Board of Directors -Open

Sheffield Health and Social Care
NHS Foundation Trust

Date:	12 August 2020	**Item Ref:**	14

TITLE OF PAPER	**Board Assurance Framework (BAF) 2020/21**
TO BE PRESENTED BY	David Walsh, Director of Corporate Governance (Board Secretary)
ACTION REQUIRED	For discussion

OUTCOME	To provide assurance to the Board that utilising the Board Assurance Framework (BAF), complemented by the risk management Strategy, the Trust has systematically managed the principal risks identified in achieving its objectives.
TIMETABLE FOR DECISION	12 August 2020
LINKS TO OTHER KEY REPORTS / DECISIONS	Internal Audit Reports covering Risk Management Directorate Risk Registers Risk Management Strategy Trust Strategy Corporate (organisational) Risk Register Care Network and Directorate Risk Registers
STRATEGIC AIM: **STRATEGIC OBJECTIVE:** **BAF RISK NUMBER:** **BAF RISK DESCRIPTION:**	Create a great place to work CQC: Getting back to good BAF.0002 There is a risk the Trust does not deliver on its Well-Led Development Plan. This would result in a failure to meet the regulatory framework, get back to good and a failure to remove additional conditions placed on the Trust's Provider Licence.
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Provider Licence Annual Governance Statement NHS Foundation Trust Code of Governance
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Implications of individual risks are highlighted in the BAF. The BAF enables the Trust to satisfy its regulatory requirements and provides assurance for the Chief Executive to sign the Annual Governance Statement.
CONSIDERATION OF LEGAL ISSUES	Breach of SHSC Constitution Standing Orders Breach of NHS Improvement's Governance regulations and Provider Licence.

Author of Report	Sam Stoddart
Designation	Deputy Board Secretary
Date of Report	4 August 2020

Proud to care in Sheffield

Summary Report

1. Purpose

For approval	For assurance	For collective decision	To seek input from	To report progress	For information	Other (please state)
	x		x			

1. Summary

The Trust aspires to be outstanding in relation to its corporate governance. Evidence that would support achievement of this would be:

a) Meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-17-good-governance

b) Having a board assurance framework (BAF) and risk registers in place which are assessed by the board on a quarterly basis as a minimum as set down in the development reviews of leadership and governance using the well-led framework, https://improvement.nhs.uk/uploads/documents/Well-led_guidance_June_2017.pdf

c) Securing a significant Head of Internal Audit Opinion (HIAO)

2.1 Board Assurance Framework Purpose

The BAF is a key aspect of good governance in all organisations and a properly functioning BAF provides Board members with an understanding of the principal risks to achieving its strategic objectives. It also provides assurance regarding controls in place or actions being taken to mitigate risks to an acceptable level within the Board's risk appetite.

The BAF is 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.

2.2. 2020/21 BAF

As part of the annual process, strategic objectives for 2020/21 were reviewed and revised. Board members met in February 2020 to consider BAF risks in relation to the revised strategic objectives and review its risk appetite. However, subsequent to this, the Trust received the outcome of its CQC inspection and the coronavirus pandemic took hold which resulted in a further significant revision of the strategic objectives. Board Committee Chairs together with lead executives took responsibility for identifying new BAF risks aligned to the revised objectives and to reflect newly emerging priorities. They are as follows:

Strategic Aim	Strategic Priority	2020/21 BAF Risk	Monitoring Committee
Deliver Outstanding Care	Covid: getting through safely	**BAF.0001** There is a risk that the Trust may not be in a position of readiness to respond to the different phases of Covid-19.	BoD
Create a great place to work	CQC: getting back to good	**BAF.0002** There is a risk the Trust does not deliver on its Well-Led Development Plan. This would result in a failure to meet the regulatory framework, get back to good and a failure to remove additional conditions placed on the Trust's Provider Licence.	ARC
		BAF.0003 There is a risk that the Trust is unable to improve patient safety resulting in a failure to comply with CQC requirements and achieve necessary improvements.	QAC
		BAF.0004 There is a risk that the Trust is unable to improve the quality of patient care, resulting in a failure to comply with CQC requirements and achieve necessary improvements.	QAC
Improve our use of resources	Transformation: changing things that will make a difference	**BAF.0005** There is a risk that the Trust fails to deliver its People Strategy which could result in a failure to prioritise health and wellbeing, recruit and retain the right staff with the right skills, deliver and implement effective transformation of the workforce, develop a new approach to leadership and culture with equal opportunity for growth and development. This could impact on staff morale and engagement, sickness absence levels, recruitment and retention, quality of care and service user satisfaction rates.	PC

Strategic Aim	Strategic Priority	2020/21 BAF Risk	Monitoring Committee
		BAF.0006 Inability to deliver a break-even position resulting in a failure to deliver financial sustainability.	FPC
		BAF.0007 Inability to deliver our transformation plans resulting in a failure to deliver our objectives (CQC, Transformation).	FPC
		BAF.0008 There is a risk that patient safety and clinical practice/effectiveness is adversely affected by a technical architecture that is increasingly fragile. This will lead to increasing down time across the network and the need to take key systems offline to maintain the status quo.	FPC

This is the first iteration of the 2020/21 BAF and is presented to Board following presentation to all Board committees in July following which comments have been incorporated.

