

## Board of Directors - Public

### SUMMARY REPORT

Meeting Date: 24 May 2023

Agenda Item: 22

<b>Report Title:</b>	<b>Board Assurance Framework (BAF)</b>	
<b>Author(s):</b>	Amber Wild, Head of Corporate Assurance and Deborah Lawrenson, Director of Corporate Governance	
<b>Accountable Director:</b>	Deborah Lawrenson, Director of Corporate Governance	
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	The full BAF for 2022-23 was received at the March Board and the draft BAF for 2023-24 was received at the Audit and Risk Committee in April. Extracts have been received and reviewed by the overseeing Board sub committees in April and May 2023.
	<b>Date:</b>	Audit and Risk Committee 18 April 2023 Quality Assurance Committee Finance and Performance Committee People Committee
<b>Key Points recommendations to or previously agreed at:</b>	The Board Assurance Framework (BAF) risks were presented at People, Quality Assurance and Finance and Performance Committees at their meetings in April and May and the updates provided here reflect latest changes.	

### Summary of key points in report

The Board Assurance Framework (BAF) strategic risks have been updated to reflect changes since the Board last received it and latest changes are presented in blue text. Work has taken place to ensure all actions have dates and owners identified with only a small number remaining to be finalised. Work has also taken place to identify trajectories towards target risk scores for each BAF risk. The latest updates are presented in blue text and strike through text. Following the meeting changes will be accepted for discussion of the clean updated BAF for 2023/24 in detail at the Board development session in June.

The Mental Health Legislation Committee does not currently oversee any of the strategic BAF risks. A discussion will take place at the next MHLC on the mental health legislation risk register. Discussion will take place on whether any of these should be escalated onto the Corporate Risk Register or BAF.

The updated detailed BAF risks are provided at **appendix 1**.

A summary of changes to the BAF risks overseen by People committee is outlined below:

## PEOPLE COMMITTEE OVERSIGHT

### BAF.0013

**AIM 3:** Effective use of resources

**STRATEGIC PRIORITY:** Transformation: Changing things that will make a difference

Exec Lead: Executive Director of People

**Risk appetite:** LOW

**Risk movement since last reviewed at committee:** 

**DETAILS:** There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing and delivery of services, leading to ineffective interventions; caused by failure to engage with staff in a meaningful way around concerns raised in the staff and pulse surveys as well as through engagement with, and demonstration of the values; and failure to implement demonstrable changes resulting in low scores on the staff survey (low morale), high sickness absence levels and negative indicators for quality of care.

#### Summary update

- The current risk score remains 3 x 4 = 12
- Action owners and target dates agreed for all actions.
- Milestones to support reaching target score:
  - Staff side Recognition agreement – September 2023
  - Establish core requirements for all management/leadership roles – December 2023
  - Absence reduction plan implementation – Commencing April 2023
  - Menopause accreditation achievement – by the end of March 2024
  - Dedicated Wellbeing champion roles in place – June 2023
  - Structure for support to manage wellbeing improved and in place September 2023
  - New Health and Wellbeing guardian in place – April 23

**The Board are asked to note updates provided.**

### BAF. 0014

**AIM 2:** CREATE A GREAT PLACE TO WORK

**STRATEGIC PRIORITY:** Transformation – Changing things that will make a difference

Exec Lead: Executive Director People

**Risk appetite:** MODERATE

**Risk movement since last reviewed at committee:** 

**DETAILS:** There is a risk of failure to undertake effective workforce planning to support recruiting, attracting and retaining staff to meet current and future needs caused by ineffective workforce planning, insufficiently attractive flexible working offer, competition, limited availability through international recruitment, reluctance of staff to remain in the NHS post Covid19, any national ICS requirements resulting in a negative impact on delivery of our strategic and operational objectives and provision of high-quality safe care.

