

COVERSHEET

Meeting	Board of Directors meeting in Public
Paper Title	Board Assurance Framework
Date of meeting	5 November 2020
Date paper was written	29 October 2020
Responsible Director	Director of Governance (Interim)
Author	Chief Risk Officer
Presenter	Director of Governance (Interim)

EXECUTIVE SUMMARY

The Board Assurance Framework (BAF) describes a series of generic high-level risks set against the strategic aims and objectives of the Trust. Fundamentally, the Board's assurance committees seek and provide assurance to the Board, through the BAF, demonstrating that strategic risk is being managed. This BAF has in recent weeks has been through a number of iterations and has been further populated with current assurance described in 'three lines of defence' columns. The accuracy and detail within the BAF is to be determined by the Board of Directors and will be the subject of a risk Board development session planned for 27th November 2020. Owners of risks and their respective control owners are yet to be confirmed.

The BAF is a dynamic document. We will continue to evaluate and validate historical risks entered onto the 4Risk system, and will be discussing with colleagues, re-framing, re-scoring, and allocating existing risks to the BAF with the aim of embedding risk process and performance, re-establishing subsequent risk ownership and encouraging the development of risk culture.

The Board of Directors are asked to **RECEIVE** the Board Assurance Framework

Previously considered by	<i>Risk Management Committee</i>
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THE BOARD OF DIRECTORS' ARE ASKED TO:

<input type="checkbox"/> Approve	<input checked="" type="checkbox"/> Receive	<input type="checkbox"/> Note	<input type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:

Safe

Effective

Caring

Responsive

Well-led

<p>Link to strategic objective(s)</p>	<p><i>Select the strategic objective which this paper supports</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare <input checked="" type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care <input checked="" type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities <input checked="" type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions <input checked="" type="checkbox"/> OUR PEOPLE Creating a great place to work
<p>Link to Board Assurance Framework risk(s)</p>	<p>All</p>

<p>Equality Impact Assessment</p>	<ul style="list-style-type: none"> <input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
<p>Freedom of Information Act (2000) status</p>	<ul style="list-style-type: none"> <input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA
<p>Financial assessment</p>	<p>n/a</p>

