

# Board Assurance Framework

June 2021

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## 1. Executive summary



### Purpose

The Board Assurance Framework (BAF) forms a part of the overall risk management and assurance process of the Trust and allows the Board to maintain oversight of the principal risks to delivery of the Trust's strategic objectives. BAF risks are mapped to the Trust's strategic objectives and reporting is managed through the DATIX system and escalated through the relevant Trust Committee structures.

Action plans for BAF risks are reviewed on a monthly basis and are captured within the Trusts' Datix reporting system. Executive Directors review open BAF risks on a monthly basis and BAF risks are brought to Board Committees at each meeting. Each Committee report includes a more detailed summary of Committee risks including, control measures, assurances and progress notes.

The BAF tracker for June 2021 provides the Residual Risk Rating (RRR) and long term trend for each BAF risk and is attached at Appendix A (above Appetite) and B (within Appetite).

**Headlines:** Twelve risks have a Residual Risk Rating above Risk Appetite. All RRR have either improved or remained the same as the prior month.

Emerging BAF Risks: No matters identified or escalated in month.

#### New BAF Risks: None Closed Risks: None

**Mapping to Strategic Objectives:** All BAF risks have been updated to map to Strategic Objectives for 2021/22 and a copy of the mapping is included in the report. The Board will note that we capture mapping against multiple objectives where there is a risk to delivery identified. For example our staff turnover risk (BAF ID 1853) maps across three strategic objectives: SO1 Deliver Clinical Excellence; SO3, Offer Positive Staff Experience; as well as SO6, Achieve Sustainability. This reflects the consideration that is given to impact and balance of risk across Trust objectives.

### **Other updates:**

**BAF 678: Waiting Time Targets** RRR 16 (C4xL4): Steady progress in performance with Trust aggregate RTT position of 83% reached w/c7/6/2021. However a significant backlog of patients are waiting diagnosis and treatment, and cancer performance is hampered by late referrals from other providers.

**BAF 2833: Safe and secure environment:** Timelines are being developed to as part of F.A.R. (Flexible, Adaptable, Resilient) Journey document. This plan includes number of inter-related pathways and supports contract management with partner organisations.

**BAF1021: Cyber breach and data loss:** Upgrade programmes to servers and desktops/laptops continue with weekly review processes in place.

**BAF 742: Safer Staffing:** Safe staffing fill rate was red overall for April but CHPPD remained green. The CHPPD measure reflects adjusted HealthRoster templates and altered beds activity during April, in response to COVID-19. Staffing ratios are monitored on a daily basis.

**BAF 1853/1853: Staff Turnover/recruitment:** Turnover is well within target and stands at 10.81%. The vacancy rate is at 3.28% (against a target of 5.5%) and we have no registered nurse vacancies.

#### Principal Risks (PR)

The June BAF tracker report reflects the earlier discussion at Board with principal risks relating to:

- 1. COVID19 pandemic and the need to sustain operational effort and resources to the COVID19 readiness and response.
- 2. Workforce, and the need to focus on recruitment and retention to support flow and our ability to deliver activity
- 3. Failure to optimise the new facility to deliver activity plans and meet patient demand.
- 4. The requirement to deliver our financial plan on a sustainable basis, addressing the underlying the structural deficit and our contribution to the wider system
- 5. Cyber security and data loss the need to ensure that our services are resilient to cyber attack and that residual risks to resilience are managed.

#### Recommendation

The Committee is requested to note the BAF report for June 2021.