#### Summary update

- Action owners and target dates agreed for all actions.
- Work is ongoing to ensure all actions have dates identified.
- Current score proposed to move score from 4 x 4 = 16 to 4x 3 = 12 due to progress made particularly around workforce data and reporting, links with ICS, improvements with KPI's supported by a strengthened workforce team, This movement is supported by the People Committee.
- We are currently expected to reach target score by the end of the financial year

- One of the corporate risks impacting on this strategic risk around the apprenticeship levy is being reviewed to reflect a new business appropriate focus
- Milestones to support reaching the target score:
  - Workforce Dashboard implementation from April 2023. (Full roll out by June 23)
  - Diversity data as standard on people reports
  - Service-led 3-year workforce plan in place – August 2023
  - New role development integrated into workforce planning – August 2023
  - SHSC recruitment plan – October 2023
  - Deliver recruitment process improvement plan – July 2023
  - Review of local review and benefits offer – December 2023

**The Board are asked to note updates and agree the proposed change to current score.**

## **BAF. 0020**

### **AIM 2: CREATE A GREAT PLACE TO WORK**

**STRATEGIC PRIORITY:** Transformation – Changing things that will make a difference

**Exec Lead:** Executive Director of People

**Risk Appetite:** MODERATE

**Risk Movement since last discussed at committee:** ↔

**DETAILS:** There is a risk of failure to enable a paradigm shift in our culture through delivery of the overarching cultural change programme, caused by a lack of engagement in the wide range of leadership activity and opportunities for development provided, inability to adapt and engage to enable organisational change, resulting in failure to improve the culture of the organisation, ineffective leadership development, application of learning, engagement with our values, emergence of closed subcultures and low staff morale which in turn impacts negatively on service quality and service user feedback.

### **Summary update**

- The Head of Leadership and OD has reviewed and edited the detail under this risk to reflect current practice.
- Current risk score remains 4 x 3 = 12
- Milestones to support reaching target score:
  - Values into behaviours consultation and launch of outcomes – April to December 2023
  - Expectations of SHSC Managers and Leaders – consultation on expectations of managers and leaders will be part of our values into behaviours consultation. Outcomes will define our leadership and management development offers – April to December 2023
  - SHSC Manager Development offer – new offer defined and launched - February 2024.

**The Board are asked to note updates provided.**

A summary of changes to the BAF risks overseen by Quality Assurance Committee is outlined below:

## **QUALITY ASSURANCE COMMITTEE OVERSIGHT**

### **BAF.0023**

**AIM 1:** Deliver outstanding care

**STRATEGIC PRIORITY:** Recover services and improve efficiency & Continuous Quality Improvement

**Exec Lead:** Salli Midgley (Executive Director of Nursing and Professions)

**Risk appetite:** MODERATE

**Risk movement since last reviewed at committee:** ↓

**DETAILS:** There is a risk that service users and staff are exposed to an avoidable spread of infectious diseases caused by a failure to consistently maintain appropriate Infection Prevention Control

arrangements and safe working practices.

### **Summary update**

- The risk rating is proposed to change as the impact is proposed to reduce to  $3 \times 3 = 9$  meeting our target risk as improved controls are in place. This movement is supported by the Quality Assurance Committee.
- The command structure and reporting for the management of infectious diseases is in place and responds effectively to outbreaks with advice from IPC professionals.
- Testing and management advice is utilised in conjunction with STH and national policy where available.
- Whilst vaccine programmes for staff remain in place for Flu and potentially for COVID-19, resource is allocated to providing a staff vaccine service with reporting direct to Committee and Board on uptake.
- Covid-19 mandated testing and isolation periods have been reduced as the disease is aligned to all other respiratory disease management and control in the NHS. Staff absence is managed through operational controls within business as usual.

