BOARD ASSURANCE FRAMEWORK: Quarter 1 2021/22

The Board has overall responsibility for ensuring systems and controls are in place, sufficient to mitigate any significant risks which may threaten the achievement of the organisation's strategic objectives. The Board Assurance Framework is a live document that will continue to be populated and amended as risks and assurances associated with the organisational objectives are identified. In response to the COVID-19 Pandemic, changes to the operational delivery model of the Trust and governance infrastructure led to a revised approach to assurance associated with the delivery of the Trust's strategic objectives, with the Regulation& Assurance Committee being a key conduit of assurance related to the Trust's response and performance. The Board Assurance Framework reflects the impact of the Trust's pandemic response in relation to the achievement of its strategic objectives. This revised approach has been reviewed and assured using Audit Yorkshire's Governance Checklist and presented to the Audit Committee. **Received by the Regulation and Assurance Committee on 13 July 2021**.

BOARD ASSURANCE FRAMEWORK												Q1 2021/22	
Assurance Overview											Date	June 2021	
Strategic Objective		Current Assurance Level	Reason for Assurance Level	Executive Lead	Assuring Committee	Quarterly assurance ratings				Strategic Risk			
						20/21			21/22				
						Q2	Q3	Q4	Q1	Principal composite	Highest		
1	To provide outstanding care for our patients		Whilst we have processes in place to monitor and record patient safety and quality of care, we have now been operating in a system under extreme pressure for almost 16 months. Work that we want to do to move to 'outstanding' has been delayed throughout this period. The recovery of elective activity is placing additional challenge on our processes, but progress has been made with the launch of the Quality Academy and the success of the deteriorating patient tile.	Chief Nurse/ Chief Medical Officer	Regulation and Assurance Committee					12	20		
2a	To deliver our financial plan		The green rating for the Q4 assurance level captures the closedown to 20/21 and reflects the final outturn position, which was delivery of the income and expenditure plan. The cash position was also ahead of plan. The financial framework for Oct 20 – March 21 (H2) 20/21 rolled forward into April 21 – Sept 21 (H1 of 21/22), with block funding arrangements in place, which broadly reflect (subject to a small number of adjustments) the block values received in H2 of 20/21. The Trust has submitted a breakeven plan for the first half of 2021/22 which is in line with all other organisations in the ICS. The Trust is reporting a surplus at the end of month 2 (May) mainly as a result of the estimated Elective Recovery Fund (ERF). Given the month 2 position the rating awarded for Q1 is green. Uncertainty remains for the remainder of the year as the income quantums are not currently known.	Director of Finance	Regulation and Assurance Committee					6	6		
2b	To deliver our key performance targets		In response to the Covid-19 pandemic there was a national directive to halt all routine and non-essential activity. During this period waiting times significantly increased and performance against access targets deteriorated. The re-establish and recovery programme has commenced, however was impacted by the increased COVID presentation during Wave 2 and Wave 3 of the pandemic. A further increase in COVID demand is predicted as a result of the new Delta Variant. The clinical prioritisation process continues to allocate resources to patients whose disease progression was time sensitive. The trust is utilising all available independent sector capacity to undertake elective activity in line with the current contractual arrangement which has now been extended until 31/10/21, and has also recently agreed an insourcing contract to further increase our internal capacity.	Chief Operating Officer	Regulation and Assurance Committee					16	20		
3	To be in the top 20% of employers in the NHS		Whilst we have processes in place which have enabled us to maintain our focus on the achievement and assurance associated with this objective particularly around workforce supply and wellbeing and resilience of staff, we have now been operating under pressure as a Trust for some time now. This has impacted on our People experience as we now focus on recovery with COVID presentation starting to increase again. This can be demonstrated through our staff absence figures, recruitment pressures and our staff survey results.	Director of Human Resources	Regulation and Assurance Committee					15	16		
4	To be a continually learning organisation		The learning and innovation demonstrated through the rapid transformation in response to the COVID19 pandemic during Q1 2020/21 has been reported to the R&A Committee and the Board of Directors. However, COVID has limited training opportunities due to reduced elective operating which has impacted on surgical anaesthetic trainees. This has been mitigated where possible by allowing trainees to attend lists at The Yorkshire Clinic. There has been a loss of teaching resource in Field House as the labs have been used as part of the Vaccine Hub. Inevitably, redeployment of trainees to COVID rotas has impacted on specific training opportunities, whilst creating unprecedented experience in the management of patients in a pandemic. The vaccine hub closed as planned in May. Full educational services have been recommenced. Feedback from HEE has been excellent despite recent challenges. Increased elective activity has enabled increased training opportunities in theatres and outpatients.	Chief Medical Officer	Regulation and Assurance Committee					8	n/r		
5	To collaborate effectively with local and regional partners		Since onset of pandemic, health & care partners have worked together on joint planning and to align decision making, for example through Outbreak Control Board and the council's Advisory Board ("Gold"). The Act as One programme has created 7 transformation programmes on behalf of the whole "place", 3 led by BTHFT Execs (access, diabetes, respiratory) and reporting to Bradford H&C Partnership Board (chaired by BTHFT CEO) . The recent NHSE/I consultation on statutory powers for ICS led to a Trust response which was closely aligned to those from the ICS, WYAAT and Bradford Place as a result of close working and collaboration. There is extensive system-wide discussion underway in respect of the development of the "Integrated Care partnership" for our place, plus the next iteration of the Strategic Partnering Agreement (SPA), and of course operational matters like Covid vaccination programmes.	Director of Strategy and Integration	Regulation and Assurance Committee					9	9		

Bradford Teaching Hospitals
NHS Foundation Trust

BOARD ASSURANCE FRAMEWORK	Strategic Objective	1	To provide outstanding care for our patients	Assurance Level	20/21			21/22
					Q2	Q3	Q4	Q1
Executive Lead	Chief Medical Officer/Chief Nurse	Assuring Committee	Regulation and Assurance (R&A) Committee					

Positive Assurance (bold received to date in quarter)

Date	Assurance	Source
Monthly	Quality Dashboard and trend analysis at R&A Committee Quality oversight report system (weekly at QUOC and monthly at R&A Committee) Maternity update report Ockenden QUOC (weekly) Panel Risk Management updates to Executive Team meeting Infection control monthly Board Assurance Framework Act As One structure and workstreams	Report
Quarterly	Incident and health safety compliance report – R&A Committee Maternity report IPC report – R&A Committee Patient Experience Annual Report	Report Report Report Report Report
Annual	Data Security Protection Toolkit – R&A Committee Inpatient survey – R&A Committee Health and Safety Annual report – R&A Committee	Report Report Report
Quarter 1	**IPC Board Assurance Framework** **Maternity Services Update** **Quality Oversight & Assurance Report** **Serious Incident Report** **Freedom to Speak Annual Report Q2 and Q3** **Quarterly Safeguarding Adults and Children** **End of Life Care in Bradford District** **Care Quality Commission Do Not Attempt Resuscitation inc Learning Disability** **Patient Experience Kindness Update** **Covid-19 Vaccination Programme Update** **Parliamentary Health Service Ombudsman** **IPC focus on Sepsis** **Magnet4Europe**	Report Report Report Report Report Report Report Report Report Report Report Report

Negative Assurance (bold received in quarter)

Date	Assurance	Source
Monthly	IG incident COVID Dashboard. Increase in numbers of PHSO complaints. Increase in associated harms (PU/E-Coli/Falls). Increasing numbers of incidents in relation to Mental Health and restraint. Referral to treatment (RTT) data and increase in number of long waits. Safe staffing reports. Hospital acquired COVID.	Dashboard
Quarterly	Incident and health safety compliance report – R&A Committee	Report
Quarter 4	**IPC report – Increasing line infection**	

Gaps in Assurance

During the COVID 19 response routine reporting was suspended, meaning a number of routine reports have not been submitted for Committee review. This has been mitigated through exception reporting to the R&A Committee supported by a command and control infrastructure.

