Sheffield Health and Social Care NHS Foundation Trust

Board of Directors – Public

Date:	10 March 2021	Item Ref:	15

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

OUTCOME	To provide Board opportunity to review the Board Assurance Framework (BAF) following its consideration by committees. To agree the BAF risks in respect of the People Committee and the Quality Assurance Committee agreed during the most recent cycle. To note changes in the proposed cycle of BAF consideration to be included in the Risk Management Strategy
TIMETABLE FOR DECISION	10 March 2021
LINKS TO OTHER KEY REPORTS / DECISIONS	Internal Audit Reports covering Risk Management Directorate Risk Registers Risk Management Strategy Trust Strategy Corporate Risk Register Care Network and Directorate Risk Registers
STRATEGIC AIM: **STRATEGIC OBJECTIVE:**	All All
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	David Walsh
Designation	Director of Corporate Governance
Date of Report	10 March 2021

Sheffield Health and Social Care NHS Foundation Trust

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			

2. 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/documents/1259/Well-led_guidance_June_2017.pdf

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

The way in which committees and Board use the Board Assurance Framework is due to imminently change due to arrangements agreed at a Board Development Session on 10 February 2021, and the establishment of a new Risk Management Strategy in the coming weeks.

This is expected to be the final report the committee receives where it considers the BAF risks in their current form, although any issues flagged or matters which remain of concern will of course be covered as part of any revisions.

Both the People Committee and Quality Assurance Committee have, at their most recent meetings, considered new BAF Risks for 2021/22 which are included as appendices to this report. While these may be subject to further development as Board finalises its strategy work, they are proposed for approval at this stage.

2.1 BAF snapshot

This is a new section in the report which is intended to inform, at a glance, of the current risk scores and the perceived effectiveness of controls that are currently in place. It is informed by the information provided within the appendix, which gives more detail, and the scoring is explained in the remaining parts of this report.

It is proposed to develop this further as the Risk Management arrangements are improved.

Current risk score			Target risk score			Effectiveness of controls
Impact	Likelihood	Total	Impact	Likelihood	Total	
BAF.0001: If the Trust is not properly prepared there is a risk that patients and staff will not be adequately protected from harm and that service delivery could be adversely impacted.						
4	3	12	2	2	4	
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						
4	3	12	2	2	4	
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.						
4	3	12	2	2	4	
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.						
4	3	12	2	3	6	
BAF.0005: There is a risk. that we fail to identify key cultural and work pressure issues impacting on staff health and wellbeing, leading to ineffective interventions resulting in low scores on the staff survey (low morale), high sickness levels and negative indicators for quality of care.						
4	3	9	2	2	4	
BAF.0006: Inability to deliver a break-even position resulting in a failure to deliver financial sustainability.						
4	5	20	3	3	9	
BAF.0007: Inability to deliver our transformation plans resulting in a failure to deliver our objectives (CQC, Transformation).						
4	3	12	3	3	9	
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.						
4	4	16	3	3	9	
BAF.0009: Safeguarding team inability to deliver statutory reports to Quality Assurance Group						
3	3	9	3	3	9	

2.2. 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.

2.3 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 as well as to review its risk appetite. However, following 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.

As mentioned above, it is anticipated BAF risks will be refreshed in the coming weeks.

2.4 Risk Appetite

During the development session February 2020, the Board reviewed and agreed its risk appetite 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					

It should be noted that this was reviewed during the Board Development Session on 10 February 2021, but the changes will not be proposed for formal agreement until Board considers the refreshed Risk Management Strategy.

2.5 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.

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

3 Next Steps

The BAF has been considered in the committee meetings during the most recent cycle. It is now asked to consider it alongside the required actions below.

4 Required Actions

Board is asked to:

1. Consider the BAF as presented in respect of the risks that have been considered by committees as follows:
    - Quality Assurance Committee considered BAF risks 1, 3, 4 & 9 at its meeting in February;
    - People Committee considered BAF risk 5 at its meeting in January;

- Finance and Performance committee considered BAF risks 6, 7 & 8 at its meeting in January;
- Audit and Risk Committee considered the BAF as a whole at its meeting in January

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

2. Consider BAF Risk 2, which falls under Board, in respect of the Well-Led update received elsewhere on this agenda. Specifically, it is recommended that the control in relation to reorganised support should be moved from 'Red' to 'Amber' as staff engagement on proposed changes is now underway, and the 'Likelihood' may be moved from '4' to '3' resulting in a total risk score falling from '12' to '9' subject to the Board's level of assurance.

