that the Trust is unable to improve patient safety, resulting in a failure to comply with CQC requirements and achieve necessary improvements.

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
		Suite of training on offer to staff to support ongoing development.			

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
● Business case to increase provision of psychological therapies and allied health professions in inpatient areas.	initial investment received and being translated to increased ward provision.	31/10/2020 Linda Wilkinson
● Pharmacy provision to inpatient wards being reviewed.		31/10/2020 Abiola Allinson
● Business case to eliminate dormitories and address seclusion areas approved by FPC June 2020.	Tender received for Burbage and Dovedale as the first stage to the environmental changes. However, issues in relation to relocation of services currently houses on Dovedale 2 yet to be resolved.	30/06/2021 Geoffrey Rawlings
● Review of mixed sex wards taking place to improve privacy and dignity of service users.		30/10/2020 Deborah Horne

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 2. CREATE A GREAT PLACE TO WORK Strategic Objective: CQC: Getting Back To Good Lead Executive: Mike Hunter

Risk Ref: BAF.0004 Date Risk Created: 16/06/2020 Details: There is a risk that the Trust is unable to improve the quality of patient care, resulting in a failure to comply with CQC requirements and achieve necessary improvements.

Executive Lead: Executive Medical Director
Risk Type: Quality
Risk Appetite: Low

Risk Rating:	Impact	Likelihood	Score
Residual Risk (with current controls):	4	3	12
Target Risk (after improved controls):	2	3	6

BAF Risk Review Date:
Last Review: 07/10/2020
Next Review: 06/11/2020

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
Service user and carer feedback is captured through various mechanisms and monitored via the Service User Experience and Engagement Group (SUSEG) and the Quality Committee.	Lack of mechanisms for capturing feedback. Lack of systematic approach to dissemination of learning from feedback.	Service User Experience and Engagement Group (quarterly) Quarterly Service User Experience Report to Quality Committee (feedback and complaints information triangulated)	Monthly national benchmarking data from Friends and Family Test Continuous Care Opinion feedback.		AMBER
Service User Engagement and Experience Strategy in place (refreshed May 2020) and overseen by SUSEG.	Whilst milestones within strategy are being achieved, percentage of feedback is not significantly increasing.	Quarterly report to Quality Committee.			AMBER
Involvement of service users and carer in 'Getting Back to Good' programme.	Proposal in place for achievement. However, a range of involvement methods to be identified to reflect different needs of users and carers.	Reporting structures to 'Back to Good' Board.			AMBER

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 2. CREATE A GREAT PLACE TO WORK

Strategic Objective: CQC: Getting Back To Good

Lead Executive: Mike Hunter

Risk Ref: BAF.0004

Details: There is a risk that the Trust is unable to improve the quality of patient care, resulting in a failure to comply with CQC requirements and achieve necessary improvements.

Date Risk Created: 16/06/2020

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
Partnership with Sheffield Flourish to provide 'independent challenge' which will support effective improvements in quality. Secondee from Sheffield Flourish working alongside Experience and Engagement Team and the Managing Director is co-chairing SUSEG.					GREEN

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
<ul style="list-style-type: none"> Implementation plan in place as part of Service User Engagement Strategy, overseen by SUSEG. 		31/03/2021 Jo Evans

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 3. IMPROVE OUR USE OF RESOURCES

Strategic Objective: Transformation: Changing Things That Will Make A Difference

Lead Executive: Phillip Easthope

Risk Ref: BAF.0005

Date Risk Created: 16/06/2020

Details: There is a risk that the Trust fails to deliver its People Strategy which could result in a failure to prioritise health and wellbeing, recruit and retain the right staff with the right skills, deliver and implement effective transformation of the workforce, develop a new approach to leadership and culture with equal opportunity for growth and development. This could impact on staff morale and engagement, sickness absence levels, recruitment and retention, quality of care and service user satisfaction rates.