Quality Academy has now met monthly since January 2021 and we are constantly reviewing the impact of the meeting.

Rationale for Assurance Level

Whilst we have processes in place to monitor and record patient safety and quality of care, we have now been operating in a system under extreme pressure for almost 16 months.
Work that we want to do to move to 'outstanding' has been delayed throughout this period.

Key performance Indicator		Principal Risk (s)		Potential consequences	Composite risk rating (strategic risks)					Component risks ≥12	
					Initial	Residual	Target	Current	Direction of travel	Number	Highest Current
a	To achieve the NHS quality of care standards	1	Failure to maintain the quality of patient services	Poor quality of care to the population that we provide services for. Reduced reputation and risk to continuity of services.	16	8	4	12	↔	14	20
b	To continuously improve in all services over the cycle of the clinical services strategy and have no services rated as requires improvement or inadequate.	8	Failure to maintain a safe environment for staff patients and visitors	Harm to patients, visitors and staff. Reduced reputation and risk to continuity of services, Regulatory/legal action.	12	6	4	12	↔	9	20
		9	Failure to meet regulatory expectations and comply with laws regulations and standards	Harm to patients, visitors and staff. Incidents, complaints, Regulatory/legal action.	12	8	6	8	↔	5	20

High Level Controls

Quality Strategy	Friends and Family test
Risk management strategy	National Inpatient survey
Patient experience strategy	Other National Patient Surveys
Quality Oversight System	Complaint benchmarking
Infection Prevention and Control Standards	CQC compliance action plan

Gaps in controls

Access to comprehensive suite of real time quality data although some is available (VTE, Sepsis, NEWS)

Routine Sources of Assurance

QUOC panel (weekly)	Infection Prevention and control report
Quality Oversight E&NE R Committee	Safe staffing report
Patient experience report	Escalation of risks to quality from
Risk management report	

Risk Appetite

Cautious. Preference for safe delivery options that

LocSSIPS programme Quality improvement collaboratives: Incident reporting benchmarking SAFER implementation programme NICE guidance implementation programme Delayed Transfers of Care benchmarking Policy and Procedure compliance benchmarking National Audit Programme Health and safety benchmarking Structured Judgement Review Programme	Performance (RTT/ECS/Cancer) benchmarking Freedom to Speak Up programme Bradford Accreditation Scheme/Ward Quality Tool Kit Workforce: Safe staffing standards, appraisal, mandatory training, sickness absence benchmarking, Placement satisfaction benchmarking (medical students) Data Security Protection Toolkit Internal audit reports relevant to controls Command and Control structure (Silver/Gold Command) Overview by Estates Compliance Risk and Assurance Committee Backlog maintenance programme - weighted	Full assurance structures and reporting Committees are not in place. Currently reviewing Estates and Facilities risks including backlog maintenance and capital investment needs.	Serious Incident report Effectiveness Report CQC compliance reporting Safeguarding report Learning report Learning from deaths report Clinical Effectiveness report Executive Directors Outbreak Control Board	other Board Committees Safe Staffing report Quality Dashboard and trend analysis Serious incident report Incident report Information Governance Report Act as One Programme Board	have a low degree of inherent risk and may only have limited potential for reward.

BOARD ASSURANCE FRAMEWORK	Strategic Objective	1	To provide outstanding care for our patients	Action Plan to address Gaps in Controls and Assurance

		Date of update	25/06/21
Accountability		**Responsibility**	
Lead	**Oversight/governance structure**	**Lead**	**Work-stream/operational group**
Chief Nurse (CN)	R&A Committee	Deputy Chief Medical Officer (DCMO)	Going Digital Programme Board
Chief Medical Officer (CMO)	QUOC Panel	Deputy Chief Nurse (DCN)	Patient Safety Sub Committee
Chief Digital Information Officer (CDIO)	Executive Management Team	Nurse Consultant IPCC (NCIPCC)	
	Quality Academy	Head of Business Intelligence (HBI)	
		Associate Director for Quality	

Objective	**2**	**To address gaps in assurance related to achievement of this strategic objective**						
No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
1	To ensure routine assurance reports are risk assessed and added to the appropriate Board Committee work-plan following the Board approval of the proposed new Board and Committee governance infrastructure.	KD/ RS	April 2020	April 2021	**O**		Review of Governance now underway which is likely to alter this objective as the Academy and assurance model is implemented.	Completed via Board review of governance.
2	To ensure that interim reporting and governance processes are robust and integrate into evolving ways of working.	KD/ RS	December 2020	Ongoing	**O**		During COVID we have introduced a governance light approach. This has resulted in more emphasis on command and control and real time awareness of incidents. It is important that we maintain the levels of insight whilst transitioning back into a revised (traditional) structure.	Clinical Reference Group minutes/notes. QUOC oversight dashboard.
3	To ensure continual progress against the risk and risk mitigation is reported to the Board of Directors (or Regulation Committee)	D of E&F	February 2021	May 2021	**O**		Quarterly report to be produced by D of E&F in relation to progress against strategic risk – First report due May 2021 (covering Q4)	

Objective	**1**	**To address gaps in controls that compromise the assurance related to this strategic objective**						
No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
1	To develop functionality to enable real time quality metric reporting	HBI	June 2018	April 2021	**O**	First phase (maternity) now in place	This is part of ongoing work to optimise the data available from EPR and its associated analytics. Maternity Dashboard is now embedded. Review of overarching dashboard and indicators commenced January 2021. Deteriorating Patient (Sepsis) live on desk tops and on Command Centre tiles.	Quality dashboards, e.g., Maternity, VTE, NEWS, Sepsis Command Centre/Sepsis tile.
2	To implement a review and improvement programme for 30 day readmissions	CMO	December 2019	April 2021	**O**		Programme paused due to Covid-19. Due to restart in April 2021.	Paper presented to QC. Programme paused until understand impact of Covid
3	To embed Quality Academies	CN/ CMO	December 2020	September 2021	**O**		First Quality Academy met in January 2021.	
4	Ensure upkeep and planned and preventative maintenance is fully costed and linked to capital planning and wider strategic outline case	D of E&F	Feb 2021	21/22 capital plan and each year thereafter	**O**		SOC expected completion for September spending review.	

