	Cover page
Meeting	Board of Directors
Paper Title	Board Assurance Framework
Date of meeting	30 July 2020
Date paper was written	22 July 2020
Responsible Director	Interim Director of Corporate Governance
Author	Governance Manager
Executive Summary	

The Trust Board's main focus is strategic. Board members need to know the key strategic objectives and be able to identify the principal risks to achieving those objectives. Assurance goes to the heart of the work of any NHS board of directors. The provision of healthcare involves risk and being assured is a major factor in successfully controlling risk.

The Board Assurance Framework (BAF) brings together in one place all of the relevant information on the risks to the Board's strategic objectives. It is an essential tool for Boards, and provides a structure and process that enables focus on those risks that might compromise its principal objectives.

All Assurance Committees of the Board review the BAF at each meeting where they are asked to consider and report:

- Are the BAF risks up-to-date?
- Is the direction of travel stated current and correct?
- Are the current risk ratings correct?
- Is there any additional or updated content that needs to be added?

Appended:

- Attachment 1 is the BAF. All recommended amendments and additional content is shown in purple text.
- Attachment 2 gives reference information on risk appetite statements linked to the Trust's objectives.

Finally, please be avised that as discussed at directors meetings and Assurance Committees, the BAF and risk management in the Trust is currently under review. Changes are to take place to the BAF and risk management processes. Some of the actions to take place with timelines are provided in the integrated performance report (IPR) within this set of papers for the Board of Directors.

The Trust Board is asked to:

- **APPROVE** the BAF, noting new and revised content
- **NOTE** the update process and in particular the four questions posed to Assurance Committees for reviewing and updating the BAF

Previously Standing item at the Board of Directors meeting and all Assurance Committees of the Board.

The Board is asked to:			
Approve	Receive	Note	Take Assurance
To formally receive and discuss a report and approve its recommendations or	To discuss, in depth, noting the implications for the Board or Trust	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

a particular course of	without formally	
action	approving it	

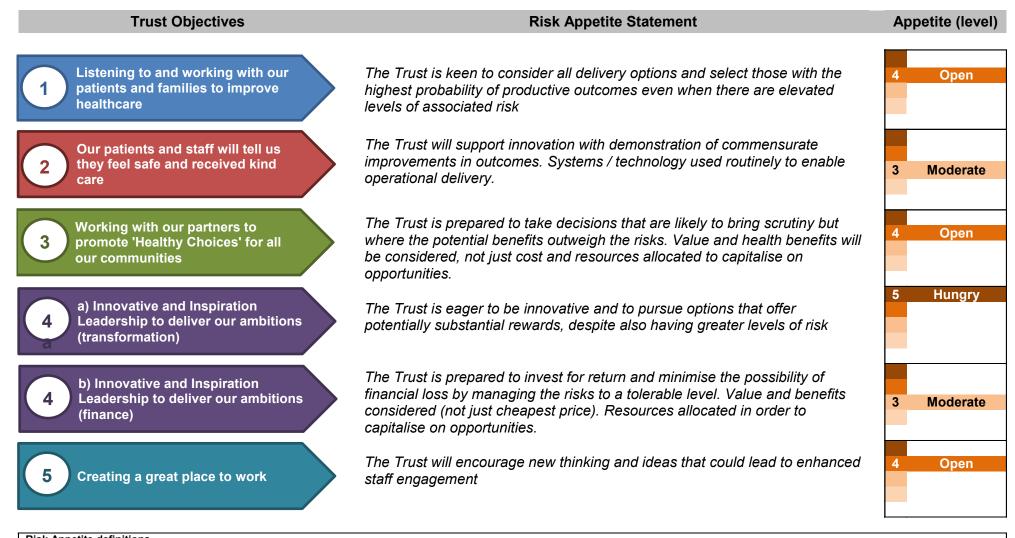
Link to CQC domain:				
✓ Safe	 Effective 	Caring	Responsive	Vell-led
Link to strategic objective(s)	 PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions OUR PEOPLE Creating a great place to work 			
Link to Board Assurance Framework risk(s)	All			
Equality Impact Assessment			quality impact	
Freedom of Information Act (2000) status	This document is This document in This whole docu	ncludes FOIA exem	npt information	
Financial assessment	n/a			