Executive Lead: Director Of Human Resources

Risk Type: Workforce

Risk Appetite: Low

Risk Rating:

Residual Risk (with current controls):

Target Risk (after improved controls):

Impact

Likelihood

Score

4

3

12

2

3

6

BAF Risk Review Date:

Last Review: 28/09/2020

Next Review: 28/10/2020

CONTROLS & MITIGATION

Controls	Gaps in Control
Trust Health and Wellbeing Group led by Deputy Director of HR (aligned to ICS Health and Wellbeing Framework)	Broader wellbeing focus reduced during Covid-19 pandemic.
Recruitment and retention led by Workforce Planning Group (Rapid Recruitment Cell in place for nursing recruitment).	Subgroups related to workforce require review and governance processes require clarification, in particular the Effective Staffing Group.
Workforce transformation led by Workforce Planning Group and Education, Training and Development Steering Group	Effectiveness of Workforce Planning Group
Organisation Development and Plan including KPIs	Plan not yet in place and Committee to lead work not yet established

ASSURANCES/EVIDENCE (how do we know we are making an impact)

Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	Assurance Rating
Report to People Committee quarterly			AMBER
Report to People Committee Medical Workforce Planning Group		review required for governance below people committee	AMBER
Report into Workforce Planning Group	Annual workforce return led by ICS		AMBER
To report to People Committee			AMBER

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 3. IMPROVE OUR USE OF RESOURCES	Strategic Objective: Transformation: Changing Things That Will Make A Difference	Lead Executive: Phillip Easthope
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Risk Ref: BAF.0005 Date Risk Created: 16/06/2020	Details: There is a risk that the Trust fails to deliver its People Strategy which could result in a failure to prioritise health and wellbeing, recruit and retain the right staff with the right skills, deliver and implement effective transformation of the workforce, develop a new approach to leadership and culture with equal opportunity for growth and development. This could impact on staff morale and engagement, sickness absence levels, recruitment and retention, quality of care and service user satisfaction rates.
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ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
● Embed stepped care model to improve mental wellbeing through COVID active and recovery stages.		31/03/2022 Caroline Parry
● Innovative communications plan and forums to engage all staff in Health and Wellbeing	Bespoke COVID support offer Oct - December planned ----- Shielding forums held during June, July and August (Microsoft teams) A range of helplines and apps to support mental health HWB Group re-established	31/12/2020 Caroline Parry
● Use learning from COVID to develop different approaches to work for example flexible working and use of digital technology		31/03/2021 Caroline Parry
● identify innovative recruitment methods to enable workforce development and support retention		31/10/2020 Caroline Parry
● Develop and support the implementation of new roles across Clinical and Corporate Services	Expansion of career progression routes 2-4 supported in principle by People Committee. Associate Specialist grade reopened August 2020	31/12/2020 Karen Dickinson
● Develop a clinically led process for workforce planning		31/10/2020 Karen Dickinson

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 3. IMPROVE OUR USE OF RESOURCES

Strategic Objective: Transformation: Changing Things That Will Make A Difference

Lead Executive: Phillip Easthope

Risk Ref: BAF.0005

Date Risk Created: 16/06/2020

Details: There is a risk that the Trust fails to deliver its People Strategy which could result in a failure to prioritise health and wellbeing, recruit and retain the right staff with the right skills, deliver and implement effective transformation of the workforce, develop a new approach to leadership and culture with equal opportunity for growth and development. This could impact on staff morale and engagement, sickness absence levels, recruitment and retention, quality of care and service user satisfaction rates.