Risk Register Level	Created Date	Risk Ref	Risk Title/Descriptor	Strategic Objective	Cause & Effect	Assurance Committee	Inherent Risk Priority	Risk Control	Control Assurance (1st Line)	Control Assurance (2nd Line)	Control Assurance (3rd Line)	Gap(s) in Control / Assurance	Overall Assurance Level	Residual Risk Priority	Action Required	Target Risk Priority
BAF	29-Sep-20	BAF 1	There is a risk of not providing adequate patient safety, quality of care and patient experience. Executive Lead: Director of Nursing	Deliver Quality Improvement Plan & Quality Priorities	Hazard(s) / Cause(s): A failure to monitor appropriate governance arrangements between organisations Effect(s) & Impact(s): A lack of delivery from external partners may lead to poor patient outcomes; increased patient harm; poor patient experience; and poor staff morale. A failure to manage patient flow and capacity, to develop new pathways.	Quality and Safety	I = 4 L = 4 High (16)	Quality Strategy in place. Clinical service structures, accountability & quality governance arrangements established at Trust, Care Group and Service levels. Control Owner: To be allocated	<ul style="list-style-type: none"> Nursing and Midwifery meeting Clinical staff recruitment, induction, mandatory training, registration & re-validation Defined safe medical & nurse staffing levels for all wards & departments (Nursing safeguards monitored by Chief Nurse) Ward assurance/ metrics & accreditation programme Nursing & Midwifery Strategy 	<ul style="list-style-type: none"> Assurance Committee meeting of Quality and Safety with work programme aligned to CQC registration regulations Clinical policies, procedures, guidelines, pathways, supporting documentation & IT systems 	<ul style="list-style-type: none"> Quality Improvement Programme with system and regulatory oversight group Clinical audit programme & monitoring arrangements 	<ul style="list-style-type: none"> Unable to staff escalation wards with substantive staff Ward capacity at RSH and PRH 7-day working not in place throughout service Pre-noon discharge below NHS target 33% At times of high operational pressure, some patients can only be accommodated in contravention to Escalation Policy - ED workforce vacancies in consultant, middle grade and RN Available bed capacity with impact of social distancing 		I = 4 L = 4 High (16)	<ul style="list-style-type: none"> Review of Quality Governance and assurance Person Responsible: To be allocated To be implemented by: 30 Dec 2020 Complete and embed all QIP requirements with independent assurance. Person Responsible: To be allocated To be implemented by: 31 Dec 2020 Complete Action Plan for Independent Maternity Review emerging trends (Mar-20) Person Responsible: To be allocated To be implemented by: 31 Dec 2020 	I = 4 L = 2 Medium (8)
BAF	30-Sep-20	BAF 2	There is a risk of not meeting constitutional and National performance target Executive Lead: Chief Operating Officer	Deliver Quality Improvement Plan & Quality Priorities	Hazard(s) / Cause(s): A failure to meet constitutional and National performance targets , eg ED waiting times, Cancer referrals, patient care and experience and referral to treat (RTT), may lead to sub-optimal care Effect(s) & Impact(s): Negative impact on quality indicators, financial penalties, regulatory action and damage to reputation and public confidence	Finance & Performance	I = 4 L = 4 High (16)	Governance structure: Standing Orders Assurance Committees ToR Internal/ external Audit Plan IPR report to Board Control Owner: To be allocated	<ul style="list-style-type: none"> Restoration & Recovery plans, starting with urgent clinical services, overseen and monitored by Covid Committee 	Maintain super stranded patient numbers at >200, remains better than regional average	National NHS provider access and performance targets (A/E; RTT; Cancer; Diagnostics etc)	Uncertain demand profile in 2020/21 due to Covid-19		I = 4 L = 4 High (16)	<ul style="list-style-type: none"> Winter planning - capacity funding envelop (SaTH/CCGs) Person Responsible: To be allocated To be implemented by: 31 Dec 2020 Secure additional capacity (submission through STW STP) Person Responsible: To be allocated To be implemented by: 31 Dec 2020 Maintain use of independent sector Person Responsible: To be allocated To be implemented by: 31 Dec 2020 	I = 4 L = 2 Medium (8)
BAF	30-Sep-20	BAF 3	There is a risk that the Trust becomes financially unsustainable. Executive Lead: Director of Finance	Deliver the Financial Plan (including Cost Improvement Programme)	Hazard(s) / Cause(s): A failure to maintain financial sustainability due to non-planned cost pressures Effect(s) & Impact(s): Potential external action being taken; damage to the Trust's reputation and the Trust's continuing abilities to function; and the imposition of regulatory controls leading to the loss of local control.	Finance & Performance	I = 5 L = 4 High (20)	Annual plan agreed, including control total consideration; reduction of any potential underlying financial deficit Control Owner: To be allocated	<ul style="list-style-type: none"> FIP Board, FIP planning processes and PMO coordination of delivery Delivery of budget holder training workshops and enhancements to financial reporting 	<ul style="list-style-type: none"> A full 'wash up' of portfolio planning, delivery and engagement conducted; recovery plan in place, Board approved & governance in place Executive oversight of commitments External funding agreed to cover costs and required cash associated with COVID-19 for 20/21 	<ul style="list-style-type: none"> Close working with STP partners and the Alliance framework to identify system-wide cost reductions External management support to deliver the FIP 	<ul style="list-style-type: none"> 2019/20 financial position adverse to plan CIP not fully identified Historic and on-going liquidity problem Underlying deficit Draft forecast outturn v's control total Potential for in year cash shortfall Agency and non-pay overspend 		I = 5 L = 4 High (20)	<ul style="list-style-type: none"> Pay and non pay controls to be reviewed Person Responsible: To be allocated To be implemented by: 31 Oct 2020 External support for CIP financial advisory project Accelerate action undertaken for existing CIP schemes Person Responsible: To be allocated To be implemented by: 30 Dec 2020 	I = 5 L = 2 Medium (10)

