Board of Directors Public

SUMMARY REPORT	Meeting Date:	23 March 2022
	Agenda Item:	16

Report Title:	**Board Assurance Framework**	
Author(s):	Amber Wild, Corporate Assurance Manager	
Accountable Director:	Susan Rudd, Director of Corporate Governance	
Other Meetings presented to or previously agreed at:	**Committee/Group:**	People Committee, Quality Assurance Committee, Finance and Performance Committee, Audit and Risk Committee
	Date:	8-10 March 2022
Key Points:	Considerable work has been completed on the Board Assurance framework (BAF) since it was last reported to Board in November 2021. Additional work has been done to review controls, gaps in control and assurances, and work is ongoing to ensure that there are actions and action progress against all risks.	

Summary of key points in report

A significant amount of work has been done with all the BAF risks monitored by the Board sub-committees to strengthen the controls and assurances.

Action plans and action progress linked to the gaps in controls and assurances have been reviewed and amended to support the understanding of the impact of actions to mitigate the risk.

The full detail of each risk is available in the appendix and progress within each BAF risk has been noted in bold, italicised text.

The summary of Committee discussions is highlighted in the snapshot of this report.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval	X	Assurance	X	Information	

To receive the BAF and consider what assurance it provides, and how the levels of risk reported triangulate with other information considered by Board and its committees:
To approve the latest changes to the BAF detailed in the report.

Please identify which strategic priorities will be impacted by this report:

Covid-19 Recovering effectively	*Yes*	*X*	*No*	

CQC Getting Back to Good- Continuous improvement	*Yes*	***X***	*No*	
Transformation – Changing things that will make a difference	*Yes*	***X***	*No*	
Partnerships – working together to make a bigger impact	*Yes*	***X***	*No*	

Is this report relevant to compliance with any key standards ?					**State specific standard**
Care Quality Commission Fundamental Standards	*Yes*	***X***	*No*		"Systems and processes must be established to ensure compliance with the fundamental standards"
Data Security Protection Toolkit	*Yes*		*No*	***X***	

Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User/ Carer Safety and Experience	*Yes*		*No*	***X***	Not directly in relation to this report – specific detail within the BAF for each area
Financial (revenue &capital)	*Yes*		*No*	***X***	
Organisational Development/Workforce	*Yes*		*No*	***X***	
Equality, Diversity & Inclusion	*Yes*		*No*	***X***	
Legal	*Yes*		*No*	***X***	

Section 1: Analysis and supporting detail

BAF Snapshot

1.1 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 a 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.
This has become a feature of BAF reporting since Board considered how it manages risk at successive Board development sessions in February. Risks are now ordered from highest to lowest.

1.2 It should be noted that target risk scores are based within the thresholds of the Risk Appetite Statement agreed by the Board.

1.3

Current Risk Score			Target Risk Score			
Likelihood	**Impact**	**Score**	**Likelihood**	**Impact**	**Score**	
BAF.0025: There is a risk that patients could come to harm in our inpatient wards and that inpatient and community environments do not support therapeutic care; **caused by** environments that are not fit for purpose and present unacceptable risks to patient safety; **resulting in** an over reliance on enhanced observations, a restrictive approach to manage safety issues thereby deskilling staff, staff time dedicated to managing environments rather than delivering patient care and giving a very poor patient experience.						⟷
4	5	20	2	3	6	
BAF.0021: There is a risk that the reliance on legacy systems and technology leads to increasing network or system downtime and cyber security incidents; **caused by** historic system issues requiring complex maintenance, inadequate system monitoring, testing and maintenance, cyber security weaknesses, further development of legacy systems and delays in the procurement and roll out of replacement systems; **resulting in** patient safety and clinical effectiveness being compromised by a loss of access to key clinical and administration systems and data protection incidents.						⟷
4	4	16	1	4	4	
BAF.0014: There is a risk that we fail to attract and retain staff due to competition, reputation issues and the healthcare context, and do not find ways to present a sufficiently attractive, flexible offer of employment; **resulting in** a negative impact on the quality of the workforce and negative indicators for quality of care.						⟷
4	**4**	**16**	**2**	**3**	**6**	
BAF.0013: There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing, leading to ineffective interventions; **resulting in** low scores on the staff survey (low morale), high sickness absence levels and negative indicators for quality of care.						⟷

4	3	12	2	2	4
BAF.0024: There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care; **caused by** leadership changes, short staffing, cultural challenges, the lead in time for significant estates and ISMT actions and the impact of the global pandemic; **resulting in** risk of harm to people in our care and a breach in the Health and Social Care Act					
3	4	12	2	3	6
BAF.0027: There is a risk that engagement with systems partners is ineffective or lacking; caused by weaknesses in partnership relationships or supporting governance arrangements; resulting in a poorer quality of services, missed opportunities and potential costs.					
3	4	12	2	3	6
BAF.0020: There is a risk that we fail to effectively develop and implement a new approach to strengthening leadership and improving the culture of our organization and/or align this with our organisational design; **resulting in** low staff morale, poor service quality and poor staff and service user feedback.					
3	4	12	2	3	6
BAF.0019: There is a risk that our long-term view of workforce planning and/or management of change fails to ensure roles meet future service needs; **resulting in** a disjointed approach and a disengaged workforce (industrial relation issues, increased sickness absence and poor staff retention, poor staff and service user feedback including NHS staff survey results.					
3	4	12	2	3	6
BAF.0022: There is a risk that we fail to deliver a break-even position in 2021/22; **caused by** factors including non-delivery of the financial plan or CIP targets and increased cost pressures; **resulting in** a threat to both our financial sustainability and delivery of our statutory financial duties					
3	3	9	2	2	4
BAF.0026: There is a risk that there is slippage or failure in projects comprising our transformation plans; **caused by** factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity; **resulting in** service quality being compromised by the non-delivery of key strategic projects.					
3	3	9	2	3	6

Summary of Committee discussion:

BAF.0021: Finance and Performance Committee (FPC) agreed that the work on this risk was moving in the right direction but there is not quite enough assurance now to change the risk score. This is expected to be possible within the next few months due to an increased resource to manage incidents and will be focused on at the next FPC.

BAF.0026: some slippages were noted from the Transformation Report to FPC and it was agreed at committee that these risks have been captured on the Corporate Risk register and so the BAF risk would not change at this time. Positive internal audit assurance will be added to the risk to reflect additional assurance.

BAF.0013: Due to systems of reporting changing, it needs to be clear that People Committee (PC) has the right figures before considering shifting the risk rating and it was agreed that this would be reviewed in more detail at the next meeting. It was acknowledged as an area of risk that requires investigation and will be included as an alert to Board on the Committee Activity report.

BAF.0014, BAF.0019, and BAF.0020: it has been agreed at People Committee that a deep dive of the risks linked to the strategic aims will take place at the next meeting to assure

committee of where the risks are heading.

BAF.0024: The current risk score was changed from 15 (impact 5; likelihood 3) to 12 (impact 4; likelihood 3) during the reporting of this risk to Quality Assurance Committee from December 2021 to January 2022. The risk was further reviewed on 28 December and was downgraded due to an update of the controls. Since then, additional reviews have taken place of the controls, assurances and gaps in controls and assurances, and because of these, 5 new actions have been identified. These actions relate to: renewed international recruitment plan; renewed recruitment plan of national job fairs; Ligature Anchor Point Phase 3 work; Leadership development plan; and EPR programme implementation. Existing actions have been further updated. The details of all these changes are available in the appendix of this report.

