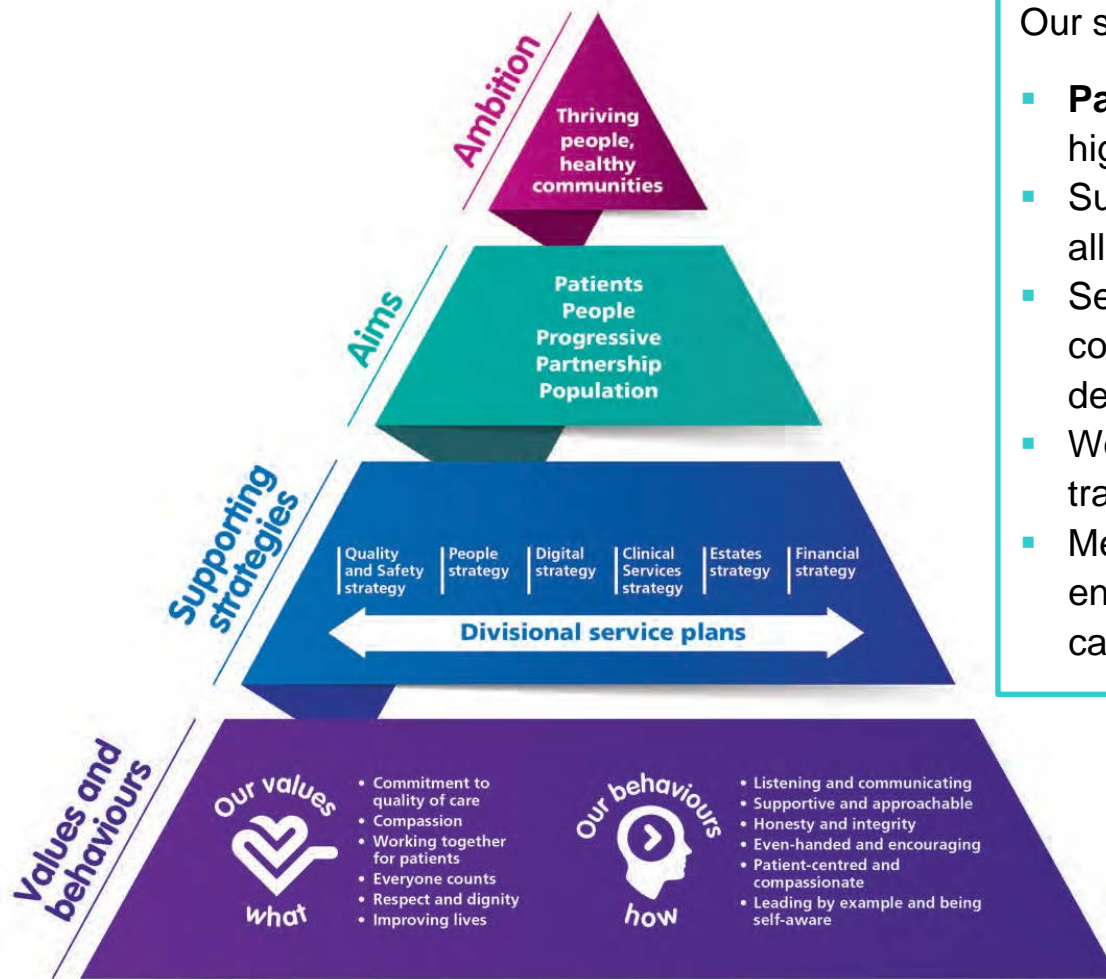


August 2020

BOARD ASSURANCE FRAMEWORK 2020/21



Our strategic aims are:

- **Patient-centred** - Providing personalised, safe, high quality care and experience
- Supporting our **people** to thrive and flourish in all that we do
- Services that are **progressive** through continuous improvement, innovation and development
- Working in **partnership** with others, delivering transformation and future sustainability
- Meeting our **populations'** needs - Involving and engaging our communities in providing health care

