BOARD ASSURANCE FRAMEWORK

Incorporating the revised Strategic Objectives 2021-2022

The Board Assurance Framework (BAF) has been revised and aligned to the new Trust Strategy and Strategic Objectives for 2022-2026.

Trust Vision

The Trust vision is to provide an outstanding experience for our patients, their families and the people who work for and with us.

Trust Values

The core values and behaviours to support the achievement of the Trust vision:

Person Centred & Safe
Our focus is on delivering high quality, safe and person focussed care through teamwork and continuous improvement

Professional
We will be open and honest, efficient and act as role models for our teams and our communities

Responsive
We will be action oriented, with a 'can-do' attitude, take personal responsibility, listen and learn

Friendly
We will be welcoming to all, treat people with respect and dignity and value others as individuals

Progressive
We will constantly seek to improve and transform the way we work, to ensure that our services respond to the changing needs of our communities

Strategic Objectives

Improving the health and well being of the Population we serve

Working through Partnerships to transform and integrate our services

Supporting our People to make Salisbury NHS Foundation Trust the Best Place to Work

Board Assurance Framework Glossary

Strategic priority	Executive Lead and Reporting Committee	Key Controls	Assurance on Controls	Positive Assurances	Gaps in Control	Gaps in Assurance
What the organisation aims to deliver	Executive lead for the risk The assuring committee that has responsibility for reporting to the Board on the risk.	What management controls/ systems we have in place to assist in securing delivery of our objective	Where we gain independent evidence that our controls/ systems, on which we are placing reliance, are effective.	What evidence demonstrates we are reasonably managing our risks, and objectives are being delivered **Level 1 Internal Assurance** – Internally generated report or information which describes the effectiveness of the controls to manage the risk. For example – the Integrated Performance Report, self-assessments. **Level 2: semi-independent Assurance** For example – Non-Executive Director walk arounds, Internal Audits **Level 3 External Assurance** – Independent reports or information which describes the effectiveness of the controls to manage the risk. For example – External Audits, regulator inspection reports/reviews.	Where do we still need to put controls/ systems in place? Where do we still need to make them effective?	Where do we still need to gain evidence that our controls/ systems, on which we place reliance, are effective?

	Low Risk (Score 1-3)
	Moderate Risk (Score 4-6)
	High Risk (Score 8-12)
	Extreme Risk (Score 15-25)

STRATEGIC PRIORITY: POPULATION

Improving the health and well-being of the population we serve

Strategic Risk	
Risk of insufficient capacity and capability to deliver the required cultural change to meet the needs of the local population	
Current controls	- Established performance monitoring and accountability framework - Engagement with commissioners and system (Elective and Urgent Care Boards) - Escalation processes in line with the Trust's OPEL status - Weekly Delivery Group meeting - Executive membership of Wiltshire Health and Care - Recruitment process for vacant posts - Executive engagement in all ICS workstreams - Improving Together Programme - Transformation, Innovation and Digital Board - Board Committees - BSW system capability workstream - Digital Strategy Implementation Plan - Shared Acute Alliance EPR Progamme Board
Positive Assurance	- Integrated performance report - Performance review meetings with CCG - Whole system reports (ICS) - Performance reports to weekly Delivery Group - Divisional performance reviews - Model Hospital Benchmarking - Acute Alliance reports - BSW system capability reports - BAF and CRR

CORPORATE OBJECTIVES 2021/22

Corporate Priority	Work Programme	Executive Lead
Recovery from Covid-19	Elective Recovery Programme	Chief Operating Officer
	QIA process to support decision making around increased activity and staffing models to support	Chief Nursing Officer
Improving our maternity services	Review of maternity services	Chief Nursing Officer
Improving our digital capability	ePMA, Pathology LIMS, shared EPR, SBS (ledger)	Chief Finance Officer