The original timetable was for Board to receive the BAF in July, September, December and March. This has now changed to August, December, and March. The primary reason is the cancellation of the July Board, but also, there needs to be sufficient time to allow update of the BAF following its presentation to committees in October and January 2020.

The table below shows how the 17 risks from the 2019/20 BAF have been transferred to the 20/21 BAF.

Old BAF Risk Number	Description	Alignment
A101i	Failure to meet regulatory standards (registration and compliance)	Incorporated into BAF.0002
A101ii	Inability to improve in the quality of patient care	Now BAF.0004
A101iii	Trust governance systems are not sufficiently embedded which may reduce the effective means by which executive directors can consistently and continually be held to account for the delivery of sound strategies, effective management of risk and the quality of service provided by the organisation.	Incorporated into BAF.0002

Old BAF Risk Number	Description	Alignment
A102i	Failure to deliver safe care due to insufficient numbers of appropriately trained registered professionals.	Incorporated into BAF.0003 and BAF.0005
A102ii	Inability to improve the safety of patient care	Now BAF.0003
A102iii	Risk that the Trust will be unable to provide care to the required standards as a result of reduced or uncertain staffing numbers resulting from the impact of the Covid-19 pandemic	This risk closed as the risk has been mitigated. However, new Covid risk BAF.0001
A103	Failure to adequately measure service user experience and outcomes	Incorporated into BAF.0004
A104	Inability to deliver services in accordance with defined access standards	No direct BAF risk. However, would be incorporated into BAF.0004 should it escalate to become a principle risk.
A201	Failure to address culture and morale through implementation of the Trust's OD and Engagement Plan.	Incorporated into BAF.0005
A202	Risk the Trust does not develop new roles to meet current and future workforce needs.	Incorporated into BAF.0005
A203	Insufficient skills and systems in place to enable transformation of recruitment within the Trust.	Incorporated into BAF.0005
A204	Risk the Trust fails to properly recognise what is significant for the health and wellbeing of its staff and take prompt action.	Incorporated into BAF.0005
A302	Insufficient capacity to maintain service quality in recovery services	No direct BAF risk. However, would be incorporated into BAF.0004 should it escalate to become a principle risk.
A401	Inability to deliver a break-even position resulting in a failure to deliver financial sustainability.	Now BAF.0006
A403i	Affordability of the Acute Care Modernisation (ACM) project as it progresses through to final business case (FBC) and procurement stages	No direct BAF risk but would relate to BAF.0007
A403ii	Delays in the disposal of Fulwood site impact on the capital programme, i.e. Acute Care Modernisation	No direct BAF risk but would relate to BAF.0007
A404	The programmes for delivery are not developed or require additional resources not within plan and/or require significant reprioritisation once developed	No direct BAF risk but would relate to BAF.0007 and BAF.0008

2.3 Risk Appetite

During the development session February, the Board reviewed its risk appetite and was agreed as follows:

Category	Relative Willingness to Accept Risk				
	Zero	**Low**	**Moderate**	**High**	**Very High**
	1	**2**	**3**	**4**	**5**
Safety	🟥				
Quality		🟥			
Workforce		🟥			
Statutory	🟥				
Reputation			🟧		
Business			🟧		
Finance			🟧		
Environmental		🟥			

2.4 Target Risk Score

Target risk scores are informed by the risk appetite as follows:

Risk Appetite	Target Score Range
Zero	1-4
Low	5-8
Moderate	9-12
High	15
Very High	25

All BAF risks have a target risk score based on the risk type and associated risk appetite.

2.5 BAF Operation

The BAF is fully automated via the Ulysses Risk Management System (URMS) and risks are updated by risk owners and are quality assured by Executive Directors. Each BAF risk is assigned and presented to the appropriate Board Committee for consideration and review on a quarterly basis. In order to help Committees determine the level of management and assurance received from the BAF risks, report front sheets require the author to identify the relevant BAF risk. Any concerns Board Committees have in relation to the BAF are recorded in the 'significant issues' report they present to the Board.