3. Consider the proposed new BAF risks for 2021/22 for the People Committee, attached at Appendix 2.

4. Consider the proposed new BAF risks for 2021/22 for the Quality Assurance Committee, attached at Appendix 3.

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.

Board has considered among today's papers a report proposing the creation of a Risk Oversight Group, reporting to Audit and Risk Committee. This will be presented as part of the revised Risk Management Strategy to Board, as detailed in the Well-Led update. Monitoring in the future will include a significant role for this group.

6 Contact Details

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BOARD ASSURANCE FRAMEWORK 2020/2021

Sheffield Health and Social Care NHS Foundation Trust

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

Risk Ref: BAF.0001 Date Risk Created: 16/06/2020	Details: If the Trust is not properly prepared there is a risk that patients and staff will not be adequately protected from harm and that service delivery could be adversely impacted.

Executive Lead:	Executive Director - Nursing & Professions
Risk Type:	Safety
Risk Appetite:	Zero

Risk Rating:	Impact	Likelihood	Score
Residual Risk (with current controls):	4	3	12
Target Risk (after improved controls):	2	2	4

BAF Risk Review Date:	
Last Review:	08/01/2021
Next Review:	07/02/2021

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
Internal command structures,working sub-groups and the Incident Control Centre in place to ensure all guidance is received, understood and applied. Engagement with Health & Social Care Gold and south Yorkshire & Bassetlaw Command and incident structures.		Intelligence Summary capture logs. Command structure recording and action/decision log in line with EPRR requirements.	North East & Yorkshire EPRR Cell (NHSE/I) Annual EPRR Assurance Report		GREEN
Daily situational oversight of staff, patient and service need to respond to the COVID-19 Pandemic;	Registered Nursing Vacancy Predictive service capacity planning Care staff unavailability during outbreaks and national restrictions / lockdown	Daily Situational Report Oversight of waiting lists Monthly performance report to Board	Daily situational report to NHS Sheffield Daily reporting to NHSE/I Weekly multi-agency Health & Social Care Gold Command to mobilise mutual aid.	Real time reporting via electronic systems	AMBER

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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
Ensuring staff have access to all appropriate forms and levels of PPE and equipment.	Trust supply controlled by NHS Supply Chain. Push Pallet deliveries are out of our control	Daily stock control oversight and local stock pilling of essential equipment.	Daily stock reporting to ACP and ICS to identify mutual aid opportunities.		GREEN
Infection, Prevention & Control capacity in place to support surveillance, outbreak monitoring and advice to staff. Provision of expert advice and interpreting national and local guidance into practice.	Small IPC team available to support	IPC support provided to outbreak areas. Daily SitReps lead by Heads of Nursing IPC lead nurse engaged in command structures. IPC lead nurse advising Working Safely and Clinical Reference Group. Concise Investigation and lessons learnt briefings for all outbreaks. Out of hours IPC support to clinical teams and individuals via Flow Coordinators and Liaison Psychiatry Recruitment to additional	Infection, Prevention & Control Board Assurance Framework Daily surveillance calls with PHE for outbreak areas		AMBER

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Risk Ref: BAF.0001 Date Risk Created: 16/06/2020	Details: If the Trust is not properly prepared there is a risk that patients and staff will not be adequately protected from harm and that service delivery could be adversely impacted.

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
		IPC capacity COVID Support hub available 24/7 providing guidance.			
Access to COVID-19 Symptomatic testing via STHFT. Asymptomatic testing available via use of twice weekly lateral flow testing. Second delivery expected w/c 1st February for priority based distribution. Anti-body testing facilities available as required.	Staff requesting tests via national portal rather than through NHS staff routes. Staff inconsistently using and reporting results of lateral flow tests Reliability of staff reporting.	Staff testing request process established and tracked daily. Daily situational oversight of staff testing Daily staff COVID-19 absence reporting Development of web-paged staff testing return	Daily Situational Reporting to NHSE/I Weekly upload to POCT	Accuracy of staff COVID testing results	AMBER
Information, support and advice hub established. Daily communications to staff to update on the issue of new guidance released and details of implications for patients, staff and services.	Staff not using the COVID Hub as a mechanism of support / communication.	Monthly review of COVID Hub through Silver to determine any required updates. Repeated reiteration of safety measures "Hands - Face - Space" using different media forms. Daily Physical Health		Assurance of adherence to guidance in practice at all times. Staff reporting a lack of information	AMBER

