

# Board of Directors - Public

## SUMMARY REPORT

**Meeting Date:** 27 March 2024

**Agenda Item:** 27

<b>Report Title:</b>	<b>Board Assurance Framework 2023/24</b>	
<b>Author(s):</b>	Amber Wild, Head of Corporate Assurance and Deborah Lawrenson, Director of Corporate Governance with input from Executive leads.	
<b>Accountable Director:</b>	Deborah Lawrenson, Director of Corporate Governance	
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	Executive Management Team (EMT) Board Assurance Committees Board of Directors
	<b>Date:</b>	Quality Assurance Committee (14 February 2024 and 13 March 2024)  Finance and Performance Committee (15 February 2024 and 14 March 2024)  People Committee (12 March 2024)  Executive Management Team (7 March 2024)
<b>Key Points recommendations to or previously agreed at:</b>	<p>The latest changes to the full BAF document are presented in blue text or strikethrough following feedback from EMT members and updates provided through review by the Director of Corporate Governance and the Executive leads for BAF risks in advance of receipt at the Board Assurance Committees.</p> <p>The Board will discuss the draft BAF for 2024/25 at the April Board Development Session following discussion at EMT. Changes have not been made to risk descriptors at this stage as the 2023/24 BAF will be closed down at the March Board.</p>	

### Summary of key points in report

The BAF was received at Board Assurance Committees in February and March 2024. Progress has been made across the year in strengthening identification of gaps, actions, owners, controls and assurances and in developing milestones for regular review. This report provides an update on the latest position including completed milestones and those still in train or which have slipped.

As noted to Board in January the Audit and Risk Committee have asked that in developing the new BAF that further consideration take place as to whether the risks, gaps and actions are sufficiently strategic in focus or if they are sufficiently covered through the Corporate Risk Register; and that consideration be given to reflection around Health Inequalities and Artificial Intelligence. The committee asked that we ensure actions

are sufficiently SMART to address a strategic risk as some may be perceived as being overtly operational.

BAF extracts at high level are attached at **appendices 1 and 2**. There has been no movement on the scores of the BAF risks as a result of discussion at the Board Assurance since the BAF was last received at the Board of Directors. The summary provides detail on reviews which have taken place on gaps, actions and assurances and progress made where applicable on milestones to reaching target scores. Actions have owners and target dates assigned to them.

In discussion at Finance and Performance Committee in March on BAF risk 0022 relating to the risk that we fail to deliver the break-even position this risk retains a current risk score of 4x4 =16. The committee requested further assurance that the financial plan is on track to break even and to consider a revised score following review of the Finance Report for months 11 & 12. This will be reflected in the BAF for 2024/25.

No other specific issues are drawn to the attention of the Board following Board Assurance Committee reviews.

Material to support discussion on planning for the 2204/25 BAF was shared with Board members in February in advance of detailed discussion now planned to take place at the strategy session in April. **Board members are asked to provide any interim feedback to support preparation for that discussion.**

### Appendices

Appendix 1 – Summary BAF risks split by Risks to delivery of Strategic Aims.

Appendix 2 – Full BAF shared with the Board of Directors via IBABs and Google drive and available on request.

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

Consider for Action	Approval	X	Assurance	X	Information
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The Board of Directors is asked to receive for **assurance** updates provided on reviews which have taken place on gaps, actions and assurances and to approve the closure of the BAF for 2023/24 in advance of development of the BAF for 2024/25. Where appropriate risks will be re-calibrated and carried forward.

The Board of Directors are asked to provide feedback to the Director of Corporate Governance in advance of the planned discussion in April to support development of the outline revised BAF for 2024/25.

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

	Yes	X	No
Effective Use of Resources	Yes	X	No
Deliver Outstanding Care	Yes	X	No
Great Place to Work	Yes	X	No
Ensuring our services are inclusive	Yes	X	No

### Is this report relevant to compliance with any key standards ? State specific standard

	Yes	X	No	X	
Care Quality Commission Fundamental Standards	Yes	X	No		Potentially in relation to risks overseen at QAC in relation to fundamental standards of care.
Data Security and Protection Toolkit	Yes	X	No		Potentially in relation to risks overseen at FPC in terms of digital capability and cross referral from People Committee
Any other specific standard	Yes		No	X	

### Have these areas been considered ? YES/NO







If Yes, what are the implications or the impact?  
If no, please explain why

	Yes	X	No	
Service User and Carer Safety, Engagement and Experience	Yes	X	No	Specific detail is covered within the BAF
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		