2.6 Assurances

Assurance ratings are as follows:

Green	Effective controls definitely in place and Board is satisfied that appropriate assurances are available
Amber	Effective controls thought to be in place but assurances are uncertain and/or possibly insufficient
Red	Effective controls may not be in place and/or appropriate assurances are not available to Board

However, Board members are asked to note that the BAF report does not provide an *overall* assurance rating for each risk. Assurance ratings are assigned to each control within a risk.

In order to provide the Board with some indication of assurance, the table below shows the assurance ratings for each control within a risk and any change therein.

Risk Nº	Assurance Level for controls	Change in Assurance Ratings	Risk Nº	Assurance Level for controls	Change in Assurance Ratings
BAF.0001	Control 1: amber Control 2: amber	n/a	**BAF.0002**	Control 1: amber Control 2: red Control 3: green	n/a
BAF.0003	Control 1: amber Control 2: red Control 3: green Control 4: amber Control 5: red Control 6: green Control 7: green	n/a	**BAF.0004**	Control 1: amber Control 2: amber Control 3: amber Control 4: green	n/a
BAF.0005	Control 1: amber Control 2: amber Control 3: amber Control 4: amber	n/a	**BAF.0006**	Control 1: red Control 2: amber	n/a
BAF.0007	Control 1: red	n/a	**BAF.0008**	Control 1: green Control 2: green	n/a

3. Next Steps

Following presentation to Board, the 2020/21 BAF will be presented to the Audit & Risk Committee, Quality Assurance Committee, Finance and Performance Committee and People Committee in October. Following comments from these committees, the BAF will be updated and reviewed and presented to Board in December 2020.

4. Required Actions

The Board is asked to:

a) Consider papers presented at today's meeting with a view to identifying how assurance can be gained from them that actions on the BAF are being sufficiently mitigated and:

- o record and minute any assurance that has been provided (or not) during the meeting regarding the relevant risks;
- o provide the Director of Corporate Governance (Board Secretary) with any updates that are required to the BAF following the Committee.

b) Receive and approve the draft BAF.

5. Monitoring Arrangements

The BAF and Corporate Risk Register are monitored by the Director of Corporate Governance (Board Secretary). However, it is the responsibility of Board to have due oversight of it and that the papers which are brought before them provide sufficient assurance that risks are being addressed and managed.

6. Contact Details

David Walsh, Director of Corporate Governance (Board Secretary)
Email: david.walsh@shsc.nhs.uk

Links between Board Assurance Framework, Corporate Risk Register and Board Committees 2020/21

BAF Risk Number	Risk Description	Corporate Risk Register Number(s)	Board/ Committee(s)
BAF.0001	There is a risk that the Trust may not be in a position of readiness to respond to the different phases of Covid-19.	4326 4423	BoD FPC
BAF.0002	There is a risk the Trust does not deliver on its Well-Led Development Plan. This would result in a failure to meet the regulatory framework, get back to good and a failure to remove additional conditions placed on the Trust's Provider Licence.	4264 4284	QAC QAC
BAF.0003	There is a risk that the Trust is unable to improve patient safety resulting in a failure to comply with CQC requirements and achieve necessary improvements.	3679 4079 4140 4276 4325 4407	QAC QAC QAC QAC PC QAC
BAF.0004	There is a risk that the Trust is unable to improve the quality of patient care, resulting in a failure to comply with CQC requirements and achieve necessary improvements.	4326 4330	PC QAC
BAF.0005	There is a risk that the Trust fails to deliver its People Strategy which could result in a failure to prioritise health and wellbeing, recruit and retain the right staff with the right skills, deliver and implement effective transformation of the workforce, develop a new approach to leadership and culture with equal opportunity for growth and development.	3831 4078 4124 4223 4409	PC PC QAC PC PC
BAF.0006	Inability to deliver a break-even position resulting in a failure to deliver financial sustainability.	4377	FPC
BAF.0007	Inability to deliver our transformation plans resulting in a failure to deliver our objectives (CQC, Transformation).	4189 4396	QAC FPC
BAF.0008	There is a risk that patient safety and clinical practice / effectiveness is adversely affected by a technical architecture that is increasingly fragile. This will lead to increasing down time across the network and the need to take key systems offline to maintain the status quo.	4121	FPC

Key:

BoD	Board of Directors	QAC	Quality Assurance Committee
FPC	Finance & Performance Committee	ARC	Audit & Risk Committee
PC	People Committee		

BOARD ASSURANCE FRAMEWORK 2020/2021

NHS Sheffield Health and Social Care NHS Foundation Trust

AIM: 1. DELIVER OUTSTANDING CARE	Strategic Objective: COVID: Getting Through Safely.	Lead Executive: Clive Clarke