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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
		Monitoring Audit of compliance reporting to command structures and COVID-19 Risk Register.			
Individual risk assessment of all staff working to determine appropriate measures and controls to mitigate risk.	Evidence of all staff having had a completed risk assessment.	Weekly compliance reporting via Command Structures Monthly reporting to Board	Regional returns to NHSE/I	Risk assessment not at 100%	AMBER
Supporting staff to work differently. Rotational access to buildings to support COVID Secure and enabling remote working with digital capability including patient appointments and clinic slots.	Reliability of access to VPN connections and connectivity to digital platforms (MSTeams and Attend Anywhere)	Environmental risk assessments Network and connectivity oversight reporting daily to command structures. Waiting list oversight reporting to Board Additional IMST kit purchased Building work adaptations agreed to support better social distancing.			AMBER

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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
All Trust premises have environmental risk assessments which are regularly reviewed and updated to protect staff and patients. Working Safely and COVID Secure Guidance followed.	The footprint of the Trust's estate limits ability to comply with guidance. Staff and patient compliance with social distancing and appropriate use of PPE.	Floor, door and maximum occupancy room signage to support space utilisation. Review of Trust estate - adaptation to buildings / space utilisation to support isolation facilities, over crowding in rooms. Monthly reporting to Board		Estate is of varying quality and not easy to adapt to improve social distancing.	AMBER

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
Explore arrangements to offer more robust staff mutual aid arrangements across clinical and corporate services.	Back to the Floor Initiative approved via Silver & Gold Command Structures. Task & Finish Group being set up to oversee implementation. ---------- Back to the Floor Initiative being worked up by Lead Nurses.	05/03/2021 Beverley Murphy
Commission environmental and digital upgrades to support staff to work safely on Trust estate.	All IT equipment has been received and issued out to sites for use to support social distancing. Works have commenced at the crisis hub, with planned completion by 31.03.21. Dormitories work on schedule for completion.	05/03/2021 Beverley Murphy

BOARD ASSURANCE FRAMEWORK 2020/2021

Sheffield Health and Social Care NHS Foundation Trust

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

Risk Ref: BAF.0001 Date Risk Created: 16/06/2020	Details: If the Trust is not properly prepared there is a risk that patients and staff will not be adequately protected from harm and that service delivery could be adversely impacted.

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
	---------- Quotes returned, order placed and works at Longley Centre to improve working conditions in crisis hub likely to commence 16.12.20. Dormitories work is ongoing and to schedule. Dovedale 1 and Maple works completed.	
Ensure all staff have access to a COVID Risk Assessment.	82% of staff have now had an updated risk assessment. Those outstanding are those employed via Bank or on long term sickness. All staff previously identified as shielding are being contacted to put in place alternative arrangement during the national lockdown commencing 4th January 2021. ---------- Targeted approaches to individual staff and their line managers. Review of all staff previously shielding to update risk assessments in line with SYB entry to Tier 3 National Alert and latterly to national Lockdown. Appropriate working arrangements set up as appropriate.	05/03/2021 Caroline Parry
Mobilise arrangements for all staff eligible to receive the COVID vaccination to do so in line with national guidelines and timescale requirements. Work in partnership with STHFT as the regional vaccination hub to have in place a combined method	Trust vaccination hub mobilised via task and finish group. National approval outstanding despite Trust, place based and regional escalation. Mutual aid offer from SCH for circa 600 vaccinations to SHSC staff from 28/01/20 - 01/02/21). Data triangulation taking place across vaccination recording platforms to understand those	05/03/2021 Beverley Murphy

BOARD ASSURANCE FRAMEWORK 2020/2021

Sheffield Health and Social Care NHS Foundation Trust

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Risk Ref: BAF.0001 Date Risk Created: 16/06/2020	Details: If the Trust is not properly prepared there is a risk that patients and staff will not be adequately protected from harm and that service delivery could be adversely impacted.

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
of mutual aid (to access the Pfzier vaccine). Establish vaccination programme for the use of the Oxford Aztrazeneca vaccine.	patient facing staff that have not yet had the vaccination; proactively offer / coaching conversations for vaccine hesitant staff. Weekly reporting will be provided at individual, team, clinical directorate and Trust level.	