## Appendix 1 at a glance overarching summary BAF risks split by Risks to delivery of Strategic Aims as at March 2024

Key to scores:  
 c - consequence  
 l – likelihood  
 t – total

<b>BAF risks to delivery of Strategic Aim – Deliver Outstanding Care</b>	
<p><b>BAF risk - 0025a</b> - There is a risk to patient safety caused by failing to effectively deliver essential environmental improvements for the reduction of ligature anchor points / improvements in therapeutic space in inpatient settings. <b>Committee oversight QAC</b></p> <p><i>Also a risk to delivery of Strategic Aim - Ensure our services are Inclusive.</i></p>	<p>Current score 16</p> 
<p><b>BAF risk 0025b</b> - 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 unacceptable service user safety, more restrictive care and a poor staff and service user experience. <b>Committee oversight QAC</b></p> <p><i>Also a risk to delivery of Strategic Aims – Ensure our services are Inclusive; and Create a Great Place to Work</i></p>	<p>Current score 16</p> 
<p><b>BAF risk 0026</b> - 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 lack of availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects. <b>Committee oversight FPC</b></p> <p><i>Also a risk to delivery of Strategic Aim – Effective use of resources</i></p>	<p>Current score 16</p> 
<p><b>BAF risk 0029</b> – 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 hard to service users. <b>Committee oversight QAC.</b></p> <p><i>Also a risk to delivery of Strategic Aim – Ensure our Services are Inclusive</i></p>	<p>Current score 16</p> 
<p><b>BAF risk 0013</b> - Risk the Trust does not have appropriate measures and mechanisms in place to support staff wellbeing resulting in absence continuing to rise, that gaps in health inequalities in the workforce grow and their experience at work is poor with a knock-on impact on service user/patient care - <b>committee oversight People</b></p> <p><i>Also a risk to delivery of Strategic Aim – Create a Great Place to Work</i></p>	<p>Current score 12</p> 
<p><b>BAF risk 0024</b> - Risk of failing to meet fundamental standards of care with the regulatory body resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, reputation, future sustainability of particular services <i>which could result in regulatory action.</i> This risk could be associated with the failure to detect closed cultures within clinical teams. <b>Committee oversight QAC</b></p>	<p>Current score 12</p> 
<b>BAF risks to delivery of Strategic Aim – Ensure our services are inclusive</b>	
<p>- Cross reference to BAF risks <span style="background-color: yellow;">0024</span>, <span style="background-color: red;">0025a</span>, <span style="background-color: red;">0025b</span> and <span style="background-color: yellow;">0029</span> covered under Strategic Aim – Deliver Outstanding Care</p>	

<p><b>BAF risk - 0027-</b> 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 <b>Committee oversight FPC</b></p> <p><i>Also a risk to delivery of Strategic Aim – Effective Use of Resources</i></p>	<p>Current score 12</p> <p>↔</p>
<p><b>BAF risks to delivery of Strategic Aim – Effective Use of Resources</b></p>	
<ul style="list-style-type: none"> <li>- Cross reference to BAF risks 0014 covered under strategic aim – Create a Great Place to work</li> <li>- 0025E, 0026 covered under Strategic Aim – Deliver outstanding Care and</li> <li>- 0027 covered under Strategic Aim - Ensure our services are inclusive</li> </ul>	
<p><b>BAF risk 0022 -</b> There is a risk that we fail to deliver the break-even position in the medium term caused by factors including non-delivery of the financial plans, lack of 2 – 5 year financial plans including developed CIP programmes and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties. <b>Committee oversight FPC</b></p>	<p>Current score 16</p> <p>↔</p>
<p><b>BAF risk 0021A -</b> 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. <b>Committee oversight FPC</b></p>	<p>Current score 12</p> <p>↔</p>
<p><b>BAF risk 0021 B -</b> 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. <b>Committee oversight ARC.</b></p>	<p>Current score 12</p> <p>↔</p>
<p><b>BAF risk 0030 –</b> There is a risk of failure to maintain and deliver on the SHSC Green Plan, ensure Trust resilience to climate change and provide a safe environment for staff and service users, in line with statutory duties, national targets, the NHS Long Term Plan and ‘For a Greener NHS’ ambitions (80% reduction in emissions by 2030 respectively and net zero carbon by 2040). Failure could lead to poor patient outcomes, worsening of existing health inequalities, poor service delivery, disruption to services, inefficient use of resource and energy/higher operating costs, legal and regulatory action, missed opportunities for innovation, reputational damage, reduced productivity and increased environmental impact. <b>Committee oversight FPC.</b></p>	<p>Current score 12</p> <p>↔</p>
<p><b>BAF risks to delivery of Strategic Ambition – Create a Great Place to Work</b></p>	
<ul style="list-style-type: none"> <li>- Cross reference to BAF risk 0013 covered by strategic aim – Deliver Outstanding Care.</li> </ul>	
<p><b>BAF risk 0014 -</b> There is a risk of failure to undertake effective workforce planning (train, retain and reform) to support recruiting, attracting and retaining staff to meet current and future needs caused by the absence of a long-term workforce plan that considers training requirements, flexible working and development of new roles. <b>Committee oversight People</b></p> <p><i>Also a risk to delivery of Strategic Aim – Effective use of Resources</i></p>	<p>Current score 12</p> <p>↔</p>
<p><b>BAF risk 0020 -</b> Risk of failure to move our culture sufficiently to address any closed subcultures, behavioural issues and not reflecting and respecting diversity</p>	<p>Current score 12</p>

and inclusion, resulting in poor engagement, ineffective leadership and poor staff experience in turn impacting on quality of service user experience. **Committee oversight People**



## Appendix 2 - Summary update on changes to BAF risks to delivery of Strategic Aim – Deliver Outstanding Care

BAF risks to delivering this strategic aim - 0013, 0024, 0025a, 0025b, 0026, 0029