The milestones to achieving the target score have been agreed:

- 75% of staff vaccination uptake needs to be achieved – *whilst the target has not been achieved in full SHSC has benchmarked positively with the system.*
- 2023-24 vaccination campaign – SHSC is in *the process of planning for the vaccination programme and currently it is unclear if it will be just flu or will again include COVID*

**The Board are asked to note updates and agree the proposed change to current score.**

### **BAF.0024**

**AIM 1:** Deliver outstanding care

**STRATEGIC PRIORITY:** Recover services and improve efficiency and Continuous Quality Improvement

**Exec Lead:** Salli Midgley (Executive Director of Nursing and Professions) and Mike Hunter (Medical Director)

**Risk appetite:** LOW

**Risk movement since last reviewed at committee:** 

**DETAILS:** There is a risk of failure to anticipate issues with, and achieve, maintain and evidence compliance with fundamental standards of care, caused by capacity and capability issues, cultural challenges, high use of agency and vacancy in some teams, use of out of area placements, lead in time for major estate changes, resulting in avoidable harm or negative impact on service user outcomes and experience, staff wellbeing, reputation, future sustainability of particular services which could result in regulatory action.

### **Summary update**

- Back to Good – 10 improvement actions are currently in exception
- No proposed change to risk scores and remain  $4 \times 3 = 12$
- Actions have been updated and where closed moved to controls and assurances as appropriate.
- Items that are no longer relevant have strike throughs and have been removed following approval at QAC and Board in March 2023.

The milestones to achieving the target score have been agreed:

- To achieve the recruitment/turnover rate of 10%.
- Completion of the Ligature Anchor Point programme
- Completion of the Back to Good programme

**The Board are asked to note the updates provided.**

### **BAF.0025A**

**AIM 1:** Deliver outstanding care

**STRATEGIC PRIORITY:** Continuous Quality Improvement and Transformation - Changing things that will

make a difference

**Exec Lead:** Salli Midgley (Executive Director of Nursing and Professions) and Neil Robertson (Director of Operations and Transformation)

**Risk appetite:** LOW

**Risk movement since last reviewed at committee:** ↔

**DETAILS:** There is a risk to patient safety caused by the delays to deliver of failure to effectively deliver essential environmental improvements for the including the reduction of ligature anchor points / improvements in therapeutic space in inpatient settings at the required pace

#### Summary update

- Risk appetite for LAP confirmed by the Board – LOW
- Actions have been updated and where closed moved to controls and assurances as appropriate.
- It is proposed that there are no changes to the score and it remains  $4 \times 4 = 16$
- Items that are no longer relevant have strike throughs have been removed following approval at QAC and Board in March 2023

The milestones to achieving the target score have been agreed:

- Completion of phase 3 Ligature Anchor Point works
- New clinical risk assessment tool in place with 80% compliance
- Robust assurance of monitoring of the clinical risk assessment tool.
- Meeting of trust recruitment/ turnover rate of 10%

**The Board are asked to note updates provided.**

#### BAF.0025B

**AIM 1:** Deliver outstanding Care

**STRATEGIC PRIORITY:** Continuous Quality Improvement and Transformation - Changing things that will make a difference

**Exec Lead:** Neil Robertson (Director of Operations and Transformation)

**Risk appetite:** MEDIUM

**Risk movement since last reviewed at committee:** ↔

**DETAILS:** There is a risk of failure to deliver the therapeutics environment programme at the required pace caused by difficulty in accessing capital funds required, the revenue requirements of the programme, supply chain issues (people and materials), and capacity of skills staff to deliver works to timeframe required resulting in more restrictive care and a poor staff and service user experience and unacceptable service user safety risks.

#### Summary update:

- The current score  $4 \times 4 = 16$  is unchanged.
- Risk appetite for Therapeutic Environments was agreed as MEDIUM/Moderate by the Board
- Actions have been updated and where closed moved to controls and assurances as appropriate.