BOARD ASSURANCE FRAMEWORK 2020/2021

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:

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
Residual Risk (with current controls):	4	3	12
Target Risk (after improved controls):	2	2	4

BAF Risk Review Date:	
Last Review:	03/03/2021
Next Review:	02/04/2021

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) Regular catch-up meetings between Director of Corporate Governance and Corporate Governance Specialist to monitor delivery; 2) Fortnightly updates/monitoring meetings between Director of Corporate Governance, Well-Led delivery partners and Director of Improvement; 3) Monthly meeting with Exec Sponsors to review progress against actions within plan;	1) 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

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:

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)			
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	Assurance Rating
		4) Programmed review by Board (next formal consideration in March 2021) 5) Focus group with NEDs now established as part of Well-Led workstream WL1. 6) Executive development programme now in planning			
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 year end. Departures from staff creating additional pressures that need to be managed.				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.	Engagement of Well-Led partners in fortnightly meetings with Director of Corporate Governance and NHSE/I Improvement Director		GREEN

BOARD ASSURANCE FRAMEWORK 2020/2021

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:

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.

Executive Lead:	Executive Medical Director
Risk Type:	Safety
Risk Appetite:	Zero

Risk Rating:	Impact	Likelihood	Score
Residual Risk (with current controls):	4	3	12
Target Risk (after improved controls):	2	2	4

BAF Risk Review Date:	
Last Review:	03/03/2021
Next Review:	02/04/2021

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
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

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

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
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

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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:

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.		
Lessons learned from investigations/reviews of care/mortality reviews are shared across the Trust in a variety of ways.	Sharing lessons learnt to all members of staff, not just managers.	- Connect - New lesson of the week launched (October 2020) via communications to all staff - 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)		AMBER
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

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:

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
		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.		31/10/2020 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

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:

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.

Executive Lead:	Executive Medical Director
Risk Type:	Quality
Risk Appetite:	Low

Risk Rating:	Impact	Likelihood	Score
Residual Risk (with current controls):	4	3	12
Target Risk (after improved controls):	2	3	6

BAF Risk Review Date:	
Last Review:	03/03/2021
Next Review:	02/04/2021

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
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

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:

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
Changes to the complaints arrangements have been implemented to deliver a more responsive service to service users and their family/carers to improve their experience	The control measures responsiveness within timescales (91% compliance in Q3) but more data is required to demonstrate satisfaction in outcomes				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

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:

Risk Ref: BAF.0005 Date Risk Created: 16/06/2020	Details:	There is a risk. that we fail to identify key cultural and work pressure issues impacting on staff health and wellbeing, leading to ineffective interventions Resulting in low scores on the staff survey (low morale), high sickness levels and negative indicators for quality of care.

Executive Lead:	Director Of Human Resources
Risk Type:	Workforce
Risk Appetite:	Low

Risk Rating:	Impact	Likelihood	Score
Residual Risk (with current controls):	4	3	12
Target Risk (after improved controls):	2	2	4

BAF Risk Review Date:	
Last Review:	01/03/2021
Next Review:	31/03/2021

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

ACTION PLAN		
Details	Progress	Target Date / Responsibility Of:

BOARD ASSURANCE FRAMEWORK 2020/2021

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:

Risk Ref: BAF.0005 Date Risk Created: 16/06/2020	Details:	There is a risk. that we fail to identify key cultural and work pressure issues impacting on staff health and wellbeing, leading to ineffective interventions Resulting in low scores on the staff survey (low morale), high sickness levels and negative indicators for quality of care.

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	Delivered month of Wellbeing November 2020. Wellbeing Festival. Sharing national provision for HWB for staff regularly updated Reviewing and evaluating Wellbeing month to inform future comms plan for wellbeing ---------- Bespoke COVID support offer Oct - December planned	31/03/2021 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	Rapid recruitment group established and made significant contribution to 6 and 7 recruitment. (T&F now complete) Day one ready programme Pre employment passports Implementing TRAC to improve efficiencies On Boarding Packs and information for potential applicants Engagement with SNGs	30/04/2021 Caroline Parry
Develop and support the implementation of new roles across Clinical and Corporate Services	CAPs (Clinical Associate Psychologists) appointed as part of mental health transformation plan.	31/12/2021 Karen Dickinson

BOARD ASSURANCE FRAMEWORK 2020/2021

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:

Risk Ref: BAF.0005 Date Risk Created: 16/06/2020	Details:	There is a risk. that we fail to identify key cultural and work pressure issues impacting on staff health and wellbeing, leading to ineffective interventions Resulting in low scores on the staff survey (low morale), high sickness levels and negative indicators for quality of care.