Further review of the risk score will be completed at the next QAC meeting following the recent report which shows improvement in rating, and which has been added into the controls.

BAF.0023: consideration was given at the Quality Assurance Committee (QAC) to reduce the risk score, but it was agreed that this was an enduring risk and this will be reviewed again at the next committee meeting, following monitoring of NHS guidance and public policy.

BAF.0025: Phase 2 of Ligature Anchor Points is finishing, and the therapeutic environments are different now to when the risk was first written. The risk description and score will be reconsidered as part of the Board development to refresh the BAF linked to any refresh of the strategic objectives which will be happening over the next few months.

BAF.0027: Board supported the development of a new risk related to partnership working in November 2021. Further work has been completed for presentation to Board in this cycle of reporting. The work undertaken is evidenced within the risk register in bold, italicised text.

Section 2: Risks

2.1 Failure to properly review the BAF could result in Board, or its committees not being fully sighted on key risks to the delivery of our strategic aims and objectives.

2.2 There are no specific corporate risks around usage of the BAF.

Section 3: Assurance

3.1 The information provided within the BAF is owned by Executive Directors and reviewed/revised by colleagues within their directorates under their leadership.

3.2 For the most effective assurance, information provided within the BAF should be considered alongside other sources of information provided to Board and its committees, including other reports received, discussions held and observations at visits. This triangulation will ensure that the BAF represents the assurance that Board and Committee members believe they have received.

Section 4: Implications

Strategic Aims and Board Assurance Framework

4.1 As this committee reviews the full BAF prior to its consideration by Board, all the Strategic Aims are relevant.

Equalities, diversity and inclusion

4.2 None directly arising from this report.

Culture and People

4.3 None directly arising from this report.

Integration and system thinking

4.4 None directly arising from this report.

Financial

4.5 None directly arising from this report.

Compliance - Legal/Regulatory

4.6 None directly arising from this report.

Section 5: List of Appendices

1. Board Assurance Framework

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 1. DELIVER OUTSTANDING CARE	**Strategic Objective:** COVID: Getting Through Safely.

Risk Ref: BAF.0023 **Date Risk Created:** / /	**Details:** There is a risk that we fail to protect service users and staff from the spread of Covid19 infection; caused by operational systems and processes staff and patients not adhering to the relevant IPC guidance consistently; resulting in preventable spread of infection and risks to health and safety of our staff and the people in our care.

Executive Lead:	Executive Director - Nursing & Professions
Risk Type:	Safety
Risk Appetite:	Zero

Risk Rating:	**Impact**	**Likelihood**	**Score**
Residual Risk (with current controls):	5	3	15
Target Risk (after improved controls):	4	1	4

BAF Risk Review Date:
Last Review: 04/03/2022
Next Review: 07/04/2022

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
Implementation of the operational command structure (Bronze, Silver, Gold) Adherence to national guidance for the prevention and control of infection including the guidance on testing, management and treatment of patients. Implementation of robust cleaning schedules. ***Assessments for staff, vaccine availability and monitoring if uptake.*** Covid19 clinical advisory group operational. ***Working Safely Group in place*** Robust supply of PPE -updated	Ability to influence the uptake of vaccine in some staff. Limited capacity to fill staffing gaps in the event of a major outbreak	***Reporting and decision making through Bronze,Silver, Gold command structure.*** ***Procurement cell that monitors PPE on a daily basis to ensure a ready supply and to meet Trustneeds.*** ***Review following Covid19 wave to reflect on learning*** ***Infection Control Lead Nurses will lead activity, in the vent of an outbreak to mitigate and prevent furtherspread of infection.***	***Daily Situational Report to NHSE/I covering staff absence, number of beds and number of patients withCovid19.*** ***Outbreaks and deaths inTrust reported to NHSE/I.Learning from review reported to NHSE/I.***	***Review following first waveonly*** ***Gap in Infection Control staffing as a result of staffabsence***	AMBER

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

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CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
daily ***Agile Working policy in place to enable work from home*** Reduced physical contact between staff and patients Implementation of current guidance to support visiting in line with national guidance. Incident control centre operational in line with national guidance Robust reporting and management of any outbreaks. 24hr staff absence report to inform resource decisions ***Individual Risk Assessments monitored by Human Resources*** ***Environmental Risk assessmentsmonitored by Health and Safety Team.***					
Covid Risk Register in place					RED

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

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ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
● *Critical areas identified and a resilience plan formulated to ensure that these areas remain with sufficient staff to keep them going. Monitored by the staffing absence reporting via adaily staffing review through Bronze command.*	*Embedded in command structures. New Infection Prevention Control Lead reviewingall IPC arrangements having joined Silver command week commencing 28 February.*	04/04/2022 Neil Robertson
● *Task and Finish Group in place for vaccination rollout to offerthe vaccination and the booster to all staff, as they are available. Currently running until the end of March.*	*Implemented - 94.7% have had 2 doses and 83.1% of staff have received all threeCovid19 vaccines; and now starting to think about 4th Booster.*	04/04/2022 Neil Robertson
● *Task and Finish group for vaccination as a condition of deployment set up in December, as per Government legislation.*	*Concluded and communicated in line with Government guidance.*	04/04/2022 Neil Robertson
● *Review following Omicron wave to incorporate learning andinform future planning.*		31/03/2022 Neil Robertson
● *Interim Infection Control Prevention Lead recruited.*	*Started on 21 February 2022.*	04/04/2022 Neil Robertson

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 2. CREATE A GREAT PLACE TO WORK | **Strategic Objective:** CQC: Getting Back To Good

Risk Ref: BAF.0024

Date Risk Created: 28/12/2021

Details: There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care;
caused by leadership changes, short staffing, cultural challenges, the lead in time for significant estates and ISMT actions and the impact of the global pandemic;
resulting in risk of harm to people in our care and a breach in the Health and Social Care Act

Executive Lead: Executive Director - Nursing & Professions

Risk Type: Quality

Risk Appetite: Low

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

BAF Risk Review Date:
Last Review: 04/03/2022
Next Review: 03/04/2022

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
Back to Good improvement actions ***Active recruitment plan with Clinical Lead for recruitment in post from January 2022*** ***Clinical establishment reviews completed, and establishmentsbeing revised*** ***HCSW regional employmentprogramme*** ***Implementation of People plan*** ***Service lines and IPQR embeddedensuring oversight*** ***Triumvirate leadership oversight with additional nursing leadership to support pace of improvements***	***Three Back to Good improvement actionsare delayed*** ***Reliance on temporary workforce to covervacancies, maternity leave and sickness*** ***Number of people applying for posts doesnot match vacancies*** Increasing rate of turnover in some teams ***The outcome of the establishment reviews may require consultation to change workingpatterns for some*** ***Tendable not being utilised consistently*** ***Difficulty in keeping pace with recruiting tonew posts created by investment*** Covid19 driven absence ***Lack of impact of the HCSW employment***	Back to Good monthly reports EPR monthly programme Board reports ACM monthly Board reports Transformation Board monthly reports Staffing reports to the People Committee IPQR monthly report Progress report on Clinical Establishment Reviews to People and Finance Committees Leadership recovery plans	August 2020 CQC reinspection Quality Board outcomes CCG Quality Review Group scrutiny External consultant appointed to EPR programme Board NHS benchmarking staff data NHS staff surveys CCG performance oversight 6-monthly NRLS reports CCG oversight of serious incident reports	360 audit plan reporting poor compliance with physical health care standards NHS staff survey 2020-21 CCG delays in SI closures Healthwatch report 2020 CQC inspection report February 2020 Delays in full utilisation of Tendable Delay in ratifying NEWS2 policy Delay in agreeing Physical Health care KPI's	AMBER