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BAF	30-Sep-20	BAF 4	There is a risk of the ability to recruit and retain staff. Executive Lead: Director of Workforce	Deliver Quality Improvement Plan & Quality Priorities	Hazard(s) / Cause(s): An inability to recruit and retain an appropriate workforce to meet the needs of the current and future patient base Effect(s) & Impact(s): May lead to the Trust breaching guidance, regulatory action being taken against the Trust; poorer patient outcomes and increased harm; and adverse publicity and/or reputational damage. Furthermore this may lead to the financial unsustainability of some services.	Workforce	I = 3 L = 5 High (15)	People Strategy in place to inform organisational approach to recruitment, retention and Education & Development of our staff. Control Owner: To be allocated	<ul style="list-style-type: none"> Medical and Nursing task force Workforce Planning Group Exec Talent Management Group Activity, Workforce and Financial plan Defined safe medical & nurse staffing levels for all wards and departments / Safe Staffing Standard Operating Procedure Vacancy management and recruitment systems and processes TRAC system for recruitment; e-Rostering systems and procedures used to plan staff utilisation Defined safe medical & nurse staffing levels for all wards and departments / Safe Staffing Standard Operating Procedure Temporary staffing approval and recruitment processes with defined authorisation levels 	<ul style="list-style-type: none"> TRAC system for recruitment; e-Rostering systems and procedures used to plan staff utilisation Defined safe medical & nurse staffing levels for all wards and departments / Safe Staffing Standard Operating Procedure Temporary staffing approval and recruitment processes with defined authorisation levels Director of People attendance at People and Culture Board Workforce planning for system workstream Communications issued regarding HMRC taxation rules on pensions and provision of pensions advice Pensions restructuring payment introduced Pensions tax education and information exchange sessions Daily COVID-19 workforce group and sub-groups to address related concerns 	Local/Regional/National Education partnerships	<ul style="list-style-type: none"> High levels of escalation resulting in high use of agency staff Fragility of some services (ongoing) Trust reputation issues associated with Special Measures 		I = 3 L = 5 High (15)	<ul style="list-style-type: none"> Engagement action plan to form part of the People Strategy (Sep-19) New revised Appraisal and Personal Development plan linked to Training Needs Analysis (Oct-19) Revision of Onboarding process to include new induction (Oct-19) Person Responsible: To be allocated To be implemented by: 30 Dec 2020	I = 3 L = 2 Medium (6)
BAF	30-Sep-20	BAF 5	There is a risk that the current and future estates, infrastructure and equipment does not comply with national specifications, meet service needs and/or service user needs. Executive Lead: Director of Corporate Services	Develop Hospitals Transformation Programme (HTP)	Hazard(s) / Cause(s): The ageing buildings, physical environment, associated infrastructure and inadequate backlog resources present a risk of services failing and impacting on the delivery of patient services. Effect(s) & Impact(s): There is a risk of the Trust breaching its conditions; regulatory action being taken against the Trust; poorer patient outcomes and/or patient harm; and adverse publicity and reputational damage.	Sustainability	I = 4 L = 4 High (16)	Emergency Preparedness, Resilience & Response (EPRR) arrangements at regional, Trust, Care Group and Service levels Control Owner: To be allocated	<ul style="list-style-type: none"> Operational strategies & plans for specific types of major incident (e.g. industrial action; fuel shortage; pandemic disease; power failure; severe winter weather; evacuation; CBRNe) Major incident plan in place 	<ul style="list-style-type: none"> Gold, Silver, Bronze command structure for major incidents Business Continuity, Emergency Planning & security policies Resilience Assurance Committee (RAC) oversight of EPRR 	NHS Supply Chain resilience planning		I = 4 L = 4 High (16)	<ul style="list-style-type: none"> Site development plan to be approved. Person Responsible: To be allocated To be implemented by: 30 Dec 2020	I = 4 L = 2 Medium (8)	
								Estates Strategy 2015-2025 in place Control Owner: To be allocated	<ul style="list-style-type: none"> Monthly Estates Report to Board/Assurance Committee Independent Authorising Engineers recruited 	<ul style="list-style-type: none"> Additional capital allocation for backlog maintenance 	<ul style="list-style-type: none"> Annual Oakleaf six facet survey Building Control sign off on W35 					