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
<ul style="list-style-type: none"> ● Undertake a Learning Needs Analysis (LNA) 	LNA completed and presented to People Committee. Feasibility and testing of a central system to support training programmes to align with service needs	31/12/2020 Karen Dickinson
<ul style="list-style-type: none"> ● Introduce leadership and talent development programme 		31/12/2020 Rita Evans
<ul style="list-style-type: none"> ● Organisation development plan completed 		30/11/2020 Rita Evans

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 3. IMPROVE OUR USE OF RESOURCES Strategic Objective: Transformation: Changing Things That Will Make A Difference Lead Executive: Phillip Easthope

Risk Ref: BAF.0006 Details: Inability to deliver a break-even position resulting in a failure to deliver financial sustainability.
Date Risk Created: 16/06/2020

Executive Lead: Executive Director Of Finance	Risk Rating: Residual Risk (with current controls): 5 Impact 5 Likelihood 5 Score 25 Target Risk (after improved controls): 3 Impact 3 Likelihood 3 Score 9	BAF Risk Review Date: Last Review: 15/10/2020 Next Review: 14/11/2020
Risk Type: Financial		
Risk Appetite: Moderate		

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
<p>Operational plan, financial plan including Financial Improvement Trajectory consideration and CIP requirements.</p> <p>Underpinned by 5 year long term financial model refreshed as part of long term Planning.</p> <p>Covid-19 financial framework April-July 2020. Now extended till September</p>	<p>Understanding productivity and efficiency of services.</p> <p>Evidence based approach to efficiency planning.</p>	<p>Monthly financial reporting to Board, FPC, summary reports circulated internally.</p> <p>Financial performance framework and DOF level intervention meetings.</p>	<p>NHSI monitoring against Single Oversight Framework and monthly returns.</p> <p>Head of Internal Audit Opinion. Significant Assurance re. financial internal audits.</p> <p>External audit.</p>	<p>Clarity around planning regime post July including financial implications around MH implementation plan and CIP.</p> <p>CIP plans for 2020/2021.</p> <p>Updated clarity for M5 - M6 (extended of temporary rules) Finance regime post September still remains unclear and guidance due during August.</p>	RED

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 3. IMPROVE OUR USE OF RESOURCES Strategic Objective: Transformation: Changing Things That Will Make A Difference Lead Executive: Phillip Easthope

Risk Ref: BAF.0006 Details: Inability to deliver a break-even position resulting in a failure to deliver financial sustainability.
Date Risk Created: 16/06/2020

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
Financial governance and management in place at Trust, Divisional and Service level and key partners (incl risk share within Sheffield).	Accountability Framework. Financial performance management at team level.			Empowerment and ownership at team level.	AMBER

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
<ul style="list-style-type: none"> ● Revised financial plan in accordance with national timescales (TBC, expecting July). 	<p>Based on the ICS led plan, under the revised finance regime and the changes imposed for the remainder of the year, the Trust will be submitting a plan with a material deficit. This is primarily driven by the increased pressure caused by out of area expenditure. Given the size of the projected deficit, this is anticipated to be more than 1% of our turnover (even after any mitigation) and therefore the risk score has changed to 25.</p> <p>-----</p> <p>The Risk score will need amending.</p>	31/10/2020 James Sabin
<ul style="list-style-type: none"> ● Revised CIP planning, ensuring, CIP schemes are informed by efficiency and effectiveness of services and benchmarking. 		30/11/2020 James Sabin

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 3. IMPROVE OUR USE OF RESOURCES Strategic Objective: Transformation: Changing Things That Will Make A Difference Lead Executive: Phillip Easthope

Risk Ref: BAF.0007 Details: Inability to deliver our transformation plans resulting in a failure to deliver our objectives (CQC, Transformation).
Date Risk Created: 16/06/2020

Executive Lead: Executive Director Of Finance	Risk Rating:	Impact	Likelihood	Score	BAF Risk Review Date: Last Review: 15/10/2020 Next Review: 14/11/2020
Risk Type: Business	Residual Risk (with current controls):	4	3	12	
Risk Appetite: Moderate	Target Risk (after improved controls):	3	3	9	