<b>BAF risk 0013</b> - Risk the Trust does not have appropriate measures and mechanisms in place to support staff wellbeing resulting in absence continuing to rise, that gaps in health inequalities in the workforce grow and their experience at work is poor with a knock-on impact on service user/patient care - <b>committee oversight People</b>	<b>Current score</b>			<b>Target score</b>		
	<b>C</b>	<b>L</b>	<b>T</b>	<b>C</b>	<b>L</b>	<b>T</b>
	4	3	12	3	2	6
<b>Latest update</b>						
<ul style="list-style-type: none"> <li>Assurance Amber/Green - unchanged</li> <li>Strategic aims and priorities updated</li> <li>Cross referral to corporate risks added</li> <li>The current risk score remains 3 x 4 = 12 (should have read 4 x 3 originally) – expecting a reduction in score after progress has been made on sexual safety and violence and aggression.</li> <li>The 2024/25 plan is focused on prevention.</li> <li>Health inequalities action plan will form part of 24/25 people plan</li> <li>Consideration will be given to merging the OD and separate HWB Tier III groups – which sit beneath the Health and Wellbeing assurance group.</li> <li>Proposal to be included in annual review of effectiveness</li> <li>The ICS have established a wellbeing roadmap and there are three elements around people, prevention and partnerships - this will support the delivery of our health and Wellbeing priorities in the People plan</li> <li>Risk descriptor updated, gaps, actions and assurances updated and template refreshed and a number of actions closed.</li> </ul>						
<b>Progress with delivering milestones to support reaching target score:</b>						
<ul style="list-style-type: none"> <li><u>Staff side Recognition agreement</u> – September - December 2023 – following January workshop the second meeting is being held March 14th to agree a refreshed recognition agreement to launch in April / May 2024.</li> <li><u>Establish core requirements for all management/leadership roles</u> – December 2023 – work in progress linked to core requirements linked across into the values and behaviors work - Shared behaviours aligned to values agreed and consulted on and identified in 24/25 people Plan priorities to Board March 2024.</li> <li><u>Absence reduction plan implementation</u> – Update to People Committee March 2024, with revised actions.</li> <li><u>Menopause accreditation achievement</u> – Achieved August 2023 Moved to control</li> <li><u>Dedicated Wellbeing champion roles in place</u> – June 2023 – 6 in post. There is a revised plan for 2024/25 to establish inclusive and proactive wellbeing champion networks with a target for Q2.</li> <li><u>Structure for support to manage wellbeing</u> improved and in place September 2023 Achieved August 2023 moved to controls</li> <li><u>New Health and Wellbeing guardian in place</u> – from April 23 Board role in place – Achieved moved to controls</li> <li><u>Complete diagnostic self-assessment of the health and well-being self-assessment</u> - (7 key areas) – underway and due to complete by the end of September/October 2023 – achieved (submitted with health and wellbeing report) – it’s a dynamic tool. At the last Health and Wellbeing meeting it was recognised there are things being taken forward across the organisation which are not formally reflected and learned from through the health and wellbeing work. Capturing profession specific wellbeing activity and including in HWB assurance March 2024.</li> </ul>						

<b>BAF risk 0024</b> - Risk of failing to meet fundamental standards of care with the regulatory body resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, reputation, future sustainability of particular services <i>which could result in</i> regulatory action. This risk could be associated with the failure to detect closed cultures within clinical teams. <b>Committee oversight QAC</b>	<b>Current score</b> ↔			<b>Target score</b>		
	<b>C</b>	<b>L</b>	<b>T</b>	<b>C</b>	<b>L</b>	<b>T</b>
	4	3	12	4	2	8
<b>Latest update</b> <ul style="list-style-type: none"> <li>Assurance rating has moved down Amber given slow progress with Maple related moves.</li> <li>Strategic aims and priorities updated and corporate risk references included.</li> <li>Cross Ref to FPC BAF risk 0020 received at People Committee</li> <li>'Back to Good' meeting took place in August 2023 with outstanding actions picked up in the new Quality Assurance Report and business as usual assurance reporting through committees.</li> <li>No proposed change to risk scores and remain 4 x 3 = 12</li> <li>Actions have been updated. Controls around fundamental standards and culture and quality visits reflected in People BAF risks.</li> </ul>						
<b>Progress with delivering milestones to support reaching target score:</b> <ul style="list-style-type: none"> <li><u>To achieve the turnover rate of 10%</u> - timeframe to be confirmed –It has slowed down but we are not yet achieving target – we are capturing reasons for departure – it is suggested the focus is on outlier areas to have a better understanding of hotspots and supports triangulation of indicators including absence. Reflected in the next People Plan report to People Committee and Board in March 2024</li> <li><u>Completion of the Fixed Ligature Anchor Point programme for acute adult services</u> will be between June and August 2024 however exposure to fixed ligature anchor points will be removed from January 2024 due to the decant of service users from Maple Ward (at the point we close that ward for refurbishment) – Updated to March 2024 Extended to May 2024 – remains an open milestone. Fixed ligature anchor points will be eliminated from the adult acute ward environments when work has been completed on Stanage Ward (31/3/24), Burbage Ward (18/4/24), Dovedale 2 (3/6/24), and Maple ward (date tbc subject to business case approval but soonest possible = 31/1/25). The risk to service users will be mitigated once service users are relocated from Maple Ward to Dovedale 2 (10/6/24), and Maple ward closes for refurbishment (10/6/24).</li> <li><u>Completion of the Back to Good programme</u> – Last meeting held August 2023 and outstanding. Closure report received at November Board. The small number of outstanding elements, are being picked up through BAU reporting at assurance committees and updates are now provided in the Quality Assurance Report (Maple, supervision and training have not progressed sufficiently and are being monitored). Remains open milestone</li> </ul>						