SUMMARY RISKS

Ref	Risk Description	Initial Score	Current Score	Target Score	Lead	Links to RR	Risk Appetite
Strategic Aim: Patient-centred - Providing personalised, safe, high quality care and experience							
01/20	Risk that patients do not receive high quality, safe care due to poor compliance with internally and externally set standards on quality and safety resulting in patient harm	12	12	8	AS	None	TBC
02/20	Risk of a poor experience for those engaging with our services	9	9	6	JA	None	TBC
Strategic Aim: Supporting our people to thrive and flourish in all that we do							
03/20	Risk of not being able to deliver safe, effective, responsive care and experience for patients due to inability to attract, retain and reward a diverse workforce	12	12	10	JH	ND08; 2017-014; MED32;	TBC
04/20	Risk of colleagues not feeling positive about their health, wellbeing and ability to deliver a high quality service	9	15 ↑	6	JH	None	TBC
05/20	Risk of not developing confident, skilled and competent colleagues to provide clinical and managerial leadership	12	12	4	JH	None	TBC
Strategic Aim: Services that are progressive through continuous improvement, innovation and development							
06/20	Risk that we are unable to resource a clear vision for our technology transformation	16	16	12	AC	None	TBC
07/20	Risk that the current IT processes and systems are not fit for purpose and / or vulnerable to cyber security breaches	15	10 ↓	10	AC	MAT03/20; CRD-IT1; NEW PACS	TBC
08/20	Risk that the Trust will not deliver the financial plan due to reduced income, inability to deliver the cost improvement plan and additional pressures	16	16	12	AW	Fin2017-16; 2019-02	TBC
Strategic Aim: Working in partnership with others, delivering transformation and future sustainability							
09/20	Risk that the Trust will not secure sufficient capital funding to maintain facilities over the longer term and meet safety and regulatory standards	20	20	9	AW	AGHS E004	TBC
Strategic Aim: Meeting our populations' needs - Involving and engaging our communities in providing health care							
10/20	Risk that the Trust will not secure support for transformation and reconfiguration plans and that decision-making will be taken at a system level	15	12 ↓	6	BB	None	TBC

HEAT MAP

LIKELIHOOD (frequency)	CONSEQUENCE (impact / severity)				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost certain (5)			04 – Health & Wellbeing↑		
Likely (4)				03 – Recruitment↑ 06 – Digital strategy 08 – Financial Delivery	09 – Capital
Possible (3)			02 - Patient experience	01 – Quality of care 05 – Leadership 10 - Transformation↓	
Unlikely (2)					07 – IT Systems↓
Rare (1)					

Strategic Aim: Patient-centred - Providing personalised, safe, high quality care and experience			
Risk Description	Risk that patients do not receive high quality, safe care due to poor compliance with internally and externally set standards on quality and safety resulting in patient harm		Risk Ref 01/20
Committee Lead	Quality and Safety	Date Added:	1 April 2020
Lead Director	Director of Quality and Safety	Date Reviewed:	13 July 2020
Lead Manager	Helen Kelly		
Current Risk Rating	Consequence 4	Likelihood 3	Score 12

Controls (What are we doing about the risk)	Gaps in Controls (Where are we failing to put systems in place)	Assurances (How do we know if it's working)	Gaps in assurance (What additional assurance do we need)
<ul style="list-style-type: none"> Strengthened governance structure in place Good compliance with mandatory and essential training Quality dashboard report Good levels of AEF reporting QRG and Patient Safety Groups continuing to meet regularly Quality Strategy developed and draft approved by the Board 	<ul style="list-style-type: none"> Governance processes in individual departments need embedding Risk management processes within individual directorates and divisions need strengthening Not yet rolled out Quality Strategy due to impact of Covid-19 	<p><u>First Line</u> IPRs show good performance with quality and safety measures QRG / Patient Safety Group meetings</p> <p><u>Second line</u> Quality and Safety / Board reports show good compliance Positive progress with CQC actions Internal audit reports show good compliance</p> <p><u>Third Line</u> CQC Rating of 'requires improvement' – ve Holding CQC engagement calls weekly No outliers in CQC insight report</p>	<p>Lack of IT health record means quality and safety data collection very manual</p> <p>Audit processes suspended due to Covid-19</p> <p>CQC Engagement meetings and on-site visits not held since August</p>