Ref	Descriptor					
	PATIENT AND FAMILY Listening to and working with our patients Risk Appetite: Open					
<u>1186</u>	IF we do not have meaningful engagement and co-production with our community THEN patients will not be at the centre of everything we do.					
	T AND KINDEST Patients and staff feel they were safe and received kind care opetite: Moderate					
<u>1204</u>	IF our maternity services do not evidence learning and improvement THEN the public will not be confident that the service is safe.					
<u>1134</u>	IF we do not work successfully in partnership, THEN our current traditional service models for both unscheduled and scheduled care will be insufficient to meet escalating demand.					
<u>1533</u>	IF we do not implement all of the 'integrated improvement plan' which responds to CQC concerns THEN we cannot evidence provision of improving care to our patients.					
<u>1746</u>	IF we do not have effective systems in place to consistently identify and escalate and manage patients with sepsis or other deteriorating medical conditions, THEN patients will not have the best outcomes possible.					
1771	We have a risk that IF we do not have adequate resources, systems, capacity and processes in place THEN we cannot successfully manage the response to the outbreak of the COVID-19 virus effectively Phase 1 - Response					
	We have a risk that IF we do not have adequate resources, capacity and the processes in place, THEN we will not be able to safely restore critical services to pre-Covid levels Phase 2 - Restoration					
	INABLITY and HEALTHIEST HALF MILLION Working with our partners for all our communities opetite: Open					
<u>561</u>	IF we do not have system-wide effective processes in place THEN we will not achieve national performance standards for key planned activity.					
Risk ap	RSHIP Innovative and Inspirational Leadership to deliver our ambitions opetite (transformation) : hungry opetite (finance): moderate					
<u>670</u>	IF we do not deliver our control total and meet the trajectory to live within our financial means THEN we cannot meet our financial duties nor invest in service development and innovation.					
<u>668</u>	IF we do not deliver our Hospitals Transformation Programme (HTP) THEN we cannot ensure our patients get the best care.					
<u>1492</u>	IF we do not have an agreed Digital Strategy THEN we cannot effectively underpin service improvement.					
<u>1558</u>	IF we do not have sufficient, competent and capable Directors THEN we cannot deliver the Trust's agenda.					
<u>1584</u>	IF we do not invest in our ageing estate nor replace old equipment THEN we cannot provide a safe environment and sufficient capacity to meet demand.					
	EOPLE Creating a great place to work opetite: Open					
<u>423</u>	IF we do not have positive staff engagement THEN we cannot support a culture of safety and continuous improvement.					
<u>859</u>	IF we do not have a recruitment strategy and retention strategy along with demand-based rostering for key clinical staff THEN we cannot ensure the sustainability of services.					

Dir	Low-Medium-High
=	LOW / MEDIUM
=	Low/Medium
=	HIGH / MEDIUM
=	High/Medium
=	High/Medium
=	High/Medium
=	High
↑	High
↑	HIGH
↑	Medium
=	HIGH / MEDIUM
=	High
=	Medium
=	High
=	High/Medium
=	High
<u>Key</u>	Worsening Improving No change

Risk Appetite statement by objective

Risk appetite is the level of risk the Trust will take in pursuit of its objectives



RIS	Kisk Appetite definitions	
1	Averse:	Avoidance of risk and uncertainty is a key organisation objective.
2	Minimal:	Preference for ultra-safe options that are low risk and only have a potential for limited reward.
3	Moderate:	Preference for safe options that have a low degree of risk and may only have limited potential for reward.
4	Open:	Willing to consider all potential options and choose the one most likely to result in successful delivery, while also providing an acceptable level of reward and value for money.
5	Hungry:	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.