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
PMO function (low maturity). Programme Boards and project management in place (Back to Good Board and Portfolio Transformation Board)	Portfolio Transformation Board to facilitate portfolio management and assurance reporting at Trust level and to Finance & Performance Committee (FPC)	Programme Boards and project management including quarterly reports to FPC. Programme risk registers are in place and reviewed regularly		Committee assurance reporting via Portfolio Transformation Board to FPC. Arrangements now in place hence proposed move from Red to Amber until relevant action is completed. External assurance	AMBER

ACTION PLAN		
Details	Progress	Target Date / Responsibility Of:
● Implement portfolio reporting to Finance & Performance Committee	Scheduled to be considered at Finance and Performance Committee on Monday 26 October 2020 -----	25/10/2020 Zoe Sibeko

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 3. IMPROVE OUR USE OF RESOURCES	Strategic Objective: Transformation: Changing Things That Will Make A Difference	Lead Executive: Phillip Easthope
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Risk Ref: BAF.0007	Details: Inability to deliver our transformation plans resulting in a failure to deliver our objectives (CQC, Transformation).
Date Risk Created: 16/06/2020	

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
<ul style="list-style-type: none"> Review progress re portfolio management including effective prioritisation, resource planning, visibility of documentation and assurance, lessons learned. 	<p>Portfolio report will be submitted to Transformation Portfolio board on 14th September. It will be available for wider circulation from this point.</p> <p>Transformation Portfolio report issued on a monthly basis to Transformation Board. Lessons learned now being collated in anticipation of sharing across the Trust. Transformation Board now has full visibility of all strategic programmes.</p> <p>-----</p> <p>Portfolio management being implemented, prioritisation matrix currently being developed, along with methods of reporting and assurance.</p>	<p>30/11/2020 Zoe Sibeko</p>

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 3. IMPROVE OUR USE OF RESOURCES Strategic Objective: Transformation: Changing Things That Will Make A Difference Lead Executive: Phillip Easthope

Risk Ref: BAF.0008 Date Risk Created: 21/07/2020 Details: There is a risk that patient safety and clinical practice / effectiveness is adversely affected by a technical architecture that is increasingly fragile. This will lead to increasing down time across the network and the need to take key systems offline to maintain the status quo.

Executive Lead: Executive Director Of Finance	Risk Rating:	Impact	Likelihood	Score	BAF Risk Review Date: Last Review: 14/10/2020 Next Review: 13/11/2020
Risk Type: Safety	Residual Risk (with current controls):	4	4	16	
Risk Appetite: Zero	Target Risk (after improved controls):	4	3	12	

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
Governance controls in place via Replacement EPR Programme Board which meets fortnightly and directs all activity June 2022.		Reporting into Programme Board with oversight by Trust Transformation Board.	Reporting to NHS Digital through Fast Follower Programme.		GREEN
Governance controls are in place with the Telephony Improvement Programme embedded in the Back to Good Programme Board		Reporting into Back to Good Programme Board			GREEN

ACTION PLAN		
Details	Progress	Target Date / Responsibility Of:
● Implementation of a new data centre improving resilience and providing failover systems to reduce impact and likelihood of any downtime of key systems		31/12/2020 Nick Gillott
● Implementation of a new electronic Patient Record system to replace the existing, increasingly unstable, Insight.		30/06/2022 Nick Gillott

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 3. IMPROVE OUR USE OF RESOURCES	Strategic Objective: Transformation: Changing Things That Will Make A Difference	Lead Executive: Phillip Easthope
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Risk Ref: BAF.0008 Date Risk Created: 21/07/2020	Details: There is a risk that patient safety and clinical practice / effectiveness is adversely affected by a technical architecture that is increasingly fragile. This will lead to increasing down time across the network and the need to take key systems offline to maintain the status quo.
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ACTION PLAN		
Details	Progress	Target Date / Responsibility Of:
<ul style="list-style-type: none"> Implementation of technical recommendations through collaboration with 3rd party telephony specialists through the back to good / CQC programme of work. 		31/12/2020 Nick Gillott