Immediate Actions	Timescale	Lead
CQC invited to meet with senior team – meeting in diary for September	September	AS
Implement risk management action plan	September	AS
Implement Quality Strategy	December	AS

Likelihood	Score
2	8

Strategic Aim: Patient-centred - Providing personalised, safe, high quality care and experience			
Risk Description	Risk of a poor experience for those engaging with our service resulting in complaint or reputational damage for the Trust		Risk Ref 02/20
Committee Lead	Quality and Safety	Date Added:	1 April 2020
Lead Director	Director of Nursing	Date Reviewed:	22 July 2020
Lead Manager	Karen Walker		
Current Risk Rating	Consequence 3	Likelihood 3	Score 9

Controls (What are we doing about the risk)	Gaps in Controls (Where are we failing to put systems in place)	Assurances (How do we know if it's working)	Gaps in assurance (What additional assurance do we need)
<ul style="list-style-type: none"> Complaints process in place PALS service in place Have mobilised patient experience additions during Covid-19 arrangements Part of the WY pilot developing experience and access improvement for people with LD Participate in national inpatient survey Undertake PLACE survey each year Patient representation on PPEE Group Patient Story to Board and some divisional groups 	<ul style="list-style-type: none"> Independent review of complaints Complaints and PALs process not robust Risk management arrangements in departments / divisions needs strengthening Patient experience and engagement strategy needs review Quality Team structure requires review to support complaints handling in divisions Learning from complaints and PALS process not robust 	<p><u>First Line</u> Patient Experience Group in place</p> <p><u>Second line</u> Patient experience and complaints information in IPR Annual Complaints Report to Quality & Safety Committee Patient experience report to Board Internal Audit report on complaints process gave significant assurance Report to board on actions required to improve (-ve)</p> <p><u>Third Line</u> National inpatient survey and patient experience surveys show positive results Low numbers of PHSO referrals CQC should do action in 2019 report (-ve)</p>	<p>Lack of robust trends and data analysis from complaints</p> <p>Complaint process needs further work – action plan has been presented to Board</p>

Immediate Actions	Timescale	Lead
Implement complaints improvement plan	September	AS
Review visiting and patient contact arrangements in line with lockdown lifting plan	September	JA
	September	AS
	December 2020	JA

Likelihood	Score
2	6

Strategic Aim: Supporting our people to thrive and flourish in all that we do

Risk Description	Risk of not being able to deliver safe, effective, responsive care and experience for patients due to inability to attract, retain and reward a diverse workforce resulting in patient harm	Risk Ref	03/20
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Committee Lead	People	Date Added:	1 April 2020
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Lead Director	Director of People and OD	Date Reviewed:	22 July 2020
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Lead Manager	Lorna Smithson
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Current Risk Rating	Consequence	Likelihood	Score
	4	4	16

Controls (What are we doing about the risk)	Gaps in Controls (Where are we failing to put systems in place)	Assurances (How do we know if it's working)	Gaps in assurance (What additional assurance do we need)
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<ul style="list-style-type: none"> Ongoing recruitment campaign in place including international recruitment for nursing Daily staffing meetings Agency and bank process in place E-rostering system Vacancy control process Establishment process in place Paediatric staffing action plan implemented. Plan for critical care in place New rotas implemented as part of Covid-19 arrangements Temporary staffing team 	<ul style="list-style-type: none"> Some vacancies consistently difficult to recruit to and have hotspot areas Agency spend continues to increase and above ceiling Job planning compliance not robust / e-job planning solution Roster to be rolled out to some staff groups Need clear plan for ongoing recruitment including international recruitment for medical staff Lack an consistent recruitment brand and use of digital platforms 	<p><u>First Line</u> Vacancy control in place Seen a significant increase in hard to recruit to vacancies being filled</p> <p><u>Second Line</u> Safe Staffing report to each board meeting IPR shows quality indicators Internal Audit on staffing gave significant assurance Draft People Strategy approved at People Committee</p> <p><u>Third Line</u> Staffing issues and assurance discussed with NHS Improvement CQC raised must and should do actions in relation to staffing (-ve)</p>	<p>Establishment and staffing arrangements need further board approval Deep dives at People Committee Further work required on assurance on medical staffing</p>
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Immediate Actions	Timescale	Lead
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Nurse staffing trajectories to be discussed at EDG then Board	May-September	JA
New nurse staffing report to be finalised	September	JA
People Strategy to be rolled out along with 'Our People' campaign; with strategic KPIs monitored through people committee	September	JH
Structure and composition of medical staffing report to be agreed	September	JH
	September	DC