<b>BAF risk - 0025a</b> - There is a risk to patient safety caused by failing to effectively deliver essential environmental improvements for the reduction of ligature anchor points / improvements in therapeutic space in inpatient settings. <b>Committee oversight QAC</b>	<b>Current score</b> ↔			<b>Target score</b>		
	<b>C</b>	<b>L</b>	<b>T</b>	<b>C</b>	<b>L</b>	<b>T</b>
	4	4	16	3	2	6

**Latest update**

- Assurance rating is red
- Strategic aims and priorities updated and corporate risk references included.
- Cross reference with BAF.0026 overseen at FPC
- Risk appetite for LAP confirmed by the Board – LOW
- Actions to address gaps have been updated, template has been updated.
- Descriptor updated.
- It is proposed that there are no changes to the score and it remains 4 x 4 = 16 target score and appetite rating unchanged.
- With regard to Maple Business Case - approval to fund the design phase went through FPC in June. This went through committees during the summer (the clinical model will be received at QAC in August - all scenarios require decant to Stannage) – the Full Business Case, including design details was due to go through Committees and Board in December 2023 – was reported to Board in January as being expected in March 2024. This has now been delayed to May 2024.

**Progress with delivering milestones to support reaching target score:**

- Completion of phase 3 Ligature Anchor Point works - by June 2024 (for adult services – except for Maple Ward which is subject to a decision on a business case in April 2024 – Subject to business case approval work on Maple ward expected to be completed by end January 2025).
- Fixed ligature anchor points will be eliminated from the adult acute ward environments when work has been completed on Stanage Ward (31/3/24), Burbage Ward (18/4/24), Dovedale 2 (3/6/24), and Maple ward (date tbc subject to business case approval but soonest possible = 31/1/25). The risk to service users will be mitigated once service users are relocated from Maple Ward to Dovedale 2 (10/6/24), and Maple ward closes for refurbishment (10/6/24).
- New clinical environment risk assessment tool in place with 80% compliance – achieved.
- Robust assurance of monitoring of the assessment tool – monitored through the Clinical environment risk group which meets monthly.

<b>BAF risk 0025b</b> - 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 unacceptable service user safety, more restrictive care and a poor staff and service user experience <b>Committee oversight QAC</b>	<b>Current score</b> ←			<b>Target score</b>		
	<b>C</b>	<b>L</b>	<b>T</b>	<b>C</b>	<b>L</b>	<b>T</b>
	4	4	16			

**Latest update**

- Assurance rating is red.
- Cross reference with BAF.0026 overseen at FPC
- Strategic aims and priorities updated and cross referral to corporate risks added
- Actions to address gaps have been updated, template has been updated.
- It is proposed that there are no changes to the score and it remains 4 x 4 = 16 target score and appetite rating 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.

**Progress with delivering milestones to support reaching target score:**

- 136 Build - August 2023 – slippage – completion in first week of December – Completed – opened January 2024.
- Stanage refurbishment – August 2023 – slippage - completion – November 2023. Need to address a water system issue which was not identified as part of the design scope will be resolved early in Q4 – Water system issue still expected to be completed by the end of March 2024.
- Maple Ward relocation to Michael Carlisle Centre – slippage from October – now



expected no later than March 2024 Fixed ligature anchor points will be eliminated from the adult acute ward environments when work has been completed on Stanage Ward (31/3/24), Burbage Ward (18/4/24), Dovedale 2 (3/6/24), and Maple ward (date tbc subject to business case approval but soonest possible = 31/1/25). The risk to service users will be mitigated once service users are relocated from Maple Ward to Dovedale 2 (10/6/24), and Maple ward closes for refurbishment (10/6/24).

- Maple Completion — slippage to between June and August 2024 (Final Business Case expected to be received in April 2024) Work on Maple ward will take circa 7 months and can start (subject to business case approval and availability of capital funds) from the time that service users are relocated to Dovedale 2 which will be by 10/6/24. This means that most optimistic timescale for Maple completion is 31/1/25.
- Dovedale 1 feasibility and design — slippage from December 2023 to March 2024 for feasibility
- Dovedale 1 estate work – January 2023 – to be prioritised in the Capital plan for 2024/25 due to CDEL limits
- Completion – June 2024. –for Dovedale 1 – for acute adults between June and August 2024 and Dovedale 1 to be confirmed in 2024/25

**Progress**

The refurbishment works on Burbage ward were extended due to unplanned but necessary roof works. Relocation successfully took place in November 2022.

As part of this programme of works Stanage dormitories have been eradicated, completed on 3 December 2021.

Phase 3 works undertaken on a closed ward and will target items such as en-suites, ceilings and a new de-escalation room. Gaps in controls amended as 1) Dovedale 2 ward was reopened for admissions, and 2) the Trust now has a Board approved Estates Strategy.

LAP assurance group which is led by the programme manager for therapeutic environments and the clinical risk and patient safety advisor. Moved from assurance to control. Need to confirm reporting arrangements. Clinical Environmental Risk Group should include detail on any outstanding works. Expected c June 2024.

**As noted above we have slippage identified – there is a medium level of confidence in delivery of the revised dates.**

**BAF risk 0026** - 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 lack of availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects.