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

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caused by leadership changes, short staffing, cultural challenges, the lead in time for significant estates and ISMT actions and the impact of the global pandemic;
resulting in risk of harm to people in our care and a breach in the Health and Social Care Act

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**	
Daily safety huddles in quality team Experts by experience ***All ward manager posts recruitedto*** ***Organisational development planimplemented*** ***Removal of seclusion room on oneward*** ***Reducing restrictive interventionstrategy implemented with evidence of impact*** ***Safe wards in place*** ***Dormitories removed*** Ward Manager and Matron development plan implemented ***Safeguarding rapid developmentplan delivered.*** ***Clinical and Social Care strategyimplemented*** ***Co-production standards launched***	***programme*** ***Additional capacity for nursing will take timeto have impact*** ***Experts by experience have found making animpact in wards a challenge*** ***Leadership development as a part of ODprogramme will begin March 22*** ***Two wards continue to utilise seclusion untilnew ward environments are available*** ***Phase three plan for reducing ligature anchor points will depend on decant solution and take place over an 18 month period.*** ***New EPR not yet implemented*** ***Absence of team based monthly workforcemetrics*** Inconsistent workforce and finance data ***Incident and serious incident actions areopen*** ***Lack of PALS function***	Learning lessons quarterly report Complaints report Staffing report to Peoples Committee Safeguarding Q1 &Q2 reports 2020-21 Safeguarding development plan progress reports to Quality Assurance Committee Policy review by Quality Assurance Committee Quarterly reports to Quality Assurance Committee Safer staffing report to Board Jan 22 Community recovery plans for waits in two teams showing progress	CQC inspection reports -outcome of December acute and PICU inspection reported Jan 22 Section 11 Audit with safeguarding partnerships Engagement with Safeguarding partnerships at Executive level	Increased length of stay in inpatient care Increased breaches in ED December/ January 22 Use of 136 suite rooms to accommodate people awaiting admission Continued dissatisfaction from staff side about delays in community transformation Recovery plans not impacting waiting times in EWS/SPA and Recovery for allocation	

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

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Date Risk Created: 28/12/2021

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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**	
Quality and Equality impact assessment process in place ***Ligature anchor point removal plan phase 1 and 2 are completed, phase three in planning*** ***Daily operational management ofsafer staffing*** ***New EPR implementation partnerappointed.***	***RC vacancies*** ***Safe wards not fully embedded*** ***Granular team base data not yet embedded*** ***Lack of data on the accessible information standard***	***Supervision rate increasingin some teams*** ***Completion of the Safeguarding rapid development plan reported to QAC*** ***Medicines management rapid development plan completed and reported to QAC*** ***Contract for new EPR signedExperienced EPR implementation partner appointed*** ***Improving performance with incident actions reported in the IPQR*** ***Culture and quality visits***			
Year One back to good actionsdelivered (exception of 3 items	***Acute and Picu services subject to furtherrapid improvements for reassessment***	***fundamental standards visits to take place across***	***CQC reinspection during December 2021***	***impact of staffing/ covid todeliver on actions.***	AMBER

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

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resulting in risk of harm to people in our care and a breach in the Health and Social Care Act

Date Risk Created: 28/12/2021

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
rolled into year two). CQC reinspection demonstrated improvements across Well Led andOlder Peoples services	***during December***	***PICU and Adult wards.***			
Contract in place and programmeestablished to implement a new commercially supported EPR		***EPR Programme Board chaired by COO. ProgrammeBoard reports to Transformation Board***	***NHS E/I funding requiredexternal reporting***		GREEN

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
Back to Good year two programme underway to complete delivery of action plan to maintain improvements and deliverrapid improvements across Acute and PICU	***CQC report that was published on 16 February 2022 demonstrated we had deliveredactions against the section 29a warning. Significant progress was noticed. New improvement actions are in development and will be returned back to CQC by 13 March 2022.***	31/03/2023 Salli Midgley
ongoing monitoring of Covid impact on improvement actionsthrough command structure and regular review at Board	***This remains ongoing. The Command Structure is still in place whilst NHS England deem the pandemic remains a Level 4 national incident, together with the Incident Control Centre that acts as a single point of contact for all incoming guidance to***	31/12/2022 Beverley Murphy

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

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Risk Ref: BAF.0024 **Date Risk Created:** 28/12/2021	**Details:**	There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care; caused by leadership changes, short staffing, cultural challenges, the lead in time for significant estates and ISMT actions and the impact of the global pandemic; resulting in risk of harm to people in our care and a breach in the Health and Social Care Act

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
	interpret and cascade as appropriate, reporting in to Silver and Gold groups. The Trust response is updated regularly through reports to Board.	
development of Quality Strategy with aligned Implementationplan to include quality assurance and control priority whichrequires robust assurance of improvement actions and embedding as business as usual with reporting to QAC and Board	***Draft has been received by Board and QAC in readiness for final version to bereviewed by Board in March 2022.***	31/03/2022 Salli Midgley
Ward manager and matron development plan agreed for Q4 20/21 and Q1 21/22 to enhance leadership skills and culturaldevelopment	***Development programme has been procured, date set and communication to wardmanagers will take place next week.***	30/06/2022 Salli Midgley
Renewed recruitment plan of international recruitment to recruit 20 new staff within 12 months (by March 2023), withfirst cohort of interviews to begin March 2022	**International recruitment interviews are planned for 4th and 25th March.OCSE training package has been sourced with GTEC.** **Regular updates with NHSP (once every 2 weeks).** **Offer letter is being reviewed by HR to give to NHSP by 1 March 2022.Accommodation is being sourced for potential new recruits.** ***Staff and accommodation for job fairs, are all in place.*** ***Relocation package offer has been written and approved.Advertisement banners have been secured.*** ***Training offers for potential recruits are being finalised.***	31/03/2023 Joanne Simms

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

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caused by leadership changes, short staffing, cultural challenges, the lead in time for significant estates and ISMT actions and the impact of the global pandemic;
resulting in risk of harm to people in our care and a breach in the Health and Social Care Act