Risk Ref: BAF.0001	Details: There is a risk that the Trust may not be in a position of readiness to respond to the different phases of Covid-19.
Date Risk Created: 16/06/2020	

Executive Lead: Deputy Chief Executive	Risk Rating:	Impact	Likelihood	Score	BAF Risk Review Date:
Risk Type: Safety	Residual Risk (with current controls):	4	3	12	Last Review: 04/08/2020
Risk Appetite: Zero	Target Risk (after improved controls):	2	2	4	Next Review: 02/11/2020

CONTROLS & MITIGATION / ASSURANCES/EVIDENCE (how do we know we are making an impact)

Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	Assurance Rating
Gold planning multi agency group (Public Health Sheffield, CCG) looking at the experiences of Covid and lessons learned and which are being fed into the Trust's refreshed strategy.	Refreshed strategy due for completion November 2020	Reports monthly to Board			AMBER
Effective governance systems in place to manage surge in demand including daily monitoring, 24/7 flow coordination, escalation process clearly defined and redistribution of staff to address areas of need.	Mutual aid agreement with Trade Unions ended June 2020.	Daily sit-rep to Clinical Ops. Monthly performance report to Board.	Daily sit-rep to NHS Sheffield CCG. Weekly multi-agency Health & Care Gold Command.		AMBER

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:

BOARD ASSURANCE FRAMEWORK 2020/2021

NHS
Sheffield Health and Social Care
NHS Foundation Trust

AIM: 1. DELIVER OUTSTANDING CARE	Strategic Objective: COVID: Getting Through Safely.	Lead Executive: Clive Clarke

Risk Ref: BAF.0001	Details: There is a risk that the Trust may not be in a position of readiness to respond to the different phases of Covid-19.
Date Risk Created: 16/06/2020	

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
🟢 Local negotiations with Staffside regarding mutual aid.	Agreed a local collaborative approach to encourage and support staff to work across community and inpatient services. Discussions took place in each adult community team with Staffside during week of 13th July. Community Team and Wards have had further discussions together. No staff volunteers have come forward to offer mutual aid to date.	31/08/2020 Michelle Fearon

BOARD ASSURANCE FRAMEWORK 2020/2021

NHS Sheffield Health and Social Care NHS Foundation Trust

AIM: 2. CREATE A GREAT PLACE TO WORK	Strategic Objective: CQC: Getting Back To Good	Lead Executive: Mike Hunter

Risk Ref: BAF.0002 Date Risk Created: 16/06/2020	Details:	There is a risk the Trust does not deliver on its Well-Led Development Plan. This would result in a failure to meet the regulatory framework, get back to good and a failure to remove additional conditions placed on the Trust's Provider Licence.

Executive Lead: Director Of Corporate Governance Risk Type: Statutory Risk Appetite: Zero	Risk Rating:	Impact	Likelihood	Score	BAF Risk Review Date:
	Residual Risk (with current controls):	4	3	12	Last Review: 03/08/2020
	Target Risk (after improved controls):	2	2	4	Next Review: 02/11/2020

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	Assurance Rating
Regular monitoring of progress against actions against timescales at a range of internal and external meetings.		1) Weekly catch-up meetings between Director of Corporate Governance and Corporate Governance Specialist to monitor delivery; 2) Ad hoc updates/monitoring meetings between Director of Corporate Governance and Director of Improvement; 3) Monthly monitoring as part of wider Back to Good Programme Board and Quality Assurance Committee;	1) Regular engagement with NHSE/I Locality Director for SYB around compliance with licence conditions; 2) Participation in quarterly meetings with CQC to report against progress and receive feedback.		AMBER

BOARD ASSURANCE FRAMEWORK 2020/2021

NHS
Sheffield Health and Social Care
NHS Foundation Trust

AIM: 2. CREATE A GREAT PLACE TO WORK	Strategic Objective: CQC: Getting Back To Good	Lead Executive: Mike Hunter

Risk Ref: BAF.0002 Date Risk Created: 16/06/2020	Details:	There is a risk the Trust does not deliver on its Well-Led Development Plan. This would result in a failure to meet the regulatory framework, get back to good and a failure to remove additional conditions placed on the Trust's Provider Licence.