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
	New role development ongoing as part of 3 year strategy Paper for people committee refers ---------- Expansion of career progression routes 2-4 supported in principle by People Committee. Associate Specialist grade reopened August 2020	
Develop a clinically led process for workforce planning	Session with Workforce Planning group to develop clinically led model	31/03/2021 Karen Dickinson
Introduce leadership and talent development programme	Initial paper to People Committee Nov 2020 setting out overall framework for leadership and development. In process of planning the programme, engaging with leaders on development of programme Feb - April.	31/03/2021 Rita Evans
Organisation development plan completed	Enabling Strategy and OD priorities to People Committee Jan	31/03/2021 Rita Evans

BOARD ASSURANCE FRAMEWORK 2020/2021

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:

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.

Executive Lead:	Executive Director Of Finance
Risk Type:	Financial
Risk Appetite:	Moderate

Risk Rating:	Impact	Likelihood	Score
Residual Risk (with current controls):	4	5	20
Target Risk (after improved controls):	3	3	9

BAF Risk Review Date:	
Last Review:	03/02/2021
Next Review:	05/03/2021

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

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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:

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 Deficit the Trust is forecasting continue to reduce. Mitigation and action plans are now in place and some further non recurrent upsides have materialised. Whilst the risk remains high, this has the potential to reduce post M9 reporting. ---------- Based on the ICS led plan, under the revised finance regime and the changes imposed for the remainder of the year, the Trust will be submitting a plan with a material deficit. This is primarily driven by the increased pressure caused by out of area expenditure. Given the size of the projected deficit, this is anticipated to be more than 1% of our turnover (even after any mitigation) and therefore the risk score has changed to 25.	31/03/2021 James Sabin
Revised CIP planning, ensuring, CIP schemes are informed by	This is being incorporated into the 21/22 planning process.	31/03/2021 James Sabin

BOARD ASSURANCE FRAMEWORK 2020/2021

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:

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.

ACTION PLAN		
Details	Progress	Target Date / Responsibility Of:
efficiency and effectiveness of services and benchmarking.		

BOARD ASSURANCE FRAMEWORK 2020/2021

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:

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

Executive Lead:	Executive Director Of Finance
Risk Type:	Business
Risk Appetite:	Moderate

Risk Rating:	Impact	Likelihood	Score
Residual Risk (with current controls):	4	3	12
Target Risk (after improved controls):	3	3	9

BAF Risk Review Date:	
Last Review:	18/01/2021
Next Review:	17/02/2021

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
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. Arrangements now in place hence proposed move from Red to Amber until relevant action is completed. External assurance	AMBER
Leadership and visibility of the 7 Transformation Board programmes strengthened alongside ongoing review of programme governance arrangements to adopt standardised best practice processes and documentation					AMBER

BOARD ASSURANCE FRAMEWORK 2020/2021

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:

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

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
Review progress re portfolio management including effective prioritisation, resource planning, visibility of documentation and assurance, lessons learned.	Progress made with portfolio management implementation. Lessons Learned reviews have started to be conducted by the PMO Next steps - Review of the key governance documentation for the current programmes. - Implementation of standardised template for programme highlight reports. - Roles and responsibilities for the SRO, Programme Managers and workstream leads will be reviewed and standardised. ---------- Transformation Portfolio report issued on a monthly basis to Transformation Board. Lessons learned now being collated in anticipation of sharing across the Trust. Transformation Board now has full visibility of all strategic programmes.	15/02/2021 Zoe Sibeko
Each SRO to review the programme milestones and key deliverables to ensure clarity regarding delivering our objectives.	Programme plans are in place for 5 of the 7 programmes within the portfolio including key deliverables. The ACM and Adult and Forensic New Care Models require replanning. An assessment of the alignment with objectives to take place	28/02/2021 Zoe Sibeko

BOARD ASSURANCE FRAMEWORK 2020/2021

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:

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:	Impact	Likelihood	Score
Residual Risk (with current controls):	4	4	16
Target Risk (after improved controls):	4	4	16