Current score			Target score		
C	L	T	C	L	T
4	4	16	3	2	6

**Committee oversight FPC**

**Latest update**

- Assurance rating changed from Amber/green to Amber due to additional slippage
- Updated strategic aims and priorities are reflected and corresponding corporate risks have been referenced.
- Score has remained unchanged at 4 x 4 =16 because of the likelihood of delays and the impact on CIP.
- Risk appetite unchanged
- Note in terms of risk type this risk also impacts on financial, performance and operational areas
- Gaps updated – closed gaps agreed in July removed.
- Risk controls, actions, milestones and template updated.

**Progress with delivering milestones to support reaching target score:**

- Therapeutic Environments –. Fixed ligature anchor points will be eliminated from the adult acute ward environments when work has been completed on Stanage Ward (31/3/24), Burbage Ward (18/4/24), Dovedale 2 (3/6/24), and Maple ward (date tbc subject to business case approval and agreement of capital plan for 24/25 but soonest possible = 31/1/25).

- EPR programme currently being re-planned. Next key milestone is agreement of a robust plan by April 24. This will include clarifying any attached financial risk.
- Community Facilities – programme has delivered the team moves that were agreed to be deliverable within 23/24 capital plan, and the programme is in process of close down
- HBPOS (Section 136 suite) opened January 2024 – see bullet point one.
- Fullwood capital received in Q 4 2023/24 – delayed due to delays with the buyer submitting the planning application which has impacted on receipt of funds. Update on Fulwood due received at FPC and Board in December 2023 and in January with a decision expected in February 2024 on next steps. Update on progress with negotiations received at the February Strategy Board 2024. Agreed to pursue revised phasing of receipts of sale over 24/25 and 25/26 years.
- CMHT delivery January 2024 and LD delivery March 2024 (estimated) The LD programme on track with operational model agreed, moving into implementation, with full programme completion expected Summer 2024. CMHT programme and PCMH programmes have April milestones, and complex inter dependencies.

There is a need to be clearer about the financial risk gap for EPR. Executive Director of Finance and Director of Operations and Transformation were to discuss and agree further actions in September 2023. EPR Tranche 2 launch delayed - implementation date is to be agreed and is subject to on-going discussions through EPR programme Board, EMT, FPC and the Board.

**BAF risk 0029** – 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 hard to service users. **Committee oversight QAC.**

Current score			Target score		
C	L	T	C	L	T
4	4	16	4	2	8

**Latest update**

- Assurance rating is red
- Updates made to controls, assurances gaps and actions.
- Strategic aims and priorities updated and cross referral to corporate risks added
- It is proposed that there are no changes to the score and it remains 4 x 4 = 16 target score and appetite rating unchanged.
- Cross reference BAF.0014
- A number of gaps and actions have been closed. This is still marked as 'at risk' due to continuing working on reducing on the waits.

**Progress with delivering milestones to support reaching target score:**

- Investments to support waiting list reduction will be agreed as part of the ICB planning round in Quarter 1 23/24 – Received further investment in relation to peri natal and recovery team waits. Milestone partially met. Funding confirmation awaited for SAANs and Memory services. PC MH plan in place, Recovery teams are mobilizing plan to be in place by January 2024 and doing joint work with the ICB on transforming the SAANs service particularly in respect of people with suspected ADHD. Action and Gap closed.
- Gender service investment to be negotiated by end of Quarter 1 23/24 – no movement as yet around investment and continuing to engage. No change.
- Phase one of community recovery team transformation to begin August 23 and phase 2 in Q4 23/24 on target to commence phase 2 January 2024. CMHT transformation reporting 'Green' rating for progress in February 2024, with some 'Amber' elements related to resolution of staffing models for urgent and crisis services. Anticipate completion of the current lifecycle stage 'Implementation' by July 2024.
- Phase 3 of primary care community mental health, which forms part of reconfiguration of SPA and EWS is expected to be delivered in October 23 – slippage to March 2024 PCMH transformation programme reporting 'Amber' rating for progress in February 2024, related to resolution of staffing model connected to urgent and crisis care. On track for implementation to commence in April 2024.

**Update**

- We are assertively following up with our strategic planners about resolving this very outstanding issue in relation to commissioning specification re waiting lists. A paper on how we are supporting people on waiting lists received at FPC in August and received at QAC in September. The Director of Finance and Director of Operations will be escalating this to the ICB. This has been escalated to the ICB in January 2024.
- As part of workforce planning we are identifying new ways of working by looking at alternative staffing groups for filling vacancies. We can work differently in many of our community services due to the abolition of the care programme approach which means that we can use peer support workers, recovery workers and the VCSE to support service delivery. By the end of the financial year (March 2024). This is on track for delivery by April 2024.