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
		4) Focused monitoring of delivery through Audit and Risk Committee and Trust Board at every meeting; 5) Progress updates to Council of Governors at appropriate intervals; 6) Focus group with NEDs to be established as part of Well-Led workstream WL1.			*(orange)*
Reorganised support from within the Corporate Governance directorate to provide re-focused resource in relation to policy, risk and committee support.	Implementation of required restructure not expected to be completed until September 2020.				RED
Procurement of a Corporate Governance Specialist as facilitative partner to support delivery of the Well Led Development Plan.		Initial scoping work of Corporate Governance Specialist approved by Audit and Risk Committee in May and Trust Board in June.			GREEN

BOARD ASSURANCE FRAMEWORK 2020/2021

NHS
Sheffield Health and Social Care
NHS Foundation Trust

AIM: 2. CREATE A GREAT PLACE TO WORK	Strategic Objective: CQC: Getting Back To Good	Lead Executive: Mike Hunter

Risk Ref: BAF.0003	Details:	There is a risk that the Trust is unable to improve patient safety, resulting in a failure to comply with CQC requirements and achieve necessary improvements.
Date Risk Created: 16/06/2020		

Executive Lead: Executive Medical Director	Risk Rating:	Impact	Likelihood	Score	BAF Risk Review Date:
Risk Type: Safety	Residual Risk (with current controls):	4	3	12	Last Review: / /
Risk Appetite: Zero	Target Risk (after improved controls):	2	2	4	Next Review: 02/11/2020

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
Rapid cell in place which is developing a plan for recruitment and retention.					AMBER
Minimum safe staffing levels monitored daily plus any instances of preceptorship nurses leading shifts are escalated and addressed.	Whilst an exception to the rule, there remain instances where preceptorship nurses manages a shift	Daily sit-rep into clinical services. Weekly oversight meeting chair by Executive Medical Director. Monthly safer staffing report to Board Monthly section 29a report to Board and Quality Committee	Fortnightly oversight and scrutiny meeting with NHS I/E. CQC Inspection	2020 CQC Inspected rated the trust as inadequate	RED

BOARD ASSURANCE FRAMEWORK 2020/2021

NHS
Sheffield Health and Social Care
NHS Foundation Trust

AIM: 2. CREATE A GREAT PLACE TO WORK	Strategic Objective: CQC: Getting Back To Good	Lead Executive: Mike Hunter

Risk Ref: BAF.0003	Details:	There is a risk that the Trust is unable to improve patient safety, resulting in a failure to comply with CQC requirements and achieve necessary improvements.
Date Risk Created: 16/06/2020		

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
Physical health workstream in Trust's 'Getting Back to Good' programme (physical health monitoring compliance rates significantly improved as at July 2020)		Daily sit-rep to clinical operations. Weekly oversight meeting with Executive Medical Director. Monthly Section 29a reports to Quality Committee and Board.	Fortnightly oversight meeting with NHS I/E CQC Inspection (April 2020) rated Trust as inadequate.		GREEN
Ensuring safe practice through timely supervision in line with Trust policy (as at July 2020 target achieved and exceeded)		Weekly supervision report to all services. Weekly oversight with Executive Medical Director. Monthly Section 29a report to Quality Committee and Board	Fortnightly oversight meeting with NHS I/E CQC Inspection (April 2020) rated the trust as inadequate		AMBER
Trust inpatient environment that support the safe care of patients.	Dormitories and seclusion does not meet Code of Practice standards,	EMSA report	CQC report (April 2020) rated Trust as inadequate and failing to meet code of		RED

BOARD ASSURANCE FRAMEWORK 2020/2021

NHS Sheffield Health and Social Care NHS Foundation Trust

AIM: 2. CREATE A GREAT PLACE TO WORK	Strategic Objective: CQC: Getting Back To Good	Lead Executive: Mike Hunter

Risk Ref: BAF.0003 Date Risk Created: 16/06/2020	Details:	There is a risk that the Trust is unable to improve patient safety, resulting in a failure to comply with CQC requirements and achieve necessary improvements.

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	Assurance Rating
			practice standards.		RED
Lessons learned from investigations/reviews of care/mortality reviews are shared across the Trust in a variety of ways.		- Connect - Learning events - Staff debriefs - Clinical operations governance meeting minutes. - Quarterly incident management report - Quarterly mortality report - Structured Judgement Reviews flowchart	CCG reviews on serious incident investigation reports. HM Coroner reviews of care provision during inquests. Serious Case Reviews, Child Death Overviews and domestic homicide reviews. CQC inspections (report April 2020)		GREEN
Appropriate training is in place for staff to ensure they are practising safely (mandatory training compliance significantly increased and target reached).		Analysis provided fortnightly to teams and care network on training compliance. Training compliance rates monitored monthly.	CQC Inspection (April 2020) rated inadequate		GREEN

BOARD ASSURANCE FRAMEWORK 2020/2021

NHS
Sheffield Health and Social Care
NHS Foundation Trust

AIM: 2. CREATE A GREAT PLACE TO WORK	Strategic Objective: CQC: Getting Back To Good	Lead Executive: Mike Hunter

Risk Ref: BAF.0003	Details:	There is a risk that the Trust is unable to improve patient safety, resulting in a failure to comply with CQC requirements and achieve necessary improvements.
Date Risk Created: 16/06/2020		

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	Assurance Rating
		Suite of training on offer to staff to support ongoing development.			

