

Board of Directors Public

SUMMARY REPORT

Meeting Date: 24 November 2021

Agenda Item: 18

Report Title:	Board Assurance Framework	
Author(s):	Amber Wild, Corporate Assurance Manager	
Accountable Director:	Susan Rudd, Director of Corporate Governance	
Other Meetings presented to or previously agreed at:	Committee/Group:	People Committee, Quality Assurance Committee, Finance and Performance Committee, Audit and Risk Committee
	Date:	9-11 November 2021
Key Points:	There has been one significant scoring change in relation to BAF.0014, detailed in the report. BAF has been reviewed by Quality Assurance Committee and Finance and Performance Committee in the form of a report; People Committee continues to trial a new approach where the BAF is integrated into the agenda. The whole BAF has been reviewed by Audit and Risk Committee.	

Summary of key points in report

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 a 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.

Recommendation for the Board/Committee to consider:

Consider for Action	Approval	X	Assurance	X	Information
---------------------	----------	---	-----------	---	-------------

- To receive the BAF and consider what assurance it provides, and how the levels of risk reported triangulate with other information considered by Board and its committees:
- To approve the latest changes to the BAF detailed in the report.

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

	Yes	X	No
Covid-19 Recovering effectively	Yes	X	No
CQC Getting Back to Good- Continuous improvement	Yes	X	No

Transformation – Changing things that will make a difference					Yes	X	No	
Partnerships – working together to make a bigger impact					Yes	X	No	
Is this report relevant to compliance with any key standards ?					State specific standard			
Care Quality Commission	Yes	X	No		“Systems and processes must be established to ensure compliance with the fundamental standards”			
IG Governance Toolkit	Yes		No	X				
Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why			
Patient Safety and Experience	Yes		No	X	Not directly in relation to this report – specific detail within the BAF for each area			
Financial (revenue & capital)	Yes		No	X				
OD/Workforce	Yes		No	X				
Equality, Diversity & Inclusion	Yes		No	X				
Legal	Yes		No	X				

Section 1: Analysis and supporting detail

BAF Snapshot

- 1.1 This has become a feature of BAF reporting since Board considered how it manages risk at successive Board development sessions in February. Risks are now ordered from highest to lowest.
- 1.2 It should be noted that target risk scores are based within the thresholds of the Risk Appetite Statement agreed by the Board.

Current Risk Score			Target Risk Score		
Likelihood	Impact	Score	Likelihood	Impact	Score
<p>BAF.0025: There is a risk that patients could come to harm in our inpatient wards and that inpatient and community environments do not support therapeutic care; caused by environments that are not fit for purpose and present unacceptable risks to patient safety; resulting in an over reliance on enhanced observations, a restrictive approach to manage safety issues thereby deskilling staff, staff time dedicated to managing environments rather than delivering patient care and giving a very poor patient experience.</p>					
4	5	20	2	3	6
<p>BAF.0021: There is a risk that the reliance on legacy systems and technology leads to increasing network or system downtime and cyber security incidents; caused by historic system issues requiring complex maintenance, inadequate system monitoring, testing and maintenance, cyber security weaknesses, further development of legacy systems and delays in the procurement and roll out of replacement systems; resulting in patient safety and clinical effectiveness being compromised by a loss of access to key clinical and administration systems and data protection incidents.</p>					
4	4	16	1	4	4
<p>BAF.0014: 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.</p>					
4	4	16	2	3	6
<p>BAF.0024: There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care; caused by leadership changes, short staffing, cultural challenges, the lead in time for significant estates and ISMT actions and the impact of the global pandemic; resulting in risk of harm to people in our care and a breach in the Health and Social Care Act</p>					
3	5	15	2	3	6
<p>BAF.0023: There is a risk that we fail to protect service users and staff from the spread of Covid19 infection; caused by operational systems and processes staff and patients not adhering to the relevant IPC guidance consistently; resulting in preventable spread of infection and risks to health and safety of our staff and the people in our care.</p>					
3	5	15	1	4	4
<p>BAF.0013: There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing, leading to ineffective interventions; resulting in low scores on</p>					

the staff survey (low morale), high sickness absence levels and negative indicators for quality of care.					
4	3	12	2	2	4
BAF.0020: There is a risk that we fail to effectively develop and implement a new approach to strengthening leadership and improving the culture of our organization and/or align this with our organisational design; resulting in low staff morale, poor service quality and poor staff and service user feedback.					
3	4	12	2	3	6
BAF.0019: 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, increased sickness absence and poor staff retention, poor staff and service user feedback including NHS staff survey results).					
3	4	12	2	3	6
BAF.0022: There is a risk that we fail to deliver a break-even position in 2021/22; caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures; resulting in a threat to both our financial sustainability and delivery of our statutory financial duties					
3	3	9	2	2	4
BAF.0026: There is a risk that there is slippage or failure in projects comprising our transformation plans; caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity; resulting in service quality being compromised by the non-delivery of key strategic projects.					
3	3	9	2	3	6

Changes to scoring

1.4 In addition to the detailed changes, shown within the appendix, BAF.0014 (relating to attraction and retention of staff) has increased from a current risk score of 9 (with both likelihood and impact scored at 3) to a score of 12 (with both now scored at 4). There are further control measure that will be reviewed at the next committee meeting to strengthen assurances. This has changed the organisation's top three BAF risks, with BAF.0014 now the third highest risk.