**BAF risks to delivery of Strategic Aim – Ensure our Services are Inclusive**

BAF risks to delivering this strategic aim - 0024, 0025a, 0025b, 0027 and 0029

Of these the following BAF risks also impact delivery of Strategic Aim Deliver Outstanding Care where further detail can be found:

- **BAF risks 0024** - Risk of failing to meet fundamental standards of care with the regulatory body resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, reputation, future sustainability of particular services *which could result in* regulatory action. This risk could be associated with the failure to detect closed cultures within clinical teams. **Committee oversight QAC**
- **BAF risk 0025a** - There is a risk to patient safety caused by failing to effectively deliver essential environmental improvements for the reduction of ligature anchor points / improvements in therapeutic space in inpatient settings. **Committee oversight QAC**
- **BAF risk 0025b** – 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 unacceptable service user safety, more restrictive care and a poor staff and service user experience **Committee oversight QAC (also impacts on delivery of strategic aim Effective Use of Resources)**
- **BAF risk 0029** – 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 hard to service users. **Committee oversight QAC.**
- **BAF risk 0027 – see below:**

<b>BAF risk - 0027-</b> 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 <b>Committee oversight FPC</b>	Current score			Target score		
	C	L	T	C	L	T
	4	3	12	4	3	12

**Latest update**

- Assurance rating Amber.
- Updated strategic aims and priorities are reflected and corresponding corporate risks

have been referenced.

- Score to remain  $4 \times 3 = 12$
- Target risk is likely to reduce to a  $4 \times 2 = 8$  by the end of 2024/25
- Discussion will be required on the target score which has remained the same as residual risk score throughout 2022/23. To confirm if this tolerated position.
- Risk appetite unchanged
- controls, assurances, gaps, actions and template updated
- Risk appetite unchanged

**Progress with delivering milestones to support reaching target score:**

- Work on shared priorities and the ICB forward plan received at March 2023 board
- Mother and baby and associated perinatal service development – by the end of 2023/24 March 2024 ongoing development through SY MHLDA provider collaboration.
- Forensic inpatient beds and community forensic team tender – by the end of 2023/24. update received at February 2024 Board Strategy session.
- Agreeing South Yorkshire integrated approach to access for Health Based Place of Safety – by the end of 2024/25.
- Eating disorder service co-located with VSCE – by the end of 2023/24.
- Substance misuse service safe transition to new provider – August 2023 achieved
- Staff bank enhanced with students from Sheffield Universities – by the end of 2023/24.

**Note** – the new BAF will have additional risks added in relation to systems and partnerships

### **BAF risks to delivery of Strategic Aim – Effective Use of Resources**

BAF risks to delivery of this strategic aim – 0014, 0025b, 0026, 0027, 0021a, 0021b, 0022 and 0030.

Of these the following risks also impact on delivery of Strategic Aim Great Place to work; Deliver Outstanding Care and Ensuring our Services are Inclusive where further detail can be found.:

**BAF risk 0014 – See Strategic Aim – Create a Great Place to Work** - There is a risk of failure to undertake effective workforce planning (train, retain and reform) to support recruiting, attracting and retaining staff to meet current and future needs caused by the absence of a long-term workforce plan that considers training requirements, flexible working and development of new roles. **Committee oversight People**

**BAF risk 0025b – See Strategic Aim – Deliver Outstanding Care** - 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 unacceptable service user safety, more restrictive care and a poor staff and service user experience **Committee oversight QAC**

**BAF risk 0026 – See Strategic Aim – Deliver Outstanding Care** - 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 lack of availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects. **Committee oversight FPC**

**BAF risk 0027 – See Strategic Aim – Ensure our services are Inclusive**

**BAF risks 0021a, 0021b, 0022, 0030 impacting on delivery of Strategic Aim Effective Use of Resources are outlined below:**

<p><b>BAF risk 0021A</b> - 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. <b>Committee oversight FPC</b></p>	Current score			Target score		
	C	L	T	C	L	T
	4	3	12	3	3	9
<p><b>Latest update</b></p> <ul style="list-style-type: none"> <li>The assurance rating on EPR remains Amber. This is because it is based on failure specifically to address legacy systems rather than on EPR as such. RIO and the new EPR is the solution to mitigate the current risk/system is still in use and Tranche 1 has not made the position on that worse nor has it materially improved the position.</li> <li>Risk appetite unchanged</li> <li>The EPR revised implementation timescales were agreed as go live dates 30 October and 27 November. The first was delivered and the second has been delayed. A new implementation date is to be agreed and is subject to on-going discussions through EPR programme Board, EMT, FPC and the Board.</li> <li>Update strategic aims and priorities are reflected and corresponding corporate risks have been referenced.</li> <li>Consideration will be given by the Executive Lead as to whether staff digital capability and training more broadly is sufficiently reflected in BAF or corporate risks at the suggestion of People Committee to FPC. This is reflected in the work to develop the roadmap for delivery of the digital strategy in view of delays caused by EPR slippage.</li> </ul> <p><b>Progress with delivering milestones to support reaching target score:</b></p> <ul style="list-style-type: none"> <li><u>Full retirement of Insight</u> has moved from November 2023 to Q1 2024 transitioning to business as usual (phased roll out from October 2023)</li> <li>As noted previously, sources of assurance and actions are unlikely to change until the full retirement of Insight.</li> <li>The Executive lead has confirmed that the DPST internal audit has been sufficiently reflected in the CRR and BAF (with the exception of those which are low risk) see page 2/3 of the BAF (this was an action previously reported as in train in terms of review.</li> <li>For services that have moved to RIO in Tranche 1 there are some data reporting gaps these are being followed through as part of the stabilization works.</li> </ul>						

<p><b>BAF risk 0021 B</b> - 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. <b>Committee oversight ARC.</b></p>	Current score			Target score		
	C	L	T	C	L	T
	4	3	12	4	2	8
<p><b>Latest update</b></p> <ul style="list-style-type: none"> <li>Assurance rating Amber/Green unchanged</li> </ul>						