BAF Risk Review Date:	
Last Review:	26/01/2021
Next Review:	25/02/2021

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.		AMBER
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			AMBER

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	Date revised - previously input in error. Data Centre completion requires full access to the refurbed Wardsend Road.	31/05/2021	Nick Gillott
Implementation of a new electronic Patient Record system to replace the existing, increasingly unstable, Insight.		30/06/2022	Nick Gillott

BOARD ASSURANCE FRAMEWORK 2020/2021

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:

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.	Load Balancer implemented. Technical improvements implemented supported by 3rd party telephony specialists. Only outstanding action is the VPN Split Tunnel, delayed as we work with the 3rd party to recreate a technical issue we're experiencing onsite.	31/01/2021 Nick Gillott

BOARD ASSURANCE FRAMEWORK 2020/2021

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:

Risk Ref: BAF.0009	Details: Safeguarding team inability to deliver statutory reports to Quality Assurance Group
Date Risk Created: 24/11/2020	

Executive Lead:	Executive Director - Nursing & Professions
Risk Type:	Statutory
Risk Appetite:	Moderate

Risk Rating:	Impact	Likelihood	Score
Residual Risk (with current controls):	3	3	9
Target Risk (after improved controls):	3	3	9

BAF Risk Review Date:	
Last Review:	01/02/2021
Next Review:	03/03/2021

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
Plan in place to ensure timely completion of reports by required deadlines Quality Committee meeting dates are met Reports are reviewed in the Safeguarding Assurance Group prior to approval Attendance at all safeguarding statutory meetings		Quality Committee Safeguarding Assurance Group	Clinical Commissioning Group Sheffield Adult Safeguarding Partnership Sheffield Children Safeguarding Partnership Sheffield City Council Care Quality Commission		AMBER
no change to current controls					AMBER

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
to ensure safeguarding reports are completed as per Quality Committee Schedule	weekly meetings with safeguarding team to ensure safeguarding reports are on track Detailed workplan in place	25/01/2021 Brenda Rhule

BOARD ASSURANCE FRAMEWORK 2020/2021

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:

Risk Ref: BAF.0009 Date Risk Created: 24/11/2020	Details: Safeguarding team inability to deliver statutory reports to Quality Assurance Group

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
minimal change in actions		01/03/2021 Brenda Rhule

Appendix 2

Proposed BAF risks for People Committee

1. ***There is a risk…*** *that we fail to identify key cultural and work pressure issues impacting on staff health and wellbeing, leading to ineffective interventions*
   Resulting in… *low scores on the staff survey (low morale), high sickness levels and negative indicators for quality of care.*

   Methods of assurance and controls to be developed

   - Health and Wellbeing Group monitoring delivery and reporting to People Committee
   - Ongoing commissioning on Workplace Wellbeing to support staff
   - Standing item established (Workplace Dashboard) and reviewed at every People Committee meeting
   - Working Safely Group established and reporting into Silver Command to connect activities across the trust including support for vulnerable staff
   - COVID Staff Wellbeing Forum established to support clinically vulnerable staff and those who are carers for vulnerable people
   - Workplace Wellbeing Festival planned and delivered to improve intelligence and enable prevention and intervention

2. ***There is a risk…*** *that we fail to attract and retain staff due to competition, reputation issues and the healthcare context, and do not find ways to present a sufficiently attractive, flexible offer of employment*
   Resulting in… *a negative impact on the quality of the workforce and negative indicators for quality of care.*

   Methods of assurance and controls to be developed

   - WPG monitoring delivery and reporting to People Committee
   - GAP recruitment and retention group
   - Review of transactional processes including establishment of microsystem looking at onboarding and Day One Ready initiative
   - Procurement of TracJobs recruitment system to reduce recruitment timescales, improve recruitment experience, enable efficiencies and improved reporting
   - Participation in Digital Staff Passport Trial

3. ***There is a risk****… that our long-term view of workforce planning and/or management of change fails to ensure roles meet future service needs*
   Resulting in… *a disjointed approach and a disengaged workforce (industrial relation issues, sickness absence and poor retention, staff survey indicators).*

   Methods of assurance and controls to be developed

   - WPG monitoring delivery and reporting to People Committee
   - Learning Needs Analysis undertaken to inform trust training plan including consideration of centralised budgets to align with strategic aims
   - Regular monitoring by People Committee of development of new roles to align roles with future organisational service need
   - Developing a career pathway for support workers
   - Growing use of apprenticeships for new roles/progression pathways for existing staff