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BAF	30-Sep-20	BAF 6	There is a risk of not providing robust Digital infrastructures and digital defences against cyber security. Also the ability of the Trust to provide and use reliable data (business intelligence), making best use of technology is compromised Executive Lead: Director of Finance	Improve Performance Information Quality & Timeliness	Hazard(s) / Cause(s): Unable to deliver excellent patient outcomes and maintain financial and operation sustainability due to a failure to develop and embed a robust Clinical IT Strategy. Effect(s) & Impact(s): Potential to lead to inefficiencies financially and technically, causing further financial pressure on the Trust and the potential for patient harm. A failure to ensure appropriate investment in and application of digital defences to deter cyber-attacks may lead to patient harm; financial loss; and disruption and/or damage to the reputation of the Trust from the failure of information technology systems.	Finance & Performance	I = 4 L = 4 High (16)	Information Governance Assurance Framework (IGAF) Digital Strategy Control Owner:	• Digital Programme Project Group and work plan	• Cyber news – circulated to all NHS partners • Major incident plan in place • Network accounts checked after 50 days of inactivity – disabled after 80 days if not used • Spam and malware email notifications circulated	• Periodic phishing exercises carried out by MIAA	• NHS Digital Trust System Support Model (TSSM) team review - current infrastructure - PA infrastructure report - minimum requirements to ensure stable infrastructure		I = 4 L = 4 High (16)	Complete Trust-wide Windows 10 upgrade Person Responsible: To be allocated To be implemented by: 30 Dec 2020 Prioritisation & assessment of IT projects currently in flight through to early stages of working up, in context of team capability and capacity Person Responsible: To be allocated To be implemented by: 31 Dec 2020 Align Medical Records Strategy with EPR ambition Person Responsible: To be allocated To be implemented by: 31 Dec 2020	I = 4 L = 2 Medium (8)
BAF	30-Sep-20	BAF 7	There is a risk of not being able to keep pace and direction with transformational service redesign Executive Lead: Director of Strategy & Planning	Develop Hospitals Transformation Programme (HTP)	Hazard(s) / Cause(s): A failure to provide future-proof and fit-for-purpose excellent patient outcomes and achieve financial and operational stability through the lack of direction and control Effect(s) & Impact(s): That could potentially result in patient harm and reputational damage due to incorrect results, lack of services and significant delays.	Quality and Safety	I = 4 L = 4 High (16)	Transformation Plan • Programme resources in place • HTP timeline for delivery revised and agreed • Project governance revised and agreed • Draft SOC submitted Control Owner:	• Appointment of Director of Transformation & Strategy and Associate Director of Transformation • Performance Reporting to Assurance and Management Committees	• NHS Transformation Unit supporting HTP in Programme Director role • Appointment of Director of Transformation & Strategy and Associate Director of Transformation • Draft SOC submitted	• STP wide Independent Oversight Group (IOG) established to oversee delivery of the acute (HTP) and community programmes • NHS Transformation Unit supporting HTP in Programme Director role • Overview, Scrutiny from NHSE/I • Partnership agreement with BUH	Awaiting further feedback/development on SOC		I = 4 L = 4 High (16)	Review options including inflation costs and scope Person Responsible: To be allocated To be implemented by: 30 Dec 2020 Review options for multi-story car parking and Energy Centre Person Responsible: To be allocated To be implemented by: 31 Dec 2020	I = 4 L = 2 Medium (8)

