



**Trust Board Meeting**  
**04 May 2017**

<b>Title of the paper:</b>	<b>Board Assurance Framework 2017/18</b>
<b>Agenda item:</b>	<b>14/48</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 approve the Board Assurance Framework for 2017/18	





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**Trust Board meeting – 04 May 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 an individual 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.

**3. Analysis/discussion**

**BAF 2016/17**

- 3.1 In 2016/17 the BAF had ten principal risks. Actions plans were reviewed by lead executives and committees in quarter four to establish the position of each principal risk. Actions have either been closed or carried over to the 2017/18 BAF. The table below demonstrates the position of actions at the end of 2016/17.

Action achieved	Partially achieved	Not achieved	Action not due	Actions carried over
38	24	3	1	23

- 3.2 During the year 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 statutory 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

3.3 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 will be considered in 2017/18.

### BAF 2017/18

3.4 The description and gaps in controls and assurance of each principal risk were reviewed and refreshed by lead executive and changes endorsed by committees in April 2017. The risks were re-mapped to align with a new committee structure. New actions plans for 2017/18 have been developed and, where appropriate, outstanding actions have been carried over from the 2016/17 plan.

3.5 The Board will continue to receive the BAF for review and approval on a quarterly basis in 2017/18.

## 4. Recommendation

4.1 The Board is asked to approve the Board Assurance Framework for 2017/18.

**Helen Brown**  
**Deputy Chief Executive**  
 April 2017