

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 22 March 2023

Agenda Item: 28

Report Title:	Board Assurance Framework (BAF)	
Author(s):	Amber Wild, Head of Corporate Assurance and Deborah Lawrenson, Director of Corporate Governance	
Accountable Director:	Deborah Lawrenson, Director of Corporate Governance	
Other Meetings presented to or previously agreed at:	Committee/Group:	The full BAF for 2022-23 was received at the January Board. Extracts have been received and reviewed by the overseeing Board sub committees and the document received in full at the Audit and Risk Committee in January 2023.
	Date:	<ul style="list-style-type: none"> • 7 March 2023 (PC) • 8 March 2023 (QAC) • 9 March 2023 (FPC) • 25 January 2023 (Board) • 17 January 2023 (ARC)
Key Points recommendations to or previously agreed at:	The Board Assurance Framework (BAF) risks were presented at People, Quality Assurance and Finance and Performance Committees at their meetings and the update provided here is from the updates received at committees in March 2023.	

Summary of key points in report

Executive Summary

- The updated detailed BAF risks overseen by each committee are in the appendices which are provided to the Board in IBABs and are available on request.
- Changes are presented in blue text or via strike through.
- All scores have remained the same with the exception of BAF risk 0026 *'There is a risk of 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 to deliver within the timeframes agreed or availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects'* - overseen at Finance and Performance Committee which has moved from 3 x 3 = 9 to 4 x 4 = 16 because of the likelihood of delays and the impact on CIP.

- Trajectories to target scores have been discussed for all BAF risks and milestones have been identified to support movement of BAF risks to their target scores.
- The BAF for 2023/24 will be updated to reflect revised Strategic priorities if approved at the March Board and work will take place as a board to review and revise the document for the new financial year in Q1.
- At Quality Assurance Committee it was agreed risk 0025 would be separated into two separate risks covering ligature risk and therapeutic environments and these are presented for approval.

PEOPLE COMMITTEE OVERSIGHT

BAF.0013

AIM 3: Effective use of resources

STRATEGIC PRIORITY: Transformation: Changing things that will make a difference

Exec Lead: Executive Director of People

Risk appetite: LOW

Risk movement since last reviewed at committee: ↔

DETAILS: There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing and delivery of services, leading to ineffective interventions; caused by failure to engage with staff in a meaningful way around concerns raised in the staff and pulse surveys as well as through engagement with, and demonstration of the values; and failure to implement demonstrable changes resulting in low scores on the staff survey (low morale), high sickness absence levels and negative indicators for quality of care.

Summary update

- The current risk score remains 3 x 4 = 12
- Action progress to address gaps in control and internal assurances have been updated.
- Work is ongoing to ensure all actions have dates and owners identified.
- Trajectory for achieving the target score has been discussed and the following milestones were identified:
 - Staff side Recognition agreement – September 2023
 - Establish core requirements for all management/leadership roles – December 2023
 - Absence reduction plan implementation – April 2023
 - Menopause accreditation achievement – date tbc
 - Dedicated Wellbeing champion roles in place – June 2023
 - New Health and Wellbeing guardian role in place – April 23

The Board are asked to note updates provided.

BAF. 0014

AIM 2: CREATE A GREAT PLACE TO WORK

STRATEGIC PRIORITY: Transformation – Changing things that will make a difference

Exec Lead: Executive Director People

Risk appetite: MODERATE

Risk movement since last reviewed at committee: ↔

DETAILS: There is a risk of failure to undertake effective workforce planning to support recruiting, attracting and retaining staff to meet current and future needs caused by ineffective workforce planning, insufficiently attractive flexible working offer, competition, limited availability through international recruitment, reluctance of staff to remain in the NHS post Covid19, any national ICS requirements resulting in a negative impact on delivery of our strategic and operational objectives and provision of high-quality safe care.