Milestones to achieving the target score are:

- 136 Build - August 2023 – slippage to September 2023
- Stanage refurbishment – August 2023
- Maple Ward relocation to Michael Carlise Centre – October 2023
- Maple Completion – March 2024
- Dovedale 1 feasibility and design – December 2023
- Dovedale 1 estate work – January 2023
- Completion – June 2024. – likely October 24 for Dovedale 1

**The Board are asked to note updates provided.**

#### BAF: 0029

**AIM 1:** Deliver outstanding care

**STRATEGIC PRIORITY:** Recover services and improve efficiency and Transformation: Changing things that will make a difference

**Exec Lead:** Neil Robertson (Executive Director of Operations) and Salli Midgley (Executive Director of Nursing and Professions)

**Risk appetite:** LOW

**Risk movement since last reviewed at committee:** ↔

**DETAILS:** There is a risk of a delay in people accessing the right community care at the right time caused by issues with models of care, contractual issues and the impact of practice changes during Covid resulting in poor experience of care and potential harm to service users

### Summary update

- No proposed change to risk scores and remains 4 x 4 –16

Milestones to achieving target score:

- Investments to support waiting list reduction will be agreed as part of the ICB planning round in Quarter 1 23/24
- Gender service investment to be negotiated by end of Quarter 1 23/24
- Phase one of community recovery team transformation to begin August 23 and phase 2 in Q4 23/24
- Phase 3 of primary care community mental health, which forms part of reconfiguration of SPA and EWS is expected to be deliver in October 23 – slippage December 2023

**The Board are asked to note the updates provided.**

A summary of changes to the BAF risks overseen by Finance and Performance Committee is outlined below:

## **FINANCE AND PERFORMANCE COMMITTEE OVERSIGHT**

### BAF.0021A

**AIM 3:** Effective Use of Resources

**STRATEGIC PRIORITY:** Transformation: Changing things that will make a difference

**Exec Lead:** Phillip Easthope

**Risk appetite:** MODERATE

**Risk movement since last discussed at committee -** ↔

**DETAILS:** There is a risk of failure to ensure digital systems are in place to meet current and future business needs by failing to effectively address inadequate legacy systems and technology caused by complex historic system issues requiring on-going maintenance, inadequate system monitoring, testing and maintenance, delays in procurement and roll out of new systems resulting in negative impact on patient safety and clinical effectiveness due to loss of access to key systems and processes

### Summary update

- There is some slippage in EPR rollout, and a revised programme is in development
- Updates made to controls, assurances, gaps and actions
- There remain no changes proposed to the residual which remains 4 x 3 = 12 or target risk scores at this time pending this further work
- As noted previously sources of assurance and actions are unlikely to change until Q2 2022/23 on the full retirement of insight
- Milestones for moving to the target score:

- Full retirement of Insight has moved from the end of Q2 to end November 2023 transitioning to business as usual (phased roll out from June 2023)

**The Board are asked to note updates provided**

**BAF.0022**

**AIM3:** Effective Use of Resources

**STRATEGIC PRIORITY:** Recover Services and Improve Efficiency and Transformation: Changing things that will make a difference

**Exec Lead:** Phillip Easthope (Executive Director of Finance)

**Risk appetite:** LOW

**Risk movement since last discussed at committee -** ↔

**DETAILS:** There is a risk that we fail to deliver the break-even position agreed for 2022/23 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.

**Summary update**

- No changes proposed to scoring at this time remaining as  $5 \times 3 = 15$  - but the risk will be kept under close review noting it is possible if the position worsens that the residual risk score will rise, given there is increasing risk in respect of delivery of the Cost Improvement Plans which are not as progressed as they need to be and therefore progress status has moved to 'some slippage'
- Updates made to controls, assurances, gaps and actions
- Board discussion on statutory /financial risk to break even and variability to sustainability - will take place as part of discussion on the BAF at the June board workshop/dev session
- Detailed discussion on CIP taken through FPC and Board in April
- Financial plans not yet approved through system, will resubmit in May to agree target – Board will receive in confidential session
- Updates provided on actions and additional assurances included.