In addition to the detail changes, shown within the appendix, BAF.0025 has increased from a target risk score of 3 to a score of 6 (with likelihood scored at 2 and impact scored at 3).

Section 2: Risks

- 2.1 Failure to properly review the BAF could result in Board, or its committees not being fully sighted on key risks to the delivery of our strategic aims and objectives.
- 2.2 There are no specific corporate risks around usage of the BAF.

Section 3: Assurance

- 3.1 The information provided within the BAF is owned by Executive Directors and reviewed/revised by colleagues within their directorates under their leadership.
- 3.2 For the most effective assurance, information provided within the BAF should be considered alongside other sources of information provided to Board and its committees, including other reports received, discussions held and observations at visits. This triangulation will ensure that the BAF represents the assurance that Board and Committee members believe they have received.

Section 4: Implications

Strategic Aims and Board Assurance Framework

- 4.1 As this committee reviews the full BAF prior to its consideration by Board, all the Strategic Aims are relevant.

Equalities, diversity and inclusion

- 4.2 None directly arising from this report.

Culture and People

- 4.3 None directly arising from this report.

Integration and system thinking

- 4.4 None directly arising from this report.

Financial

- 4.5 None directly arising from this report.

Compliance - Legal/Regulatory

- 4.6 None directly arising from this report.

Section 5: List of Appendices

1. Board Assurance Framework

BOARD ASSURANCE FRAMEWORK 2021/2022

AIM: 1. DELIVER OUTSTANDING CARE

Strategic Objective: COVID: Getting Through Safely.

Risk Ref: BAF.0023

Details: There is a risk that we fail to protect service users and staff from the spread of Covid19 infection; caused by operational systems and processes staff and patients not adhering to the relevant IPC guidance consistently; resulting in preventable spread of infection and risks to health and safety of our staff and the people in our care.

Date Risk Created: / /

Executive Lead: Executive Director - Nursing & Professions

Risk Type: Safety

Risk Appetite: Zero

Risk Rating:

Residual Risk (with current controls):

Target Risk (after improved controls):

Impact

Likelihood

Score

5

3

15

4

1

4

BAF Risk Review Date:

Last Review: 19/10/2021

Next Review: 18/11/2021

CONTROLS & MITIGATION

Controls

Gaps in Control

Implementation of the operational command structure (Bronze, Silver, Gold)
Adherence to national guidance for the prevention and control of infection including the guidance on testing, management and treatment of patients.
Implementation of robust cleaning schedules.
Adherence to shielding guidance, regular individual risk assessments for staff, vaccine availability and monitoring if uptake.
Covid19 advisory group operational.
Robust supply of PPE

Ability to influence the uptake of vaccine in staff groups.
Limited capacity to fill staffing gaps in the event of a major outbreak

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

Internal Assurance

External Assurance

Negative Assurance OR Gaps in Assurance

Assurance Rating

Reporting and decision making through command structure.

Reports externally to NHSE/I

AMBER

BOARD ASSURANCE FRAMEWORK 2021/2022

AIM: 1. DELIVER OUTSTANDING CARE

Strategic Objective: COVID: Getting Through Safely.

Risk Ref: BAF.0023

Details: There is a risk that we fail to protect service users and staff from the spread of Covid19 infection; caused by operational systems and processes staff and patients not adhering to the relevant IPC guidance consistently; resulting in preventable spread of infection and risks to health and safety of our staff and the people in our care.

Date Risk Created: / /

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	
Options to work from home reduced physical contact to reduce risk between staff and patients. Implementation of current guidance to support visiting in line with national guidance. Incident control centre operational in line with national guidance Robust reporting and management of any outbreaks. 24hr staffing returns					

BOARD ASSURANCE FRAMEWORK 2021/2022

AIM: 2. CREATE A GREAT PLACE TO WORK

Strategic Objective: CQC: Getting Back To Good

Risk Ref: BAF.0024

Date Risk Created: 18/05/2021

Details: There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care; caused by leadership changes, short staffing, cultural challenges, the lead in time for significant estates and ISMT actions and the impact of the global pandemic; resulting in risk of harm to people in our care and a breach in the Health and Social Care Act

Executive Lead: Executive Director - Nursing & Professions

Risk Type: Quality

Risk Appetite: Low

Risk Rating:

Residual Risk (with current controls):

Target Risk (after improved controls):

Impact

Likelihood

Score

5

3

15

3

2

6

BAF Risk Review Date:

Last Review: 19/10/2021

Next Review: 18/11/2021

CONTROLS & MITIGATION

Controls	Gaps in Control
Back to Good improvement actions Active recruitment plan Clinical establishment reviews underway Engagement with the national HCSW employment project Improvement actions in People plan Restructure of leadership, implementation of integrated clinical and operational leadership Heads of Nursing oversight of quality Quality team daily safety huddles Plan to implement a PALS function	Some improvement actions are delayed including Estates and ISMT Perfect ward not yet implemented New EPR delays Back to Good improvement actions not applicable to all services Low number of suitable applicants for Band 5 roles Period of rapid turnover in North recovery Team Staff sickness absence Staff Covid related absence Lack of Safer staffing review to the Board of Directors for over 12 months Inconsistent use of E roster