Summary update

- Action progress to address gaps in control have been updated.
- Work is ongoing to ensure all actions have dates identified.
- Current score remains 4 x 4 = 16
- Trajectory for achieving the target score has been discussed and the following milestones were identified to date to support movement to target score are as follows:
 - Workforce Dashboard implementations – April 2023.
 - Diversity data as standard on people reports
 - Service-led 3-year workforce plan in place – August 2023
 - New role development integrated into workforce planning – August 2023
 - SHSC recruitment plan – October 2023
 - Deliver recruitment process improvement plan – July 2023
 - Review of local review and benefits offer – December 2023

The Board are asked to note updates provided.

BAF. 0020

AIM 2: CREATE A GREAT PLACE TO WORK

STRATEGIC PRIORITY: Transformation – Changing things that will make a difference

Exec Lead: Executive Director of People

Risk Appetite: MODERATE

Risk Movement since last discussed at committee: 

DETAILS: There is a risk of failure to enable a paradigm shift in our culture through delivery of the overarching cultural change programme, caused by a lack of engagement in the wide range of leadership activity and opportunities for development provided, inability to adapt and engage to enable organisational change, resulting in failure to improve the culture of the organisation, ineffective leadership development, application of learning, engagement with our values, emergence of closed subcultures and low staff morale which in turn impacts negatively on service quality and service user feedback.

Summary update

- Work is ongoing to ensure all actions have dates and owners identified
- Current risk score remains 4 x 3 = 12
- Trajectory for achieving the target score were discussed and the following milestones identified:
 - Management Development Programme – target date to be confirmed
 - Leadership Competencies – target date to be confirmed
 - Cultural Framework – target date to be confirmed
 - Values and behaviours embedded – – target date to be confirmed

The Board are asked to note updates provided.

QUALITY ASSURANCE COMMITTEE OVERSIGHT

BAF.0023

AIM 1: Deliver outstanding care

STRATEGIC PRIORITY: COVID19 – Recovering Effectively

Exec Lead: Salli Midgley (Executive Director of Nursing and Professions)

Risk appetite: MODERATE

Risk movement since last reviewed at committee: 

DETAILS: There is a risk that service users and staff are exposed to an avoidable spread of infectious diseases caused by a failure to consistently maintain appropriate Infection Prevention Control arrangements and safe working practices.

Summary update

- The risk rating is not proposed to change and remains 4 x 3 = 12.
- There has been some slowing down with progress with the vaccination programme in terms of take up rather than availability and therefore some slippage – at the time of writing 57% of staff have received covid and flu boosters in this latest vaccination round. The vaccination programme for Covid19 ended on 15 February but the programme is continuing with stock for Covid 19 and Flu until the end of March 2023.
- The references to business continuity have been removed at this stage as the risk is now about management of infectious diseases – business continuity being more of an issue during the pandemic
- Trajectory for achieving target score were discussed and the following milestones identified:
 - 75% of staff vaccination uptake needs to be achieved.
 - 2023-2-24 vaccination campaign

The Board are asked to endorse this change and note the updates provided.

BAF.0024

AIM 1: Deliver outstanding care

STRATEGIC PRIORITY: COVID19 – Recovering Effectively

Exec Lead: Salli Midgley (Executive Director of Nursing and Professions) and Mike Hunter (Medical Director)

Risk appetite: LOW

Risk movement since last reviewed at committee: 

DETAILS: There is a risk of failure to anticipate issues with, and achieve, maintain and evidence compliance with fundamental standards of care, caused by capacity and capability issues, cultural challenges, high use of agency and vacancy in some teams, use of out of area placements, lead in time for major estate changes, resulting in avoidable harm or negative impact on service user outcomes and experience, staff wellbeing, reputation, future sustainability of particular services which could result in regulatory action.

Summary update

- Back to Good – 10 improvement actions are currently in exception
- No proposed change to risk scores and remains 4 x 3 = 12
- Trajectory for achieving target score were discussed and the following milestones identified:
 - To achieve the recruitment/turnover rate of 10%.
 - Completion of the Ligature Anchor Point programme
 - Completion of the Back to Good programme

The Board are asked to note the updates provided.