014- Shortfall in acute paediatricians; Med94 – Nurse staffing / Skill mix; -- - Workforce supply and

Likelihood	Score
2	8

Strategic Aim: Supporting our people to thrive and flourish in all that we do					
Risk Description	Risk of colleagues not maintaining their health, wellbeing due to work pressures, impacting their ability to deliver a high quality service			Risk Ref	04/20
Committee Lead	People	Date Added:	1 April 2020		
Lead Director	Director of People and OD	Date Reviewed:	22 July		
Lead Manager	Katherine Duke				
Current Risk Rating	Consequence	Likelihood	Score		
	3	5	15		
Controls (What are we doing about the risk)	Gaps in Controls (Where are we failing to put systems in place)		Assurances (How do we know if it's working)	Gaps in assurance (What additional assurance do we need)	
<ul style="list-style-type: none"> Employee Health and Wellbeing service in place Promotion of staff support services Staff reward and recognition arrangements in place including monthly and annual awards Network groups for protected characteristics Staff survey / Staff FFT action plan Good evidence of staff engagement in initiatives Have introduced 'wobble' rooms as part of Covid-19 response FSUP Guardian / Guardian of Safe Working in place Psychological support in place 	<ul style="list-style-type: none"> Further work required in relation to engagement linked to People Strategy Improve mechanism to listen and respond to our people's experiences Do not yet fully understand the impact of Covid-19 on health and wellbeing of workforce Vacancies in Employee Health and Wellbeing service / local and national labour market conditions 		<u>First Line</u> Staff engagement network groups meeting Divisional IPR people indicators People and OD Governance Group Sickness absence data (-ve) Increased health and wellbeing actions implemented during Covid-19 Agreed funding for psychological support <u>Second Line</u> Report to People Committee from FSUP Guardian and Guardian of Safe Working People Story at People Committee / Board Staff Survey Action plan report to Board and People Committee IPR shows people indicators <u>Third Line</u> Staff Survey and Staff FFT show positive results	People Strategy implementation plan not yet rolled out Recruitment to permanent psychological support to be completed Mental Health awareness training to be rolled out Substantive recruitment to leadership roles in employee health and wellbeing service needed	
Immediate Actions			Timescale	Lead	
Complete staff survey actions Implement people strategy			July-September May / September	JH JH	

Links to Risk Register: Emerging risk included on high level risk register

Likelihood	Score
2	6

Strategic Aim: Supporting our people to thrive and flourish in all that we do			
Risk Description	Risk of not developing confident, skilled, competent and diverse colleagues to provide clinical and managerial leadership		Risk Ref 05/20
Committee Lead	People	Date Added:	1 April 2020
Lead Director	Director of People and OD	Date Reviewed:	22 July 2020
Lead Manager	Lisa Falkingham		
Current Risk Rating	Consequence 4	Likelihood 3	Score 12

Controls (What are we doing about the risk)	Gaps in Controls (Where are we failing to put systems in place)	Assurances (How do we know if it's working)	Gaps in assurance (What additional assurance do we need)
<ul style="list-style-type: none"> Delivered Right Care and CILA leadership programmes across the Trust Introduced IPR process across divisions Clinical Reference Group introduced during Covid-19 involves clinical leaders Performance appraisal based around values New leadership engagement process agreed Clinical leaders identified for APC Inclusion networks in place 	<ul style="list-style-type: none"> Accountability Framework not yet in place Divisional leadership structure has gaps Clinical directors JD not yet approved and job planned in Leadership engagement process not yet implemented due to Covid-19 Impact of Covid-19 to be assessed Medical clinical leadership gaps Don't have a leadership structure which is representative of our workforce 	<p><u>First Line</u> Clinicians leading transformation work Job planning framework approved PDR levels of compliance EDI sub group of People Committee Active staff networks Recruited to leadership roles</p> <p><u>Second Line</u> IPR developed through clinical and managerial structures</p> <p><u>Third Line</u> Positive feedback from junior doctor questionnaire Staff survey feedback relating to opportunities and development WRES and DES indicators reduced (-ve) Gender Pay Gap Report (-ve)</p>	<p>People Strategy to be approved along with implementation plan Plan required to address WRES and WDES indicators with low scores with staff networks</p>