BOARD ASSURANCE FRAMEWORK	Strategic Objective	2a	To deliver our financial plan	Assurance Level	20/21			21/22
					Q2	Q3	Q4	Q1
Executive Lead	Director of Finance	Assuring Committee	Regulation and Assurance Committee					

Positive Assurance

Date	Assurance	Source
Financial Year 2019/20	The Trust entered into a Fixed Income Contract arrangement with its main commissioners (Bradford & Airedale). Improved baseline contract value compared to PbR contract and provided greater certainty The targeted financial position was delivered for the year ending 31.3.20 producing a UoR rating of 1.	Finance Report Annual Statutory Accounts. Final Statutory Accounts and Annual Report finalised June 2020.
April 2020 – Sept 2020	The COVID 19 Financial Regime introduced for the first six months of 2020/21 delivered a breakeven position up to 30 September with all COVID 19 related costs retrospectively funded	Finance Dashboard & Finance Report to Regulation and Assurance Committee and Board of Directors
Dec 2020	The financial regime based on a block allocation and covering the remainder of the year, commenced on 1 October 2020. The Trust reported a breakeven position in the first month of the regime which included a proportionate amount the required savings target	Finance Dashboard & Finance Report to Regulation and Assurance Committee and Board of Directors
Feb 2021	The underlying run rate reported for Q3, representing the first 3 month of the updated financial regime for 20/21 produced a surplus of £1.5m	Finance Dashboard & Finance Report to Regulation and Assurance Committee and Board of Directors
March 2021	The majority of the risks the challenged delivery of the financial plan have either been mitigated or removed	Finance Dashboard & Finance Report to Regulation and Assurance Committee and Board of Directors
April 2021	The majority of the risks that challenged delivery of the financial plan have either been mitigated or removed. The financial Plan for 20/21 has been delivered.	Finance Dashboard & Finance Report to Regulation and Assurance Committee and Board of Directors
June 2021	The Trust is reporting a surplus position at the end of month 2	Finance Dashboard & Finance Report to Regulation and Assurance Committee and Board of Directors

Negative Assurance

Date	Assurance	Source
Dec 20	Forecast delivery of the allocated financial target for the year ending 31.3.21 in light of the target set and the requirement to deliver an efficiency requirement based on the projected cost profile.	Finance report
Dec 20	From September 2020, the Elective Incentive Scheme has been introduced nationally. There is a risk that national funding may be clawed back if activity falls below targeted levels. The potential impact to date is not included the reported position.	Finance Report
Jan 21	Whist the Elective Incentive Scheme remains, its application of the thresholds will now be managed at an ICS. BTHFT triggered all thresholds in Oct, Nov and December and as such should not have a penalty applied. The financial impact for September of the scheme was £111k. March 2021 Update – Recent correspondence has notified that the EIS will not be applied for Sept and October. As such this negative assurance is now removed.	
June 21	There is currently no clarity on the income that will be recovered by the Trust in the second half of 2021/22 and as such the scale (if any) of a financial gap remains uncertain.	

Gaps in Assurance

For future financial years, definitive plans to secure the full value of control total requirement on a recurrent and sustainable basis.

The Covid Pandemic has impacted on the ability to identify and implement sustainable efficiency plans. A number of innovations and different ways of working have been identified and embedded during the pandemic which should release productivity improvements. The full evaluation of the improvements will be assessed as part of the operational planning work for the second half of 21/22. The risk is that productivity gains will be eroded by the productivity impact of Covid and the infection control measures required to safely treat patients.

Rationale for Assurance Level

The green rating for the Q4 assurance level captures the closedown to 20/21 and reflects the final outturn position, which was delivery of the income and expenditure plan. The cash position was also ahead of plan.

The financial framework for Oct 20 – March 21 (H2) 20/21 rolled forward into April 21 – Sept 21 (H1 of 21/22), with block funding arrangements is place, which broadly reflect (subject to a small number of adjustments) the block values received in H2 of 20/21 . The Trust has submitted a breakeven plan for the first half of 2021/22 which is in line with all other organisations in the ICS. The Trust is reporting a surplus at the end of month 2 (May) mainly as a result of the estimated Elective Recovery Fund (ERF). Given the month 2 position the rating awarded for Q1 is green. Uncertainty remains for the remainder of the year as the income quantums are not currently known.

Key performance Indicator		Principal Risk(s)		Potential consequences	Composite risk rating (strategic risks)					Component risks ≥12	
					Initial	Residual	Target	Current	Direction of travel	Number	Highest Current
A	Deliver the financial plan to secure FRF funding and deliver liquidity plan to ensure sufficient cash to protect the capital programme	4	Failure to maintain financial sustainability	Damage to reputation, financial and liquidity compromise, loss of market share, regulatory action.	6	6	6	6	↔	0	-

High Level Controls	Gaps in controls	Routine Sources of Assurance	Risk Appetite
Executive led financial performance management Budget setting and business planning Quality Impact Assessment and Financial Impact Assessment process Standing Financial Instructions and Scheme of Delegation Issuance of Budgetary Management Framework to support new Care Groups and Clinical Business Units (CBUs)	The Covid pandemic has impacted on the standard Financial management/governance controls. This includes the planning, implementation, measurement and management of a CIP/Efficiency programme. This control (subject to any subsequent wave in the pandemic) will need to be re-established (likely Q2 of 2021/22). The Covid Pandemic and financial regime prompted a cessation of normal business activities and in particular performance management arrangements associated with the delivery of Care Group/CBU financial targets.	Director of Finance report to Finance and Performance Academy and Board Internal Audit Committee Reports on controls assurance Audit Committee Report to Board Finance & Performance Academy Dashboard Board Integrated Dashboard Quarterly Capital Report to Finance and Performance Academy Quarterly Treasury Management Report to Finance and Performance Academy	**Open** Willing to consider all potential delivery options and choose while also providing an acceptable level of reward

BOARD ASSURANCE FRAMEWORK	Strategic Objective	2a	To deliver our financial plan	Action Plan to address Gaps in Controls and Assurance

		Date of update	17/06/21
Accountability		**Responsibility**	
Lead	**Oversight/governance structure**	**Lead**	**Work-stream/operational group**
Director of Finance (DoF)	Finance and Performance Academy		
Chief Operating Officer (COO)			

Objective	**1**	**To address gaps in controls that compromise the assurance related to this strategic objective**						
No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
1	Re-establish appropriate governance, performance management and reporting in relation to the Financial management arrangements of the organisation	DOF/ COO	Q2 2021/22	Q2 2021/22	**O**			

Objective	**2**	**To address gaps in assurance related to this strategic objective**						
No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
1	Re-establish appropriate governance, performance management and reporting in relation to the Financial management arrangements of the organisation	DOF/ COO	Q2 2021/22	Q2 2021/22	**O**			