BAF.0025A (NEWLY SEPARATED RISK)

AIM 1: Deliver outstanding care

STRATEGIC PRIORITY: CQC Continuous Improvement and Transformation - Changing things that will make a difference

Exec Lead: Salli Midgley (Executive Director of Nursing and Professions) and Neil Robertson (Executive Director of Operations)

Risk appetite: LOW

Risk movement since last reviewed at committee: 

DETAILS: There is a risk to patient safety caused by the delays to deliver of failure to effectively deliver essential environmental improvements for the including the reduction of ligature anchor points / improvements in therapeutic space in inpatient settings at the required pace – **NEW WORDING TO**

APPROVE

Summary update

- BAF risk 0025 has been separated out into two BAF risks one for Ligature Anchor Point work (BAF0025A) and to one for Therapeutic Environments (BAF0025B)
- Risk appetite for LAP confirmed by the Board – LOW
- The score remains $4 \times 4 = 16$
- Actions have been updated and where closed moved to controls and assurances as appropriate.
- Trajectory for moving to target score was discussed and the following milestones were identified:
 - Completion of phase 3 Ligature Anchor Point works
 - New clinical risk assessment tool in place with 80% compliance
 - Robust assurance of monitoring of the clinical risk assessment tool.
 - Meeting of trust recruitment/ turnover rate of 10%
 - It is proposed that there are no changes to the score.

QAC approved the separation of BAF0025 and the new risk description for BAF0025A.

The Board are asked to note updates provided and approve the newly separated risk.

BAF.0025B (NEWLY SEPARATED RISK)

AIM 1: Deliver outstanding Care

STRATEGIC PRIORITY: CQC Continuous Improvement and Transformation - Changing things that will make a difference

Exec Lead: Neil Robertson (Executive Director of Operations)

Risk appetite: MEDIUM

Risk movement since last reviewed at committee: ↔

DETAILS: There is a risk of failure to deliver the therapeutics environment programme at the required pace caused by difficulty in accessing capital funds required, the revenue requirements of the programme, supply chain issues (people and materials), and capacity of skills staff to deliver works to timeframe required resulting in more restrictive care and a poor staff and service user experience and unacceptable service user safety risks– **NEW WORDING TO APPROVE**

Summary update:

- BAF risk 0025 has been separated out into two BAF risks one for Ligature Anchor Point work (BAF0025A) and to one for Therapeutic Environments (BAF0025B)
- The current score $4 \times 4 = 16$ is unchanged. Committee agreed that the current and target risk score should be re-reviewed following the separation of these risks.
- Risk appetite for Therapeutic Environments was agreed as MEDIUM by the Board
- Actions have been updated and where closed moved to controls and assurances as appropriate.
- Trajectory for moving to target score was discussed and the following milestones were identified:
 - 136 Build - August 2023
 - Stanage refurbishment – August 2023
 - Maple Ward relocation to Michael Carlise Centre – October 2023
 - Maple Completion – March 2024
 - Dovedale 1 feasibility and design – December 2023
 - Dovedale 1 estate work – January 2023
 - Completion – June 2024.

QAC approved the separation of BAF0025 and the new risk description for BAF0025B.

The Board are asked to note updates provided and approve the newly separated risk.

BAF: 0029

AIM 1: Deliver outstanding care

STRATEGIC PRIORITY: COVID19 – Recovering Effectively and Transformation: Changing things that will make a difference

Exec Lead: Neil Robertson (Executive Director of Operations) and Salli Midgley (Executive Director of

Nursing and Professions)

Risk appetite: LOW

Risk movement since last reviewed at committee: ↔

DETAILS: There is a risk of a delay in people accessing the right community care at the right time caused by issues with models of care, contractual issues and the impact of practice changes during Covid resulting in poor experience of care and potential harm to service users

Summary update

- No proposed change to risk scores and remains 4 x 4 = 16
- Trajectory for moving to target score was discussed and the following milestones were identified:
 - Investments to support waiting list reduction will be agreed as part of the ICB planning round in Quarter 1 23/24
 - Gender service investment to be negotiated by end of Quarter 1 23/24
 - Phase one of community recovery team transformation to begin August 23 and phase 2 in Q4 23/24
 - Phase 3 of primary care community mental health, which forms part of reconfiguration of SPA and EWS is expected to be deliver in October 23

The Board are asked to note the updates provided.