### 2 Mapping to 2021/22 Strategic Objectives



BAF ID	Title	S01	S02	S03	S04	S05	S06
	Failure to protect patient from harm from hospital aquired infections	$\Rightarrow$					
678	Waiting list management	$\Rightarrow$					
730	R&D strategic direction and recognition					Ķ	
742	Failure to meet safer staffing (NICE guidance and NQB)	$\Rightarrow$		$\stackrel{\frown}{\sim}$	$\stackrel{\frown}{\sim}$		$\Rightarrow$
841	Delivery of Efficiency Challenges - CIP Board approved						$\Rightarrow$
858	Electronic Patient Record System - benefits (Linked to ID1787)	$\Rightarrow$		$\Rightarrow$			
1021	Potential for cyber breach and data loss	$\Rightarrow$					$\Rightarrow$
1853	Staff turnover in excess of our target level	$\Rightarrow$		$\Rightarrow$			$\Rightarrow$
1854	Unable to recruit number of staff with the required skills/experience	$\Rightarrow$		$\stackrel{\frown}{\sim}$			$\Rightarrow$
1929	Low levels of Staff Engagement	4		Ķ			\$
2338	EU exit	$\Rightarrow$				₹	$\Rightarrow$
2532	COVID Pandemic	4		\$			*
2829	Achieving financial balance						$\Rightarrow$
2833	Maintain a safe and secure environment across the organisation	$\Rightarrow$					
2904	Achieving financial balance at ICS level		<;				$\overleftrightarrow$
2901	Delivery of the Trust 5 year strategy 20/25		$\Rightarrow$	$\Rightarrow$	$\Rightarrow$	$\Rightarrow$	$\Rightarrow$

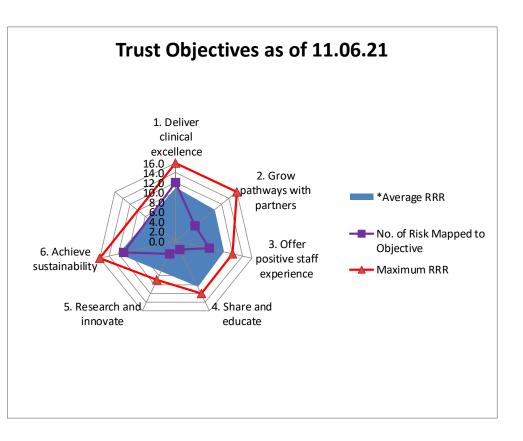
Strategic Objective	BAF ID	675	678	730	742	841	858	1021	1853	1854	1929	2338	2532	2829	2833	2904	2901
SO1. Deliver clinical excellence		~	4		$\stackrel{\frown}{\sim}$		4	*	*	43	4	~	43		4		~
SO2. Grow pathways with partners					$\stackrel{\frown}{\sim}$		$\rightarrow$					Ķ				~	
SO3. Offer positive staff experience					$\stackrel{\frown}{\simeq}$		~		*	$\Rightarrow$	*		$\Rightarrow$				
SO4. Share and educate					$\stackrel{\frown}{\simeq}$												
SO5. Research and innovate				$\overleftrightarrow$								Ķ					
SO6. Achieve sustainability					$\Rightarrow$	$\stackrel{\frown}{\sim}$				$\stackrel{\checkmark}{}$	$\Rightarrow$	$\Rightarrow$	$\stackrel{\checkmark}{}$	$\stackrel{\checkmark}{}$		$\stackrel{\checkmark}{}$	

### 3 Risks Mapped to Strategic Objectives Analysis



Trust Objective 2021/22	No. of Risk Mapped to Objective	*Average RRR	Maximum RRR	Minimum RRR	Risks Opened	Risks Closed
1. Deliver clinical excellence	12	10.9	16	6		
2. Grow pathways with partners	5	10.2	16	6		
3. Offer positive staff experience	7	10.1	12	8		
4. Share and educate	2	10.5	12	9		
5. Research and innovate	3	7.0	9	6		
6. Achieve sustainability	11	12	16	6		

\* Average for risks included in current tracker report

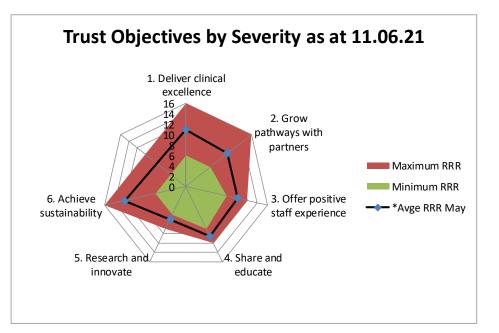


### 4 Strategic Objectives by severity of Residual Risk Rating



Trust Objective 2021/22	*Avge RRR April	*Avge RRR May	Maximum RRR	Minimum RRR	change in Avge RRR
1. Deliver clinical excellence	11.7	10.9	16	6	•
2. Grow pathways with partners	10.2	10.2	16	6	0
3. Offer positive staff experience	11.4	10.1	12	8	•
4. Share and educate	10.5	10.5	12	9	0
5. Research and innovate	7.0	7.0	9	6	0
6. Achieve sustainability	12.9	12.1	16	6	•