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:	
Renewed recruitment plan of national job fairs with 4 sessionsplanned on 12 March 2022, 26 March 2022, 19 April 2022 and 23 April 2022.	***Travel booked for 12th March fair in Dublin. Further fairs are being booked forSeptember & October.***	31/10/2022	Joanne Simms
Ligature Anchor Point Phase 3 work with indicative dates for contractor appointment starting in May 2022, start of work onsite by June 2022 and completion of final work expected by November 2022.	***The refurbishment works on Burbage continue as planned with an anticipated completion date of 1 June 2022. As part of this programme of works Stanage dormitories have been eradicated, this was completed on 3 December 2021. The LAPeradication programme is well underway; Phase 1 was completed in July/August 2021 (works comprised the improvement to themes such blind spot mirrors, ceiling vents, curtain/blind/rails and light fittings); Phase 2 works are targeted to be completed by 31 March 2022 (works on 'live' wards comprise bedrooms; door, window & furniture followed by non-bedroom areas: doors & windows). Phase 3 works are currently being programmed to commence July 2022 (works will target allremaining LAP works such as ensuites, selective replacement of ceilings etc., and formation of new de-escalation rooms in lieu of seclusion).***	30/11/2022	Richard Scott
SHSC leadership development plan is being implemented withthe first co-designed programme cohort commencing on 28 February 2022 until 11 July 2022. Programme progress is reported into Transformation Board		31/07/2022	Caroline Parry

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 2. CREATE A GREAT PLACE TO WORK | **Strategic Objective:** CQC: Getting Back To Good

Risk Ref: BAF.0025

Date Risk Created: 11/05/2021

Details: There is a risk that patients could come to harm in our inpatient wards and that inpatient and community environments do not support therapeutic care;
caused by environments that are not fit for purpose and present unacceptable risks to patient safety; resulting in an over reliance on enhanced observations, a restrictive approach to manage safety issues thereby deskilling staff, staff time dedicated to managing environments rather than delivering patient care and giving a very poor patient experience.

Executive Lead: Executive Director - Nursing & Professions

Risk Type: Safety

Risk Appetite: Low

Risk Rating:	Impact	Likelihood	Score
Residual Risk (with current controls):	5	4	20
Target Risk (after improved controls):	3	2	6

BAF Risk Review Date:
Last Review: 09/03/2022
Next Review: 08/04/2022

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
Enhanced nursing to manage environmental risks Implementation of new roles (ACP/TNA) Implementation of Least Restrictive Strategy 2021 Revised approach to Clinical Risk Management Investment in preceptorship to develop the skills of newly registered nurses Ligature anchor point assessments in place for all environments Risk heat map implemented for all inpatient wards	High levels of Band 5 vacancies in some wards Use of temporary staffing leading to potential inconsistencies in the application of practice standards Clinical establishment reviews not current Least restrictive Strategy 2021 not yet embedded New Clinical Risk Management policy and training not yet implemented Preceptorship approach not evaluated Variance in staff understanding of ligature anchor point assessment Use of temporary staff Limitations in current approach to clinical	Staffing report to the People Committee reducing Restrictive practice update to the Quality and Assurance committee IPQR monthly report to Quality Assurance Committee Learning Lessons Quarterly reports Health and Safety reports Mandatory Health and Safety training Ligature anchor point progress reported to the	Evidence based approach to Reducing Restrictive practice implementation	February 2020 CQC inspection report	RED

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 2. CREATE A GREAT PLACE TO WORK | **Strategic Objective:** CQC: Getting Back To Good

Risk Ref: BAF.0025

Date Risk Created: 11/05/2021

Details: There is a risk that patients could come to harm in our inpatient wards and that inpatient and community environments do not support therapeutic care;
caused by environments that are not fit for purpose and present unacceptable risks to patient safety; resulting in an over reliance on enhanced observations, a restrictive approach to manage safety issues thereby deskilling staff, staff time dedicated to managing environments rather than delivering patient care and giving a very poor patient experience.

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
Substantive managers for all wards Ward manager development programme Implementation of Matrons and Team Managers with a focused span and clear responsibilities April 2021 Planned environmental improvements to the acute wards Planned environmental improvements to the crisis hub Estate strategy that determines future need for community and ward estates that enables therapeutic and safe care	risk assessment and management Environmental safety work not yet completed variance in management capability and experience Vacancies for responsible clinicians Ward Manager programme to commence in April 2021 Development of nurses into new Matron roles *Delays in the delivery of Therapeutic Environment Programme (TEP)* Crisis hub building handover not until May 2021	Quality Assurance committee Capital Group reports Operational Structure presentation to the People Committee Therapeutic Environment Programme Board reports Transformation Board reports Health and Safety audits IPQR monthly reports - statutory and mandatory training Board and Executive visits to all wards and teams Crisis Pathway presentation to the Quality Assurance committee March 2021			

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 2. CREATE A GREAT PLACE TO WORK	**Strategic Objective:** CQC: Getting Back To Good

Risk Ref: BAF.0025

Date Risk Created: 11/05/2021

Details: There is a risk that patients could come to harm in our inpatient wards and that inpatient and community environments do not support therapeutic care;
caused by environments that are not fit for purpose and present unacceptable risks to patient safety; resulting in an over reliance on enhanced observations, a restrictive approach to manage safety issues thereby deskilling staff, staff time dedicated to managing environments rather than delivering patient care and giving a very poor patient experience.

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
The ward works improvement programme (overseen by the Therapeutic Environments Programme Board) has commenced with the agreed works on Burbage Ward which commenced w/c 12 July 2021. Includes full eradication of LAPs. Consideration is being to how the ward improvements programme can be accelerated either via work on live wards or via acquisition (subject to funding) of a modular decant ward. An interim Project Director has been set on to manage the LAP eradication programme in particular.	***The refurbishment works on Burbage continue as planned with an anticipated completion date of 1 June 2022. As part of this programme of works Stanage dormitories have been eradicated, this was completed on 3 December 2021. The LAPeradication programme is well underway; Phase 1 was completed in July/August 2021 (works comprised the improvement to themes such blind spot mirrors, ceiling vents, curtain/blind/rails and light fittings); Phase 2 works are targeted to be completed by 31 March 2022 (works on 'live' wards comprise bedrooms; door, window & furniture followed by non-bedroom areas: doors & windows). Phase 3 works are currently being programmed to commence July 2022 (works will target allremaining LAP works such as ensuites, selective replacement of ceilings etc., and formation of new de-escalation rooms in lieu of seclusion).***	31/07/2022 Richard Scott

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES | **Strategic Objective:** Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0013 **Details:** There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing, leading to ineffective interventions; resulting in low scores on the staff survey (low morale), high sickness absence levels and negativ indicators for quality of care

Date Risk Created: 07/05/2021

Executive Lead: Director Of Human Resources
Risk Type: Workforce
Risk Appetite: Low

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

BAF Risk Review Date:
Last Review: 07/02/2022
Next Review: 09/03/2022

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
Staff Health and Wellbeing group monitoring delivery of the People Strategy and reporting to the People Committee ***ICS HRD Deputy Network*** ***ICS staff Health and WellbeingGroup*** ***National Wellbeing GuardianNetwork*** ***Flu and Covid19 Campaigns***	Identified some engagement groups that are not part of the Health and Wellbeing group ***Accessibility and membership of Covid19 support offer***	Report to the People Committee Report to the Transformation Board	***Model Hospital and NHSE/Ireturns*** ***CQC Well-Led*** ***360 staff wellbeing audit***	None	GREEN
People Delivery Plan in place ***Reports to SHWB group*** ***NHS People plan and actions for HR and OD***	Inpatient area focus	***Reports to People Committee***	***CQC Well-Led*** ***Internal Audit (360 assurance) focusing on Wellbeing***	***recommendations on governance to record completion of action ,milestones (people delivery plan which is being refreshed February 2022)***	AMBER