Initial milestones to achieving the target score are:

- Agreeing a revised financial plan with CIP targets in March 2023 - Revised financial plan due for receipt at May 2023 confidential Board
- Scope out and review CIP schemes and identify the opportunity for CIP e.g .overhead benchmarking, organisational structure, capacity and demand – by the end of April 2023. Achieved

**The Board are asked to note updates provided.**

**BAF.0026**

**AIM 3:** Effective Use of Resources

**STRATEGIC PRIORITY:** Transformation: Changing things that will make a difference

**Exec Lead:** Pat Keeling

**Risk appetite:** LOW

**Risk movement since last discussed at committee:** ↔

**DETAILS:** There is a risk of 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 to deliver within the timeframes agreed or availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects.

**Summary update**

- Owners of actions and timeframes identified. For those remaining this is indicated.
- Updates made to controls, assurances, gaps and actions
- Score has remained unchanged at  $4 \times 4 = 16$  because of the likelihood of delays and the impact on

CIP.

- Milestones to target score:
  - Therapeutic Environments – will impact on OOA and CIP delivery – Mid April 2024 Maple should be re-opening at this point and so contracted out of area will cease.
  - EPR —moved from mid-June to November 2023
  - Community Facilities – no definite date identified yet. Planned to move by the end of August 2023.

**The Board are asked to note updates provided.**

**BAF: 0027**

**AIM 3:** Effective Use of Resources

**STRATEGIC PRIORITY:** Transformation: Changing things that will make a difference

**Exec Lead:** Pat Keeling

**Risk appetite:** MODERATE

**Risk movement since last discussed at committee - ↔**

**DETAILS:** There is a risk of failure to engage effectively with system partners as new system arrangements are developed caused by non-participation in partnership forums, capacity issues (focus on Trust), difficulty in meeting increased requirement to provide evidence/data potentially at pace and volume, lack of clarity around governance and decision making arrangements resulting in poorer quality of services, missed opportunities to participate or lead on elements of system change and potential increase in costs

**Summary update**

- Score to remain 4 x 3 = 12
- Updates made to controls, assurances, gaps and actions
- Milestones to target score:
  - Work on shared priorities and the ICB forward plan – for submission for final version March 2023 received at March board
- Note – as previously reported additional BAF risks will need to be added to reflect system BAF risks when developed and we will in turn have to escalated Risk to those BAFs where appropriate- The Corporate Governance leads have met to have initial discussion on development of a system BAF – expecting to receive draft BAFs coming through processes across the Summer of 2023.
- We may now start to see changes following establishment of the Integrated Care Board (ICB) on 1 July 2022. There is national guidance on how ICB and ICP will develop their strategies and plans by May 2023. The ICP strategy has been received and was launched at end of March 2023. The ICB 5 year forward plan is nearing completion – target date May 2023.
- Action closed and moved to internal assurance around 5 year plan
- Sheffield Health and Care Partnership regularly attended by Chair and CEO and other Executives linking into appropriate delivery groups.
- SHSC CEO is the current executive lead for the MHLDA Collaborative.

**The Board are asked to note the updates provided.**

A summary of changes to the BAF risks overseen by Audit and Risk Committee is outlined below:

**AUDIT AND RISK COMMITTEE OVERSIGHT**

**BAF.0021B**

**AIM 3:** Effective Use of Resources

**STRATEGIC PRIORITY:** Transformation: Changing things that will make a difference

**Exec Lead:** Phillip Easthope

**Risk appetite:** Low

**Risk movement since last discussed at committee - ↔**

**DETAILS:** There is a risk that adequate arrangements are not in place to sufficiently mitigate increased cyber security and data protection incidents. This has been compounded by low Information Governance mandatory training levels across the Trust, unawareness of Phishing attacks as well as legacy core systems that may not meet current security standards and so remain vulnerable to cyber-attack. An attack may compromise or disable key systems and prevent their operation until we either have confirmation that is safe to do so following the application of software security patches or alternatively the system in its entirety is no longer deemed fit for purpose and removed from active service.