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
🟢 Business case to increase provision of psychological therapies and allied health professions in inpatient areas.	initial investment received and being translated to increased ward provision.	31/10/2020 Linda Wilkinson
🟢 Pharmacy provision to inpatient wards being reviewed.		31/08/2020 Abiola Allinson
🟢 Business case to eliminate dormitories and address seclusion areas approved by FPC June 2020.	Tender received for Burbage and Dovedale as the first stage to the environmental changes. However, issues in relation to relocation of services currently houses on Dovedale 2 yet to be resolved.	30/06/2021 Geoffrey Rawlings
🟢 Review of mixed sex wards taking place to improve privacy and dignity of service users.		30/10/2020 Deborah Horne

BOARD ASSURANCE FRAMEWORK 2020/2021

NHS
Sheffield Health
and Social Care
NHS Foundation Trust

AIM: 2. CREATE A GREAT PLACE TO WORK	Strategic Objective: CQC: Getting Back To Good	Lead Executive: Mike Hunter

Risk Ref: BAF.0004	Details:	There is a risk that the Trust is unable to improve the quality of patient care, resulting in a failure to comply with CQC requirements and achieve necessary improvements.
Date Risk Created: 16/06/2020		

Executive Lead: Executive Medical Director	Risk Rating:	Impact	Likelihood	Score	BAF Risk Review Date:
Risk Type: Quality	Residual Risk (with current controls):	4	3	12	Last Review: / /
Risk Appetite: Low	Target Risk (after improved controls):	2	3	6	Next Review: 02/11/2020

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
Service user and carer feedback is captured through various mechanisms and monitored via the Service User Experience and Engagement Group (SUSEG) and the Quality Committee.	Lack of mechanisms for capturing feedback. Lack of systematic approach to dissemination of learning from feedback.	Service User Experience and Engagement Group (quarterly) Quarterly Service User Experience Report to Quality Committee (feedback and complaints information triangulated)	Monthly national benchmarking data from Friends and Family Test Continuous Care Opinion feedback.		AMBER
Service User Engagement and Experience Strategy in place (refreshed May 2020) and overseen by SUSEG.	Whilst milestones within strategy are being achieved, percentage of feedback is not significantly increasing.	Quarterly report to Quality Committee.			AMBER
Involvement of service users and carer in 'Getting Back to Good' programme.	Proposal in place for achievement. However, a range of involvement methods to be identified to reflect different needs of users and carers.	Reporting structures to 'Back to Good' Board.			AMBER

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 2. CREATE A GREAT PLACE TO WORK	Strategic Objective: CQC: Getting Back To Good	Lead Executive: Mike Hunter

Risk Ref: BAF.0004 Date Risk Created: 16/06/2020	Details:	There is a risk that the Trust is unable to improve the quality of patient care, resulting in a failure to comply with CQC requirements and achieve necessary improvements.

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	Assurance Rating
Partnership with Sheffield Flourish to provide 'independent challenge' which will support effective improvements in quality. Secondee from Sheffield Flourish working alongside Experience and Engagement Team and the Managing Director is co-chairing SUSEG.					GREEN

ACTION PLAN		
Details	Progress	Target Date / Responsibility Of:
🟢 Implementation plan in place as part of Service User Engagement Strategy, overseen by SUSEG.		31/03/2021 Jo Evans

BOARD ASSURANCE FRAMEWORK 2020/2021

NHS
Sheffield Health and Social Care
NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES	Strategic Objective: Transformation: Changing Things That Will Make A Difference	Lead Executive: Phillip Easthope

Risk Ref: BAF.0005 Date Risk Created: 16/06/2020	Details: There is a risk that the Trust fails to deliver its People Strategy which could result in a failure to prioritise health and wellbeing, recruit and retain the right staff with the right skills, deliver and implement effective transformation of the workforce, develop a new approach to leadership and culture with equal opportunity for growth and development. This could impact on staff morale and engagement, sickness absence levels, recruitment and retention, quality of care and service user satisfaction rates.