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES	**Strategic Objective:** Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0013	**Details:**	There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing, leading to ineffective interventions; resulting in low scores on the staff survey (low morale), high sickness absence levels and negativ indicators for quality of care
Date Risk Created: 07/05/2021		

CONTROLS & MITIGATION		**ASSURANCES/EVIDENCE (how do we know we are making an impact)**			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
HWB Framework in place NHSEI National Wellbeing Lead andICS Wellbeing group National NHS HWB framework diagnostic	***Self-assessment has limited clinical operations input***	**Reports to People Committee**	*Health and Wellbeing trailblazer (NHSE/I)*	***Need to establish regularreassessment***	AMBER

ACTION PLAN

Details	**Progress**	**Target Date / Responsibility Of:**
HWB network to be established. proposal to HWB groupFebruary 2022	***Sally Hockey has picked up HWB activity leadership supported by David Palfreyman*** -------- ***Proposals discussed at HWB group. action plan in development, feedback given andsecond proposal and plan in prep***	31/05/2022 Sarah Bawden
Embed Wellbeing Conversations	***Booked 4 training (train the trainer) places (date TBC SH) expect to roll out training for managers once complete. roll out plan will be developed and will support toolkit already shared with all staff through JARVIS.*** -------- ***Welbeing conversations training booked, guidance and tollkit shared on Jarvis and through HWB channels***	30/04/2022 Sarah Bawden

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES | **Strategic Objective:** Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0013 **Details:** There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing, leading to ineffective interventions; resulting in low scores on the staff survey (low morale), high sickness absence levels and negativ indicators for quality of care

Date Risk Created: 07/05/2021

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
● ***OH Health specification (engagement with staff and specification development) and tender (previously in action9174)***	***Engagement with staff in 20/21 received feedback for new service requirements.*** ***Sub group of the HWB group revised specification (SQOHS) and engaged with procurement to tender (Find my Tender). Delays in submission of the tender due to staffing shortages in procurement. Nicola Woodhead to extend current contract to endJune 2022***	30/06/2022 Sarah Bawden
● ***Vaccinations as a condition of employment (Legislation passedJanuary 2022)***	***Government legislation proposed to make unlawful the employment of frontline NHS staff if they are not fully vaccinated. Use of NIMS and other vaccination databases todetermine staff with no COVID Vaccination frontline, Education phase, supportive conversations with Chief Pharmacists and Wellbeing colleagues Team information sessions, written and direct communication to staff who we do not hold a record of vaccination for to encourage vaccination and sharing vaccination status.*** ***Nationally led guidance adhered to.*** ***Monday 6th Feb Govt announced pause and consultation to revoke legislation***	01/04/2022 Caroline Parry
● ***Revisit membership of HWB to ensure all groups represented***	***Action for HWB group 28/2 to confirm membership and invite additional groups /confirm escalation arrangements with groups***	28/02/2022 Sarah Bawden
● **Benchmark against national good practice for reassessmentagainst the criteria and report to HWB Assurance Group**	***Taking part in the trailblazer programme***	31/03/2022 Sarah Bawden

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES | **Strategic Objective:** Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0014 **Details:** There is a risk that we fail to attract and retain staff due to competition, reputation issues and the healthcare context, and do not find ways to present a sufficiently attractive, flexible offer of employment; resulting in a negative impact on the quality of the workforce and negative indicators for quality of care

Date Risk Created: 07/05/2021

Executive Lead: Director Of Human Resources
Risk Type: Workforce
Risk Appetite: Low

Risk Rating:	Impact	Likelihood	Score
Residual Risk (with current controls):	4	4	16
Target Risk (after improved controls):	3	2	6

BAF Risk Review Date:
Last Review: 18/02/2022
Next Review: 20/03/2022

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
WPG monitoring delivery and reporting to People Committee GAP Recruitment group (Nursing)	GAP Recruitment group focused on Nursing and HCSW only. Terms of Reference for Day One Ready require review to ensure they are broad enough	*Weekly reporting on vacancies for HCSW to meet funding specification.* *TRAC reports feed into R&R group and People Committee reporting on progress* *Recruitment and Retention Group to oversee delivery plan* *Review of Delivery plan for 20/23 to be signed off at People Committee March 2022*	ICS Recruitment and Retention group		AMBER
Recruitment and retention Assurance Group to support identification of gaps	Data to support accurate vacancy reporting being addressed with People Directorate and Finance.	***Recruitment and Retention Group reports to People Committee quarterly and***			GREEN

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES | **Strategic Objective:** Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0014 **Details:** There is a risk that we fail to attract and retain staff due to competition, reputation issues and the healthcare context, and do not find ways to present a sufficiently attractive, flexible offer of employment; resulting in a negative impact on the quality of the workforce and negative indicators for quality of care

Date Risk Created: 07/05/2021

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
		additionally as requested			
HCSW and Recruitment Cell weekly meeting with NHSEI (+ Direct support)	Not all staff groups covered at this stage	Recruitment and Retention group	NHSEI Performance Workforce Returns + Direct support		GREEN
TRAC system in place to manageALL recruitment	***users require additional training and support***	***Reports to Recruitment and Retention Assurance Group and People Committee***	***NHSEI and PWR reportingwhich triangulates and checks our data***	***ESR data quality poor***	AMBER
Nurse Recruitment group established to review attractioninitiatives	***Membership needs to be reviewed***	***Report to Recruitment andretention Group***	***PWR reporting and NHSEI governance for InternationalRecruitment***		GREEN

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
Improve workforce data quality ***Create a robust system that monitors vacancy rates*** ***.Cleanse data in ESR*** ***Agree simplified codes for recording job roles***	***Finance and Workforce developing improvement plan for vacancy rate data.Additional resource employed to ensure accuracy of ESR input*** ***Costs requested from Payroll for direct input of pay effecting changes*** -------- ***Workforce System lead and Finance working on a sustainable solution***	01/04/2022 Sarah Bawden

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES	**Strategic Objective:** Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0014	**Details:**	There is a risk that we fail to attract and retain staff due to competition, reputation issues and the healthcare context, and do not find ways to present a sufficiently attractive, flexible offer of employment; resulting in a negative impact on the quality of the workforce and negative indicators for quality of care
Date Risk Created: 07/05/2021		

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
● ***Review of transactional processes using established microsystem looking at onboarding and Day One Readyinitiative***	***Transactional process workshop October 2021. Input to People directorate review toalign transactional processes with directorate and provide greater line of sight***	31/03/2022 Sarah Bawden
● ***Training and further guidance for recruiting managers on TRAC***	***Costs for training being sought from TRAC***	31/03/2022 Sarah Bawden
● ***Recruit first cohorts of International Nurses (x20) by February2023 at the latest.***	***Recruited nurse recruitment lead Contracted with NHSP to recruit nursesInterviews planned for March OSCE training packages sources Paper to BPG 15.2 and costs approved Monthly meetings with NHSEI to review progress***	28/02/2023 Sarah Bawden
● ***Recruit to 2 Employability posts on behalf of the system by April2022.***	*Job descriptions confirmed and target recruitment / selection dates planned*	30/04/2022 Sarah Bawden
● ***Review Day one Ready TOR and report to relevant assurancegroups***		10/03/2022 Georgina Hanson