\* Average for risks included in current tracker report



### Appendix A: BAF Tracker Risks Above Risk Appetite



#### BAF Tracker 11/06/2021 (Updated 17/06/2021)

Produced by Dinusha De Silva, Risk Officer

Q	Exec	Opened	Title	Mar-21	Apr-21	May-21	Status since last month	Long running Trend	Risk Appetite	Risk Appetite achieved	Risk Assurance againt risk appetite	AF with Datix action plan	CQC/PIPR	Responsible Committee in addition to the Board
<b>*</b>	¥	¥	·	*	Ŧ	Ŧ	<b>*</b>	<b>~</b>	*	<b>,T</b>	%	▲ B/		-
675	JR		Failure to protect patient from harm from hospital aquired infections	4	10	10	$\leftrightarrow$	••••	5	×	50%	Y	Safe	Q&R
678	EM		Waiting list management	16	16	16	$\leftrightarrow$	• • • • • • • • • • • • • • • • • • • •	12	×	75%	Y	Finance	Performance
742	JR	30/01/2015	Failure to meet safer staffing (NICE guidance and NQB)	12	12	12	$\leftrightarrow$	•••••	6	×	50%	Y	Safe	Q&R
841	EM	01/02/2016	Delivery of Efficiency Challenges - CIP Board approved	20	16	16	$\leftrightarrow$	*******	8	×	50%	Y	Effective	Performance
1021	AR	17/02/2016	Potential for cyber breach and data loss	20	16	16	$\leftrightarrow$	****************	3	×	19%	Y	Safe	Perfomance
1853	MO	27/04/2018	Staff turnover in excess of our target level	15	15	10	$\downarrow$	••••••	8	×	80%	Y	Safe	Performance
1854	MO	27/04/2018	Unable to recruit number of staff with the required skills/experience	15	10	10	$\leftrightarrow$	••••••	8	×	80%	Y	Safe	Performance
1929	MO	23/07/2018	Low levels of Staff Engagement	16	16	12	$\downarrow$		4	×	33%	Y(HR)	People Manag. & Cult.	Q&R
2829	TG	23/02/2021	Achieving financial balance	12	16	16	$\leftrightarrow$	****	8	×	50%	Y(F)	Finance	Performance
2833	TG	06/02/2021	Maintain a safe and secure environment across the organisation	12	12	12	$\leftrightarrow$	••••	6	×	50%	Y(Est)	Safe	SPC
2904	TG	11/05/2021	Achieving financial balance at ICS level		16	16	$\leftrightarrow$	••	12	×	75%	Y(F)	Finance	Performance
2901	EM	12/05/2021	Delivery of the Trust 5 year strategy 20/25		9	9	$\leftrightarrow$	**	4	×	44%		All	SPC

### Appendix B: BAF Tracker Risks Below Risk Appetite



#### BAF Tracker 11/06/2021 (Updated 17/06/2021)

Produced by Dinusha De Silva, Risk Officer

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9	Exec	Opened	Title	Mar-21	Apr-21		<ul> <li>Status since last month</li> </ul>	Long runni	<ul> <li>Risk Appetite</li> </ul>	🖌 Risk Appetite achieved	<ul> <li>% Risk Assurance againt risk</li> <li>appetite</li> </ul>	BAF with Datix action plan	CQC/PIPR	Responsible Committee in addition to the Board
		*		•		, i	Ť	*						-
730	RH	01/04/2015	R&D strategic direction and recognition	6	6	6	$\leftrightarrow$	• • • • • • • • • • • • • • • • • • • •	8		133%	Υ	Responsive	Q&R
858	AR	01/02/2016	Electronic Patient Record System - benefits (Linked to ID1787)	12	8	8	$\leftrightarrow$	,	12		150%	Y	Transformation	SPC
2338	AR	29/08/2019	EU exit	6	6	6	$\leftrightarrow$	•••	16		267%	Y(EDs)	Finance	Board
2532	JR	05/03/2020	COVID Pandemic	15	10	10	$\leftrightarrow$	·	25		250%	Y(EDs)	Effective	Q&R