AIM 4 - ENSURE SERVICES ARE INCLUSIVE

STRATEGIC OBJECTIVE: Transformation: Changing things that will make a difference and Partnership Working (PLACE (equality) addressing deprivation, Provider Alliance (forensic and specialist services) ICS and University (improving outcome measures)

RISK REF: No specific risks identified at this time

Cross References to risks which cover inclusivity and the ones relevant to this committee are highlighted below:

- Aim 1 - Deliver Outstanding care BAF risks 0023, 0024, 0025, 0029
- Aim 2 - Create Great Place to Work BAF risks 0013, **0014**, 0020
- Aim 3 - Effective Use of Resources BAF risks 0027

FINANCE AND PERFORMANCE COMMITTEE OVERSIGHT

BAF.0021A

AIM 3: Effective Use of Resources

STRATEGIC PRIORITY: Transformation: Changing things that will make a difference

Exec Lead: Phillip Easthope

Risk appetite: MODERATE

Risk movement since last discussed at committee - ↔

DETAILS: There is a risk of failure to ensure digital systems are in place to meet current and future business needs by failing to effectively address inadequate legacy systems and technology caused by complex historic system issues requiring on-going maintenance, inadequate system monitoring, testing and maintenance, delays in procurement and roll out of new systems resulting in negative impact on patient safety and clinical effectiveness due to loss of access to key systems and processes

Summary update

- There is some slippage in EPR rollout, and a revised programme is in development
- There remain no changes proposed to the residual which remains 4 x 3 = 12 or target risk scores at this time pending this further work.
- As noted previously sources of assurance and actions are unlikely to change until Q2 2022/23 on

the full retirement of insight

- Trajectory for moving to target score was discussed and the following milestone was identified:
 - Full retirement of Insight end of Q2

The Board are asked to note updates provided.

BAF 0021B

AIM 3: Effective Use of Resources

STRATEGIC PRIORITY: Transformation: Changing things that will make a difference

Exec Lead: Phillip Easthope

Risk appetite: Low

Risk movement since last discussed at committee - ↔

DETAILS: There is a risk that adequate arrangements are not in place to sufficiently mitigate increased cyber security and data protection incidents. This has been compounded by low Information Governance mandatory training levels across the Trust, unawareness of Phishing attacks as well as legacy core systems that may not meet current security standards and so remain vulnerable to cyber-attack. An attack may compromise or disable key systems and prevent their operation until we either have confirmation that is safe to do so following the application of software security patches or alternatively the system in its entirety is no longer deemed fit for purpose and removed from active service.

Summary update

- No change to scoring at this time and it remains $4 \times 3 = 12$.
- Sources of assurance and actions are unlikely to change until Q2/Q3 2022/23 on the retirement of Insight
- Progress to be expected to be seen from March 2023.
- Trajectory for moving to target score was discussed and the following milestone was identified:
 - DSTP compliance aligned with all DTSP work – June 2023

The Board are asked to note updates provided.

BAF.0022

AIM3: Effective Use of Resources

STRATEGIC PRIORITY: Transformation: Changing things that will make a difference

Exec Lead: Phillip Easthope

Risk appetite: LOW

Risk movement since last discussed at committee - ↔

DETAILS: There is a risk that we fail to deliver the break-even position agreed for 2022/23 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.