Status:	
O	Open
O	Open and compromised
C	Closed
OD	Overdue

BOARD ASSURANCE FRAMEWORK	Strategic Objective	2b	To deliver our key performance targets	Assurance Level	20/21			21/22
					Q2	Q3	Q4	Q1
Executive Lead	Chief Operating Officer	Assuring Committee	Regulation and Assurance Committee					

Positive Assurance		
Date	Assurance	Source
Jun 21	ECS performance continues to be delivered within the top quartile for Type 1 when compared to other organisations within the region and nationally. Attendances have increased significantly since the first wave of the pandemic, however despite this BTHFT have continued to maintain a positive performance position. SDEC model implemented and embedded. External visit and review of programme by NHSEI Regional clinical leads for urgent care and GIRFT CQC Patient First discussion held October 2020. 111 talk before you walk initiative implemented from Nov 20. Outputs from RCEM patient flow report highlights above average performance.	NHS Improvement Daily Situation Report Formal report from NHSE/I ED dashboard
Jun 21	Implementation of the action plan to improve the Cancer 62 Day performance - improvement / reset and restart update provided to F&P / Regulation committee. Increase in the number of patients seen within 2 weeks of referral National cancer waiting time dashboard – 2WW standard achieved consistently. Focus on reducing the long wait patients who are beyond 62 days due to COVID with a good level of reduction already demonstrated.	National cancer waiting time monthly submission. Performance Report
Jun 21	Implementation of the restart plan to increase elective activity to pre-covid levels. Work with Independent sector to ensure patients are seen in priority order and capacity across BRI and the Independent Sector is fully utilised. Maximising elective activity in line with current independent sector contract extended up until 30th September 2021. New operational and planning guidance for 21/22 published outlining priority areas of focus. Insourcing contract agreed at ETM and due to commence from July 21 delivering additional in-week and weekend operating capacity.	Re-establish and Recovery Report NHSE

Negative Assurance		
Date	Assurance	Source
Jun 21	2nd and 3rd wave of COVID admissions were significantly above those experienced within wave 1. This has impacted on the reset and restart programme. Although numbers have reduced currently modelling suggestive of the fact that we are likely to see another increase during May and June 21. Delta variant now the prevalent strain and the trusts is starting to see an increase in admissions into hospital.	
Jun 21	Current performance in relation Cancer 62 day standard - standards not yet achieved consistently. Increase in 62 day backlog during the pandemic has reduced due to the targeted work but not currently at pre-covid levels.	
Jun 21	RTT incomplete standard not yet achieved. Increase in the number of patients over 40 weeks on the incomplete RTT waiting list due to cessation of routine elective activity in preparation for the covid-19 pandemic. Increase in 52 week waits in comparison to previous year due to limited capacity for patients requiring routine elective procedures.	

Gaps in Assurance

The impact of 2nd and 3rd wave of COVID made delivery of the reset and restart plans undeliverable. Careful planning in place due to the risk of increased hospitalisation associated with the new Delta variant – full impact of new variant unkown.

The current Independent Sector contract has been extended until 30th September 2021 and the future status of this is unknown.

Rationale for Assurance Level

In response to the Covid-19 pandemic there was a national directive to halt all routine and non-essential activity. During this period waiting times significantly increased and performance against access targets deteriorated. The re-establish and recovery programme has commenced, however this has been impacted by the increased COVID presentation during Wave 2 and Wave 3 of the pandemic. The clinical prioritisation process continues to allocate limited resources to patients whose disease progression was time sensitive. The trust is utilising all available independent sector capacity to undertake elective activity in line with the current contractual arrangement. The latest planning and operational guidance outlines the required standards that need to be delivered from April 21. The ETM have recently approved an insourcing contract which is due to commence from July 2021 and will add further elective capacity.

Key performance Indicator		Principal Risk (s)		Potential consequences	Composite risk rating (strategic risks)					Component risks ≥12	
					Initial	Residual	Target	Current	Direction of travel	Number	Highest Current
	To achieve organisational trajectories set for ECS, Cancer, 18 weeks RTT & Diagnostics	3	Failure to maintain operational performance	Damage to reputation, regulatory action	20	6	6	16	↔	6	20
		5	Failure to deliver the required transformation of services	Reduced reputation and risk to continuity of services	12	8	8	8	↔	1	20

High Level Controls

New performance management and accountability framework
Development of care group and CBU dashboards including national/local and contractual KPI's/standards
ECS performance report
Cancer improvement plan
Detailed restart plan
Re-establish and recovery meetings
weekly ECS breach review meetings
Access to health care programme
Daily safety huddle in ED

Gaps in controls

2nd and 3rd wave of covid has significantly impacted on the Trust's capacity to deliver all the planned restart activity. Further COVID impact expected in May / June 21.

Routine Sources of Assurance

Daily return to NHSI for ECS
National cancer submission of cancer waiting times by standard
Monthly national reporting of 18 weeks RTT through Unify
Director of Finance - Performance report to Finance and Performance Committee and Board
Audit Committee Report to the Board
Contract Management Board
Internal Audit Committee Reports on controls assurance
Audit
Regulation & Assurance Committee Dashboard
Board Integrated Dashboard
Quarterly Informatics Performance Report
Operations highlight report

Risk Appetite

Cautious Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward

BOARD ASSURANCE FRAMEWORK	Strategic Objective	2b	To deliver our key performance targets	Action Plan to address Gaps in Controls and Assurance

		Date of update	23/06/21
Accountability		**Responsibility**	
Lead	**Oversight/governance structure**	**Lead**	**Work-stream/operational group**
Director of Operations, Unplanned Care	Urgent Care Improvement Programme	Urgent care CD	Emergency care performance meeting.
Director of Operations, Planned Care	Re-establish and restart programme	Deputy Director of Operations	Access performance meeting

Objective	**1**	**To address gaps in controls that compromise the assurance related to this strategic objective**						
No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
1	ECS- To recruit to a new workforce model that matches staff resource with emergency demand	COO	May 19	30/10/20	**C**	July 2020	The new workforce model is in place. A further review of the acute medical model is in progress to meet the acute medical demand.	
2	ECS – to increase the number of patients who attend ED who are treated by same day emergency care and avoid overnight admission	COO	May 19	31/11/20	**C**	July 2020	The model of same day emergency care (Blue Zone) has been fully implemented with a positive impact on ECS performance above 90% The 11 I before you walk model has been implemented	

Objective	**2**	**To address gaps in assurance related to achievement of this strategic objective**						
No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
1	18 weeks RTT- To implement a DQ improvement programme	COO	June 19	Dec 20	**C**	Dec 20	The DQ improvement programme has now recommenced. A full validation of the RTT waiting lists has been undertaken.	Re-establish & recovery highlight report
2	18 weeks RTT- To reduce the number of patients waiting more than 40 weeks to zero by April 2020.	COO	June 19	April 21	**C**	N/A	This action has been closed as it is out of date. Actions to address RTT are described in the F&P Dashboard, Performance Report and Operational Performance Highlight Report.	F&P Dashboard Performance Report Operational Performance Hihglight Report