- Risk appetite unchanged
- Updated strategic aims and priorities are reflected and corresponding corporate risks have been referenced.
- Score currently unchanged as 4 x 3 = 12.
- Governance around reporting from DAG to EMT under development to strengthen this area.
- Controls, gaps and actions to be updated.
- Sources of assurance and actions are unlikely to change until Q3 2022/23 on the retirement of Insight – likely delayed until Q1 2024

**Progress with delivering milestones to support reaching target score:**

- The implementation of Rio has been delayed; a revised plan was developed and agreed in August 2023 with launch of Tranche 1 taking place at the end of October and the planned implementation of Tranche 2 at the end of November currently delayed. implementation date is to be agreed and is subject to on-going discussions through EPR programme Board, EMT, FPC and the Board.

**Progress with delivering milestones to support reaching target score:**

- DSTP compliance aligned with all DTSP work – June 2024

**BAF risk 0022** - There is a risk that we fail to deliver the break-even position in the medium term caused by factors including non-delivery of the financial plans, lack of 2 – 5 year financial plans including developed CIP programmes and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties. **Committee oversight FPC**

Current score			Target score		
C	L	T	C	L	T
4	4	16	4	2	8

**Latest update**

- Assurance rating Amber.
- The risk score was changed and reported to the November Board post FPC as 4 x 4 = 16.
- Updated strategic aims and priorities are reflected and corresponding corporate risks have been referenced.
- Risk description, internal and external assurance, gaps in controls and assurances and actions updated
- Risk appetite unchanged
- Board discussion on statutory /financial risk to break even and variability to sustainability
- Detailed discussion on CIP has taken place at FPC and Board – bi weekly at EMT from September with additional weekly executive grip meetings established in November 2023. An additional real time update is provided to FPC members in advance of their formal meeting (on 5 January 2024)
- Financial plans approved at May 2023 Board. Financial Plans for 2024/25 due for approval at Board March 2024.
- Additional grip and control actions in place with regular reporting on progress through FPC and Board.

**Progress with delivering milestones to support reaching target score:**

- Agreeing a revised financial plan with CIP targets in March 2023 – achieved
- Revised financial plan due for receipt at May 2023 confidential Board – received
- 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
- Review residual risk score post completion of the revised Risk Management Framework – December 2023 updated and completed
- Review of CIP delivery, financial plan delivery post Q2- updated reports received at EMT, FPC and Board December 2023 and into Q4 with ongoing monitoring in place.
- Development of medium-term financial planning as part of 2024/25 financial plan development – December 2023 updates received at FPC and Board in January 2024 and for the remainder of the financial year. Draft plan for 2024/25 received at EMT and Board in February and due for final approval in March 2024.

Although milestones have been largely achieved the target score has not been met given ongoing challenges and this will be reflected in review of scoring dependent upon our outturn position at the end of the financial year.

<p><b>BAF risk 0030</b> - There is a risk of failure to maintain and deliver on the SHSC Green Plan, ensure Trust resilience to climate change and provide a safe environment for staff and service users, in line with statutory duties, national targets, the NHS Long Term Plan and 'For a Greener NHS' ambitions (80% reduction in emissions by 2030 respectively, and net zero carbon by 2040). Failure could lead to poor patient outcomes, worsening of existing health inequalities, poor service delivery, disruption to services, inefficient use of resources and energy/higher operating costs, legal and regulatory action, missed opportunities for innovation, reputational damage, reduced productivity and increased environmental impact.</p> <p><b>Committee oversight FPC</b></p> <p>[Statutory duties brought in by the Health &amp; Care Act 2022 s.68 require NHS foundation trusts to have regard to relevant guidance published by NHS England and the need to contribute towards compliance with section 1 of the Climate Change Act 2008 (UK net zero emissions target), section 5 of the Environment Act 2021 (environmental targets) and adapt to any current or predicted impacts of climate change identified in the most recent report under section 56 of the Climate Change Act 2008]</p> <p><b>Latest update</b> – this risk was new in January 2024.</p> <ul style="list-style-type: none"> <li>○ <b>Assurance Amber</b></li> <li>○ <b>Milestones still to be achieved for moving to target score:</b></li> </ul>	Current score ↔			Target score		
	C	L	T	C	L	T
	3	4	12	2	4	8

### BAF risks to delivery of Strategic Aim – Create a Great Place to Work

BAF risks impacting on delivery of this strategic aim – 0013, 0014 and 0020

Of these the following BAF risk also impact on delivery of strategic aim Deliver Outstanding Care where further detail can be found:

- **BAF risks 0013 – see Strategic Aim – Deliver Outstanding Care** - Risk the Trust does not have appropriate measures and mechanisms in place to support staff wellbeing resulting in absence continuing to rise, that gaps in health inequalities in the workforce grow and their experience at work is poor with a knock-on impact on service user/patient care - **committee oversight People**.