Summary update

- No changes proposed to scoring at this time with the risk remaining $5 \times 3 = 15$ - but the risk will be kept under close review noting it is possible if the position worsens that the residual risk score will rise, given there is increasing risk in respect of delivery of the Cost Improvement Plans which are not as progressed as they need to be and therefore progress status has moved to 'some slippage'
- Review has taken place in February/March and there is no movement from actions to controls at this time.
- Trajectory for moving to target score was discussed and the following milestones were identified:
 - Agreeing a revised financial plan with CIP targets in March 2023.
 - Scope out and review CIP schemes and identify the opportunity for CIP e.g .overhead benchmarking, organisational structure, capacity and demand – by the end of April 2023.

The Board are asked to note updates provided.

BAF.0026

AIM 3: Effective Use of Resources

STRATEGIC PRIORITY: Transformation: Changing things that will make a difference

Exec Lead: Pat Keeling

Risk appetite: LOW

Risk movement since last discussed at committee: ↑

DETAILS: There is a risk of 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 to deliver within the timeframes agreed or availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects.

Summary update

- Actions updated and some closed.
- Additional controls have been added
- Score has changed from $3 \times 3 = 9$ to $4 \times 4 = 16$ because of the likelihood of delays and the impact on CIP.
- Trajectory for moving to target score was discussed and the following milestones were identified:
 - Therapeutic Environments – will impact on OOA and CIP delivery – Mid April 2024
 - EPPR – mid June 2023
 - Community Facilities – no definite date identified yet.

The Board are asked to note updates provided and approve the escalation in score.

BAF: 0027

AIM 3: Effective Use of Resources

STRATEGIC PRIORITY: Transformation: Changing things that will make a difference

Exec Lead: Pat Keeling

Risk appetite: MODERATE

Risk movement since last discussed at committee - ↔

DETAILS: There is a risk of failure to engage effectively with system partners as new system arrangements are developed caused by non-participation in partnership forums, capacity issues (focus on Trust), difficulty in meeting increased requirement to provide evidence/data potentially at pace and volume, lack of clarity around governance and decision making arrangements resulting in poorer quality of services, missed opportunities to participate or lead on elements of system change and potential increase in costs

Summary update

- Additional controls and assurances identified.
- Score to remain $4 \times 3 = 12$
- No changes at present time to controls, assurances, gaps and ations
- Milestones to target score:
 - Work on shared priorities and the ICB forward plan – for submission for final version March 2023

The Board are asked to note the updates provided.

AIM 4 - ENSURE SERVICES ARE INCLUSIVE

STRATEGIC PRIORITY: Transformation: Changing things that will make a difference and Partnership Working (PLACE (equality) addressing deprivation, Provider Alliance (forensic and specialist services) ICS and University (improving outcome measures)

RISK REF: No specific risks identified at this time

Cross References to risks which cover inclusivity and the ones relevant to this committee are highlighted below:

- Aim 1 - Deliver Outstanding care BAF risks 0023, 0024, 0025, 0029

- Aim 2 - Create Great Place to Work BAF risks 0013,0014,0020
- Aim 3 - Effective Use of Resources BAF risks 0027

AUDIT AND RISK COMMITTEE OVERSIGHT

BAF.0021B

AIM 3: Effective use of resources

STRATEGIC PRIORITY: Transformation: Changing things that will make a difference

Exec Lead: Executive Director of People

Risk appetite: LOW

Risk movement since last discussed at committee: ↔

DETAILS: There is a risk that adequate arrangements are not in place to sufficiently mitigate increased cyber security and data protection incidents. This has been compounded by low Information Governance mandatory training levels across the Trust, unawareness of Phishing attacks as well as legacy core systems that may not meet current security standards and so remain vulnerable to cyber-attack. An attack may compromise or disable key systems and prevent their operation until we either have confirmation that is safe to do so following the application of software security patches or alternatively the system in its entirety is no longer deemed fit for purpose and removed from active service.

Summary update

- No change to scoring at this time.
- Sources of assurance and actions are unlikely to change until Q2/Q3 2022/23 on the retirement of Insight
- Milestones to achieving the target score:
 - DSTP compliance aligned with all DTSP work – June 2023
 - Progress to be expected to be seen from March 2023.