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

Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	Assurance Rating
Back to Good monthly reports EPR monthly programme Board reports ACM monthly Board reports Transformation Board monthly reports Staffing reports to the People Committee IPQR monthly report Progress report on Clinical Establishment Reviews to People and Finance Committees Leadership recovery plans	August 2020 CQC reinspection Quality Board outcomes CCG Quality Review Group scrutiny External consultant appointed to EPR programme Board NHS benchmarking staff data NHS staff surveys CCG performance oversight 6-monthly NRLS reports CCG oversight of serious incident reports	360 audit plan reporting poor compliance with physical health care standards Failed EPR procurement 2020 NHS staff survey 2020-21 CCG delays in SI closures Healthwatch report 2020 CQC inspection report February 2020	AMBER

BOARD ASSURANCE FRAMEWORK 2021/2022

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

Risk Ref: BAF.0024 Date Risk Created: 18/05/2021	Details: There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care; caused by leadership changes, short staffing, cultural challenges, the lead in time for significant estates and ISMT actions and the impact of the global pandemic; resulting in risk of harm to people in our care and a breach in the Health and Social Care Act
---	--

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	
and Experts by Experience including preparation for patient and carer race equality framework (PCREF) Organisational development plan Recruitment to ward manger and Band 6 posts in acute care Seclusion rooms updated Dormitories no longer being used Refurbishment of acute wards Head of Nursing to take lead on development of new approach to risk management policy and training for staff Ward manger development programme implemented April 2021 Strategic development programme in for Safeguarding leadership implemented February 2021	Absence of team based monthly workforce report Inconsistent and contradictory workforce and finance data Leadership posts not yet fully recruited to and some long-term absence Leadership development programme not implemented Heads of Nursing new to role Several incident and serious incident actions remaining open Incidents incorrectly rated Lack of timeliness of serious incident reviews Lack of evidence that learning from incidents is consistently embedded Recent failure to STEIS all Sis Cultural issues leading to low reporting Consultation for PALS creating delays in implementation	Learning lessons quarterly report Complaints report Staffing report to Peoples Committee Safeguarding Q1 &Q2 reports 2020-21 Safeguarding development plan progress reports to Quality Assurance Committee Policy review by Quality Assurance Committee Quarterly reports to Quality Assurance Committee	CQC inspection reports Section 11 Audit with safeguarding partnerships Engagement with Safeguarding partnerships at Executive level		

BOARD ASSURANCE FRAMEWORK 2021/2022

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

<p>Risk Ref: BAF.0024</p> <p>Date Risk Created: 18/05/2021</p>	<p>Details: There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care; caused by leadership changes, short staffing, cultural challenges, the lead in time for significant estates and ISMT actions and the impact of the global pandemic; resulting in risk of harm to people in our care and a breach in the Health and Social Care Act</p>
--	---

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	
<p>Additional safeguarding leadership capacity in safeguarding team from April 2021</p> <p>Implementation of Safe wards Performance framework</p> <p>Health and Social Care strategy in development through co-production</p> <p>Quality and Equality impact assessment process</p>	<p>Funding for PALS function not confirmed</p> <p>Closed culture in some teams</p> <p>Clinical Establishment reviews</p> <p>Lack of consistent use of e-roster</p> <p>Responsible clinician vacancies</p> <p>Rebuilt seclusion rooms not all delivered until December 2021</p> <p>Over reliance on seclusion</p> <p>Lack of focus on impact of seclusion in people</p> <p>Rebuilt single bedrooms not all delivered until December 2021</p> <p>Time taken to deliver refurbishment programme</p> <p>No up-to-date Clinical Risk policy</p> <p>Training on risk assessment and management requires review</p> <p>Co production of development plan commences April 2021</p> <p>Capability issues within strategic</p>				

BOARD ASSURANCE FRAMEWORK 2021/2022

AIM: 2. CREATE A GREAT PLACE TO WORK

Strategic Objective: CQC: Getting Back To Good

Risk Ref: BAF.0024

Date Risk Created: 18/05/2021

Details: There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care; caused by leadership changes, short staffing, cultural challenges, the lead in time for significant estates and ISMT actions and the impact of the global pandemic; resulting in risk of harm to people in our care and a breach in the Health and Social Care Act

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	
	development programme Timeliness of quarterly reports Delegated duties and processes unclear Safe wards not yet fully embedded Granular team based data set not yet available Performance framework process in early stages Lack of clear commissioning New Quality and equality impact policy approved April 2021, new process to begin May 2021 Lack of robust processes during Covid19 Lack of data on the Accessible Information standard				

BOARD ASSURANCE FRAMEWORK 2021/2022

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

Risk Ref: BAF.0025
Date Risk Created: 11/05/2021

Details: There is a risk that patients could come to harm in our inpatient wards and that inpatient and community environments do not support therapeutic care; caused by environments that are not fit for purpose and present unacceptable risks to patient safety; resulting in an over reliance on enhanced observations, a restrictive approach to manage safety issues thereby deskilling staff, staff time dedicated to managing environments rather than delivering patient care and giving a very poor patient experience.