Status:	
O	Open
O	Open and compromised
C	Closed
OD	Overdue

BOARD ASSURANCE FRAMEWORK	Strategic Objective	3	To be in the top 20% of employers in the NHS								
Executive Lead	Director of HR		Assuring Committee	Regulation and Assurance Committee	Assurance Level	20/21			21/22
						Q1	Q2	Q3	Q4

Positive Assurance		
Date	Assurance	Source
April	Workforce Report Flexible Working Review Presentation Annual Report Guardian of Safe Working Looking after our People: People Recovery Presentation	People Academy 04/21 People Academy 04/21 People Academy 04/21 People Academy & Regulation & Assurance Committee
May	Midwifery Staffing Presentation GMC Training Survey Action Plan WRES/WDES EDI Update Report Infection Prevention & Control Report Dashboard Metrics re turnover/bank & agency usage & reducing COVID sickness absence	People Academy 05/21 People Academy 05/21 People Academy 05/21 Regulation and Assurance Committee 05/21 People Academy & Regulation and Assurance Committee 04/21
June	People Academy Dashboard metrics re: contacts with advocacy service, harassment and bullying outcomes, use of agency staff, staff turnover, BAME workforce and reducing Covid sickness absence. Looking after our people presentation Freedom to Speak Up Annual Report 2020/21 Medical Appraisal and Revalidation Annual Report 2020/21 Strategic staffing review (assurance re: process) Payroll Audit (significant assurance)	People Academy 06/21 People Academy 06/21 People Academy 06/21 People Academy 06/21 People Academy 06/21 Audit Committee & People Academy 06/21

Negative Assurance		
Date	Assurance	Source
April	Strategic Risks relevant to the Academy NHS Staff Survey results where statistically significant reduction in staff experience People Academy Dashboard metrics re: BAME senior leaders	People Academy 04/21 EDI Report 05/21 People Academy 04/21
June	Staff sickness absence Strategic Risks relevant to the Academy	People Academy 06/21 People Academy 06/21

Gaps in Assurance

During the COVID 19 response routine reporting was suspended, meaning a number of routine reports have not been submitted for Committee review. This has been mitigated through exception reporting to the Regulation & Assurance Committee. Covid governance checklist also completed. With the infrastructure around delivery of the People Plan, regular reports are now starting to come through to the People Academy which is meeting monthly.

The People Academy has now been established and is meeting monthly. The People Dashboard is currently being revised and developed to ensure it meets the Academy needs.

Rationale for Assurance Level

Whilst we have processes in place which have enabled us to maintain our focus on the achievement and assurance associated with this objective particularly around workforce supply and wellbeing and resilience of staff, we have now been operating under pressure as a Trust for some time now. This has impacted on our People experience as we now focus on recovery with COVID presentation starting to increase again. This can be demonstrated through our staff absence figures, recruitment pressures and our staff survey results.

Key performance Indicator		Principal Risk (s)		Potential consequences	Composite risk rating (strategic risk register)					Component risks ≥12	
					Initial	Residual	Target	Current	Direction of travel	Number	Highest Current
A	Overall: Retain above average overall staff engagement indicator scores benchmarked against acute Trusts with a target of top 20% by 2021/22	2	Failure to recruit and retain an effective and engaged workforce to meet the needs of our Clinical Services Strategy	Disengaged staff – poor staff morale High staff turnover High vacancy rate/agency staff usage Poor quality and continuity of care Unanticipated bed closures	15	6	4	15	↔	3	16
B	Retain: Maintain a turnover rate between 10 -14% Develop:										
C	Ensure all eligible staff have an effective annual appraisal monitoring both completion rates [95%] and quality [through staff survey]										
D	Attract and Lead: To employ a workforce representative of our local communities in line with our Equalities Objectives/WRES action plan to include monitoring against our agreed equality objectives.										
E	Happy, healthy and here: achieve sickness absence rates of less than 4.50% in 2019/20										

High Level Controls

People Academy dashboard Monitoring of safe staffing Monitoring of recruitment against budget Time to talk/We are Bradford/OD Plan Our People Strategy 2017 and annual workplans Personal responsibility framework Guardian of Safe Working Hours reports Workforce planning Leadership strategy Equality Plan E&D Council set up	Bi -Annual review of nurse and midwife staffing establishments NHS People Plan Human Resources Policies and Procedures Equality objectives/ WRES Action plan/Equality plan GMC reports Staff friends and family/ Pulse surveys NHS Staff Survey

Gaps in controls

Contemporaneous staff experience data
Workforce transformation support
Full assurance structures and committees not in place

Routine Sources of Assurance

Workforce report People Academy Dashboard Board Integrated Dashboard HEE/NHSI workforce return/workforce plan Junior Doctor fill rates GMC survey Bi-annual review report of nurse and midwife staffing Medical appraisal and revalidation report Quarterly 'freedom to speak up guardian' return	Workforce Race Equality Standard Report Guardian of safe working hours report Staff Friends and Family Test Model Hospital portal for benchmarking purposes Audit reports Staff Advocate service contacts and outcomes Executive Team Meetings

Risk Appetite

Seeking – Preference for safe delivery options particularly in relation to nurse staffing that have a low degree of inherent risk to patient safety and may only have limited potential for reward. Is now willing to consider all potential options including the introduction of new workforce models and new ways of working whilst also providing an acceptable level of reward

BOARD ASSURANCE FRAMEWORK	Strategic Objective	3	To be in the top 20% of Employers in the NHS	Action Plan to address Gaps in Controls and Assurance
			Date of update	24/06/21

Accountability		Responsibility	
Lead	**Oversight/governance structure**	**Lead**	**Work-stream/operational group**
Director of Human Resources (DHR)	People Academy Executive Team Meetings	DHR	Workforce and Medical Workforce Meetings
Chief Nurse (re: Nurse Staffing)		Deputy Director of Human Resources (DDHR)	
Chief Medical Officer (re: Medical Staffing)		Assistant Director of Human Resources (ADHR)	

Objective	1	To address gaps in controls that compromise the assurance related to this strategic objective						
No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
1	To ensure all gaps in assurance are risk assessed and added to the appropriate Board Committee work-plan following the Board approval of the proposed new Board and Committee governance infrastructure	DHR	April 2020	May 2021	C	April 2021	Review of governance and new structure implemented	Completed Board review of governance
2	Revision of the People Dashboard	DHR	February 2021	September 2021	O		Task and Finish Group reviewing metrics likely date for completion September 2021 following ETM & Academy oversight	

Status:	
O	Open
O	Open and compromised
C	Closed
OD	Overdue

BOARD ASSURANCE FRAMEWORK	Strategic Objective	4	To be a continually learning organisation	Assurance Level	20/21			21/22
					Q2	Q3	Q4	Q1
Executive Lead	Chief Medical Officer	Assuring Committee	Regulation and Assurance Committee					

