



**Trust Board Meeting  
01 June 2017**

<b>Title of the paper:</b>	<b>Board Assurance Framework 2017/18</b>	
<b>Agenda item:</b>	<b>16/49</b>	
<b>Lead Executive:</b>	<b>Helen Brown, Deputy Chief Executive</b>	
<b>Author:</b>	<b>Jean Hickman, Trust Secretary</b>	
<b>Trust objective:</b>	Tick as appropriate: <input checked="" type="checkbox"/> Achieving continuous improvement in the quality of patient care that we provide and the delivery of service performance across all areas; <input checked="" type="checkbox"/> Setting out our future clinical strategy through clinical leadership in partnership and with whole system working; <input checked="" type="checkbox"/> Creating a clear and credible long term financial strategy.	
<b>Purpose:</b>	The aim of this paper is to assure the Board on the progress made to mitigate the strategic risks within the Board Assurance Framework (BAF) in 2016/17 and to introduce a refreshed BAF which sets out the strategic risks for 2017/18 and the key milestones for addressing the identified gaps in controls and assurances.	
<b>Link to Board Assurance Framework (BAF)</b>	All	
<b>Previously discussed:</b>		
<b>Committees</b>		<b>Date</b>
All lead committees		April 2017
<b>Benefits to patients and patient safety implications</b>		
<b>Recommendations</b> The board is asked to: <ul style="list-style-type: none"> <li>• note the closure of actions from the 2016/17 BAF,</li> <li>• approve the BAF 2017/18</li> <li>• approve the 2017/18 action plan, including the nominated lead committee,</li> <li>• note that further actions may be added throughout the year if required,</li> <li>• note that the nominated lead committee will receive progress updates in line with the meeting cycle.</li> </ul>		



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**Trust Board meeting – 01 June 2017**

**Board Assurance Framework 2017/18**

**Presented by:** Helen Brown, Deputy Chief Executive

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**1. Purpose**

- 1.1 The aim of this paper is to assure the board on the progress made to mitigate the strategic risks within the board assurance framework (BAF) in 2016/17 and to introduce a refreshed BAF which sets out the strategic risks for 2017/18 and the key milestones for addressing the identified gaps in controls and assurances.

**2. Background**

- 2.1 The BAF was further refined and embedded in 2016/17 to provide greater assurance to the board that major risks are being tracked appropriately.
- 2.2 The responsibility for each principal risk is assigned to a nominated executive with oversight by a designated lead committee. The BAF is reviewed quarterly by each lead committee and by the board. Risks scores are graded from green to red.
- 2.3 The management of the BAF was assessed in 2016/17 as part of an internal audit into risk management controls within the Trust. The overall conclusion of the audit was that the board could take reasonable assurance that the controls upon which the organisation relies on to manage risk were suitably designed and consistently applied. Some recommendations were identified in order to strengthen the BAF further and these have been reflected into the updated BAF.
- 2.4 The board received a draft updated BAF at its meeting in May 2017, where it was agreed that the BAF would be re-presented on 01 June 2017 when further work had been undertaken to ensure that controls and assurances were appropriately described and actions and milestones were streamlined in order to strengthen the process further.

**3. Analysis/discussion**

- 3.1 Since the board meeting in May 2017, the BAF has been scrutinised by executive leads and the format of the document has been enhanced by drawing the actions into a spreadsheet to make the data more accessible and manageable.
- 3.2 The actions from 2016/17 have either been closed or carried over to the 2017/18 BAF. Please see the table below for a summary of the status of actions. Appendix 2 provides full details.

Action achieved	Partially achieved	Not achieved	Actions carried over
46	18	2	3

Action 1 relating to the procurement and implementation of new cancer information system was not achieved due to a lack of capital funding. The trust executive committee has agreed this as a priority scheme for implementation in 2017/18.

Action 2 to meet the 95% standard via the delivery of a system resilience plan was not achieved as performance fell below the trajectory. An emergency care transformation plan is in place and a new trajectory has been submitted.

The key reasons for actions being partially achieved during the year were around lack of management capacity, operational pressures, over ambitious milestones and lack or late capital funding.