Immediate Actions	Timescale	Lead
Accountability Framework to be developed and implemented Clinical Director / clinical lead structure and job description to be agreed	July July-October September	RA DC JH

ig 12 or above.	
Likelihood 2	Score 6

Strategic Aim: Services that are progressive through continuous improvement, innovation and development			
Risk Description	Risk that we do not deliver our digital programme due a lack of a clear vision for our technology transformation, funding and capacity, resulting in the Trust not achieving its digital ambition		Risk Ref 06/20
Committee Lead	Finance, Performance & Digital	Date Added:	1 April 2020
Lead Director	System Finance Director	Date Reviewed:	22 July 2020
Lead Manager	Al Sheward		
Current Risk Rating	Consequence	Likelihood	Score
	4	4	16

Controls (What are we doing about the risk)	Gaps in Controls (Where are we failing to put systems in place)	Assurances (How do we know if it's working)	Gaps in assurance (What additional assurance do we need)
<ul style="list-style-type: none"> Roll out of IHR across the Trust with current identified funding Digital Strategy in place In year funding 2020/21 Existing Digital Strategy with 5 key delivery areas. 	<ul style="list-style-type: none"> Digital strategy requires refreshing No clear process from centre in relation to capital funding at current point Funding for future years not clearly identified Small team based on individual expertise Clear focused leadership required with expertise in IT / digital 	<p><u>First Line</u> Digital Strategy being monitored through Digital Governance Group Ability to rollout IT / digital processes at short notice during Covid-19</p> <p><u>Second line</u> Reports to FPD Committee and Board</p> <p><u>Third Line</u> Digital Maturity Assessment (-ve)</p>	<p>Report on digital position not yet taken through Board Strategy Lack of clarity on Trust's digital maturity ambition CQC Report noted a number of record gaps and controls that would be supported by digital Future reporting on CQC Digital maturity Gap at executive level</p>

Immediate Actions	Timescale	Lead
Refresh digital strategy Clear way forward to be articulated for IHR and other digital systems across the Trust	June-September September	CF CF

Links to Risk Register: There are no risks on the risk register scoring 12 or above in relation to this.

Residual Risk Rating	Consequence	Likelihood	Score
	4	3	12

Strategic Aim: Services that are progressive through continuous improvement, innovation and development					
Risk Description	Risk that the current IT processes and systems are not fit for purpose and / or vulnerable to cyber security breaches, due to lack of controls resulting in serious service disruption			Risk Ref	07/20
Committee Lead	Finance, Performance & Digital	Date Added:	1 April 2020		
Lead Director	System Finance Director	Date Reviewed:	22 July 2020		
Lead Manager	Andrew Leng				
Current Risk Rating	Consequence	Likelihood	Score		
	5	2	10		

Controls (What are we doing about the risk)	Gaps in Controls (Where are we failing to put systems in place)	Assurances (How do we know if it's working)	Gaps in assurance (What additional assurance do we need)
<ul style="list-style-type: none"> Team structure that works closely with other partners Undertook cyber risk assessment which showed strong processes Board undertaken Cyber training Strong controls on access 	<ul style="list-style-type: none"> Projects have not been completed / fully realised in timely way e.g. roll out of ESR / IHR Governance for IT decisions / issues resolution needs to be clearer Lack of clear capital plan to support IT infrastructure investment IT are seen as a separate entity to the digitalisation of the Organisation. 	<p><u>First Line</u> Digital Governance Group monitors performance Shared team across Trusts implemented</p> <p><u>Second line</u> Internal Audits provided significant assurance around IT processes</p> <p><u>Third Line</u> Data Security and Protection Toolkit (DSPT) Assessment showed good compliance Cyber Risk Assessment</p>	<p>Team is small and there is little resilience Recent SI reported regarding IT outage Number of IT issues across the Trust</p>