Positive Assurance

Date	Assurance	Source
ANNUALLY	Inpatient survey – R&A Committee	Report
	Health and Safety Annual report- R&A Committee	Report
	Quality Account	Report
Quarter 1 – April to June 2021	Quality Academy Dashboard (QA)	Report
	Quality Oversight and Assurance Exception Profile (QA)	Report
	Strategic Risks Relevant to the Academy (QA)	Report
	Patient Safety Group Highlight Report (QA)	Presentation
	Patient Transitional Research Centre – Patient Involvement in investigation of Serious Incidents (QA)	Presentation
	Learning from Deaths (Healthcare Onset Covid Infection) (QA)	Presentation
	High Priority Audit Programme (QA)	Presentation
	Research in the Trust – March 2021 (QA)	Presentation
	Serious Incident Report – April 2021 (QA)	Report
	Guardian of Safe Working Hours – Quarterly and Annual Reports (PA)	Report
	Infection Prevention and Control Board Assurance Framework (QA)	Report
	End of Life Care in Bradford District (QA)	Report/ Presentation
	Care Quality Commission Do Not Attempt Resuscitation and Snap shot Learning Disability and Do Not Attempt Cardiopulmonary Resuscitation (QA)	Presentation
	Maternity Services Update – March 2021 (QA)	Report/ Presentation
	Quarterly Safeguarding Adults' Report (QA)	Report/ Presentation
	Quarterly Safeguarding Children's Report (QA)	Report/ Presentation
	Freedom to Speak Up Report (QA)	Report/ Presentation
	Quality Academy Dashboard (QA)	Report
	Quality Oversight and Assurance Exception Profile (QA)	Report
	Update from the Haemoglobinopathy Team (QA)	Report
	Serious Incident Report – April 2021 (QA)	Presentation
	Alternative ways of using information for Base Learning (QA)	Report
	Clinical Coding Improvements (QA)	Presentation
	Patient Safety Specialist Update (QA)	Presentation
	Strategic Risks Relevant to the Academy (QA)	Presentation
	General Medical Council National Training Survey (PA)	Report
	Royal College of Surgeons' Report (PA)	Report
	Infection Prevention and Control Highlight Report (QA)	Report
	Patient Experience Annual Report (QA)	Report
	Patient Experience Kindness Update (QA)	Report/ Presentation
	Infection Prevention and Control Board Assurance Framework (QA)	Presentation
	Infection Prevention and Control Quarterly Report (QA)	Report
	Obstetric and Midwifery Joint Staffing – Birth Rate Plus Midwifery Workforce (PA)	Report
	Growing for the Future – Recruitment and Retention (PA)	Presentation
	New Ways of Working and Delivering Care (PA)	Discussion
	Patient Recruitment Centre (BoD)	Discussion
	Quality Oversight Report (BoD)	Presentation
	Covid-19 Vaccination Programme Update (RA C)	Presentation
	Parliamentary Health Service Ombudsman – Update (RA C)	Presentation

Negative Assurance

Date	Assurance	Source
MONTHLY	Serious Incident Report	Report
	Strategic Risks relevant to the Academy (QA)	Report
QUARTERLY		
ANNUALLY		

Gaps in Assurance

During the early part of the COVID 19 response routine reporting was suspended, meaning a number of routine reports were not submitted for Committee review. This has been mitigated through exception reporting to the Regulation Committee supported by a command and control infrastructure.
During the first quarter of 2021 with the inception of the Quality Academy, there has been a gradual change to a more normal level of reporting and assurance

Rationale for Assurance Level

The learning and innovation demonstrated through the rapid transformation in response to the COVID19 pandemic during Q1 2020/21 has been reported to the R&A Committee and the Board of Directors. However, COVID has limited training opportunities due to reduced elective operating which has impacted on surgical anaesthetic trainees. This has been mitigated where possible by allowing trainees to attend lists at The Yorkshire Clinic.

There has been a loss of teaching resource in Field House as the labs have been used as part of the Vaccine Hub. Inevitably, redeployment of trainees to COVID rotas has impacted on specific training opportunities, whilst creating unprecedented experience in the management of patients in a pandemic.

The vaccine hub closed as planned in May. Full educational services have been recommenced. Feedback from HEE has been excellent despite recent challenges. Increased elective activity has enabled increased training opportunities in theatres and outpatients.

During the early part of the COVID 19 response routine reporting was suspended, meaning a number of routine reports were not submitted for Committee review. This has been mitigated through exception reporting to the Regulation Committee supported by a command and control infrastructure.

During the first quarter of 2021 with the inception of the Quality Academy, there has been a gradual change to a more normal level of reporting and assurance.

	Quality Academy Dashboard (QA) Quality Oversight and Assurance Exception Profile (QA) Quality Account 2020/21 (QA) Patient Safety Group (QA) Serious Incident Report – May 2021 (QA) Patient Transitional Research Centre Patient Involvement in the investigation of Serious Incidents (QA) Learning from Deaths (Healthcare Onset Covid Infection) (QA) Research in the Trust – June 2021 (QA) Strategic Risks Relevant to the Academy (QA) Medical Appraisal and Revalidation Annual Report (PA) Infection Prevention and Control with Focus on Sepsis (QA) Infection Prevention and Control Update/Infection Prevention and Control Quarterly Report – Quarter 1 (QA) Maternity Services Update (QA) Magnet4Europe (QA) Infection Prevention and Control Board Assurance Framework (QA) Growing for the future/New Ways of Working Proposal/Priorities for Action (PA) Freedom to Speak Up Annual Report (PA) Strategic Staffing Review (PA)	Presentation Report Report Report Presentation Report Presentation Presentation Report Report Report Presentation Presentation Report/ Presentation Presentation Report/ Presentation Presentation Report								

Key performance Indicator		Principal Risk (s)		Potential consequences	Composite risk rating					Component risks ≥12	
					Initial	Residual	Target	Current	Direction of travel	Number	Highest Current
1	To achieve 5% year on year training of clinical staff in Quality Improvement	10	Failure to demonstrate that the organisation is continually learning and improving the quality of care to our patients	Reputation, loss of HEE contracts, research funding, harm to patients, reduced recruitment and retention of staff	12	8	6	8	↔	0	-
2	To deliver upper quartile performance for recruitment to time and target for NIHR portfolio studies										
3	Achieving upper quartile performance on national education surveys										
4	Continuous learning: Ratio of near miss to SI reporting [Learning culture]										

High Level Controls	Gaps in controls	Routine Sources of Assurance	Risk Appetite
Research Committee Organisational learning system Trust's Improvement Programme Quality oversight system National Audit Programme (Improvement) Patient safety/Clinical Effectiveness/workforce and education Sub-Committee NHS QUEST AHSN Improvement Academy, BIHR Centre for applied health research, HEE HEICQC Compliance Action Plan GMC National Training Survey 2019	Lack of easily identifiable measures.	Quarterly learning report National Education Surveys ESR reports Board Integrated Dashboard National Audits GIRFT Data Packs/ Visits	**Open:** There is a willingness to support staff to innovate in methods of delivering continuous learning and improvement