**Summary update**

- No change to scoring at this time and it remains 4 x 3 =12.
- Updates made to controls, assurances, gaps and actions
- Sources of assurance and actions are unlikely to change until Q2/Q3 2022/23 on the retirement of Insight
- Milestones to achieving the target score:
- DSTP compliance aligned with all DTSP work – June 2023
- Progress to be expected to be seen from March 2023.

**The Board are asked to note updates provided.**

**AIM 4 - ENSURE SERVICES ARE INCLUSIVE**

**STRATEGIC PRIORITY:** Transformation: Changing things that will make a difference and Partnership Working (PLACE (equality) addressing deprivation, Provider Alliance (forensic and specialist services) ICS and University (improving outcome measures)

**RISK REF: No specific risks identified at this time - cross References to risks which cover inclusivity and the ones relevant to this committee are highlighted below:**

- Aim 1 - Deliver Outstanding care BAF risks 0023, 0024, 0025a and 0025b, 0029
- Aim 2 - Create Great Place to Work BAF risks 0013,0014,0020
- Aim 3 - Effective Use of Resources BAF risks 0027

**Recommendation for the Board/Committee to consider:**

Consider for Action	Approval	X	Assurance	X	Information
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The Board is asked to receive and approve the updated Board Assurance Framework (BAF) and any specific amendments noted - following discussions at the board sub committees.

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

	Yes	X	No
Recover services and improve efficiency	Yes	X	No
Continuous Quality 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**

Is this report relevant to compliance with any key standards ?	Yes	X	No	State specific standard
Care Quality Commission Fundamental Standards	Yes	X	No	<p>“Systems and processes must be established to ensure compliance with the fundamental standards”</p> <p>“Systems and processes must be established to ensure compliance with the fundamental standards”</p>

					See individual BAF risks for detail.
Data Security and Protection Governance Toolkit	Yes	X	No		
Any other specific standard	Yes	X	No		
<b>Have these areas been considered ? YES/NO</b>					<b>If Yes, what are the implications or the impact? If no, please explain why</b>
Service User and Carer Safety and Experience	Yes	X	No		Specific detail is covered within the BAF risks
Financial (revenue & capital)	Yes	X	No		
Organisational Development/Workforce	Yes	X	No		
Equality, Diversity & Inclusion	Yes	X	No		
Legal	Yes	X	No		
Environmental Sustainability	Yes	X	No		

# Board Assurance Framework

## Section 1: Analysis and supporting detail

### BAF summary

- 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. A snapshot of the current BAF is provided in the cover paper.
- 1.2 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.
- 1.3 Work is underway by Executive leads to look at the BAF alongside corporate risks to support updating of these.
- 1.4 When discussing BAF risks the committees and the Board of Directors are asked to consider their BAF risk scores alongside the other sources of information presented to support considering if any further movement is required.
- 1.5 The Board of Directors will be reviewing the 2023/24 BAF at the development session in June alongside reviewing risk appetite which was last reviewed in August 2022.
- 1.6 System BAFs are under development and where required will be reflected in the SHSC BAF later in the year.

## 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 All apply

### Equalities, diversity and inclusion

4.2 See People Committee BAF risks

### Culture and People

4.3 See People Committee BAF risks

### Integration and system thinking

4.4 See Finance and Performance Committee BAF risks

### Financial

4.5 See Finance and Performance Committee BAF risks

### Compliance - Legal/Regulatory

4.6 See Quality Assurance Committee and Finance and Performance Committee BAF risks

### Environmental Sustainability

4.7 See Finance and Performance Committee BAF risks

## Section 5: List of Appendices – These are available on the Board member IBABs portal and otherwise on request

**Appendix 1** Amalgamated BAF as at May 2023