Immediate Actions		Timescale	Lead
Exploring possibilities of shared function / JV to improve resilience and breadth of expertise		July	CF
Links to Risk Register: MAT03/20 IT Connectivity – 25; CRD-IT1 Cardio Respiratory IT Infrastructure – 16; New Risk – PACS - 20			
Residual Risk Rating	Consequence	Likelihood	Score
		2	10

Strategic Aim: Services that are progressive through continuous improvement, innovation and development					
Risk Description	Risk that the Trust will not deliver the financial plan due to reduced income, inability to deliver the cost improvement plan and additional pressures resulting in regulatory intervention			Risk Ref	08/20
Committee Lead	Finance, Performance & Digital	Date Added:	1 April 2020		
Lead Director	Director of Finance	Date Reviewed:	22 July 2020		
Lead Manager	Gillian Elsworth				
Current Risk Rating	Consequence	Likelihood	Score		
	4	4	16		

Controls (What are we doing about the risk)	Gaps in Controls (Where are we failing to put systems in place)	Assurances (How do we know if it's working)	Gaps in assurance (What additional assurance do we need)
<ul style="list-style-type: none"> CIP plan in place Budgetary control processes Detailed income and activity monitoring Currently on fixed income contract Authorisation processes for recruitment and agency spend Reporting of each division through IPRs 	<ul style="list-style-type: none"> Lack of clarity on funding position and tariff post-Covid-19 Activity significantly reduced and recovery position will be challenging Agency staffing costs increasing in medical / nursing / HCSW Current financial regime requires delivery across the whole system in order to achieve full PSF funding. 	<p><u>First Line</u> IPR reports</p> <p><u>Second line</u> Reports to FPD Committee and Board</p> <p><u>Third Line</u> Discussions with External Auditor on position and actions System reporting and planning process in place Good for 'Use of Resources'</p>	Lack of clarity regarding CIP levels and phasing and therefore likely to be high risk

Immediate Actions	Timescale	Lead	
Review and develop plan in response to planning guidance expected early August	September	AW / SS	
Links to Risk Register: Fin 2017-16 – Controlling Costs – 20; 2019-02 Financial obligations - 20			
Residual Risk Rating	Consequence	Likelihood	Score
	4	3	12

Strategic Aim: Working in partnership with others, delivering transformation and future sustainability					
Risk Description	Risk that the Trust will not secure sufficient capital funding to maintain facilities over the longer term and meet safety and regulatory standards			Risk Ref	09/20
Committee Lead	Finance, Performance & Digital	Date Added:	1 April 2020		
Lead Director	Director of Finance	Date Reviewed:	22 July 2020		
Lead Manager	Gillian Elsworth				
Current Risk Rating	Consequence	Likelihood	Score		
	5	4	20		

Controls (What are we doing about the risk)	Gaps in Controls (Where are we failing to put systems in place)	Assurances (How do we know if it's working)	Gaps in assurance (What additional assurance do we need)
<ul style="list-style-type: none"> Progressing work on a Strategic Outline Case for new hospital build Undertaken ALARP assessment on current building Capital asks identified through business planning process and prioritised based on current information Capital and Investment Group meets to discuss capital priorities Capital process released from Centre – assessing for impact on Trust (July 2020) 	<ul style="list-style-type: none"> Flexibilities for capital as a foundation trust no longer available Long term capital processes remain unclear 	<p><u>First Line</u> Finance reports to Capital & Investment Group regarding prioritisation</p> <p><u>Second line</u> Reports to FPD Committee and Board</p> <p><u>Third Line</u> System planning arrangements regarding capital ALARP report showed manageable risks</p>	ANHSFT not currently part of HIP planning process despite RAAC position.

Immediate Actions	Timescale	Lead
Continue to develop Strategic Outline Case for building Assess and report on impact of recent capital guidance / funding to address backlog maintenance	September September	DM AM

Links to Risk Register: AGHS F004 – Aging Estate – 20.