BOARD ASSURANCE FRAMEWORK	Strategic Objective	4	To be a continually learning organisation	Action Plan to address Gaps in Controls and Assurance

		Date of update	25/06/21
Accountability		**Responsibility**	
Lead	**Oversight/governance structure**	**Lead**	**Work-stream/operational group**
Dr Ray Smith	R&A Committee	QI Lead	Quality Improvement programme
		Director of Research	BIHR
		Director of Education	Delivery of Education Plan
		Associate Director for Quality	Quality Academy

Objective	**1**	**To address gaps in controls that compromise the assurance related to this strategic objective**							
No	**Action**		**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
1	Undertake a review of this strategic objective given the strong learning that is embedded in all the other strategic objectives		RS	December 2019	April 2021	C	April 2021	Review of Governance complete and new structure has been implemented	Report to Board of Directors

Objective	**2**	**To address gaps in assurance related to achievement of this strategic objective**							
No	**Action**		**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
1	To ensure all gaps in assurance are risk assessed and added to the appropriate Board Committee work-plan following the Board approval of the proposed new Board and Committee governance infrastructure		KD/ RS	April 2020	November 2020	C	April 2021	Review of Governance complete and new structure has been implemented	

Status:	
O	Open
O	Open and compromised
C	Closed
OD	Overdue

BOARD ASSURANCE FRAMEWORK	Strategic Objective	5	To collaborate effectively with local and regional partners	Assurance Level	20/21			21/22
					Q2	Q3	Q4	Q1
Executive Lead	Director of Strategy and Integration	Assuring Committee	Regulation and Assurance Committee					

Positive Assurance		
Date	**Assurance**	**Source**
24 June 2021	Since onset of pandemic, health & care partners have worked together on joint planning and to align decision making, for example through Outbreak Control Board and the council's Advisory Board ("Gold"). The Act as One programme has created 7 transformation programmes on behalf of the whole "place", 3 led by BTHFT Execs (access, diabetes, respiratory) and reporting to Bradford H&C Partnership Board (chaired by BTHFT CEO) . The recent NHSE/I consultation on statutory powers for ICS led to a Trust response which was closely aligned to those from the ICS, WYAAT and Bradford Place as a result of close working and collaboration. There is extensive system-wide discussion underway in respect of the development of the "Integrated Care partnership" for our place, plus the next iteration of the Strategic Partnering Agreement (SPA), and of course operational matters like Covid vaccination programmes.	CEO and Chair reports to Board (20/05/21) (incl. Board participation in Act as One "festival") Bo.5.21.6 and Bo.5.21.7 Board Development session on "Refreshing Corporate Strategy" (08/04/21) Director of S&I updates to Board (20/05/21) on SPA (Bo.5.21.12) Monthly Health & Care Partnership Board jointly chaired by our CEO (most recent 14/06/21) ETM discussions

Negative Assurance		
Date	**Assurance**	**Source**

Gaps in Assurance
We do not currently have a credible metric to demonstrate the degree of collaboration/integration and measure progress, however in the November 2020 "Integrating Care" document, NHSE/I states that "Next year we will introduce new measures and metrics to support … [stronger system working]… including an "integration index" for use by all systems"

Rationale for Assurance Level
Confident. Discussed amongst the Strategy & Integration team and reviewed by Exec Team in monthly meeting. BTHFT is heavily involved in the Act as One programme (Bradford place) and working across WY&H (the integrated care system and WYAAT). We helped shape the ICS and Place responses to NHSE consultation on ICS statutory powers. Our plan for the year ahead is "People Partners & Place" (Nov 2020) which emphatically reinforces our commitment to partnership working, including the 10 shared priorities. Our CEO has committed (Bradford HCPB, 14/06/21) to aligning the forthcoming, refreshed BTHFT strategy to the emergent place-based strategy. Our relevant strategic risks have been re-drawn to emphasise the risk of a missed opportunity to integrate care seamlessly for patients, rather than emphasising the risk of downsides of working collaboratively. Partnership work is necessarily dependent on the input and co-operation of external organisations. Within that context, we believe our mitigations continue to be effective.

Key performance Indicator		Principal Risk (s)		Potential consequences	Composite risk rating					Component risks ≥12	
					Initial	Residual	Target	Current	Direction of travel	Number	Highest Current
1	Assessment by Strategy & Integration team of progress towards seamless care across BHCPB; encompasses i) "vertical" integration, ie closer working with primary and community care at place, plus ii) acute service collaboration with Airedale NHS FT. This is no longer categorised as a discrete objective but now seen as part of the "way we do" Act as One.	7	Failure to deliver benefits of strategic partnerships	Missed opportunity to deliver seamless care for Bradford population due to lack of coherent approach, and possible adverse impacts e.g. destabilised clinical services, loss of market share, reputational damage, financial loss, operational issues	12	6	6	9	↔	0	-
2	ICS/WYAAT system-wide planning & decisions ("horizontal" integration) assessment by Strategy & Integration team of progress towards effective WYHCP collaboration.										

High Level Controls
ETM Governance Implementation of Clinical Services Strategy 2017-2022 through CBU service planning and ETM Cross system participation in : • ICS System Leadership Exec Group; System Oversight & Assurance Group; Partnership Board • Bradford & Districts Health & Wellbeing Board • Bradford Districts & Craven Executive Group which oversees….   ➢ Bradford Health & Care Partnerships Board (programme board for place-based integrated care) • Integrated Management Board (IMB) of Bradford Provider Alliance • WYAAT Programme Exec (CEOs); Committee in Common (chaired by BTHFT's chair); Exec Directors' groups.

Gaps in controls
There is no discrete Committee or Academy for "partnerships" so we are reliant on discussion in Academies, Reg & Assurance Committee, Board, and associated bodies to assess our progress – this will require discipline to ensure the theme does not get "lost in the mix"

Routine Sources of Assurance
1. Stakeholder engagement survey 2. WYAAT Programme Director's Report (feeds in to Committee in Common, WYAAT CEOs and sub groups eg FDs, Med Directors, Strategy & Ops). Also shared in Closed Board 3. Papers for ICS System Leadership Executive and System Oversight & Assurance Group (by exception) 4. Partnerships Dashboard for Board 5. Papers for Place-based Executive Board 6. Act as One programmes, reporting to Health & Care Partnership Boards

Risk Appetite
Seek: Eager to be innovative and to choose options offering potentially higher business rewards

BOARD ASSURANCE FRAMEWORK	Strategic Objective	5	To collaborate effectively with local and regional partners	Action Plan to address Gaps in Controls and Assurance