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES | **Strategic Objective:** Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0019 **Details:** There is a risk that our long-term view of workforce planning and/or management of change fails to ensure roles meet future service needs; resulting in a disjointed approach and a disengaged workforce (industrial relation issues, increased sickness absence and poor staff retention, poor staff and service user feedback including NHS staff survey results

Date Risk Created: 01/04/2021

Executive Lead: Director Of Human Resources
Risk Type: Workforce
Risk Appetite: Low

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

BAF Risk Review Date:
Last Review: 17/02/2022
Next Review: 19/03/2022

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
Workforce planning and transformation group monitoring delivery and reporting to People Committee	Workforce plan still in progress			Committee governance has been under review and although now agreed templates, action log and planner still to be fully implemented	AMBER
Annual Learning Needs Analysis undertaken to inform Trust Training Plan priorities for investment (dependent on agreement for centralised training budget to align with delivery needs and strategic aims - BPG 6 April 20210 Workforce Planning Group	New process needs study leave policy update to reflect changes	Centralised training budget agreed at BPG 6 April 2021			AMBER
Regular monitoring by People Committee of development of new	Not in place yet				AMBER

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES | **Strategic Objective:** Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0019 **Details:** There is a risk that our long-term view of workforce planning and/or management of change fails to ensure roles meet future service needs; resulting in a disjointed approach and a disengaged workforce (industrial relation issues, increased sickness absence and poor staff retention, poor staff and service user feedback including NHS staff survey results

Date Risk Created: 01/04/2021

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
roles to align roles with future organisational service need.					
Developing a career pathway for support workers - dependent on business case support for investment - agreed September 21, now moving to implementation phase	Business case still in development				AMBER
Ensure the apprenticeship levy is fully utilised and prioritised for new roles/progression pathways for existing staff and that we meet our public sector apprenticeship targets					AMBER

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
Implement performance report for workforce planning and transformation group - July 21	***Project proposal developed with Attain to provide support for the development of aworkforce planning framework and dashboard.***	31/03/2022 Karen Dickinson

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES	**Strategic Objective:** Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0019	**Details:**	There is a risk that our long-term view of workforce planning and/or management of change fails to ensure roles meet future service needs; resulting in a disjointed approach and a disengaged workforce (industrial relation issues, increased sickness absence and poor staff retention, poor staff and service user feedback including NHS staff survey results
Date Risk Created: 01/04/2021		

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
	Workforce Dashboard in development. ***meeting planned with SYBICS to gain support for developing a workforce planningframework***	
Progress on peer support worker expansion reported to Workforce Planning Group - September 2021- transformation bid submitted to SYB ICS for support on implementation and business case in development for a peer leadership role	***peer support worker lead (6 month project post) appointed to and will start on 28February 2022*** ---------- Business case submitted as part of 22/23 business planning round	31/03/2022 Caroline Greenough

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES | **Strategic Objective:** Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0020 **Details:** There is a risk that we fail to effectively develop and implement a new approach to strengthening leadership and improving the culture of our organization and/or align this with our organisational design resulting in low staff morale, poor service quality and poor staff and service user feedback

Date Risk Created: 01/04/2021

Executive Lead: Director Of Human Resources
Risk Type: Quality
Risk Appetite: Low

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

BAF Risk Review Date:
Last Review: 25/02/2022
Next Review: 27/03/2022

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
NHSi Culture and Leadership framework (CLP) to underpin the SHSC Leadership and Culture development programmes	Culture champions to be aligned with NHSi Culture and Leadership programme Mechanism needs to be in place to gather and consolidate (triangulate) all staff data and themes	Reporting to People Committee Staff Survey Steering Group established to increase engagement and reporting to People Committee	NHSi framework National and Regional People Plan	Pace in decision making Sufficient and right level of resource to deliver	AMBER
22/23 Refreshed People delivery plan (Organisation Development Framework)	***plan to be presented for final approval byBoard in March 2022***	**People Committee to receive refreshed deliverables in March 2022** **People Pulse staff survey**	***NHS National Staff survey - amalgamated benchmarking across sector*** ***NHS People Plan***		AMBER
Team SHSC: Developing as Leaders(Leadership Development Programme)	***Maximum capacity 30 per cohort. Firstcohort 28 and roll out will follow*** ***Lack of data to support identification ofeligible leaders***	***Transformation Portfolio Board oversees progress andreports monthly to the Finance and Performance Committee***	**Arden & GEM (Arden andGreater East Midlands Commissioning support unit) external provider**	***Roll out project plan***	GREEN
SHSC Leadership Meeting (MonthlyMS Teams Leaders call) for all	***self-identified participation.*** ***Lack of data to identify eligible leaders***	***Led by and Agendaapproved by CEO***	**National Staff Survey results2020 - Staff engagement**	***not aware of external benchmarking***	GREEN

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES	**Strategic Objective:** Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0020	**Details:**	There is a risk that we fail to effectively develop and implement a new approach to strengthening leadership and improving the culture of our organization and/or align this with our organisational design resulting in low staff morale, poor service quality and poor staff and service user feedback
Date Risk Created: 01/04/2021		

CONTROLS & MITIGATION		**ASSURANCES/EVIDENCE (how do we know we are making an impact)**			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
Leaders and Aspiring Leaders			***scores***	***Low engagement scores andlow completion rates***	

ACTION PLAN

Details	**Progress**	**Target Date / Responsibility Of:**
Develop a framework for Organisation Development	***Head of OD commenced 10th January 2022.*** ***Recruitment to OD and Leadership team has commenced*** ***Refreshed delivery plan proposes key elements of OD Framework : Leadership development, management Development, Team Development, Talent Development , Refreshed Values rollout, Just and Learning Culture and staff engagement. People Committee 8th March 2022*** -------- Appointed Head of Organisation Development and Leadership commences 10/1/22.	31/03/2022 Caroline Parry
Co design leadership development programme with Arden and GEM	***Co-Design group will track alongside Cohort delivery until July 2022 when group will reform to an internal delivery group. Evaluation of Co-design and other information in August to inform future group TOR*** -------- Co Design work continuing to January 2022	31/08/2022 Caroline Parry

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES	**Strategic Objective:** Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0020	**Details:**	There is a risk that we fail to effectively develop and implement a new approach to strengthening leadership and improving the culture of our organization and/or align this with our organisational design resulting in low staff morale, poor service quality and poor staff and service user feedback
Date Risk Created: 01/04/2021		

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
● ***Refreshed SHSC values to underpin cultural vision***	***Values were approved by Board in September 2021 and communicated via JARVISand discussed at Autumn away days. Staff side session held in January 2022.*** ***Implementation plan to be developed to embed refreshed values within core PeopleDirectorate functions. For example recruitment and PDR***	31/05/2022 Sarah Bawden
● ***OD Assurance Group first meeting 18th March 2022***	***Meeting set up for 18th March***	18/03/2022 Caroline Parry

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES | **Strategic Objective:** Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0021

Date Risk Created: 07/05/2021

Details: There is a risk that the reliance on legacy systems and technology leads to increasing network or system downtime and cyber security incidents;
caused by historic system issues requiring complex maintenance, inadequate system monitoring, testing and maintenance, cyber security weaknesses, further development of legacy systems and delays in the procurement and roll out of replacement systems;
resulting in patient safety and clinical effectiveness being compromised by a loss of access to key clinical and administration systems and data protection incidents