Executive Lead: Executive Director - Nursing & Professions	Risk Rating:	Impact	Likelihood	Score	BAF Risk Review Date:
Risk Type: Safety	Residual Risk (with current controls):	5	4	20	Last Review: 12/09/2021
Risk Appetite: Zero	Target Risk (after improved controls):	3	2	6	Next Review: 12/10/2021

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	
Enhanced nursing to manage environmental risks Implementation of new roles (ACP/TNA) Implementation of Least Restrictive Strategy 2021 Revised approach to Clinical Risk Management Investment in preceptorship to develop the skills of newly registered nurses Ligature anchor point assessments in place for all environments Risk heat map implemented for all inpatient wards	High levels of Band 5 vacancies in some wards Use of temporary staffing leading to potential inconsistencies in the application of practice standards Clinical establishment reviews not current Least restrictive Strategy 2021 not yet embedded New Clinical Risk Management policy and training not yet implemented Preceptorship approach not evaluated Variance in staff understanding of ligature anchor point assessment Use of temporary staff Limitations in current approach to clinical	Staffing report to the People Committee reducing Restrictive practice update to the Quality and Assurance committee IPQR monthly report to Quality Assurance Committee Learning Lessons Quarterly reports Health and Safety reports Mandatory Health and Safety training Ligature anchor point progress reported to the	Evidence based approach to Reducing Restrictive practice implementation	February 2020 CQC inspection report	RED

BOARD ASSURANCE FRAMEWORK 2021/2022

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

Risk Ref: BAF.0025
Date Risk Created: 11/05/2021

Details: There is a risk that patients could come to harm in our inpatient wards and that inpatient and community environments do not support therapeutic care; caused by environments that are not fit for purpose and present unacceptable risks to patient safety; resulting in an over reliance on enhanced observations, a restrictive approach to manage safety issues thereby deskilling staff, staff time dedicated to managing environments rather than delivering patient care and giving a very poor patient experience.

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	
Substantive managers for all wards Ward manager development programme Implementation of Matrons and Team Managers with a focused span and clear responsibilities April 2021 Planned environmental improvements to the acute wards Planned environmental improvements to the crisis hub Estate strategy that determines future need for community and ward estates that enables therapeutic and safe care	risk assessment and management Environmental safety work not yet completed variance in management capability and experience Vacancies for responsible clinicians Ward Manager programme to commence in April 2021 Development of nurses into new Matron roles Delays in the delivery of ACM Delay in delivering Dovedale 2 as an improved ward to decant into enabling other improvements Crisis hub building handover not until May 2021 Estate strategy not yet available	Quality Assurance committee Capital Group reports Operational Structure presentation to the People Committee ACM Programme Board reports Transformation Board reports Health and Safety audits IPQR monthly reports - statutory and mandatory training Board and Executive visits to all wards and teams Crisis Pathway presentation to the Quality Assurance committee March 2021			

BOARD ASSURANCE FRAMEWORK 2021/2022

AIM: 2. CREATE A GREAT PLACE TO WORK

Strategic Objective: CQC: Getting Back To Good

Risk Ref: BAF.0025

Date Risk Created: 11/05/2021

Details: There is a risk that patients could come to harm in our inpatient wards and that inpatient and community environments do not support therapeutic care; caused by environments that are not fit for purpose and present unacceptable risks to patient safety; resulting in an over reliance on enhanced observations, a restrictive approach to manage safety issues thereby deskilling staff, staff time dedicated to managing environments rather than delivering patient care and giving a very poor patient experience.

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
<ul style="list-style-type: none"> ● The ward works improvement programme (overseen by the Therapeutic Environments Programme Board) has commenced with the agreed works on Burbage Ward which commenced w/c 12 July 2021. Includes full eradication of LAPs. Consideration is being to how the ward improvements programme can be accelerated either via work on live wards or via acquisition (subject to funding) of a modular decant ward. An interim Project Director has been set on to manage the LAP eradication programme in particular. 		<p>31/08/2021 Geoffrey Rawlings</p>

BOARD ASSURANCE FRAMEWORK 2021/2022

AIM: 3. IMPROVE OUR USE OF RESOURCES

Strategic Objective: Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0013

Details: There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing, leading to ineffective interventions; resulting in low scores on the staff survey (low morale), high sickness absence levels and negative indicators for quality of care

Date Risk Created: 07/05/2021

Executive Lead: Director Of Human Resources

Risk Type: Workforce

Risk Appetite: Low

Risk Rating:

Residual Risk (with current controls):

Target Risk (after improved controls):

Impact

Likelihood

Score

3

4

12

2

2

4

BAF Risk Review Date:

Last Review: 03/11/2021

Next Review: 03/12/2021

CONTROLS & MITIGATION

Controls

Gaps in Control

Staff Health and Wellbeing group monitoring delivery of the People Strategy and reporting to the People Committee

Identified some engagement groups that are not part of the Health and Wellbeing group

Winter Wellbeing Festival
Flu Campaign
Wellbeing Guardian role with links to Wellbeing Guardian network

Participation and engagement in the Wellbeing group to provide greater scrutiny and assurance

Internal Audit focussing on Wellbeing for Shiftworkers.