4. ***There is a risk****… that we fail to effectively support the development of a new approach to leadership and culture and/or align this leadership approach with organisational design*
   Resulting in… *low staff morale, poor service quality and indicators of the quality of care.*

   Methods of assurance and controls to be developed

   - GAP leadership framework
   - Board visits/Exec visit
   - OD engagement sessions on the OD strategy
   - Campaigns such as Big Conversation to focus on topical areas
   - Review, refresh and roll-out of new Unreasonable Behaviours Policy and training (started training, policy done)
   - Listening Into Action activity including reporting to People Committee
   - New approach to actioning staff survey to promote local ownership
   - Staff Survey Steering Group established to increase engagement and reporting to People Committee

Appendix 3

Proposed BAF risks for Quality Assurance Committee

1. ***There is a risk…*** *that we will be unable to deliver planned improvements in the quality of care* ***within*** *the agreed timeframe to comply with the fundamental standards of care*
   Caused by… *leadership changes, short staffing, cultural challenges, the lead in time for significant estates and IMT actions and the impact of the global pandemic.*
   Resulting in… *unsafe standards of care and a breach in the Health and Social care act.*

   Methods of assurance and controls to be developed

   - Performance reviews to report to the Board.
   - Clinical Directorate Monthly Quality and Performance reviews reporting to the Quality Committee as part of the Integrated Performance and Quality Report.
   - Recovery plans developed to address areas of poor quality reporting into the Quality Assurance Committee.
   - Back to Good reporting to the Quality Assurance Committee and to the Board.
   - Staffing metrics reported into the People Committee.
   - Reporting on the impact of Covid to Board Committees.
   - Plan to respond to the staff survey reported to the People Committee.
   - New EPR Programme Board reporting into the Transformation Board.
   - Reporting on the Acute Care Modernisation plan to the Transformation Board.
   - Internal audit actions being delivered and reported to the Audit Committee.
   - Development of Perfect Ward as a quality indicator to be included in the Integrated Quality and Performance report.
   - Reporting on the impact of a relaunched Reducing Restrictive Practice plan to the Quality Committee.
   - Reporting on the Safeguarding development plan to the Quality Assurance committee.
   - Employment of experts by experience in the Quality Directorate to be embedded in the Clinical Directorate leadership teams.
   - Relaunch of the Quality and Equality Impact Assessment policy and process with a quarterly report to the Quality Assurance Committee.

2. ***There is a risk…*** *that we fail to protect service users and staff from the spread of Covid 19 infection*
   Caused by…. *Operational systems and processes not adhering to guidance consistently*
   Resulting in… *the preventable spread of infection and risks to health and safety of people in our care.*

Methods of assurance and controls to be developed

- Incident command structure reporting to Board
- Infection Control Committee chaired by the Director of Infection Prevention and Control (DIPC) reporting to the Quality Assurance Committee
- Daily reporting on the impact of Covid 19
- Full engagement with Sheffield and SYB incident command structure
- Monthly integrated Quality and Performance report to the Board and committees.
- Bi monthly report to the Board of Directors on the impacts of the global pandemic.

3. ***There is a risk****… that patients could come to harm in our inpatient wards*
   Caused by…*inpatient environments that are not fit for purpose and have unacceptable risks to patient safety*
   Resulting in… *an over reliance on enhanced observations, a restrictive approach to manage safety issues, the deskilling of staff and a very poor patient experience.*

   Methods of assurance and controls to be developed

   - Integrated Quality and Performance reporting to the Quality Committee and Board of Directors
   - Assessment and management of ligature anchor points reporting to the Quality Assurance Committee
   - An estates plan to implement estates solutions to reduce or remove ligature anchor points to be reported to the Capital Group with reporting tot eh Quality Committee as part of planned reports on the management of ligature anchor points
   - Preceptorship plan in place for all new registered nurses with the opportunity to consolidate training and experience in risk management
   - Implementation of Matrons with two wards to lead each
   - Ward manager development centres to be developed
   - Clinical establishment reviews to ensure that each inpatient team has the right skill mix to provide therapeutic care
   - Reporting on the impact of a relaunched Reducing Restrictive Practice plan to the Quality Committee
   - Delivery of an Acute Care Modernisation plan reporting into the Transformation Board.