Executive Lead: Executive Director Of Finance

Risk Type: Quality

Risk Appetite: Low

Risk Rating:	Impact	Likelihood	Score
Residual Risk (with current controls):	4	4	16
Target Risk (after improved controls):	4	1	4

BAF Risk Review Date:
Last Review: 03/03/2022
Next Review: 02/04/2022

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
Governance controls in place via new EPR Programme Board which meets monthly	***None - comprehensive programme governance structure for implementation being put in place.***	Reporting into Programme Board with oversight by Trust Transformation Board	New EPR consultancy engaged to take us through implementation phase. ***Unified Tech Fund commits Trust to provide 'blueprints'(good practice for EPR functionality) as part of implementation.***	***None***	GREEN
Governance controls in place via Data and Information Governance Group (DIGG) which meets every 2 months		Reporting to Audit and Risk Committee	Annual Data Security Protection Toolkit (DSPT) audit	***Improvement plan in placefor DSPT audit***	AMBER

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES	**Strategic Objective:** Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0021

Date Risk Created: 07/05/2021

Details: There is a risk that the reliance on legacy systems and technology leads to increasing network or system downtime and cyber security incidents;
caused by historic system issues requiring complex maintenance, inadequate system monitoring, testing and maintenance, cyber security weaknesses, further development of legacy systems and delays in the procurement and roll out of replacement systems;
resulting in patient safety and clinical effectiveness being compromised by a loss of access to key clinical and administration systems and data protection incidents

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
Digital Strategy approved by TrustBoard on 24/11/2021 defines a plan and roadmap for improvedtechnology services and sustainability	***Assessment and plan for full resourcing andaffordability not currently in place***	***Digital Strategy Group - meets every 2 months and reports to FPC***	***None***	***None at this time***	AMBER
Board membership of EPR Programme includes 3rd party EPRsupplier, 3rd party deployment consultations, CCIO, CSO and Chairof ICS Digital Delivery Board.	***Focus to date has been on EPR Programme, but other digital change is also covered under this risk. Actions listed provide routeto expand the controls and further actions to make the required progress***	***Highlight reports at Transformation Board***	***None***	***None at this time***	AMBER

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
New governance group to be established. Systems Roadmap Group will make prioritisation decisions on new developments and build a roadmap including replacement of legacy systems that will not be superseded by the new EPR.	***Adhoc arrangements in place for discussions with clinical leads including the CCIO Improved visibility of work schedules in place with quarterly planning. A meeting t take place in March to review plans for the Q1 2022 (aligned to FY).***	31/03/2022 Andrew Male

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES	**Strategic Objective:** Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0021 **Date Risk Created:** 07/05/2021	**Details:**	There is a risk that the reliance on legacy systems and technology leads to increasing network or system downtime and cyber security incidents; caused by historic system issues requiring complex maintenance, inadequate system monitoring, testing and maintenance, cyber security weaknesses, further development of legacy systems and delays in the procurement and roll out of replacement systems; resulting in patient safety and clinical effectiveness being compromised by a loss of access to key clinical and administration systems and data protection incidents

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
	--------- ***Group not yet established due to lack of capacity. Some other mechanisms are inplace to provide some control.***	
Mandate and business case for increased staffing resource inIMST in progress	***Mandate submitted as part of annual planning process***	31/03/2022 Andrew Male

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES | **Strategic Objective:** Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0022 **Details:** There is a risk that we fail to deliver a break-even position in 2021/22; caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures; resulting in a threat to both our financial sustainability and delivery of our statutory financial duties

Date Risk Created: 07/05/2021

Executive Lead: Executive Director Of Finance
Risk Type: Statutory
Risk Appetite: Zero

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

BAF Risk Review Date:
Last Review: 01/12/2021
Next Review: 31/12/2021

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
Operational plan; financial planning, including CIP planning, processes and delivery monitoring Performance Framework	Sophisticated CIP planning process and identification of a full CIP plan	Monthly financial reporting to Team to Board Performance Framework meetings and recovery plans	NHS E&I Financial Review	Full CIP plan 100% recurrently identified Robust CIP processes	AMBER

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
2022/23 CIP plan including QEIA in place by end of Quarter 3 21/22	***Action delayed while Trust identifies 22-23 CIP requirements.***	30/03/2022 Matt White

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES | **Strategic Objective:** Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0026 **Details:** There is a risk that there is slippage or failure in projects comprising our transformation plans; caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity; resulting in service quality being compromised by the non-delivery of key strategic projects

Date Risk Created: 12/05/2021

Executive Lead: Director Of Special Projects (Strategy)
Risk Type: Quality
Risk Appetite: Low

Risk Rating:	Impact	Likelihood	Score
Residual Risk (with current controls):	3	3	9
Target Risk (after improved controls):	3	2	6

BAF Risk Review Date:
Last Review: 04/02/2022
Next Review: 06/03/2022

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
Members of the Executive Team as SRO's for all projects and programmes	To ensure skilled and experienced Project / Programme Managers in role for People Plan and CMHT project Portfolio risk and issue register and milestone plan to be embedded within the work and assurance activities of the Transformation Board Dependencies register to be redefined and implemented into work and assurance of Transformation Board Change control process to be implemented across all programmes to ensure changes to scope, quality and plans are visible and agreed at the appropriate level of authority Lack of formally assigning colleagues to programmes with acknowledgment of amount of time required to dedicate to the	Triangulation of information between Back to Good programme and Transformation Portfolio via PMO Reporting from programmes to relevant committee's and Transformation Board to Finance and Performance Committee Programme highlight reports	***Significant Assurance rating received from 360 Assurance to the Audit and Risk committee in January 2022 for Transformation Board and PMO.*** Some programmes have external assurance mechanisms, as follows Adult Forensic New Care Models via (tbc) Primary and Community Mental Health via (tbc)	Some programmes have external assurance mechanisms ***Resource issues***	AMBER

BOARD ASSURANCE FRAMEWORK 2021/2022

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Date Risk Created: 12/05/2021

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
	programme				
Transformation Board in place to provide read across between programmes (including Back to Good Board) and operational areas, manage dependencies and provide guidance and support	***Dependencies register to be embedded into every day use***	***Reporting takes place via PMO. The SRO / Chair of the Back to Good Programme Board is a member of the Transformation Board***	***NHSE/I representation onthe Transformation Board and Back to Good Programme Board***		GREEN
Programme / Project Boards in place	***People Plan does not have a ProgrammeBoard. It reports to People Committee***	**Programme and Project Boards are in place. Activityto standardise the Terms of Reference and agendas. Highlight reports already standardised**	***EPR - External representative on Programme Board to adviseon procurement Primary and Community Mental Health Transformation Programme - Representation from Primary Care and external organisations***		GREEN

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES	**Strategic Objective:** Transformation: Changing Things That Will Make A Difference				
Reporting structures in place from Programme Manager to Programme Board, through to Transformation Board and Finance	***None***	***Evidence stored on SharePoint of highlight reports to Transformation Board, meeting minutes***,			GREEN

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

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Date Risk Created: 12/05/2021