Inpatient area focus

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

Internal Assurance

External Assurance

Negative Assurance OR
Gaps in Assurance

Assurance
Rating

Report to the People Committee
Report to the Transformation Board
Staff Health and Wellbeing group re-established September 2020
Flu Campaign
Covid19 Support Forum and Vaccination Hub

ICS HRD Deputy Network
ICS staff Health and Wellbeing Group
National Wellbeing Guardian Network

Accessibility and membership of Covid19 support offer

GREEN

AMBER

Reports to SHWB group

360 Assurance

GREEN

BOARD ASSURANCE FRAMEWORK 2021/2022

AIM: 3. IMPROVE OUR USE OF RESOURCES

Strategic Objective: Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0013

Date Risk Created: 07/05/2021

Details: There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing, leading to ineffective interventions; resulting in low scores on the staff survey (low morale), high sickness absence levels and negative indicators for quality of care

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	
HWB Framework trailblazer programme		Reports to HWB group	NHSEI National Wellbeing Lead and ICS Wellbeing group		GREEN

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
<ul style="list-style-type: none"> Identify and take action on health and wellbeing issues arising as a result of the pandemic 	<p>Vaccinations for staff in care homes and deployment of staff complete</p> <p>-----</p> <p>procurement process delayed due to procurement staffing. Working safely group on hold, will step up at request of Silver</p>	31/12/2021 Sarah Bawden
<ul style="list-style-type: none"> HWB Champions network to be established 	<p>Recruiting to a post to lead this work</p> <p>-----</p> <p>Role of HWB Champions defined and engagement with SHWB group</p>	31/12/2021 Sarah Bawden
<ul style="list-style-type: none"> Embed Wellbeing Conversations 	<p>Has been on hold, considering broader support for regular wellbeing / retention conversations</p> <p>-----</p>	31/12/2021 Sarah Bawden

BOARD ASSURANCE FRAMEWORK 2021/2022

AIM: 3. IMPROVE OUR USE OF RESOURCES

Strategic Objective: Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0013

Date Risk Created: 07/05/2021

Details: There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing, leading to ineffective interventions; resulting in low scores on the staff survey (low morale), high sickness absence levels and negative indicators for quality of care

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
	NEY free training offered. Recruitment to post to lead on embedding wellbeing conversations	
● Appoint to health inequalities post	STH managing recruitment - in progress ----- ICS wellbeing bid for 1 year post to tackle health inequalities. Successful bid. B7 to be appointed (recruitment managed by STH as ICS wide roles)	17/12/2021 Liz Johnson
● 2021/22 Flu campaign	Flu planning group established. Recruiting to administrator	28/02/2022 Caroline Parry

BOARD ASSURANCE FRAMEWORK 2021/2022

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

Risk Ref: BAF.0014 Date Risk Created: 07/05/2021 Details: 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

Executive Lead: Director Of Human Resources	Risk Rating:	Impact	Likelihood	Score	BAF Risk Review Date:
Risk Type: Workforce	Residual Risk (with current controls):	4	4	16	Last Review: 03/11/2021
Risk Appetite: Low	Target Risk (after improved controls):	3	2	6	Next Review: 03/12/2021

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	
WPG monitoring delivery and reporting to People Committee GAP Recruitment group (Nursing) Review of transactional processes including establishment of microsystem looking at onboarding and Day One Ready initiative Procurement of TracJobs recruitment system to reduce timescales, improve recruitment experience, enable efficiencies and improved reporting Participation in Digital Staff Passport Trial	GAP Recruitment group focused on Nursing only. Terms of Reference for Day One Ready require review to ensure they are broad enough	Weekly reporting on vacancies TracJobs will provide better reporting and oversight	ICS Recruitment and Retention group	Lack of Recruitment and Retention Group to allow implementation of strategy	AMBER
Recruitment and retention Assurance Group to support identification of gaps	Data to support accurate vacancy reporting being addressed with People Directorate and Finance.				GREEN

BOARD ASSURANCE FRAMEWORK 2021/2022

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

Risk Ref: BAF.0014 Date Risk Created: 07/05/2021
 Details: 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

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	
HCSW and Recruitment Cell weekly meeting with NHSEI (+ Direct support)	Not all staff groups covered at this stage	Recruitment and Retention group	NHSEI Performance Workforce Returns + Direct support		GREEN

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
● Feasibility study (ROI) for International Recruitment to RMN	Benchmarking with other Trusts we are engaged in International recruitment	31/12/2021 Caroline Parry
● Targeted recruitment campaigns for HCSW and Band 5 RMN to include Virtual tours, cross Trust recruitment campaigns, access to career pathways	Virtual Wards filming in progress. Strategic direction change and appointment to Band 8a to lead Nursing and professions recruitment with recruitment team and Clinical managers	31/12/2021 Sarah Bawden
● Create a robust system that monitors vacancy rates and recruitment campaigns across all staff groups	Finance and Workforce developed a 3 month plan to create robust system for monitoring vacancies. Will utilise TRAC and other source data ----- Support from Systems Analyst at Royal Free NHS Trust, developing SOPS. Workforce and Finance carrying our data cleanse and agreeing parameters. Automation process workshop September 2021. Workforce Systems Manager attends HCSW meeting with Recruitment lead	31/12/2021 Sarah Bawden