**BAF risks 0014 and 0020 see below:**

<p><b>BAF risk 0014</b> - There is a risk of failure to undertake effective workforce planning (train, retain and reform) to support recruiting, attracting and retaining staff to meet current and future needs caused by the absence of a long-term workforce plan that considers training requirements, flexible working and development of new roles. <b>Committee oversight People</b></p> <p><b>Latest update</b></p> <ul style="list-style-type: none"> <li>• Assurance rating Amber/Green is unchanged</li> <li>• Strategic aims and priorities updated</li> </ul>	Current score ↔			Target score		
	C	L	T	C	L	T
	4	3	12	3	3	9

- Cross referral to corporate risks added
- Recommended to remain moderate risk appetite as we need to be open to innovation
- Current score proposed to remain at 4x3 = 12 due to progress made particularly around workforce data and reporting, links with ICS, improvements with KPI's supported by a strengthened workforce team
- Workforce and operational planning for the ICS is supporting development of our plans and making best use of ESR and reporting on establishment. There is ongoing significant focus on use of ESR as a single source of establishment data. There is a major dependency on Finance, People and IMST colleagues working together on this.
- There is a financial risk around the data warehouse hosting and cost implications as IMST have not yet picked up hosting given EPR delay – this has resulted in financial implication for the next financial year as this is not currently deliverable in house.
- Risk descriptor updated, gaps, actions and assurances updated and template refreshed and a number of actions closed or mitigated.
- We are currently expected to reach target score by the end of the financial year - this will need to roll forward to Q1 to collate, finalise and review workforce plans
- One of the corporate risks impacting on this strategic risk around the apprenticeship levy is being reviewed to reflect a new business appropriate focus – the risk has been updated on the CRR where it remains with an updated rating and areas of action identified to mitigate the risk. This risk is now closed on CRR and monitored at directorate level

**Progress with delivering milestones to support reaching target score:**

- Workforce Dashboard implementation from April 2023. (Full roll out by June 23) officially launched on 3 July 2023 – achieved
- Capture improved Diversity data for workforce planning and reporting as appropriate August 2023– achieved
- Service-led 3-year workforce plan in place – draft by September 2023 – this is going to take longer to finalise draft expected currently by December 2023 – drafts are being developed – engagement has been challenging - will be in place by April 2024 Need to roll forward to Q1 24/25
- New roles development integrated into workforce planning (such as Physician Associates and Peer Support workers – looking at skill mix in workforce planning and looking at flex approach/risks and potential other options available) – August 2023 will commence in July – achieved
- SHSC recruitment plan (derived from the three-year workforce plan – how we do it) – October 2023 – delayed until workforce plans are in place dependent on workforce plans roll forward to Q2/3
- Deliver recruitment process improvement plan (transactional – better campaigns, experience for new recruits and onboarding) – July 2023 in place and being delivered – achieved.
- Review of local reward and benefits offer – March 2024. Included in the 24/25 priority with a target date for Q1.
- Review retirement and flexible working policies – by September 2023 – retirement policy has been reviewed, the flexible working policy was reviewed in October 2022 and due next for review in October 2024.
- Executive Director of Nursing, Professions and Quality, to advise on timing for any outstanding for the professions plans to come on the forward plan. AHP plan coming to People committee in January and Psychology in progress –presented to People Committee – March 2024.

July 2023 referral from People Committee to Finance and Performance committee around whether digital capability of our staff is sufficiently reflected in Digital risk or increased risk of loss of roles. To note - digital will be in the People Plan activities for year 2.

<b>BAF risk 0020 -</b> Risk of failure to move our culture sufficiently to address any closed subcultures, behavioural issues and not reflecting and respecting diversity and inclusion, resulting in poor engagement,	<b>Current</b> ←→			<b>Target</b>		
	<b>score</b>			<b>score</b>		
	<b>C</b>	<b>L</b>	<b>T</b>	<b>C</b>	<b>L</b>	<b>T</b>



ineffective leadership and poor staff experience in turn impacting on quality of service user experience. <b>Committee oversight People</b>	4	3	12	3	3	9
<b>Latest update</b>						
<ul style="list-style-type: none"> <li>• Assurance rating Amber/Green is unchanged</li> <li>• Strategic aims and priorities updated</li> <li>• Cross referral to corporate risks added</li> <li>• The Head of Leadership and OD has reviewed and edited the detail under this risk to reflect current practice.</li> <li>• Current risk score remains 4 x 3 = 12</li> <li>• Risk descriptor updated, gaps, actions and assurances updated.</li> <li>• Cross referral has been made to closed culture work taking place as part of the work overseen at Quality Assurance Committee covered under BAF risk 0024.</li> </ul>						
<b>Progress with delivering milestones to support reaching target score:</b>						
<ul style="list-style-type: none"> <li>• <u>Values into behaviours consultation and launch of outcomes</u> – April to December 2023. Pause on activity August 2023 as Chief exec has engaged external consultants to contribute to the communications structures and this work. A revised approach has been developed to ensure a larger number of the workforce are engaged through this programme of work. Consultation and engagement on values into behaviours commenced outlined in People Delivery plan.</li> <li>• <u>Expectations of SHSC Managers and Leaders</u> – 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 – development of SHSC manager commenced Launch 24/25</li> <li>• SHSC Manager Development offer – new offer defined to be launch 24/25</li> <li>• <u>EDI milestones around diversity and inclusion</u> – progress as outlined in WRES and WDES – July 2023 People Committee and Board – achieved</li> <li>• <u>Annual Equality and Human Rights report to be received through EMT, QAC, People committee and Board by November 2023</u>. Received and published. Easy read version under development and referenced in the December staff cascade. Complete</li> </ul>						