- 3.3 During 2016/17 the rating of a number of risks moved, as shown in the table below. Principal Risk 6: Failure to maintain business continuity was closed in February 2017 when the Trust achieved full external assurance of the trust's compliance under Civil Contingency Act 2004.

Principal Risk	Description	Apr-16	Jul-16	Oct-16	Feb-17
PR1	Failure to provide safe, effective, high quality care (insufficiently robust and embedded quality governance and risk management)	A	A	A	A
PR2	Failure to recruit to full establishments, retain and engage workforce	AR	AR	A	A
PR3	Current estate and infrastructure compromises the ability to consistently deliver safe, caring, responsive and efficient patient care	AR	AR	AR	AR
PR4	Underdeveloped informatics infrastructure compromises ability to deliver safe, responsive and efficient patient care 4A) IM&T 4B) Information and information governance	AR	AR	AR	AR
		AG	AG	AG	AG
PR5	Inability to deliver and maintain performance standards 5A) Unscheduled care 5B) Elective care (including RTT, diagnostics and cancer)	R	R	R	R
		AG	AG	A	A
PR6	Failure to maintain business continuity	AR	AR	AR	G
PR7	7A) Failure to achieve financial targets, maintain financial control and realise and sustain benefits from CIP and Efficiency Programmes 7B) Failure to secure sufficient capital, delaying needed improvements in the patient care environment, security and safe infrastructure	AR	AR	AR	AR
		R	R	R	R
PR8	Failure to sustain key external stakeholder relationships and communications compromises the organisation's strategic position and reputation	A	AG	AG	AG
PR9	9A) Failure to develop a sustained long term clinical, financial and estates strategy 9B) Failure to deliver a sustained long term clinical, financial and estates strategy	AR	AR	AG	AG
		New	New	AR	AR
PR10	System pressures adversely impact on the delivery of the Trust's aims and objectives	New	AR	AR	R

- 3.4 The description of each principal risk has been refreshed for 2017/18 (appendix 1) and gaps in controls and assurance of each principal risk have been reviewed. The risks have been re-mapped to align to the new committee structure.

- 3.5 In the new committee structure, the responsibility for principal risk 1 (failure to provide safe, effective, high quality care) is shared between the safety and compliance committee and the clinical outcomes and effectiveness committee. The responsibility for principal risk 8 (failure to communicate and engage effectively both internally and externally compromises the organisation's strategic position and reputation) falls to the patient and staff experience committee.
- 3.6 New actions plans for 2017/18 have been developed and, where appropriate, outstanding actions have been carried over from the 2016/17 plan. Each action has been assigned to a lead committee to monitor progress. The table below shows a summary of the status of actions. Appendix 3 provides full details.

<b>Total number of actions</b>	<b>Actions due in April and May 2017</b>	<b>Actions completed</b>	<b>Actions on track for completion</b>
85	9	6	3

Two actions to highlight to the board:

Action 48 relating to a risk to the completion of ICT infrastructure improvement plan has been scored as red. A plan is in place with robust programme management and weekly executive level monitoring. However the board should be aware that there continues to be a risk of further delay due to a range of factors, including capacity, service performance from sub contractors and the need for added assurance prior to implementation of key elements of the programme.

Action 77 relating to a risk to the mobilisation of an acute transformation programme board and additional internal programme delivery capacity to support development of an outline business case and associated service transformation. The key risks relate to external approval processes and the requirement to demonstrate activity and capacity modelling aligns with the sustainability and transformation plan (STP) assumptions (which are currently not sufficiently developed to cover the time period of the strategic outline case).

- 3.7 The board will continue to receive the BAF for review and approval on a quarterly basis in 2017/18. A status report on actions that have reached their due date will be provided and a forward look to escalate any actions with future due dates where there is a risk to delivery. Lead committees will provide assurance on the delivery of BAF actions within their area of responsibility.

#### **4. Recommendation**

4.1 The board is asked to:

- note the closure of actions from the 2016/17 BAF;
- approve the BAF 2017/18;
- approve the 2017/18 action plan, including the nominated lead committee;
- note that further actions may be added throughout the year if required;
- note that the nominated lead committee will receive progress updates in line with the meeting cycle.

**Helen Brown**  
Deputy Chief Executive

June 2017