BOARD ASSURANCE FRAMEWORK 2021/2022

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

Risk Ref: BAF.0019 Date Risk Created: 01/04/2021
 Details: 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, increased sickness absence and poor staff retention, poor staff and service user feedback including NHS staff survey results)

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: 03/11/2021
Risk Appetite: Low	Target Risk (after improved controls):	3	2	6	Next Review: 03/12/2021

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	
Workforce planning and transformation group monitoring delivery and reporting to People Committee	Workforce plan still in progress			Committee governance has been under review and although now agreed templates, action log and planner still to be fully implemented	AMBER
Annual Learning Needs Analysis undertaken to inform Trust Training Plan priorities for investment (dependent on agreement for centralised training budget to align with delivery needs and strategic aims - BPG 6 April 20210 Workforce Planning Group	New process needs study leave policy update to reflect changes	Centralised training budget agreed at BPG 6 April 2021			AMBER
Regular monitoring by People Committee of development of new	Not in place yet				AMBER

BOARD ASSURANCE FRAMEWORK 2021/2022

AIM: 3. IMPROVE OUR USE OF RESOURCES

Strategic Objective: Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0019

Details: 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, increased sickness absence and poor staff retention, poor staff and service user feedback including NHS staff survey results)

Date Risk Created: 01/04/2021

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	
roles to align roles with future organisational service need.					
Developing a career pathway for support workers - dependent on business case support for investment - agreed September 21, now moving to implementation phase	Business case still in development				AMBER
Ensure the apprenticeship levy is fully utilised and prioritised for new roles/progression pathways for existing staff and that we meet our public sector apprenticeship targets					AMBER

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
<ul style="list-style-type: none"> Process for governance and decision making for investment in training to be agreed including proposal for internal trainer roles - Workforce Planning and Transformation group - 8 June 2021 	<p>No movement - decision still to be made regarding resources to support centralised training budget</p> <p>-----</p>	<p>01/12/2021 Karen Dickinson</p>

BOARD ASSURANCE FRAMEWORK 2021/2022

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

Risk Ref: BAF.0019 Date Risk Created: 01/04/2021 Details: 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, increased sickness absence and poor staff retention, poor staff and service user feedback including NHS staff survey results)

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
	Report to People Committee- September 2021- highlighting risks to training delivery due to lack of financial resources for training priorities. Action CP/BM and assurance report requested at november People Committee	
● Implement performance report for workforce planning and transformation group - July 21	Improvement work planned to improve workforce planning (CQC bid). NHSEI operatioanl plan (high level0 submitted and ICS Multi year plan in progress. ICS workforce lead attending Workforce planning group september 21 ----- Workforce Planning Group and Transformation group 13th July. Workforce planning and reporting dashboard to be tabled. In progress	31/12/2021 Karen Dickinson
● Progress on peer support worker expansion reported to Workforce Planning Group - September 2021- transformation bid submitted to SYB ICS for support on implementation and business case in development for a peer leadership role	Business case submitted as part of 22/23 business planning round	31/03/2022 Caroline Greenough
● Inability to implment centralised training budget added to corporate risk register		01/12/2021 Karen Dickinson

BOARD ASSURANCE FRAMEWORK 2021/2022

AIM: 3. IMPROVE OUR USE OF RESOURCES

Strategic Objective: Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0020

Details: There is a risk that we fail to effectively develop and implement a new approach to strengthening leadership and improving the culture of our organization and/or align this with our organisational design resulting in low staff morale, poor service quality and poor staff and service user feedback

Date Risk Created: 01/04/2021

Executive Lead: Director Of Human Resources

Risk Type: Quality

Risk Appetite: Low

Risk Rating:

Residual Risk (with current controls):

Target Risk (after improved controls):

Impact

Likelihood

Score

4

3

12

3

2

6

BAF Risk Review Date:

Last Review: 02/11/2021

Next Review: 02/12/2021

CONTROLS & MITIGATION

Controls	Gaps in Control
NHSi Culture and Leadership framework (CLP) to underpin the SHSC Leadership and Culture development Refresh of the SHSC values to underpin cultural vision SHSC culture champions 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 Behaviour's Policy and training (started training,	Culture champions to be aligned with NHSi Culture and Leadership programme Mechanism needs to be in place to gather and consolidate (triangulate) all staff data and themes

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

Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	Assurance Rating
Reporting to People Committee Staff Survey Steering Group established to increase engagement and reporting to People Committee	NHSi framework National and Regional People Plan	Pace in decision making Sufficient and right level of resource to deliver	AMBER

BOARD ASSURANCE FRAMEWORK 2021/2022

AIM: 3. IMPROVE OUR USE OF RESOURCES

Strategic Objective: Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0020

Date Risk Created: 01/04/2021

Details: There is a risk that we fail to effectively develop and implement a new approach to strengthening leadership and improving the culture of our organization and/or align this with our organisational design resulting in low staff morale, poor service quality and poor staff and service user feedback