The Board are asked to note updates provided.

Recommendation for the Board/Committee to consider:

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

The Board is asked to receive and approve the updated Board Assurance Framework (BAF) and any specific amendments noted - following discussions at the board sub committees.

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

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
Fundamental Standards

Yes

X

No

“Systems and processes must be established to ensure compliance with the fundamental standards”

					<p>“Systems and processes must be established to ensure compliance with the fundamental standards”</p> <p>See individual BAF risks for detail.</p>
Data Security and Protection Governance Toolkit	Yes	X	No		
Any other specific standard	Yes	X	No		
Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	Yes	X	No		Specific detail is covered within the BAF risks
Financial (revenue & capital)	Yes	X	No		
Organisational Development/Workforce	Yes	X	No		
Equality, Diversity & Inclusion	Yes	X	No		
Legal	Yes	X	No		
Environmental Sustainability	Yes	X	No		

Board Assurance Framework

Section 1: Analysis and supporting detail

BAF Snapshot

- 1.1 Risks are ordered from highest to lowest, where the gulf between current risk rating and target risk rating the next denominator where scores are equal.

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.

- 1.2 The Risk Appetite was most recently reviewed at the Board in its meeting in August 2022 with follow up discussions then taking place at the board sub committees.

When discussing BAF risks the committees are asked to consider their BAF risk scores alongside the other sources of information presented.

Below is the snapshot of risks overseen at each board sub-committee starting with those received at People Committee. Arrows to showing movement since the risks were last discussed are included.

Current Risk Score			Target Risk Score require discussion		
Severity	Likelihood	Score	Severity	Likelihood	Score
BAF0014: There is a risk of failure to undertake effective workforce planning to support recruiting, attracting and retaining staff to meet current and future needs caused by ineffective workforce planning, insufficiently attractive flexible working offer, competition, limited availability through international recruitment, reluctance of staff to remain in the NHS post Covid19, any national ICS requirements resulting in a negative impact on delivery of our strategic and operational objectives and provision of high-quality safe care.					
4	4	16 ↔	3	3	↑
BAF0020: There is a risk of failure to enable a paradigm shift in our culture through delivery of the overarching cultural change programme, caused by a lack of engagement in the wide range of leadership activity and opportunities for development provided, inability to adapt and engage to enable organisational change, resulting in failure to improve the culture of the organisation, ineffective leadership development, application of learning, engagement with our values, emergence of closed subcultures and low staff morale which in turn impacts negatively on service quality and service user feedback.					
4	3	12 ↔	3	3	↑
BAF0013: There is a risk that we fail to identify key cultural and work pressures impacting on staff					

health and wellbeing and delivery of services, leading to ineffective interventions; caused by failure to engage with staff in a meaningful way around concerns raised in the staff and pulse surveys as well as through engagement with, and demonstration of the values; and failure to implement demonstrable changes resulting in low scores on the staff survey (low morale), high sickness absence levels and negative indicators for quality of care.

3	4	12 ↔	3	2	↑ ⁶
---	---	------	---	---	----------------

Below is the snapshot of risks overseen at Quality Assurance Committee. Arrows to show movement since the last discussion. BAF risk 0025 has been separated into two risks A and B.