Executive Lead: Director Of Human Resources	Risk Rating:	Impact	Likelihood	Score	BAF Risk Review Date:
Risk Type: Workforce	Residual Risk (with current controls):	4	3	12	Last Review: 02/07/2020
Risk Appetite: Low	Target Risk (after improved controls):	2	3	6	Next Review: 02/11/2020

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	Assurance Rating
Trust Health and Wellbeing Group led by Deputy Director of HR (aligned to ICS Health and Wellbeing Framework)	Broader wellbeing focus reduced during Covid-19 pandemic.	Report to People Committee quarterly			AMBER
Recruitment and retention led by Workforce Planning Group (Rapid Recruitment Cell in place for nursing recruitment).	Subgroups related to workforce require review and governance processes require clarification, in particular the Effective Staffing Group.	Report to People Committee Medical Workforce Planning Group		review required for governance below people committee	AMBER
Workforce transformation led by Workforce Planning Group and Education, Training and Development Steering Group	Effectiveness of Workforce Planning Group	Report into Workforce Planning Group	Annual workforce return led by ICS		AMBER
Organisation Development and Plan including KPIs	Plan not yet in place and Committee to lead work not yet established	To report to People Committee			AMBER

BOARD ASSURANCE FRAMEWORK 2020/2021

NHS
Sheffield Health and Social Care
NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES	Strategic Objective: Transformation: Changing Things That Will Make A Difference	Lead Executive: Phillip Easthope

Risk Ref: BAF.0005 Date Risk Created: 16/06/2020	Details:	There is a risk that the Trust fails to deliver its People Strategy which could result in a failure to prioritise health and wellbeing, recruit and retain the right staff with the right skills, deliver and implement effective transformation of the workforce, develop a new approach to leadership and culture with equal opportunity for growth and development. This could impact on staff morale and engagement, sickness absence levels, recruitment and retention, quality of care and service user satisfaction rates.

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:	
🟢 Embed stepped care model to improve mental wellbeing through COVID active and recovery stages.		31/03/2022	Caroline Parry
🟢 Innovative communications plan and forums to engage all staff in Health and Wellbeing		30/09/2020	Caroline Parry
🟢 Use learning from COVID to develop different approaches to work for example flexible working and use of digital technology		31/03/2021	Caroline Parry
🟢 identify innovative recruitment methods to enable workforce development and support retention		31/10/2020	Caroline Parry
🟢 Develop and support the implementation of new roles across Clinical and Corporate Services		30/09/2020	Karen Dickinson
🟢 Develop a clinically led process for workforce planning		31/10/2020	Karen Dickinson
🟢 Undertake a Learning Needs Analysis (LNA)		31/08/2020	Karen Dickinson
🟢 Introduce leadership and talent development programme		31/12/2020	Rita Evans
🟢 Organisation development plan completed		30/11/2020	Rita Evans

BOARD ASSURANCE FRAMEWORK 2020/2021

NHS
Sheffield Health and Social Care
NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES	Strategic Objective: Transformation: Changing Things That Will Make A Difference	Lead Executive: Phillip Easthope

Risk Ref: BAF.0006	Details: Inability to deliver a break-even position resulting in a failure to deliver financial sustainability.
Date Risk Created: 16/06/2020	

Executive Lead: Executive Director Of Finance	Risk Rating:	Impact	Likelihood	Score	BAF Risk Review Date:
Risk Type: Financial	Residual Risk (with current controls):	4	4	16	Last Review: 04/08/2020
Risk Appetite: Moderate	Target Risk (after improved controls):	3	3	9	Next Review: 02/11/2020

CONTROLS & MITIGATION | ASSURANCES/EVIDENCE (how do we know we are making an impact)

Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	Assurance Rating
Operational plan, financial plan including Financial Improvement Trajectory consideration and CIP requirements. Underpinned by 5 year long term financial model refreshed as part of long term Planning. Covid-19 financial framework April-July 2020. Now extended till September	Understanding productivity and efficiency of services. Evidence based approach to efficiency planning.	Monthly financial reporting to Board, FPC, summary reports circulated internally. Financial performance framework and DOF level intervention meetings.	NHSI monitoring against Single Oversight Framework and monthly returns. Head of Internal Audit Opinion. Significant Assurance re. financial internal audits. External audit.	Clarity around planning regime post July including financial implications around MH implementation plan and CIP. CIP plans for 2020/2021. Updated clarity for M5 - M6 (extended of temporary rules) Finance regime post September still remains unclear and guidance due during August.	RED

BOARD ASSURANCE FRAMEWORK 2020/2021

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Risk Ref: BAF.0006 Date Risk Created: 16/06/2020	Details: Inability to deliver a break-even position resulting in a failure to deliver financial sustainability.