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
and Performance Committee		***report to Finance and Performance Committee***			
Standardised highlight reports produced which include milestone plans, financial information and roles and responsibilities	***None***	***Highlight reports in place and stored on SharePoint going back to January 2021***			GREEN
Developing maturity of PMO to support check and challenge of reporting	***Lack of resource within PMO to completefully***	***Business case approved torecruit to team to fulfil action***			AMBER
External specialist resource is beingbrought in where appropriate to provide necessary skills, knowledgeand capacity	***CMHT Programme Manager / Project Leadposition.***	***Job description beingreviewed by People Directorate prior to advertising***			AMBER
Key project documentationtemplates in place	**Suite of templates in place but not effectively rolled out across the Transformation Portfolio due to when theprogrammes were started.**	***Suite of templates available.All new projects and programmes use new templates***			AMBER
Portfolio risk and issue register andmilestone plan in place	**Risk and issue register for portfolio is not kept up to date. The individual risks are recorded and managed and highlighted to the Transformation Board and Finance and**				AMBER

BOARD ASSURANCE FRAMEWORK 2021/2022

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Date Risk Created: 12/05/2021

CONTROLS & MITIGATION		**ASSURANCES/EVIDENCE (how do we know we are making an impact)**			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
	Performance Committee. Activity to takeplace to bring this up to date				
Community of Practice in place toshare knowledge and experiencesbetween the Transformation Programme / Project Managers	***Attendance at meetings***	***Evidence of monthly meetings***			AMBER

ACTION PLAN

Details	**Progress**	**Target Date / Responsibility Of:**
Review the capacity of the project team managers (SROs)	***All Transformation Projects and Programmes have Project / Programme Managers assigned with the exception of the Clinical and Social Care Strategy Implementation.This is being covered by PMO currently. A Programme Manager has been appointed and will start in post on 19 April 2022*** -------- ***The capacity of the project managers are being reviewed on an ongoing basis. Extra resource/ specialist support has been brought in when required. For example, Apia to work on EPR, health Planner to work on Therapeutic environments***	01/05/2022 Zoe Sibeko
The FPC ToR should be revised include responsibilities of thecommittee for:		31/05/2022 Susan Rudd

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

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Date Risk Created: 12/05/2021		

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
Receiving reports from Transformation Board Delivery and oversight of the transformation programme (although it does reference the Digital Transformation Strategy).		
Create a standard induction and on-boarding process for new programme managers, to include drawing their attention to theTransformation Programme Roles and Responsibilities document.		31/03/2022 Zoe Sibeko
Improve project / programme document managementincluding: expectations for maintenance and storage of project andprogramme documentation that is considered core (both operationally and strategically). This should include whichdocuments should be stored where, version control arrangements. operational responsibility for programme staff formaintaining and storing documents.		31/05/2022 Zoe Sibeko
The milestone charts in (appendices of the) FPC and Board Transformation Portfolio Reports to incorporate indicators toshow where programmes are not progressing to planned timescales.		31/03/2022 Zoe Sibeko

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

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Risk Ref: BAF.0026 **Date Risk Created:** 12/05/2021	**Details:**	There is a risk that there is slippage or failure in projects comprising our transformation plans; caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity; resulting in service quality being compromised by the non-delivery of key strategic projects

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
Programme Board ToRs are to be reviewed against the newstandard and revised where necessary to include all required elements, including: **Date of ToR review and approval, and due date for review** **Updated lines of reporting, including to Transformation Board** **Updated membership list** **Membership attendance requirements** **Quoracy requirements.**		29/04/2022 Zoe Sibeko
Complete the roll-out of common core agenda elements to allprogramme boards.		29/04/2022 Zoe Sibeko

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES | **Strategic Objective:** Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0027 **Details:** There is a risk that engagement with systems partners is ineffective or lacking; caused by weaknesses in partnership relationships or supporting governance arrangements; resulting in a poorer quality of services, missed opportunities and potential costs

Date Risk Created: 19/11/2021

Executive Lead:	Director of Strategy
Risk Type:	Business
Risk Appetite:	Low

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

BAF Risk Review Date:
Last Review: 14/03/2022
Next Review: 13/04/2022

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
Trust Board members engaged with and part of system-wide governance, delivery and partnership boards at system and place level. ***We have mapped out the externalmeetings already attended by Executive Directors. As part of the strategic priorities, there is partnership working with Sheffield PLACE, Provider Alliance, SYICS and the University.***	Not yet fully completed mapping of the engagement of Trust Board members across ACP, ICS, Alliance and external forums to identify gaps ***Need to determine if there are further system-wide partnership forums that theTrust should be equally engaging with tosupport delivery of plans. System governance infrastructure is also going through a period of transition.***	***CEO briefing and report to Board provides an overview of system and system governance developments. All reports to Committees and Board are prompted to consider the partnership implications arising from thereport.*** ***Regular meetings with Sheffield LA, PLACE, ICS and Provider Alliance***	***Future review from CQC and NHSE/I will seek views from system partners*** ***Link into Outcomes group in PLACE***	***Future reviews will not befrequent. Orientation of enquiry from CQC will be whether this is being completed No systematic way of checking reports - not all reports include sufficient consideration of partnership working.***	AMBER

BOARD ASSURANCE FRAMEWORK 2021/2022

Sheffield Health and Social Care NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES	**Strategic Objective:** Transformation: Changing Things That Will Make A Difference					
Programme in place to review and update core strategies by March 2022. ***Each strategy will develop and agree a programme of work to implement each strategy.*** ***There will be an agreed reporting***	***Agreed time line for development and delivery of the strategies to come to Boardby March 2022, and triangulate that with the Board forward plan.*** ***Completion due March 2022.*** ***Strategies and associated implementation work plans are not yet in place.***					AMBER

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Date Risk Created: 19/11/2021

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Controls	**Gaps in Control**	**Internal Assurance**	**External Assurance**	**Negative Assurance OR Gaps in Assurance**	**Assurance Rating**
cycle to report progress to each ofthe responsible committees.					
Stakeholder analysis matrix and engagement plan will form part of each strategy ***implementation plan.***	Still under development for the new strategies not yet submitted to Board. ***Varying views and understanding regarding what an effective stakeholder analysis lookslike.***			***Implementation plans yetto be finalised for each strategy therefore stakeholder analyses andengagement plans are yetto be completed***	AMBER
Transformation Board oversees delivery of strategic transformation priorities and reviews effectiveness and outcomes from system engagement and impact on programmes ***Monthly highlight reports formeach strategic transformation programme***.	Identifying the explicit interaction with the ACP and the new ICS governance and strategy. ***There is no clear governance forum withinthe Trust that has an overarching responsibility to undertake an analysis ofstrategic partnerships***	Project Initiation Document (PID) setting out the engagement arrangements.	***Significant assurance received from Internal auditof transformation programme.***		AMBER

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
Standardised implementation plans for Trust strategies and		30/06/2022 Jason Rowlands

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Date Risk Created: 19/11/2021

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
operational plan to actively consider and identify how partnership working will support delivery of the objective.		
Implementation workplans for each strategy to be finalised andreported to the responsible committee by Quarter one.		30/06/2022 Jason Rowlands
Finalise standardised, recommended approach to undertakingstakeholder analysis by end April 2022		30/04/2022 Jason Rowlands
Transformation Board to consider the most effective way to progress a strategic appraisal of ongoing partner relationships.		30/06/2022 Jason Rowlands