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	
policy done) Overarching staff Engagement and Experience framework incorporating Listening Into Action principles. New approach to actioning staff survey to promote local ownership					AMBER
2021-2023 Organisational development Strategy	Strategy to be presented for final approval by Board				

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
● Develop a framework for Organisation Development	Organisation Development Strategy to Board. Board recommendation to develop a framework for OD. Recruitment to Head of OD and Leadership in progress and interim arrangements being put in place.	31/12/2021 Caroline Parry
● Co design leadership development programme with Arden and GEM	Simon Hann will support development of Co - Design group and lead Co Design with Arden and GEM	31/12/2021 Caroline Parry

BOARD ASSURANCE FRAMEWORK 2021/2022

AIM: 3. IMPROVE OUR USE OF RESOURCES

Strategic Objective: Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0021

Date Risk Created: 07/05/2021

Details: There is a risk that the reliance on legacy systems and technology leads to increasing network or system downtime and cyber security incidents; caused by historic system issues requiring complex maintenance, inadequate system monitoring, testing and maintenance, cyber security weaknesses, further development of legacy systems and delays in the procurement and roll out of replacement systems; resulting in patient safety and clinical effectiveness being compromised by a loss of access to key clinical and administration systems and data protection incidents

Executive Lead: Executive Director Of Finance

Risk Type: Quality

Risk Appetite: **Low**

Risk Rating:

Residual Risk (with current controls):

Target Risk (after improved controls):

Impact

Likelihood

Score

4

4

16

4

1

4

BAF Risk Review Date:

Last Review: 12/11/2021

Next Review: 12/12/2021

CONTROLS & MITIGATION

Controls

Gaps in Control

Governance controls in place via new EPR Programme Board which meets monthly

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

Internal Assurance

External Assurance

Negative Assurance OR Gaps in Assurance

Assurance Rating

Reporting into Programme Board with oversight by Trust Transformation Board

Board membership now includes procurement consultant, CCIO, CSO and Chair of ICS Digital Delivery Board.

New EPR consultancy engage to take us through procurement

Engaging NHSEI including TSSM to provide further assurance

GREEN

BOARD ASSURANCE FRAMEWORK 2021/2022

AIM: 3. IMPROVE OUR USE OF RESOURCES

Strategic Objective: Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0021

Date Risk Created: 07/05/2021

Details: There is a risk that the reliance on legacy systems and technology leads to increasing network or system downtime and cyber security incidents; caused by historic system issues requiring complex maintenance, inadequate system monitoring, testing and maintenance, cyber security weaknesses, further development of legacy systems and delays in the procurement and roll out of replacement systems; resulting in patient safety and clinical effectiveness being compromised by a loss of access to key clinical and administration systems and data protection incidents

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	
Governance controls in place via Data and Information Governance Group (DIGG) which meets every 2 months		Reporting to Audit and Risk Committee	Annual Data Protection Security Toolkit audit		AMBER

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
<ul style="list-style-type: none"> Implementation of a new Electronic Patient Record system to replace Insight. 	New EPR Board established and external consultancy appointed to complete procurement phase of the programme	04/12/2023 Beverley Murphy
<ul style="list-style-type: none"> New governance group to be established. Systems Roadmap Group will make prioritisation decisions on new developments and build a roadmap including replacement of legacy systems that will not be superseded by the new EPR. 	<p>Other initiatives such as the Digital Strategy Group (parent group for SRG) have taken priority. The aim will be to hold an initial meeting in October if the digital strategy and establishing DSG has been completed.</p> <p>-----</p> <p>TORs are being constructed with an aim that the group begins to meet in late June or early July.</p>	31/10/2021 Andrew Male

BOARD ASSURANCE FRAMEWORK 2021/2022

AIM: 3. IMPROVE OUR USE OF RESOURCES

Strategic Objective: Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0021

Date Risk Created: 07/05/2021

Details: There is a risk that the reliance on legacy systems and technology leads to increasing network or system downtime and cyber security incidents; caused by historic system issues requiring complex maintenance, inadequate system monitoring, testing and maintenance, cyber security weaknesses, further development of legacy systems and delays in the procurement and roll out of replacement systems; resulting in patient safety and clinical effectiveness being compromised by a loss of access to key clinical and administration systems and data protection incidents

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
<ul style="list-style-type: none"> ● New Digital Strategy to define scope of change required and the resources necessary to deliver a firm foundation for continuous change in the future. 	<p>FPC and Board agreed a new timeline with approval for November</p> <p>-----</p> <p>Timeframe for completing the Digital Strategy is now the end of October.</p>	<p>24/11/2021 Andrew Male</p>

BOARD ASSURANCE FRAMEWORK 2021/2022

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

Risk Ref: BAF.0022 Date Risk Created: 07/05/2021 Details: There is a risk that we fail to deliver a break-even position in 2021/22; caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures; resulting in a threat to both our financial sustainability and delivery of our statutory financial duties

Executive Lead: Executive Director Of Finance	Risk Rating:	Impact	Likelihood	Score	BAF Risk Review Date:
Risk Type: Statutory	Residual Risk (with current controls):	3	3	9	Last Review: 07/09/2021
Risk Appetite: Zero	Target Risk (after improved controls):	2	2	4	Next Review: 07/10/2021