Gaps in control/assurance	Actions	Deadline	Lead
During the peak of the pandemic, system processes were not sufficient to support the required volume of patients to be discharged (GC)	Development of the 'No Right To Reside' Programme aligned with Improving Together Programme January 2022 – Entire system focus to reduce NRTR patients by 50%	~~31/12/2021~~ 30/06/2022	Chief Operating Officer
Significant numbers of 'No Right To Reside' patients (GA)			
	Delivery of the Good Discharge Framework	**30/06/2022**	Chief Operating Officer
	Executive contribution to BSW work programme	**30/06/2022**	Chief Operating Officer
Staffing and impact on escalation plan (GC)	**See action within 'People'**		
Vacancies within Maternity and impact on service and quality improvements (GC)	Recruitment campaign working with NHSE	Review 31/12/2021 *On-going recruitment. Leadership team in place. Overseas recruitment for midwives. Business as usual. To be removed.*	Director of Midwifery

| | Maternity staffing to achieve Continuity of carer standard (GC) | Awaiting National guidance | | |

Linked Corporate Risk Register Risks to Population

Risk ID	Risk Title	Risk Score
6961	As a result of unclear governance arrangements regarding Health and safety, there is a risk that risks will not be identified and/or escalated appropriately resulting in insufficient risk mitigation which could lead to staff/patient harm.	16
5704	Inability to provide a full gastroenterology service due to a lack of medical and nursing workforce	15
6247	Risks associated with critical plant and building infrastructure that may result in utility or system failure	16
5751	Risk of patient harm caused by a delayed discharge from hospital.	15
6654	The impact on service delivery as a result of Covid and the subsequent infection control requirements impacting on the ability to recover activity to pre-Covid levels. Risk of delay to treatments, impact on quality of care and performance	12
5970	Lack of capability and capacity to deliver the digital strategy, resulting in poor quality services, reputational damage and inability to attract and retain high quality staff.	12
5972	Risk that improvement and transformation is not delivered in a timely manner	12
5360	Risk of a cyber or ransomeware attack resulting in the potential loss of IT systems, compromised patient care and financial loss	10
6825	The scale of and demand for certain specialist or sub-specialty services provided at SFT are not compatible with long-term sustainability. This confers a risk that patients will not have access to either a quality service or a local service	10
6570	Risk of Covid-19 outbreaks within the Trust either for staff and/or patients	9
6143	Risk to the ability of SFT to provide the same quality of service 24 hours a day, 7 days a week, with a potential impact to patient care. Difficulties in recruiting vacant posts, funding for new posts and restrictive medical contracts contribute to this risk.	9
5955	Insufficient organisation wide robust management control procedures	9
6836	There is a risk that the re-designation of the Neonatal Intensive Care Unit (NICU) will result in restricted access to neonatal intensive care for women in Wiltshire with the impact on quality and safety	5

STRATEGIC PRIORITY: PEOPLE

Supporting our people to make Salisbury NHS Foundation Trust the best place to work

Strategic Risk	
Insufficient resources (skilled staff and infrastructure) to deliver safe effective care	
Current controls	- Integrated Governance Framework - Accountability Framework - Clinical and HR policies and procedures - Workforce plan - Clinical Governance Committee - Clinical Management Board - People and Culture Committee - OD & People Management Board - Divisional Performance Meetings - Weekly patient safety summit - Contract Quality Review Meeting / contractual monitoring - Annual audit programme (national and local) - GIRFT Programme - Infection Prevention and Control Governance Framework and plan - Infection Control Board Assurance Framework - Safer Staffing Group - Health and safety Committee - Appraisal and revalidation of doctors
Positive Assurance	- Internal reporting processes to Committees and Board - External reporting and benchmarking mechanisms - Internal audit programme - CQC inspection regime - Patient Surveys/Friends and Family Test/Real Time Feedback - Executive Board Safety Walks

	• Executive 'Back To The Floor' Programme • GIRFT reports and action plans • CQC engagement with specialist services • Ward performance reviews • Staff survey

CORPORATE OBJECTIVES 2021/22

Corporate Priority	Work Programme	Executive Lead
Responding to staff health and wellbeing	Best Place to Work	Chief People Officer
	Improving Together Programme	Director of Transformation
	Staff health and wellbeing	Chief People Officer

Gaps in control/assurance	Actions	Deadline	Lead
Lack of strategy for EDI (GC) and Gaps in assurance from Internal Audit of EDI	Development of an EDI Strategy and associated implementation plan *January 2022 update: external support progressing deliverables. Board workshop held. Further session in February 22*	Review ~~31/12/2021~~ Review 31/03/2022	Chief People Officer
Lack of recruitment and retention plan	Development of a recruitment and retention plan *January 2022 update: process review complete. Looked at approach to recruitment and improving efficiency of the process and multiple access to sources to improve staffing*	Review ~~31/12/2021~~ 31/03/2022	Chief People Officer
Staff absence impacting on corporate objective delivery (GC)	Daily staffing meetings. Covid staff risk assessments Staff vaccination programme All actions on-going.		