Current Risk Score			Target Risk Score require discussion		
Severity	Likelihood	Score	Severity	Likelihood	Score
BAF.0023 There is a risk of failure to consistently maintain appropriate Infection Prevention Control arrangements to ensure protection of service users and staff which may result in avoidable spread of infectious diseases.					
4	3	12 ↔	3	3	9
BAF. 0024 - There is a risk of failure to anticipate issues with, and achieve, maintain and evidence compliance with fundamental standards of care, caused by capacity and capability issues, cultural challenges, high use of agency and vacancy in some teams, use of out of area placements, lead in time for major estate changes, resulting in avoidable harm or negative impact on service user outcomes and experience, staff wellbeing, reputation, future sustainability of particular services <i>which could result in regulatory action.</i>					
4	3	12 ↔	4	2	8
BAF.0025A – NEW There is a risk to patient safety caused by the delays to deliver of failure to effectively deliver essential environmental improvements for the including the reduction of ligature anchor points / improvements in therapeutic space in inpatient settings at the required pace					
4	4	16 ↔	3	2	6
BAF.0025B – NEW There is a risk of failure to deliver the therapeutics environment programme at the required pace caused by difficulty in accessing capital funds required, the revenue requirements of the programme, supply chain issues (people and materials), and capacity of skills staff to deliver works to timeframe required resulting in more restrictive care and a poor staff and service user experience and unacceptable service user safety risks					
4	4	16 ↔	3	2	6
BAF.0029 - There is a risk of a delay in people accessing the right community care at the right time caused by issues with models of care, contractual issues and the impact of practice changes during Covid resulting in poor experience of care and potential harm to service users					
4	4	16 ↔	4	2	8

Below is the snapshot of risks overseen at Finance and Performance Committee. Arrows to show movement since the last discussion.

Current Risk Score			Target Risk Score		
Severity	Likelihood	Score	Severity	Likelihood	Score
<p>BAF0022: there is a risk that we fail to deliver the break-even position agreed for 2022/2023 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.</p>					
5	3	15 ↔	4	2	8 ↔
<p>BAF 0021 A: there is a risk of failure to ensure digital systems are in place to meet current and future business needs by failing to effectively address inadequate legacy systems and technology caused by complex historic system issues requiring on-going maintenance, inadequate system monitoring, testing and maintenance, delays in procurement and roll out of new systems resulting in negative impact on patient safety and clinical effectiveness due to loss of access to key systems and processes and potential increase in cyber security and data protection incidents</p>					
4	3	12 ↔	1	3	3 ↔
<p>BAF 0021 B: There is a risk that adequate arrangements are not in place to sufficiently mitigate increased cyber security and data protection incidents. This has been compounded by low Information Governance mandatory training levels across the Trust, unawareness of Phishing attacks as well as legacy core systems that may not meet current security standards and so remain vulnerable to cyber-attack. An attack may compromise or disable key systems and prevent their operation until we either have confirmation that is safe to do so following the application of software security patches or alternatively the system in its entirety is no longer deemed fit for purpose and removed from active service.</p>					
4	3	12 ↔	4	2	8 ↔
<p>BAF0027: there is a risk of failure to engage effectively with system partners as new system arrangements are developed caused by non-participation in partnership forums, capacity issues (focus on Trust), difficulty in meeting increased requirements to provide evidence/data potentially at pace and volume, lack of clarity around governance and decision-making arrangements resulting in poorer quality of services, missed opportunities to participate or lead on elements of system change and potential increase in costs</p>					
4	3	12 ↔	4	3	12 ↔
<p>BAF0026: there is a risk of 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 to deliver within the timeframes agreed or availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects</p>					
4	4	16 ↑	3	2	6 ↔

The committee is asked to consider their BAF risk scores alongside the other sources of information presented.

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 All apply

Equalities, diversity and inclusion

- 4.2 See People Committee BAF risks

Culture and People

4.3 See People Committee BAF risks

Integration and system thinking

4.4 See Finance and Performance Committee BAF risks

Financial

4.5 See Finance and Performance Committee BAF risks

Compliance - Legal/Regulatory

4.6 See Quality Assurance Committee and Finance and Performance Committee BAF risks

Environmental Sustainability

4.7 See Finance and Performance Committee BAF risks

Section 5: List of Appendices – These are available on the Board member IBABs portal and otherwise on request

Appendix 1 BAF extracts received at People Committee March 2023

Appendix 2 BAF extracts received at Quality Assurance Committee March 2023

Appendix 3 BAF extracts received at Finance and Performance Committee March 2023