		Date of update	24/06/21
Accountability		**Responsibility**	
Lead	**Oversight/governance structure**	**Lead**	**Work-stream/operational group**
Director of Strategy and Integration	Partnerships now considered in Regulation Committee and main BTHFT Board rather than discrete Committee	Head of Policy	Act as One Respiratory Programme Lead; Horizontal integration (WYAAT/ICS);
		Head of Partnerships	Act as One Diabetes Programme Lead; Vertical integration (local "place" ie Bradford & districts); stakeholder engagement

Objective	**1**	**To address gaps in controls that compromise the assurance related to this strategic objective**						
No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
7	Create metrics for dashboard areas in order to more accurately record progress.	JH	Nov 2019	January 2020	C	4 Dec 2020	This has been a longstanding issue now overtaken by events: NHSE/I has announced plans for an integration index to be introduced nationally and used in all areas (Nov 2020)	NHSE/I's consultation document "Integrating Care" (Nov 2020) sets out a number of proposals in this area (e.g.integration index para 2.57, system oversight framework 2.58)
6	Create process to ensure other committees are sighted on the risk generated by the Airedale collaboration work (assigned in July 2019 partnerships committee)	JH	23 July 2019	November 2019	C	30 August 2020	Airedale Collaboration no longer a separate programme but encapsulated by Act as One and the new governance arrangements.	Act as One Programme Board papers; communication to all staff regarding transition of acute collaboration work into Act as One (eg Let's Talk BTHFT staff magazine, August 2020)
5	Ensuring there is regular formal but also flexible oversight from EDs as partnership work with Airedale quickly gathers pace Ensuring the trust monitors the programme from both a strategic and programme management perspective	JH	Jan 31 2019	30 July 2019	C	30 July 2019	EDs are sitting on governance board for the Airedale collaboration and the work is a standing item at EMT. In initial months of the programme, the Trust will monitor to ensure this provides sufficient oversight.	Airedale Programme Board ToR, EMT agenda.
4	Assess whether broader information or objective process can be fed into in directorate judgment as to whether KPIs are being attained	JH	17 Aug 2018	30 November 2018	C	20 Nov 18	System introduced where feedback on progress of collaborative programmes is gained from EDs. This feedback is then assessed by S&I team against overall KPIs. This will be supplemented by assessing the externally produced reports that created as part of the collaborative programmes.	Email to EDs 20 November
3	Create a risk regarding lack of understanding of our current level/depth of collaboration with AFT	JH	20 June 2018	20 July 2018	C	20 July 18	Following issue being raised at 20 June IRGC, Head of Policy drafted risk on Datix, approved at IRGC.	Datix reference 3260
2	Work with Governance Team to co-develop a risk for CRR in relation to proposals for future acute collab with Airedale FT	JH	1 March 2018	20 June 2018	C	20 June 18	Head of Policy drafted risk which is on Datix, approved by IGRC	Datix reference 3255; IGRC I.6.18.5
1	Following cancellation of Partnerships Board on 30 November 2018 circulate key papers for written comment.	JH	30 Nov 2018	7 December 2018	C	7 December 2018	Comments were sought on SPA (key opportunity to influence its development) and this BAF. NB SPA now finalised and signed	Email to Partnerships Committee

Objective	**2**	**To address gaps in assurance related to achievement of this strategic objective**						
No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
1	Appoint dedicated "Head of Partnerships" to oversee and co-ordinate vertical integration	JH	1 Feb 2018	6 June 2018	C	9 July 2018	Appointee started 9 July 2018	Advert on NHS Jobs; HR paperwork
2	Appoint new "Head of Policy" to replace previous incumbent who formally moved post on 7 Dec 2019 (but has continued to provide some ad hoc support to mitigate risks)	JH	7 Dec 2019	14 Feb 2020	C	6 April 2020	Appointee started 6 April 2020	Advert on NHS Jobs; HR paperwork
3	Appoint new "Policy Manager" to replace previous incumbent who formally moved post on 22 Nov 2019	AS	22 Nov 2019	17 Jan 2020	C	22 March 2020	Appointee started 22 March 2020	Advert on NHS Jobs; HR paperwork

Annex 1 - Principal Risks

PRINCIPAL RISKS (Overview)

		Proposed Overall Risk Rating					Risk Appetite	
	Principal Risk	**Initial**	**Residual**	**Target**	**Current**	**Direction**	**Current**	**Profile changes**
1	Failure to maintain the quality of patient services	16	8	4	12	↔	Minimal	Reviewed and approved at meeting of the Board of Directors on 9/1/2020. On 20/1/2021, the Board of Directors agreed that the risk appetite profile agreed on 9/2/2020 would continue and would be re-considered as part of the review of the Risk Management Strategy which is due to take place during Q1 of 2021/22.
2	Failure to recruit and retain an effective and engaged workforce	15	6	4	15	↔	Seeking	
3	Failure to maintain operational performance	20	6	6	16	↔	Cautious	
4	Failure to maintain financial sustainability	6	6	6	6	↔	Open	
5	Failure to deliver the required transformation of services	12	8	8	8	↔	Open	
7	Failure to deliver the benefits of strategic partnerships	12	6	6	9	↔	Seeking	
8	Failure to maintain a safe environment for staff patients and visitors	12	6	4	12	↔	Cautious	
9	Failure to meet regulatory expectations and comply with laws, regulations and standards	12	8	6	8	↔	Cautious	
10	Failure to demonstrate that the organisation is continually learning and improving the quality of care to our patients	12	8	6	8	↔	Open	

Annex 2: Board Assurance Framework Legend

Descriptors	
Principal Risk	What could prevent the Strategic Objective from being achieved?
High Level Controls	What controls/systems do we have in place to assist secure delivery of the objectives?
Gaps in Controls	Are there any gaps in the effectiveness of controls or systems?
Sources of assurance	Where can we gain evidence in relation to the effectiveness of the controls/systems which we are relying on?
Positive Assurance	What evidence have we of progress towards or achievement of our strategic objective?
Negative Assurance	What evidence have we of progress towards our strategic objectives being compromised?
Gaps in Assurance	Where can we improve the evidence about the effectiveness of one or more of the key controls/systems which we are relying on?
Rationale for assurance level	(see Appendix 2) a description of the reason for the decision in relation to assurance level agreed by the assuring committee
Risk Appetite	The level of risk the organisation is prepared to tolerate in relation to the secure delivery of each individual strategic objective

Defining risk appetite		
0	Avoid	Avoidance of risk is a key organisational objective
1	Minimal	(as little as reasonable possible) preference for ultra- safe delivery options that have a low degree of inherent risk
2	Cautious	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
3	Open	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward
4	Seek	Eager to be innovative and to choose options offering potentially higher business rewards
5	Mature	Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust

Levels of assurance		
little or no confidence	Low. No evidence of necessary structure/processes supporting mitigation of risk associated with the achievement of strategic objective	Risk
limited confidence	Compromised. Limited evidence of necessary structure/processes mitigation of risk associated with the achievement of strategic objective	Risk
confidence	Confident. Range of structures and processes in place supporting mitigation of risk associated with the achievement of strategic objective available and used by the organisation	Opportunities for change and improvement