Likelihood	Score
3	9

Strategic Aim: Meeting our populations' needs - Involving and engaging our communities in providing health care

Risk Description	Risk that the Trust will not secure support for transformation and reconfiguration plans and that decision-making affecting long term sustainability will be taken at a system level			Risk Ref	10/20
Committee Lead	Board	Date Added:	1 April 2020		
Lead Director	Chief Executive	Date Reviewed:	20 July 2020		
Lead Manager	Director of Strategy, Planning & Partnerships				
Current Risk Rating	Consequence	Likelihood	Score		
	4	3	12		

Controls (What are we doing about the risk)	Gaps in Controls (Where are we failing to put systems in place)	Assurances (How do we know if it's working)	Gaps in assurance (What additional assurance do we need)
<ul style="list-style-type: none"> Chief Executive is AWC system leader System governance arrangements in place Development of APC NHS I support for development of Strategic Outline Case for new build Trust an active part of West Yorkshire Associate of Acute Trusts and West Yorkshire and Harrogate Health and Care Partnership Senior staff involved in system arrangements at different levels Finance Director seconded to system role Development of Act as One approach across system 	<ul style="list-style-type: none"> Lack of clarity on decision making processes for capital schemes Have stood down APC work due to Covid-19 Trust Strategy not yet fully agreed with partners 	<p><u>First Line</u> SOC development sign off at estates transformation group APC arrangements</p> <p><u>Second Line</u> System meetings – AWC / ICB / WYAAT / WYHHCP Reports to Board on system decision making and progress Trust Strategy approved by the Board</p> <p><u>Third Line</u> CQC review of system was positive GIRFT reporting positive about ANHSFT services Well Led Governance Review undertaken including partner feedback</p>	<p>Decision making arrangements at WYH level to be fully embedded</p> <p>Clarity required around Act as One and new role of ICS post Covid</p>

Action	Timescale	Lead
Development of Strategic Outline Case	September October	DM BB

Likelihood	Score
2	6

ACRONYMS

AEF	Adverse Event Form (incident reporting)
ALARP	As Low As Reasonably Practicable (risk report)
APC	Acute Provider Collaboration
AWC	Airedale, Wharfedale and Craven
BAF	Board Assurance Framework
CQC	Care Quality Commission
CILA	Leadership Scheme
CIP	Cost improvement plan
ESR	Electronic staff record
FPD	Finance, Performance and Digital (Committee)
FSUP	Freedom to Speak Up
GIRFT	Getting It Right First Time (clinical service assessment)
HIP	Health Infrastructure Plan
ICB	Integration and Change Board (across Bradford and District)
ICS	Integrated Care System (West Yorkshire and Harrogate)
IHR	Integrated Health Record
IPR	Integrated Performance Report
IT	Information technology
LD	Learning Disabilities
PALS	Patient Advice and Liaison Service
PHSO	Parliamentary and Health Service Ombudsman
PLACE	Patient Led Assessment of Care Environment
PPEE	Patient and Public Engagement Experience (Steering Group)
RAAC	Reinforced Autoclaved Aerated Concrete
SOC	Strategic Outline Case
WYAAT	West Yorkshire Association of Acute Trusts
WYH HCP	West Yorkshire and Harrogate Health and Care Partnership

INITIALS

AC	Andrew Copley, System Director of Finance	HT	Holly Tetley, Head of HR Business Partnering
AS	Amanda Stanford, Director of Quality and Safety	JA	Jill Asbury, Director of Nursing
AW	Amy Whittaker, Interim Director of Finance	JH	Joanne Harrison, Director of People and OD
BB	Brendan Brown, Chief Executive	KW	Karen Walker, Deputy Director of Nursing
DC	David Crampsey, Interim Medical Director	RA	Rob Aitchison, Chief Operating Officer
DM	David Moss, Managing Director AGH Solutions	RD	Rhys Davies, Non-Executive Director
HK	Helen Kelly, Assistant Director of Quality	SS	Stuart Shaw, Director of Strategy, Planning and Partnerships
		VP	Director of Corporate Affairs