	Design a Health and Wellbeing Strategy	31/03/2022	Chief People Officer (external support)
Lack of Culture and Leadership Strategy in response to the cultural diagnostic (GC)	Development of strategy	31/03/2022	Associate Director of OD&Learning

Linked Corporate Risk Register Risks to People

Risk ID	Risk Description	Risk Score
7081	As a result of vacant roles which are defined as hard to recruit to posts there is a risk that there becomes a reliance on covering the vacancy with costly Agency/Locums and/or outsourcing and/or discontinue services. Risk of impact on services. **New risk replacing 6099 and 6102.**	10
7078	As a result of competing priorities and deliverables there is a risk of slippage of the Improving Together Programme deadlines **New risk**	9
6834	As a result of Covid-19 pandemic there is a significant risk that a large proportion of the workforce could suffer from significant mental and physical wellbeing consequences. This may result in a large number of staff resignations and retirements as well as increased staff absence due to sick leave	9
6954	As a result of the national pay award for nurses not being accepted by the Royal College of Nursing, there is a risk of industrial action by members of the RCN. This could result in staffing shortages or staff working to rule	8

STRATEGIC PRIORITY: PARTNERSHIPS

Working through partnerships to transform and integrate our services

Strategic Risk	
Risk that the Trust will be unable to reach sustainability (income, cash, capital) and inability to shift the culture to meet priorities	
Current controls	• Finance and Performance Committee • Digital Steering Group • Accountability Framework – Directorate Performance Reviews • Contract monitoring systems • Contract performance meetings with commissioners • INNF Policy • Transformation Board • Capital control group • Budget setting process • Internal Audit Programme • Trust Investment Committee (TIG) • IT Improvement Plan • Digital Strategy Implementation Plan • Acute Alliance Programme Board • Local urgent and planned care boards
Positive Assurance	• Internal Performance reports to Trust Board • Audit Committee Reports • Internal Audit Reports • External Audit Reports • NHSI Benchmarking Report • Campus Joint Venture Agreement

CORPORATE OBJECTIVES 2021/22

Corporate Priority	Work Programme	Executive Lead
Improving patient flow	Frailty Integrated Pathway	Chief Medical Officer
	Discharge improvement programme, including therapy rehab model	Chief Operating Officer
	Integration of Urgent Care services	Chief Operating Officer

Gaps in control / Assurance	Action	Lead	Deadline
Evolving and maturing relationships with system partners could impact on the pace of developing an ICS	Active participation in Wiltshire Alliance to co-design ICS	Chief Finance Officer / Chief Medical Officer/ Chief Executive Officer	~~31/12/2021~~ 31/07/2022
National guidance evolving on ICS governance structures; therefore implications for BSW unknown.	Active participation of BSW key planning groups, including system architecture group	Chief Finance Officer	~~31/12/2021~~ 31/07/2022
Remain in a National Incident impeding strategic change (GC)	Trust responding to National Covid-19 guidance as required		
Lack of a finalised clinical and funding model for a single frailty service across all providers	To explore with the ICA the mechanism and appetite for doing this	Director of transformation	Review 30/06/2022

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Linked Corporate Risk Register Risks to Partnerships

Risk ID	Risk Description	Risk Score
6471	Shortfall in funding available (locally and nationally) for capital programme, leading to potential risk to safety and availability of buildings and equipment to deliver services	15
6858	There is a risk as new guidance and models of working emerge, the immaturity of partnerships between the Trust and wider BSW organisations will impact on progress to achieve key objectives	9
6855	The financial regime for 2021/22 is uncertain, Covid-19 has meant a delay to the planning guidance and suspension to the existing regime. This places significant uncertainty on the ability to develop a financial plan to support the Trust delivering its objectives for 2021/22. There is a risk that cash flow is challenged during the year resulting in the Trust having to take emergency measures	8
6043	Lack of a National clear model for small rural DGH services places future strategic planning uncertainty at SFT.	8
6857	There is a risk that weaknesses in controls give rise to an opportunity for fraud, in turn resulting in the Trust incurring financial losses	6