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	
Operational plan; financial planning, including CIP planning, processes and delivery monitoring	Sophisticated CIP planning process and identification of a full CIP plan	Monthly financial reporting to Team to Board	NHS E&I Financial Review	Full CIP plan 100% recurrently identified Robust CIP processes	AMBER
Performance Framework		Performance Framework meetings and recovery plans			

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
● Develop and Approve CIP plan	Plan development ongoing - update scheduled for October FPC ----- CIP plans for 21/22 underway and currently going through the QEIA process. Corporate CIPs identified in the main (considered low risk) with timelines for final elements related to HR expected to be concluded in July. The clinical CIP gap and risk is being mitigated non recurrently from MHIS slippage and Covid underspends.	07/10/2021 James Sabin

BOARD ASSURANCE FRAMEWORK 2021/2022

AIM: 3. IMPROVE OUR USE OF RESOURCES

Strategic Objective: Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0022

Date Risk Created: 07/05/2021

Details: There is a risk that we fail to deliver a break-even position in 2021/22; caused by factors including non-delivery of the financial plan or CIP targets and increased cost pressures; resulting in a threat to both our financial sustainability and delivery of our statutory financial duties

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
<ul style="list-style-type: none"> ● 2022/23 CIP plan including QEIA in place by end of Quarter 3 21/22 		31/12/2021 James Sabin

BOARD ASSURANCE FRAMEWORK 2021/2022

AIM: 3. IMPROVE OUR USE OF RESOURCES

Strategic Objective: Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0026

Date Risk Created: 12/05/2021

Details: There is a risk that there is slippage or failure in projects comprising our transformation plans; caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity; resulting in service quality being compromised by the non-delivery of key strategic projects

Executive Lead: Executive Director Of Finance

Risk Type: Quality

Risk Appetite: Low

Risk Rating:

Residual Risk (with current controls):

Target Risk (after improved controls):

Impact

Likelihood

Score

3

3

9

3

2

6

BAF Risk Review Date:

Last Review: 07/09/2021

Next Review: 07/10/2021

CONTROLS & MITIGATION

Controls	Gaps in Control
<p>Members of the Executive Team as SRO's for all projects and programmes</p> <p>Transformation Board in place to provide read across between programmes (including Back to Good Board) and operational areas, manage dependencies and provide guidance and support</p> <p>Programme / Project Boards in place</p> <p>Reporting structures in place from Programme Manager to Programme Board, through to Transformation Board and Finance and Performance Committee</p> <p>Standardised highlight reports</p>	<p>To ensure skilled and experienced Project / Programme Managers in role for People Plan and CMHT project</p> <p>Portfolio risk and issue register and milestone plan to be embedded within the work and assurance activities of the Transformation Board</p> <p>Dependencies register to be redefined and implemented into work and assurance of Transformation Board</p> <p>Change control process to be implemented across all programmes to ensure changes to scope, quality and plans are visible and agreed at the appropriate level of authority</p> <p>Lack of formally assigning colleagues to programmes with acknowledgment of amount of time required to dedicate to the</p>

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

Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	Assurance Rating
<p>Triangulation of information between Back to Good programme and Transformation Portfolio via PMO</p> <p>Reporting from programmes to relevant committee's and Transformation Board to Finance and Performance Committee</p> <p>Programme highlight reports</p>	<p>Some programmes have external assurance mechanisms, as follows</p> <p>Adult Forensic New Care Models via (tbc)</p> <p>Primary and Community Mental Health via (tbc)</p>	<p>Some programmes have external assurance mechanisms</p>	<p>AMBER</p>

BOARD ASSURANCE FRAMEWORK 2021/2022

AIM: 3. IMPROVE OUR USE OF RESOURCES

Strategic Objective: Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0026

Date Risk Created: 12/05/2021

Details: There is a risk that there is slippage or failure in projects comprising our transformation plans; caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity; resulting in service quality being compromised by the non-delivery of key strategic projects

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	
<p>produced which include milestone plans, financial information and roles and responsibilities</p> <p>Developing maturity of PMO to support check and challenge of reporting</p> <p>External specialist resource is being brought in where appropriate to provide necessary skills, knowledge and capacity</p> <p>Key project documentation templates in place</p> <p>Portfolio risk and issue register and milestone plan in place</p> <p>Community of Practice in place to share knowledge and experiences between the Transformation Programme / Project Managers</p>	<p>programme</p>				
ACTION PLAN					
Details		Progress		Target Date / Responsibility Of:	

BOARD ASSURANCE FRAMEWORK 2021/2022

AIM: 3. IMPROVE OUR USE OF RESOURCES

Strategic Objective: Transformation: Changing Things That Will Make A Difference

Risk Ref: BAF.0026

Date Risk Created: 12/05/2021

Details: There is a risk that there is slippage or failure in projects comprising our transformation plans; caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity; resulting in service quality being compromised by the non-delivery of key strategic projects

ACTION PLAN

Details	Progress	Target Date / Responsibility Of:
<ul style="list-style-type: none"> ● Continuing to embed the programme governance arrangements (Zoe Sibeko) Progress the project support for People Plan and CMHT project (SROs) Review the capacity of the project team managers (SROs) 		<p>14/06/2021 Jason Rowlands</p>