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	Assurance Rating
Financial governance and management in place at Trust, Divisional and Service level and key partners (incl risk share within Sheffield).	Accountability Framework. Financial performance management at team level.			Empowerment and ownership at team level.	AMBER

ACTION PLAN		
Details	Progress	Target Date / Responsibility Of:
🟢 Revised financial plan in accordance with national timescales (TBC, expecting July).	The temporary financial regime in operation for April - July (AP01 - AP04) has been extended till the end of August officially (AP05). This has now been updated again to reflect an expectation that this will continue until the end of September (AP06). A revised financial regime will be in place for the remainder of the financial year, October - March and the full guidance is expected during August. The Trust will therefore breakeven for the first 6 months. The financial regime beyond month 6 will be ICS & system/partnership led with system balance the objective but could lead to individual providers being in deficit.	30/09/2020 James Sabin
🟢 Revised CIP planning, ensuring, CIP schemes are informed by efficiency and effectiveness of services and benchmarking.		30/11/2020 James Sabin

BOARD ASSURANCE FRAMEWORK 2020/2021

AIM: 3. IMPROVE OUR USE OF RESOURCES	Strategic Objective: Transformation: Changing Things That Will Make A Difference	Lead Executive: Phillip Easthope

Risk Ref: BAF.0007	Details: Inability to deliver our transformation plans resulting in a failure to deliver our objectives (CQC, Transformation).
Date Risk Created: 16/06/2020	

Executive Lead: Executive Director Of Finance	Risk Rating:	Impact	Likelihood	Score	BAF Risk Review Date:
Risk Type: Business	Residual Risk (with current controls):	5	4	20	Last Review: 04/08/2020
Risk Appetite: Moderate	Target Risk (after improved controls):	3	3	9	Next Review: 02/11/2020

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
PMO function (low maturity). Programme Boards and project management in place (Back to Good Board and Portfolio Transformation Board)	Portfolio Transformation Board to facilitate portfolio management and assurance reporting at Trust level and to Finance & Performance Committee (FPC)	Programme Boards and project management including quarterly reports to FPC. Programme risk registers are in place and reviewed regularly		Committee assurance reporting via Portfolio Transformation Board to FPC. External assurance	RED

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
🟢 Implement portfolio reporting to Finance & Performance Committee	Portfolio report will be submitted to Transformation Portfolio board on 14th September. It will be available for wider circulation from this point.	30/09/2020 Zoe Sibeko
🟢 Review progress re portfolio management including effective prioritisation, resource planning, visibility of documentation	Portfolio management being implemented, prioritisation matrix currently being developed, along with methods of reporting and assurance.	30/09/2020 Zoe Sibeko

BOARD ASSURANCE FRAMEWORK 2020/2021

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Risk Ref: BAF.0007	Details: Inability to deliver our transformation plans resulting in a failure to deliver our objectives (CQC, Transformation).
Date Risk Created: 16/06/2020	

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
and assurance, lessons learned.		

BOARD ASSURANCE FRAMEWORK 2020/2021

NHS Sheffield Health and Social Care — NHS Foundation Trust

AIM: 3. IMPROVE OUR USE OF RESOURCES	Strategic Objective: Transformation: Changing Things That Will Make A Difference	Lead Executive: Phillip Easthope

Risk Ref: BAF.0008 Date Risk Created: 21/07/2020	Details:	There is a risk that patient safety and clinical practice / effectiveness is adversely affected by a technical architecture that is increasingly fragile. This will lead to increasing down time across the network and the need to take key systems offline to maintain the status quo.

Executive Lead: Executive Director Of Finance Risk Type: Safety Risk Appetite: Zero	Risk Rating: Residual Risk (with current controls): Target Risk (after improved controls):	Impact 4 4	Likelihood 4 1	Score 16 4	BAF Risk Review Date: Last Review: / / Next Review: 02/11/2020

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	Assurance Rating
Governance controls in place via Replacement EPR Programme Board which meets fortnightly and directs all activity June 2022.		Reporting into Programme Board with oversight by Trust Transformation Board.	Reporting to NHS Digital through Fast Follower Programme.		GREEN
Governance controls are in place with the Telephony Improvement Programme embedded in the Back to Good Programme Board		Reporting into Back to Good Programme Board			GREEN

ACTION PLAN		
Details	Progress	Target Date / Responsibility Of:
🟢 Implementation of a new data centre improving resilience and providing failover systems to reduce impact and likelihood of any downtime of key systems		31/12/2020 Nick Gillott
🟢 Implementation of a new electronic Patient Record system to replace the existing, increasingly unstable, Insight.		30/06/2022 Nick Gillott

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Risk Ref: BAF.0008 Date Risk Created: 21/07/2020	Details:	There is a risk that patient safety and clinical practice / effectiveness is adversely affected by a technical architecture that is increasingly fragile. This will lead to increasing down time across the network and the need to take key systems offline to maintain the status quo.

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
🟢 Implementation of technical recommendations through collaboration with 3rd party telephony specialists through the back to good / CQC programme of work.		31/12/2020 Nick Gillott