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BAF	30-Sep-20	BAF 8	There is a risk of not adequately meeting CQC Health & Social Care regulations. Executive Lead: Director of Nursing	Deliver Quality Improvement Plan & Quality Priorities	Hazard(s) / Cause(s): Non-compliance in achieving Trust strategic objectives due to failing to consistently meet the requirements of the CQC Health & Social Care regulations or other national standards. Effect(s) & Impact(s): May lead to regulatory action being taken against the Trust, compromising patient care and reputational damage.	Quality and Safety	I = 4 L = 5 High (20)	Clinical service structures, accountability & quality governance arrangements at Trust, Care Group & Service levels Control Owner:	<ul style="list-style-type: none"> Nursing and Midwifery and AHP Business meeting Clinical staff recruitment, induction, mandatory training, registration & re-validation Scoping and sign-off process for incidents and SIs 	<ul style="list-style-type: none"> Quality & Safety Assurance Committee with work programme aligned to CQC registration regulations Clinical policies, procedures, guidelines, pathways, supporting documentation & IT systems Clinical staff recruitment, induction, mandatory training, registration & re-validation Defined safe medical & nurse staffing levels for all wards & departments (Nursing safeguards monitored by Chief Nurse) Ward assurance/ metrics & accreditation programme Nursing & Midwifery Strategy AHP Strategy 	Clinical audit programme & monitoring arrangements	<ul style="list-style-type: none"> Ward capacity at RSH and PRH At times of high operational pressure, some patients can only be accommodated in contravention to Escalation Policy ED workforce vacancies in consultant, middle grade and RN Available bed capacity with impact of social distancing 		I = 4 L = 5 High (20)	Structured oversight/review of s29 and s31 reporting ownership and responsibilities via PMO Person Responsible: To be allocated To be implemented by: 30 Dec 2020 Working with NHSI Improvement Director & Execs to strengthen QIP and PMO approach and refresh of QIP Governance arrangements. Person Responsible: To be allocated To be implemented by: 31 Dec 2020 Developing a case and sourcing additional nursing resource and expertise to support at corporate and operational level to drive improvements at pace. Person Responsible: To be allocated To be implemented by: 31 Dec 2020	I = 4 L = 2 Medium (8)
BAF	30-Sep-20	BAF 9	There is a risk that the impact of COVID-19 continues for a considerable period. Executive Lead: Medical Director	Restore Patient Services (Covid-19)	Hazard(s) / Cause(s): Potential 2nd wave of the virus and the known impact of winter pressures Effect(s) & Impact(s): Continues to have significant impact on the delivery of all strategic aims	COVID Assurance	I = 5 L = 4 High (20)	Extensive monitoring at operational and strategic levels: <ul style="list-style-type: none"> Covid Committee Workforce reports Health and Safety Policy Advanced Training in National guidance Emergency and Resilience Plan and Group Meeting Control Owner:	<ul style="list-style-type: none"> Root Cause Analysis and Root Cause Analysis Group Infection control annual plan developed in line with the Hygiene Code 	<ul style="list-style-type: none"> Advanced Training in National guidance Emergency and Resilience Plan and Group Meeting Infection prevention & control (IPC) programme Policies/ Procedures; Staff training; Environmental cleaning audits 	Public communications re: norovirus and infectious diseases		I = 5 L = 4 High (20)	Whole system capacity and demand forecasting Person Responsible: To be allocated To be implemented by: 30 Dec 2020 Heightened security protocols with Communications plan regarding potential for fraud to be assured Person Responsible: To be allocated To be implemented by: 31 Dec 2020 System (Local Health Resilience Partnership) has continued to develop – risk now moving to: - Staff testing - Care homes - Community capacity planning Person Responsible: To be allocated To be implemented by: 31 Dec 2020 Estate capacity submission to NHSIE re: RSH ED/SDEC, Modular ward capacity, Mobile diagnostic unit(s). Person Responsible: To be allocated To be implemented by: 31 Dec 2020	I = 5 L = 2 Medium (10)	

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BAF	02-Oct-20	BAF 10	There is a risk around the uncertainty of Brexit Executive Lead: Chief Operating Officer	Improve Service Sustainability	Hazard(s) / Cause(s): Potential for UK to leave EU without a deal Effect(s) & Impact(s): Disruption to procurement and HR	Sustainability	I = 4 L = 3 Medium (12)	Communication with NHS. Awaiting Guidance with respect to: • Workforce • Medicines • Equipment	Workforce updates flag potential issues to Assurance Committees	Procurement team closely monitoring and flagging any changes in national position.		Uncertainty around emerging 'no deal' scenario		I = 4 L = 3 Medium (12)	Action 1 Person Responsible: To be allocated To be implemented by: 31 Dec 2020	I = 4 L = 2 Medium (8)